

TIPS *for Improving Your Exposure Control Plan*

The Centers for Disease Control and Prevention (CDC) NIOSH recently visited a sample of jails and prisons around the country and identified a number of problems with the Exposure Control Plans it reviewed. Here are some tips on how to avoid these problems. Review your plan to see if it has any of these defects. If it does, revise the plan to fix the problems.

Provide a written plan.

A few jails did not have a written Exposure Control Plan. A written plan is the basis for an effective bloodborne pathogens program.

Tell workers that you have a plan and where it is located.

Some health care workers did not know their facility had an Exposure Control Plan. This should be covered during the annual bloodborne pathogens training.

Designate a person to implement the plan.

A few Exposure Control Plans did not designate

someone responsible for implementing the plan.

Provide a complete list of jobs and procedures where employees are at high risk of exposure.

Some Exposure Control Plans did not include an "employee exposure determination"—a list of job classifications and specific procedures or tasks in which workers may be exposed to blood and other potentially infectious materials on the job. Where such lists were present, some jobs were not included (e.g., dentists were often missing).

Get workers' input in the selection of new devices.

Many facilities did not effectively involve workers or did not describe the device selection process in the Exposure Control Plans. Your Exposure Control Plan should describe how your facility evaluates new, safer devices (e.g., sharps devices) and how you involve the workers in this process.

Use safer sharps that help avoid the chance of exposure. Although most correctional facilities have adopted new, safer sharps, traditional needles or lancets were used for some procedures.

Be specific about how to implement controls.

While most Exposure Control Plans specified work practices to control exposures to bloodborne pathogens, many were not specific about how to implement those controls. For example, the plan may state that work surfaces will be decontaminated but does not state *how* that decontamination will be conducted or *how often*. Similarly, procedures for handling contaminated laundry and equipment were often vague.

Clarify how personal protective equipment (PPE) can help. While everyone had gloves available, other types of PPE were not always provided and were sometimes inaccessible. The Exposure Control Plan should provide

guidelines on what type of PPE should be used and when and how different PPE should be used. PPE includes disposable gloves, masks, eye protection, face shields, gowns, aprons, other protective clothing, and CPR mouthpieces. Under normal conditions of use appropriate PPE does not permit blood or other infectious materials to pass through or reach the workers' outer clothing, undergarments, skin, eyes, mouth, or other mucous membranes.

Identify the person responsible for implementing the hepatitis B vaccination policy and the steps workers must take for vaccination. If a worker declines to receive the vaccination, he or she must sign a declination form. Many Exposure Control Plans lacked a declination form.

REMEMBER: Update your Exposure Control Plan every year, and get the updates into every copy!

For Further Information

- CDC: www.cdc.gov
- NIOSH: www.cdc.gov/niosh/
- NIOSH BBP: www.cdc.gov/niosh/topics/bbp/correctional
- OSHA: www.osha.gov
- OSHA BBP: www.osha.gov/SLTC/bloodbornepathogens/index.html
- OSHA: *Model Plans and Programs for the Bloodborne Pathogens and Hazard Communications Standards*, www.osha.gov/Publications/osh3186.html

To receive NIOSH documents or information about occupational safety and health topics contact NIOSH at

Telephone: 1-800-CDC-INFO (1-800-232-4636)

Text telephone (TTY): 1-888-232-6348

E-mail: cdcinfo@cdc.gov

or visit the NIOSH Web site at www.cdc.gov/niosh.

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Protect Your Employees with an Exposure Control Plan



*Your first line of defense
against bloodborne pathogens.*



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Correctional health care settings present unique exposure scenarios because of the high rates of diseases among incarcerated populations and the potential for unpredictable behavior.

Correctional health care workers may be exposed to blood and other potentially infectious materials in their jobs. This puts them at increased risk for contracting bloodborne pathogen infections, including hepatitis B virus, hepatitis C virus, and human immunodeficiency virus.

A comprehensive bloodborne pathogens exposure prevention program will help protect your health care employees. One component of a bloodborne pathogens exposure prevention program is a written *Exposure Control Plan*.

These plans are required by the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard. In addition, local regulations, employer policy, or collective bargaining agreements may call for such a program.



What is an Exposure Control Plan?

An Exposure Control Plan is the focal point of any bloodborne pathogens exposure prevention program. It details in writing *your* plan for reducing exposures to blood and explains what steps to take if an exposure occurs. The plan specifies all steps taken by *your* facility to protect *your* workers.



Why is an Exposure Control Plan Important?

First—and most important—your Exposure Control Plan helps you protect your workers from exposure to bloodborne pathogens.

Second, the cost of an exposure incident can be significant, including post-exposure treatment and counseling, as well as loss of employee work time. If an employee does contract an illness, costs can dramatically escalate from increased worker's compensation and the training of a replacement. The plan helps *you* control these costs by reducing the risk of exposure to bloodborne pathogens.

Third, if your workers are at risk for a bloodborne pathogens exposure, you are required by the law to have a written Exposure Control Plan.

Basic Elements of an Exposure Control Plan

- **Written policy for protecting employees from bloodborne pathogens exposures**
- **Administration of bloodborne pathogens program**
Be sure to designate a responsible individual.
- **Employee exposure determination**
Include a list of all job classifications in which employees are most likely exposed to blood and body fluids and a second list of job classifications in which employees may be exposed to blood and body fluids.
- **Hepatitis B vaccination provisions**
- **Universal precautions**
Treat all blood and other body fluids as if they are infectious.
- **Employee education and training**
Be sure to include both initial and annual training.
- **Facility-specific methods for control of bloodborne pathogens**
 - Engineering controls (e.g., safer sharps)
 - Work practice controls (housekeeping, hand washing, labeling, and disposal procedures)
 - Personal protective equipment (PPE)
- **Post-exposure reporting, evaluation, counseling, and followup procedures**
- **Procedures for evaluating circumstances surrounding an exposure incident**
- **Recordkeeping, including compliance monitoring and annual plan updates**

Your Exposure Control Plan should include a description of how your facility meets each of the basic elements. Your plan may also cover additional topics, such as how inmate workers and volunteers are protected.



OSHA has developed a model Exposure Control Plan entitled *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards*. Use it as a template for your plan, but tailor it to the specific requirements of your facility. If you already have a plan, use the model to compare it and ensure all elements are present in your plan. The model may give you ideas for improving your plan during the annual update process.

Your Exposure Control Plan must be:

- Specific to *your* facility,
- Updated yearly, and
- Accessible to workers.

Your first line of defense against bloodborne pathogens.

