

# Exposure Control Plan (ECP) for Bloodborne Pathogens

## Purpose

Uchiyama Manufacturing America LLC. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, 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."

The ECP is a key document to assist us in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including:
  - Universal precautions,
  - Engineering and work practice controls,
  - Personal protective equipment, and
  - Housekeeping
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

## Administrative Duties

The Projects, Environmental & Safety Manager (PESM) is responsible for the implementation of the ECP. The PESM/Asst will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

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

The Parts Room will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The PESM/Asst and Parts Clerk will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The PESM and HR will be responsible for ensuring that all medical actions required are performed and maintain appropriate employee health and OSHA records.

The PESM/Asst will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

# Exposure Control Plan (ECP) for Bloodborne Pathogens

## Employee Exposure Determination

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Emergency Response Team Members while rendering first aid.

Part-time, temporary, contract, and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees is described in this ECP, if applicable.

## Methods of Implementation and Control

### *Universal Precautions*

All employees will utilize universal precautions.

### *Exposure Control Plan*

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts via their departments floor computers under the Safety folder.. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The PESM/Asst are responsible for reviewing and updating the ECP annually or more frequently as necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plans must also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Document, when applicable, annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The PESM/Asst documents all devices considered.

### *Engineering and Work Practice Controls*

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Sharps disposal containers are inspected and maintained or replaced by a member of the Emergency Response Team whenever necessary to prevent overfilling.

# Exposure Control Plan (ECP) for Bloodborne Pathogens

This facility identifies the need for changes in engineering control and work practices through: Employee involvement and input.. We evaluate the need for new procedures or new products by annually reviewing this plan.. The following staff are involved in this process: PESM/Asst and Emergency Response Team members.

## *Personal Protective Equipment (PPE)*

PPE is provided to each of our employees at no cost. Training is provided by the PESM/Asst/authorized trainers in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: Gloves, Eye & Face Protection, and Apron/Protective Clothing.

PPE is in spill kits and may be obtained through the Parts Room.

Each employee using PPE must observe the following precautions:

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.

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.

## *Housekeeping*

Blood or OPIM release or spills must be reported to the supervisor or appropriately trained cleaning staff and surfaces must be decontaminated immediately. The procedure for handling sharps disposal containers is: Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available near the Parts room, and in MG for items such as razor blades and used scissors. The medical sharps container is located near the office first aid kit.

# Exposure Control Plan (ECP) for Bloodborne Pathogens

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan.

## *Laundry (not Included)*

Due to low risk of contamination, we opt to destroy any articles of clothing that become contaminated with BBP or OPIMs and replace these as the situation permits. Place all exposed uniform items in a red control bag and they will be disposed of according to normal disposal procedures for BBPs or OPIMS. UMA will purchase new replacement items.

## *Labels*

ERT members will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify PESM/Asst if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## **Hepatitis B Vaccination**

The PESM/authorized trainer will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination later, at no cost. Documentation of refusal of the vaccination is kept in each employee's personnel file.

Vaccination will be performed by, or under the supervision of, a licensed physician or other licensed healthcare professional (PLHCP) and provided according to the recommendations of the U.S. Public Health Service.

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

# Exposure Control Plan (ECP) for Bloodborne Pathogens

## Post-exposure Evaluation and Follow-Up

Should an exposure incident occur, contact the PESH-Teddy Chrisman, or HR MR- Thron Herring at the following telephone numbers Teddy Chrisman- 919-273-4917 or Thron Herring- 919-223-7282.

An immediately available confidential medical evaluation and follow-up will be conducted by either FastMed, Immediate Care, or Wayne UNC Health Care. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.).

### *Procedures for Evaluating the Circumstances Surrounding an Exposure Incident*

The Emergency Response Team will review the circumstances of all exposure incidents to determine if revisions need to be made to the ECP.

## Employee Training

Each employee who has occupational exposure to bloodborne pathogens receives training conducted by the PESH, or authorized trainer. Our instructors are trained, qualified, and certified by the National Safety Council.

Each employee who has occupational exposure to bloodborne pathogens receives training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

## Recordkeeping

### *Training Records*

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years on JJKeller Online and in each employee's training record file.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

### *Medical Records*

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

HR Department is responsible for maintenance of the required medical records. These confidential records are kept in the office for at least the duration of employment plus 30 years.

# Exposure Control Plan (ECP) for Bloodborne Pathogens

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

## *OSHA Recordkeeping*

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the PESM or HR.

## **Hepatitis B Vaccine Declination (Mandatory)**

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.

**Signed:** \_\_\_\_\_ *(Employee Signature)*

**Date:** \_\_\_\_\_