**Commonwealth of Massachusetts**

**Department of Labor Standards**

**OSHA Consultation Program**

[**mass.gov/dols/consult**](http://www.mass.gov/dols/consult)

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN FOR FIRST AIDERS**

(29 CFR 1910.1030)

(Revised March of 2024):

*Disclaimer: The following model Exposure Control Plan (ECP) is intended to assist employers in general industry to implement policies in compliance with 29 CFR 1910.1030, for the protection of designated first aiders. A “designated” first aider is an employee who is responsible for rendering first aid or medical assistance as an additional part of their job duties. First aid is not their sole duty.* Employers must adapt this model plan to the specifics of their workplaces. ***This model plan may not be used if you have employees other than designated first aiders that are covered by the OSHA Bloodborne Pathogen Standard.***

This written *Exposure Control Plan* has been developed by *(Company Name)* to eliminate or minimize employee exposure to blood or other potentially infectious materials. It is intended to comply with the requirements of *OSHA standard 29 CFR 1910.1030*, Bloodborne Pathogens, as applicable to the exposures reasonably anticipated during the delivery of first aid care.

Date of Preparation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person Designated) has been designated as the *Exposure Control Plan* Coordinator and will be responsible for enforcement, review, and maintenance of this program.

The *Exposure Control Plan* shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which effect occupational exposure and to reflect new or revised employee positions with occupational exposure. Employees should be involved with the review.

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Reviewers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**1. Exposure Determination**

The following employees of *(Company Name)* have been designated as first aiders:

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**2A. Compliance Methods: Universal Precautions**

Universal precaution (treating all persons that are given first aid as if they were infected regardless of the perceived status of the patient) will be observed at this facility in order to prevent contact with bloodborne pathogens (BBP) and other potentially-infectious materials (OPIM).

**2B. Compliance Methods: Engineering and Work Practice Controls**

Engineering controls (controls that isolate or remove the BBP/OPIM hazard from the workplace) and work practice controls will be utilized to eliminate or minimize exposure to BBP and OPIM to designated first aiders at (*Company Name*) . Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.

The following engineering controls will be utilized:

Contaminated sharps (broken glassware or other contaminated sharp object) shall not be picked up by hand. A ( *dust pan and broom, forceps, etc*.) should be used.

The following work practices should be followed:

* Washing with soap and water immediately after skin contact with blood or OPIM and/or hands immediately after removal of gloves. Washing facilities are located at (*indicate location*) .
* Flushing of mucous membranes with water immediately or as soon as feasible after contact with blood or OPIM. Flushing facilities (i.e., eyewash and/or handheld deluge hose are located at (*indicate location*) .
* No eating, drinking, or smoking while administering first aid or in areas where blood or OPIM is present.
* Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated unless the employer can demonstrate that decontamination of such equipment or portions of it is not feasible. If the equipment cannot be decontaminated, it must be labelled with a biohazard label which indicates where the contamination is.
* Clothing contaminated with blood or OPIM shall be removed as soon as feasible and placed in a labelled, leak‑proof bag located (*indicate location*) . It is recommended that each designated first aider keep a change of clothes at the facility.
* Contaminated items (other than sharps) should be placed in the regulated waste container or regulated waste bag (indicate which is used) (*indicate location*) . Contaminated sharps that could puncture a plastic bag shall be placed in the closable, puncture resistant, leakproof, labeled regulated waste container located (*indicate location*) .

**Note:** Any additional work practices should be listed. If hand washing facilities are not available, the employer should provide an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic hand cleaners or towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

**2C. Compliance Methods: Personal Protective Equipment (PPE)**

All personal protective equipment provided at (*Company Name*) will be provided without cost to the designated first aider. Personal protective equipment will be chosen based on anticipated exposure to blood or OPIM.

**Note:** The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee’s clothing, skin, eyes, mouth, or other mucous membranes for the duration of time that the PPE will be used.

PPE is kept (*indicate where it is kept*) . (*Responsible Person*) is responsible for seeing that the PPE is provided and replaced as needed at no cost to the employee.

The following PPE is provided to the designated first aiders at (*Company Name*) :

List equipment provided. At a minimum it should include the following:

* disposable exam gloves – must be worn whenever hand contact with blood, OPIM, or contaminated items or surfaces is reasonably expected
* protective eyewear with solid side shields in conjunction with a surgical mask **or** a chin-length face shield – must be worn when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth
* CPR shields – must be used when performing mouth-to-mouth resuscitation
* fluid-resistant protective clothing (e.g., one‑piece disposable coveralls) – must be worn when gross contamination is expected

Contaminated PPE should be placed in the regulated waste container or regulated waste bag located (*indicate location*) .

