Bloodborne Pathogens Exposure Control Plan







The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) Provided by Workplace Safety

HS96-089C (10/09)

Bloodborne Pathogens Exposure Control Plan Self-Audit Checklist

Yes	No	Date Corrected	
			Does the Exposure Control Plan identify in writing:
			 All employees who have a reasonable likelihood of occupational exposure during the performance of their assigned duties without regard to the use of personal protective equipment;
			 The schedule and procedures for implementing ALL the provisions of the Standard;
			 The method for evaluation of exposure incidents that allow appropriate corrective action to be taken?
			 Does management solicit input from non-managerial employees in the identification and selection of effective engineering and work practice controls?
			 Has a mechanism been established for annual review of the Exposure Control Plan?
			 Is the Exposure Control Plan accessible to all employees?
			 Do you have a written policy that adopts the use of "universal precautions" for the handling of blood and potentially infectious materials to reduce the risk of occupational exposure?
			Does the Exposure Control Plan identify the:
			 Engineering controls that will be used to reduce occupational exposure;
			 Schedule for regular inspection and replacement of engineering controls;
			 Schedule and method for determining the need for replacement of sharps containers?
			Are there written policies (if applicable) that:
			 Prohibit recapping of needles using a two-handed technique;
			 Prohibit removal of needles from syringes by hand;
			 Prohibit bending, shearing, or breaking of contaminated needles;
			 Specify the situations where recapping is allowed and the safe practices or devices that are required to reduce the risk of injury;
			 Specify the safe practices to be used when handling, or reprocessing reusable sharps;
			 Equire the use of mechanical means (such as a brush and dust pan, or tongs) to clean up broken glassware?

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) E-mail **resourcecenter@tdi.state.tx.us** or call • 1-800-687-7080 for more information. Safety Violations Hotline • 1-800-452-9595 safetyhotline@tdi.state.tx.us

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			Are the containers used to store or transport contaminated reusable sharps:
			Puncture-resistant and leakproof;
			 Red in color and labeled with the BIOHAZARD symbol?
			Are containers used for disposal of contaminated sharps:
			 Closeable, puncture-resistant, leakproof on sides and bottom;
			 Red in color or labeled with the BIOHAZARD symbol;
			 Located as close as possible to the immediate area of use;
			 Located in areas where sharps may not normally be used, but can be reasonably anticipated to be found, such as the laundry;
			 Replaced routinely and not allowed to overfill;
			 Maintained in an upright position during transport?
			Are handwashing facilities reasonably accessible to employees?
			If handwashing facilities with soap and running water are not accessible, are appropriate alternatives provided, such as antiseptic hand cleansers or towelettes?
			Are employees instructed about not eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in contaminated work areas?
			Are food and drink prohibited from storage in refrigerators, freezers, shelves, cabinets, or counter tops where blood and other potentially infectious materials are present?
			Are employees who could be expected to perform procedures that may create splashing or spraying of blood or other potentially infectious materials trained to perform such procedures in a manner that reduces risk of exposure?
			Are employees (if applicable) trained:
			To recognize specimen containers as containing potentially infectious materials;
			To use "universal precautions" when handling all specimens;
			If not, are the containers red or labeled with the BIOHAZARD symbol?
			Are containers that are used to transport medical specimens appropriately labeled?
			Are employees instructed to place all specimen containers that may be contaminated or leak in a secondary container that is leak-resistant or, if necessary, puncture-resistant?
			Is contaminated equipment decontaminated prior to servicing?
			If unable to be decontaminated, is it labeled and does it specify which portions of the equipment remain contaminated?

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			Are employees (if applicable) trained: (cont.)
			Is there a mechanism for repairing, replacing, reprocessing protective barriers and clothing?
			Are barrier devices provided for use in emergency CPR?
			Are employees trained in the proper selection, indications, mandated use, and proper procedures for disposal or reprocessing of personal protective equipment?
			Have employee job duties with occupational exposure been reviewed to determine what protective clothing must be provided?
			Is appropriate personal protective clothing for the tasks performed provided to employees:
			• At no cost;
			In appropriate sizes;
			In accessible locations;
			 Effective in preventing the penetration of blood and other potentially infectious materials?
			Is a mechanism in place for cleaning, laundering, or disposing, of employees' protective clothing?
			Is there a mechanism for replacement or washing of an employee-owned uniform or clothing if it becomes contaminated?
			Does employee training include:
			 Indications for selection, proper use, replacement, and disposal of protective clothing;
			 The need to remove protective clothing prior to leaving the work area and when it becomes penetrated by blood and other potentially infectious materials?
			Are gloves made available to employees:
			In accessible locations;
			Suitable for the tasks being performed?
			Are gloves required to be worn:
			• When there is reasonable likelihood of contact with blood and other potentially infectious materials;
			During all vascular access procedures;
			When there is contact with mucous membranes and non-intact skin;
			When contaminated items or surfaces are handled?
			Are alternative gloves available to employees who are allergic to those normally provided?

