

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

\_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Date of Preparation)

## Program Administration

\_\_\_\_\_ is responsible for the implementation of the Exposure Control Plan (ECP). \_\_\_\_\_ will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with this ECP.

\_\_\_\_\_ will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers) as required by the Medical Waste Management Act and OSHA standard. \_\_\_\_\_ will ensure that adequate supplies of the aforementioned equipment are available at all times.

\_\_\_\_\_ will be responsible for training, documentation of training, and making the written ECP available to employees. These documents will be made available to the LEA and OSHA representative(s).

## 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. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

\_\_\_\_\_ is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following Exposure Control Plan has been developed.

**1. 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 (i.e., employees are considered to be exposed even if they wear PPE). At this facility the following job classifications fall under the OSHA bloodborne standard:

**(Name of Registered Body Artist)**

**(Registration number)**

---

---

---

---

**2. 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**

Universal precautions will be practiced in 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 individual.

Engineering and work practice controls will be used 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 used. At this facility the following engineering controls shall be used:

**(List engineering controls, such as sharps containers, gloves etc., as well as how and when they are used)**

---

---

Handwashing facilities are available to employees who may incur exposure to blood or other potentially infectious materials. In this facility handwashing facilities are located **(list locations of handwashing sinks)**

---

---

**Describe handwashing practices that will be employed at your facility. Include frequency of handwashing, handwashing procedures if gloves become compromised.**

---

---

**Sharps**

Contaminated sharps shall not be bent, sheared or purposely broken. Contaminated sharps must be placed immediately, or as soon as possible, after use into appropriate sharps containers. Sharps containers must be puncture resistant, labeled with biohazard label, and leakproof.

**List where sharps containers are located and who is your biohazardous waste hauler as well as how often these sharps containers are picked up.**

**Who is responsible for removing the sharps containers when they are full?**

---

**(name, phone number and address of biohazardous waste hauler)**

---

**(name of employee responsible for removing “sharps” container)**

**Work Area Restrictions**

Employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in workstations. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering and generation of blood droplets.

**Personal Protective Equipment**

All personal protective equipment used at this establishment will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood to pass through or reach the employees clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of the time the personal protective equipment is used.

---

Signature of Owner/Proprietor of Body Art/Tattoo Establishment

Date