**2D. Compliance Methods: Disinfection**

Decontamination of surfaces and equipment will be done as soon as possible after contact with blood or OPIM. Decontamination will be accomplished by utilizing the following materials:

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**Note:** The disinfectant used must be EPA-registered tuberculocidal disinfectant or solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water. The bleach solution must be made **daily.**

**2E. Compliance Methods: Regulated Wastes**

Regulated wastes, other than sharps, shall be placed in the regulated waste container or regulated waste bag located (*indicate location*) . Contaminated sharps shall be discarded in the sharps container located (*indicate location*) . It is the responsibility of   
 (*Responsible Person*) to see that regulated waste containers are not overfilled and that they are properly disposed of. Regulated waste will be disposed of by (*indicate biological waste*    
*company contracted or method used*) .

**2F. Compliance Methods: Laundry**

Contaminated clothing should be placed in a labelled, leak‑proof bag located *(indicate location)* . Contaminated laundry will be cleaned at *(indicate location)* .

*(Responsible Person)* is responsible for making arrangements to have contaminated laundry properly taken care of.

**Note:** If the contaminated laundry is to be sent off‑site, then the laundry service should be notified that the clothing is contaminated. The leak‑proof bag that the laundry is in should be labelled with a biohazard sticker.

**3. Hepatitis B Vaccine**

Hepatitis B vaccines must be offered to designated first aiders at no cost to the employee.   
The vaccine series is administered by (*indicate Licensed Healthcare Professional and/or Company that will provide this service*) .

**Note:** Under the *OSHA Bloodborne Pathogen Standard*, Hepatitis B vaccines must be offered to designated first aiders within 10 days of assignment as a designated first aider. However, OSHA now considers designated first aiders that were not offered the vaccine within 10 working days as a “de minimis” violation. This means that no citation will be issued, and no penalties given as long as the Hepatitis B vaccine is offered within 24 hours of a designated first aider rendering assistance.

Employees who initially decline the Hepatitis B vaccine series but who later wish to have it, may then have the vaccine provided at no cost. Employees who decline the Hepatitis B vaccine series must sign a waiver which uses the wording in *Appendix A* of the *OSHA Bloodborne Pathogen Standard* as follows:

*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.*

**4. Post‑Exposure Evaluation and Follow‑Up**

When a designated first aider incurs an “exposure incident”, it should be reported to   
 (*Responsible Person*) . The employer will make immediately available to the exposed employee a confidential medical evaluation and follow‑up. The exposed employee will receive the confidential medical evaluation and follow‑up from *(Healthcare Professional’s Name)*   
who is located at *(location of Healthcare Professional)* .

The medical evaluation and follow‑up will include:

* Documentation of the routes of exposure and the circumstances related to the incident.
* \*The employee will be offered the option of having their blood collected for HIV and Hepatitis B and Hepatitis C testing. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested.
* The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for.
* The medical evaluation and follow‑up will be in accordance with the current recommendations of the U.S. Public Health Service.

*(Responsible Person)* will contact the source individual and try to obtain consent for HIV, HBV, HCV testing as soon as feasible. If consent is not obtained, the employer shall document that consent cannot be obtained.

**Note:** The employer does not obtain the source individual’s blood test results. The employer obtains consent and makes arrangements for the blood results to be available to the exposed employee.

**5. Employer Interaction with the Healthcare Professional**

The employer shall obtain a written opinion from the healthcare professional who evaluates the employee and the healthcare professional that administers the Hepatitis B vaccine series. The opinion shall be limited to:

* Whether the Hepatitis B vaccine series is indicated and if the employee has received it.
* Indication that the employee has been informed of the results of the medical evaluation.
* Indication that the employee has been told about any medical conditions resulting from exposure.

**Note:** The written opinion to the employer does not reference any personal medical information.

*(Responsible Person)* will be responsible for maintaining all medical records.   
 *(Responsible Person)* shall ensure that these records are kept confidential and that they are not disclosed or reported without the employees expressed written consent. These records shall be maintained for at least the duration of employment plus 30 years.

**6.** **Training**

Training for designated first aiders will be provided when the employee is designated as a first aider. Training will include an explanation of:

* The *OSHA Bloodborne Pathogen Standard*
* Epidemiology and symptoms of bloodborne diseases
* Modes of transmission of bloodborne diseases
* Employer's *Exposure Control Plan* and the means by which an employee can obtain a copy of the written *Exposure Control Plan*
* Those first aid procedures where exposure to blood or other potentially-infectious material would be expected
* The methods that should be used to prevent or reduce exposure including engineering controls, work practices, and personal protective equipment
* Personal protection equipment (location, types, proper use, removal, handling, decontamination, disposal)
* The Hepatitis B vaccine including information on its efficiency, safety, method of administration, benefits, and that the vaccine is offered free of charge
* Post‑exposure evaluation and follow‑up
* The reporting procedures that a designated first aider should follow after giving assistance
* An opportunity for interactive questions and answers with the person conducting the training