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			Are gloves required to be worn: (cont.)
			Are face and eye protection provided when, for instance, following an accident there is a potential for splashing, spraying, or splattering of blood or potentially infectious materials?
			If glasses are used as protective eyewear, do they have shields?
			Is there a written procedure for cleaning and decontamination of:
			Environmental surfaces, e.g., floors;
			Work surfaces;
			• Equipment?
			Has a written procedure been established for reusable trash receptacles that hold contaminated items, including:
			 A regular schedule for inspection and decontamination of containers;
			 Procedures for cleaning and decontamination when visibly contaminated?
			Are there written procedures for bagging, handling, and transporting of contaminated laundry that:
			 Prohibit the sorting or rinsing in guest areas;
			 Specify the types of bags or containers that will be used to prevent leakage;
			 Specify the alternative labeling when "universal precautions" are used for handling all contaminated laundry?
			Does your employee training cover all procedures for identifying, bagging, handling, and transporting of contaminated laundry?
			Are the containers for regulated waste:
			Closeable;
			Able to prevent leakage of fluids;
			 Labeled with the BIOHAZARD symbol or colored red?
			Are employees instructed to close all regulated waste containers prior to removal to prevent spillage during handling, transporting, or shipping?
			Do policies and procedures identify the responsibility of department heads, managers and employees in complying with the recommended practices?
			Do these policies and procedures include:
			The responsibility of the employee;
			Recommended practices;
			 How compliance monitoring will be done;
			 How noncompliance will be reported and documented;
			 How follow-up will be conducted;

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			Do these policies and procedures include: (cont.)
			 The action to be taken for noncompliance; e.g., disciplinary action, if necessary?
			Has a determination been made of which employees have potential occupational exposure and are eligible for Hepatitis B vaccination?
			Is the Hepatitis B vaccine provided to all employees with potential occupational exposure:
			Free of charge;
			 At a reasonable time and place convenient to the employee;
			In accordance with U.S. Public Health Service recommendations?
			Has a mechanism been established to offer the vaccine to:
			Current employees;
			 New employees within ten days of their initial assignment?
			Is specific training provided prior to vaccination that includes information on:
			The Hepatitis B vaccine;
			 Its safety, efficacy, and methods of administration;
			The benefits of being vaccinated;
			 The right to decline vaccination and have it still be provided upon request at a later date?
			Do employees who decline vaccination sign a declination statement?
			Has a mechanism been established to obtain a written opinion from the evaluating health care professional on the vaccination status of each employee?
			Is a copy of this written opinion provided to the employee?
			Are all other employee health records containing medical findings and diagnoses kept confidential?
			Are records maintained of the vaccination status of all employees who have a potential occupational exposure?
			Have exposure incidents been defined?
			Has a mechanism been established to:
			 Document the route(s) of exposure and circumstances under which all exposure incidents occur;
			Evaluate exposure incidents that allow corrective action to be taken?

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			Is a confidential medical evaluation and follow-up provided immediately following exposure incidents, including:
			Evaluation of the exposure incident;
			 Collection and testing of the source individual's blood for HBV and HIV serological status, if not already known;
			 Post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service at the time of the exposure;
			Counseling;
			 Evaluation of any reported illnesses related to the exposure incident?
			Is information on the results of the source individual's blood testing provided to the employee?
			Are there procedures that specify what should be done if consent cannot be obtained from the source individual?
			Are baseline blood samples from exposed employees who initially decline HIV testing held for 90 days?
			 Is there a policy that provides for testing these samples from the source individual?
			Is the evaluating health care professional provided with:
			A copy of the Standard;
			 A description of the exposed employee's duties as they relate to the exposure incident;
			 Documentation of the route(s) of exposure and circumstances under hich the exposure occurred;
			 Results of the source individual's blood testing, if available;
			 All medical records relevant to treatment of the employee including vaccination status?
			Is the employer provided with a copy of the evaluating health care professional's written opinion, which includes information that the employee has been informed about:
			The results of the medical evaluation;
			 Any medical conditions that may arise from exposure that may require further treatment?
			Are needlestick injuries and other exposure incidents that result in medical treatment or seroconversion recorded on the OSHA-U.S.A. 300 Log and/or local summary of occupational injuries or illnesses?
			Is identifying information related to bloodborne pathogens removed prior to granting access to the records?

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			Is the employer provided with a copy of the evaluating health care professional's written opinion, which includes information that the employee has been informed about: (cont.)
			Does employee training include information on the actions to be taken following an exposure incident, including the reporting methods, and the availability of medical follow-up?
			When indicated, is the universal BIOHAZARD symbol always used in conjunction with the word "BIOHAZARD"?
			Are there written procedures that outline the specific labeling required for:
			 Specimens if universal precautions are not observed for handling all specimens;
			 Laundry bags if "universal precautions" are not observed for handling all laundry;
			 Refrigerators and freezers that contain blood or other potentially infectious materials;
			 Containers used to store, transport, or ship regulated waste, blood, other potentially infectious materials;
			Sharps disposal containers;
			 Contaminated equipment that is sent for servicing or repair?
			Is a mechanism in place to provide training:
			 To all current employees as soon as possible;
			 To new employees at the time of initial employment?
			Is training provided to all employees with potential occupational exposure as defined in the Exposure Control Plan:
			 At no cost to the employee;
			During working hours;
			At a reasonable location;
			• Training records are maintained for 3 years from the date of the training;
			 By an individual who is knowledgeable in the subject matter?
			Does the training include:
			 An accessible copy of the regulatory text of the Standard;
			 A general explanation of the epidemiology and symptoms of bloodborne diseases;
			 An explanation of the modes of transmission of bloodborne pathogens;

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			Does the training include: (cont.)
			 An explanation of the employer's Exposure Control Plan and the means by which the employee can obtain a copy of the written plan;
			 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
			• An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices,
_	_		and personal protective equipment;
			 Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
			 An explanation of the basis for selection of personal protective equipment;
			 Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
			 Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
			 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 required to be provided to an employee following any exposure incident;
			 An explanation of the signs and labels and/or color coding used to identify hazards;
			 An opportunity for interactive questions and answers with the person conducting the training?
			Is the training appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee?
			Are written training records kept for three years which include:
			 The dates of the training sessions;
			The contents or a summary of the training?
			Is there a mechanism to ensure that medical records are kept confidential?
			Do employees have access to their medical records?