BODY ART

EXPOSURE CONTROL PLAN

(Template B)

**Body Art Program Administration**

**Name of Business:**

**Responsible Person:**

1. The implementation of the Exposure Control Plan (ECP).
2. Maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
3. Maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
4. Ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
5. Responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
6. Responsible for training, documentation of training, and making the written ECP available to employees, NIOSH, and the Local Health Department.
7. Responsible for the training or providing training in the use of the appropriate PPE for the task or procedure employees will perform. PPE training records are kept on site.
8. Responsible for training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the facility. The training records include:
9. Dates of the training sessions
10. Contents or a summary of the training sessions
11. Names and qualifications of persons conducting the training
12. Names and job titles of all persons attending the training sessions
13. Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days.
14. Responsible for providing information to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.
15. Responsible for maintaining Medical Records on each employee with occupational exposure in accordance with 29 CFR (1910.1020), “Access to Employee Exposure” for at least the duration of employment plus 30 years.
16. Responsible for providing employee Medical Records upon request of the employee or to anyone having written consent of the employee within 15 working days.

**EMPLOYEE EXPOSURE DETERMINATION**

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

Piercer: \_\_\_\_\_\_ Janitorial: \_\_\_\_\_\_\_\_\_\_ Body Artist: \_\_\_\_\_\_\_\_\_ Sterilizer: \_\_\_\_\_\_\_\_\_

Other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHODS OF IMPLEMENTATION AND CONTROL**

**All employees will utilize universal precautions.**

1. Exposure Control PlanEmployees (ECP) covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session.
2. The ECP will also be reviewed in their annual refresher training.
3. All employees can review this plan at any time during their work shifts by contacting (*Name of responsible person*).
4. If requested, (*name of business*) will provide an employee with a copy of the ECP free of charge and within 15 days of the request.
5. (*Name of Responsible Person*) will be responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect any new or revised employee positions with occupational exposure.

**Engineering Controls and Work Practices**

1. Engineering controls and work practices will be used to prevent or minimize exposure to bloodborne pathogens.
2. The specific engineering controls and work practices used are listed below:
	1. Spills will be cleaned up immediately and surfaces disinfected as outlined in the ORC 3730.
	2. Sharps containers will be inspected and maintained or replaced whenever necessary to prevent overfilling.
	3. (*Name of Business*) identifies the need for changes in engineering controls and work practices as necessary. We evaluate new procedures and new products yearly and implemented as needed.
3. Infectious waste material will be stored in an area that can be segregated from clean material.

**Personal Protective Equipment (PPE)**

1. PPE is provided to our employees at no cost to them.
2. The type of PPE available to employees in the facility is (are) as follows:

(*gloves, eye protection, etc.)* \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PPE is located (*List location*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and may be obtained through (Name of responsible person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**All employees using PPE must observe the following precautions:**

* Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
* 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 may be disposed of in (*List appropriate containers for storage, laundering, decontamination, or disposal.*)
* Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
* Never wash or decontaminate disposable gloves for reuse.
* Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with other surfaces.

**The procedure for handling used PPE is as follows**: (Where should employees dispose of used PPE)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Disposal Area for Personal Protective Equipment**

|  |  |
| --- | --- |
| **1** | **4** |
| **2** | **5** |
| **3** | **6** |

**Housekeeping**

1. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.
2. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottle, and appropriately labeled or color-coded. Sharps disposal containers are stored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Spills will be cleaned up by designated personal immediately and surfaces disinfected as outlined in the Ohio Revised Code.

1. Warning labels are affixed or red bags are used as required for regulated waste or contaminated equipment.

**HEPATITIS B VACCINATION**

The hepatitis B vaccination series is available at no cost.

Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series;
2. Antibody testing reveals that the employee is immune;
3. Medical evaluation shows that vaccination is contraindicated.
4. If an employee declines the vaccination, the employee must sign a declination form.
5. Employees who decline may request and obtain the vaccination at a later date at no cost.
6. Documentation or refusal of the vaccination is kept on site in this facility.

**RECORDKEEPING**

**Medical Records**

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).

**Sharps Injury Log**

1. All percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.
2. All incidences must include at least:
* Date of the injury
* Type and brand of the device involved (syringe, suture needle)
* Department of work area where the incident occurred
* Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered.

**Monthly Infectious waste and disposal log**

1. Log of the weight of infectious waste material prior to disposal.
2. Log will be presented to the Local Health Department upon request.

**EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens training conducted by

*(Name of responsible person)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

(Attach a brief description of their qualifications.)

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

* A copy and explanation of the OSHA bloodborne pathogen standard
* An explanation of our ECP and how to obtain a copy
* An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
* An explanation of the use and limitations of engineering controls, work practices, and PPE
* An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
* An explanation of the basis for PPE selection
* Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
* Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
* An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
* Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
* An explanation of the signs and labels and/or color coding required by the standard and used at this facility
* An opportunity for interactive questions and answers with the person conducting the training session.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, immediately contact the facility owner.

An immediately available confidential medical evaluation and follow-up will be conducted by a Licensed Health Care professional. (Client should be referred to their health care provider or contact the Lorain County Public Health 440-322-6367).

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

* Document the routes of exposure and how the exposure occurred.
* Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
* Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider.
* If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
* Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. laws protecting confidentiality).
* After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
* If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Employer shall ensure that all medical evaluation and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are;

* Made available at no cost to the employee;
* Made available to the employee at a reasonable time and place;
* Performed by or under the supervision of a licensed physical or by or under the supervision of another licensed healthcare professional; and
* Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this CFR 1910.1030(f)
* The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee

**ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

*(Name of responsible person)* ensures that health care professional(s) responsible for employee’s hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s bloodborne pathogens standard. 1910.11030

*(Name of responsible person)* ensures that the health care professional evaluating an employee after an exposure incident receives the following:

* A description of the employee’s job duties relevant to the exposure incident
* Route(s) of exposure
* Circumstances of exposure
* If possible, results of the source individual’s blood test
* Relevant employee medical records, including vaccination status

*(Name of responsible person)* provides the employee with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

**PORCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

*(Name of responsible person)* will review the circumstances of all exposure incidents to determine:

* Engineering controls in use at the time
* Work practices followed
* A description of the device being used (including type and brand)
* Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
* Location of the incident (O.R., E.R., patient room, etc.)
* Procedure being performed when the incident occurred
* Employee’s training will include the need to record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. If it is determined that revisions need to be made, the facility operator will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices.)

Employee who has a potential exposure will be evaluated by his/her Health Care Provider, and any Prophylactic treatment will be determined by that Health Care Provider.

Sharps Injury Log Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Case#** | **Type of device** | **Brand Name of Device** | **Where injury occurred** | **Description of incident** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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.

Print Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: (*Employee Name*)

Date: