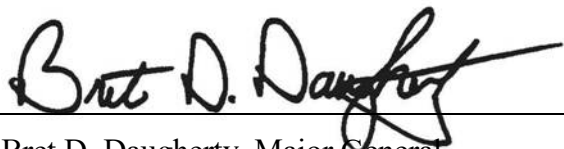




Department Procedure No. SAF-613a-19

Title:	Exposure Control Plan
Former Number:	New
Authorizing Source:	Title 29, Code of Federal Regulations, Occupational Safety and Health Administration, Part 1910.100 RCW 49.17, Washington Industrial Safety and Health Act WAC 296-823, Bloodborne Pathogens WAC 296-823-170, Access to Employee Exposure and Medical Records
Information Contact:	Human Resources Director Building #33 (253) 512-7942
Effective Date:	September 5, 2019
Mandatory Review Date:	September 5, 2023
Revised:	N/A
Approved By:	 Bret D. Daugherty, Major General The Adjutant General Washington Military Department Director

Purpose

The Washington Military Department is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this goal, the following exposure control plan (ECP) is required by WAC 296-823-11010 to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." This ECP is a key document to assist our agency in implementing and ensuring compliance with the OSHA standard, thereby protecting our employees. This ECP includes:

- A. Program administration;
- B. Employee exposure determination;
- C. Implementation of various methods of exposure control;
- D. Hepatitis B vaccination;

- E. Report of exposure incident;
- F. Post-exposure evaluation and follow-up;
- G. Procedures for evaluating circumstances surrounding exposure incidents;
- H. Training; and
- I. Recordkeeping.

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

A. Program Administration

The Safety Officer is responsible for implementation of the ECP. The Safety Officer will maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures. The Safety Officer can be contacted at (253) 512-7944.

Those employees who are determined to have potential occupational exposure to bloodborne pathogens must comply with the procedures and work practices outlined in this ECP.

Supervisors of employees determined to fall within the scope of this ECP, are responsible for ensuring that employees are provided with the required training; establishing departmental exposure control measures; and providing personal protective equipment (PPE).

Supervisors are responsible for ensuring annual training for any of their staff who may reasonably anticipate exposure to bloodborne pathogens in the course of performing their duties as outline in Section B below.

State Maintenance & Support Services (SMSS) will provide and maintain all necessary PPE, engineering controls, and red bags as required by the standard. They will ensure that adequate supplies of the PPE are available in appropriate sizes.

The Safety Officer will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

The Safety Officer will be responsible for documentation of training, and making the written ECP available to employees, OSHA, and DOSH Representatives.

B. Employee Exposure Determination

1. **Job classifications in which employees have reasonably anticipated exposures to blood or OPIMs are:**
 - a. **Maintenance Employees**

Maintenance employees having routine duties which may expose them to surfaces and areas which may be contaminated with blood or OPIMs.

- b. **Custodians and Maintenance Custodians** having routine duties which may expose them to surfaces and areas which may be contaminated with blood or OPIMs.
- c. **WA Youth Academy Cadre, LPN and Medical Assistant**
Routine job duties include, but not limited to, providing first aid treatment to injured students and employees. This duty may involve treatment during the presence of blood or OPIMs.
- d. **All Designated Primary First Aid / CPR Providers**
Routine job duties include, but not limited to, providing first aid treatment to injured students and employees. This duty may involve treatment during the presence of blood or OPIMs.
- e. **Security**
Routine job duties involve responding to incidents with reasonably anticipated exposures to blood or OPIMs

C. Methods of Implementation and Control

All employees will utilize universal precautions, which means assume that everyone potentially carries a bloodborne pathogen and treat all blood or bodily fluid spills the same. ECP employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session and it will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their supervisor or the Safety Officer.

If requested, we will provide an employee with a copy of the ECP free of charge and within 15 business days of the written request in accordance with WAC 296-823-11010(9). Work practice controls such as PPE will be used to prevent or minimize exposure to bloodborne pathogens.

In the event of an incident, PPE is provided to our employees at no cost to them to prevent the spread of bloodborne pathogens. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the supervisor.

The types of PPE available to employees are as follows: gloves, eye protection, mouthpieces, etc. PPE is located at State Maintenance & Support Services (SMSS) and may be obtained through the Supervisor.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE after it becomes contaminated and before leaving the work area.
3. Used PPE may be disposed of in an appropriate container.
4. Wear appropriate gloves when it is reasonably anticipated 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.

5. Never wash or decontaminate disposable gloves for reuse.
6. 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.

Devices are readily available and accessible to employees who can reasonably be expected to perform CPR resuscitation procedures. Examples of resuscitator devices include: masks, mouthpieces, and shields/overlay barriers.

D. Hepatitis B Vaccination

Any employee involved in an occupational exposure incident, who has not received a Hepatitis B vaccination, will be offered, when medically indicated, a post-exposure protective vaccination at no cost to the employee.

E. Report of Exposure Incident

Any employee involved in an occupational exposure incident, as defined above, must inform his/her supervisor and the Safety Officer immediately (prior to the end of the work shift).

Following a report of an exposure incident, the Safety Officer will document the route(s) of exposure, and the circumstances under which the exposure incident occurred. WMD Form 6009-19, BBP Exposure Incident Report will be used to document this requirement.

All records and copies of forms related to exposure incidents and follow-up procedures will be maintained by the Safety Officer.

F. Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, contact your supervisor. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred on WMD Form 6009-19.
2. Seek additional first aid as warranted.

G. Procedures for Evaluating the Circumstances Surrounding and Exposure Incident

The Safety Officer will review the Exposure Incident Report of all exposure incidents to determine:

1. Engineering controls in use at the time
2. Work practices followed
3. PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
4. Location of the incident
5. Procedure being performed when the incident occurred
6. Employee's training

H. Employee Training

To ensure compliance with WAC 296-823-12005, all employees who have occupational exposure to bloodborne pathogens will receive initial and annual training conducted by a certified First Aid Trainer. This training will be provided at no cost to them and will be conducted during compensated working hours. 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:

1. Overview of the OSHA bloodborne pathogen standard;
2. Specific bloodborne pathogens;
3. Agency ECP;
4. Transmitting Bloodborne Pathogens;
5. Methods to control the risks of exposure;
6. What to do when exposure occurs;
7. Housekeeping;
8. Exposure Incident Reporting; and
9. Post-exposure Hepatitis B immunization.

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Safety Officer.

I. Maintaining Records

Employee Training Records will be maintained for a period of 3 years from the date of training and will be kept in their personnel file with a copy in their supervisory file. Training rosters will be kept in a central location in the Safety Office. The following information will be included in training rosters:

1. Date of training session;
2. Contents or a summary of the training session;
3. Name and qualifications of person conducting training; and
4. Names and job titles of all persons attending the training sessions.