



## NECA Example Exposure Control Plan (ECP)

The \_\_\_\_\_ is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following infectious exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to infectious disease in accordance with Federal Regulations and recommendations from the Center for Disease Control and Prevention, (CDC) and World Health Organization (WHO). The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

This Infectious Control Policy (ICP) is intended to address Bloodborne Pathogens and Infectious exposures such as:

- SARS
- MERS
- EBOLA
- COVID-19
- H1N1
- Other infectious pandemic exposures

This ECP includes, but is not limited to:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment (PPE)
  - Housekeeping
3. Required or recommended vaccination(s)
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees and training
6. Recordkeeping (Documentation)
7. Procedures for evaluating circumstances surrounding exposure
8. Incidents
9. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

### PROGRAM ADMINISTRATION

\_\_\_\_\_ is/are responsible for implementation of the ECP. \_\_\_\_\_ will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: \_\_\_\_\_.

### METHODS OF IMPLEMENTATION AND CONTROL

**Universal Precautions** All employees will utilize universal precautions.

#### Exposure Control Plan

Employees covered by the infectious exposure control plan will receive an explanation of this ECP during their initial training session. 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 \_\_\_\_\_. 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 \_\_\_\_\_.



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the ECP annually or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### Engineering Controls and Work Practices

Engineering controls and work practice controls that may be used to prevent or minimize infectious exposure(s) are listed below:

- Employee Training
- Employee Access
- Medical Evaluations
- Personal Protective Equipment
- Site Specific Requirements
- Ventilation
- Job Rotation
- \_\_\_\_\_
- \_\_\_\_\_

### Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department).

The types of appropriate PPE available to employees are as follows:

(gloves, eye protection, etc.)

- Safety Glasses/Faceshields
- Rubber Aprons
- Protective Glove, (Nitrile/Non-Allergenic)
- \_\_\_\_\_
- \_\_\_\_\_

Proper PPE will be provided by the employer and can be obtained from the Foreman/Supervisor onsite. The company is responsible for ensuring that PPE is provided and available and that employees have been instructed in the proper donning, doffing and use of required PPE.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves and/or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in \_\_\_\_\_.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other potential infectious material, 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.
- 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.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or COVID-19 virus, in such a way as to avoid contact with the outer surface.



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### POST-EXPOSURE MEDICAL EVALUATION AND FOLLOW-UP

Should an infectious exposure incident occur, please contact \_\_\_\_\_ at the following number \_\_\_\_\_.

An immediately available confidential medical evaluation and follow-up will be conducted by \_\_\_\_\_.

Following any possible infectious exposure on the job or following any initial first aid procedures, (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, HBV or COVID-19 virus 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 COVID-19 virus 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 test samples as soon as feasible after exposure incident, and test blood for HBV, HIV or COVID-19 virus serological status
- If the employee does not give consent for HIV or COVID-19 virus 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.

### EMPLOYEE TRAINING

All employees who have occupational infectious exposures and/or exposure to bloodborne pathogens COVID-19 virus or exposures as indicated above shall receive initial and annual training conducted by \_\_\_\_\_.

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

- a copy and explanation of the OSHA 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, 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, COVID-19 virus or exposures as indicated above
- 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.

Training materials for this facility are available at \_\_\_\_\_.

### RECORDKEEPING

#### Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (Location of records).

The training records include:

- dates of the training sessions
- contents or a summary of the training sessions
- names and qualifications of persons conducting the training
- names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Requests should be addressed to \_\_\_\_\_.

#### Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

\_\_\_\_\_ is responsible for maintenance of the required medical records. These confidential records are kept in (List location) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to \_\_\_\_\_.