Bloodborne Pathogens Exposure Control Plan Builder

COMPLIANCE, OSHA & EMERGENCY PREPAREDNESS PACK

Use this worksheet to build or review a written Exposure Control Plan for workplaces with occupational exposure to blood or other potentially infectious materials. OSHA 29 CFR 1910.1030 requires covered employers to establish a written plan and review/update it at least annually and when necessary.

Facility _____

Plan administrator _____

Plan effective date _____

Annual review date _____

Exposure Determination

Job classifications with occupational exposure _____

Tasks/procedures creating exposure _____

Methods of Implementation & Control

- ■ Universal precautions
- ■ Work-practice controls
- ■ Hand hygiene
- ■ Housekeeping/decontamination
- ■ Post-exposure evaluation/follow-up
- ■ Recordkeeping
- ■ Engineering controls
- ■ Sharps containers
- ■ PPE
- ■ Hepatitis B vaccination process
- ■ Hazard communication/training
- ■ Safer-device evaluation

Employee input process _____

Annual update findings / changes _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Needlestick / Occupational Exposure Incident Form

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Exposed employee _____

Date/time _____

Location _____

Procedure/task _____

Type of exposure _____

Device/sharp involved _____

Body site _____

PPE in use _____

Source individual information if legally available _____

Immediate first aid _____

Supervisor notified _____

Occupational health/medical evaluation _____

Post-exposure follow-up initiated _____

Incident circumstances / prevention opportunities _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Post-Exposure Response Checklist

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- ■ Immediate washing/irrigation performed
- ■ Exposure circumstances documented
- ■ Source evaluation/testing handled per law
- ■ Hepatitis B vaccination/status addressed
- ■ Counseling/follow-up instructions provided
- ■ Root-cause review completed
- ■ Exposure reported promptly
- ■ Confidential medical evaluation arranged
- ■ Employee baseline/testing handled per current guidance
- ■ Post-exposure prophylaxis considered promptly
- ■ Required records maintained
- ■ Engineering/work-practice changes considered

Exposure reference _____

Responsible person _____

Follow-up dates _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Sharps Safety & Engineering Controls Audit

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- ■ Safety-engineered devices evaluated
- ■ Sharps containers accessible
- ■ Needle recapping prohibited/controlled as required
- ■ Work practices observed
- ■ New technology reviewed annually
- ■ Frontline/non-managerial staff input documented
- ■ Containers replaced before overfill
- ■ Needleless systems considered
- ■ Injury log/trends reviewed
- ■ Training updated after device/process changes

Area / procedure _____

Device reviewed _____

Finding / corrective action _____

Owner / due date _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

PPE & Infection-Control Readiness Checklist

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- ■ Gloves available by size/type
- ■ Protective clothing available
- ■ Donning/doffing process trained
- ■ Cleaning/disinfection products appropriate
- ■ Waste/sharps disposal available
- ■ Eye/face protection available
- ■ PPE selection based on exposure risk
- ■ Hand hygiene supplies available
- ■ Spill response supplies available
- ■ Laundry/contaminated item process defined

Location _____

Gaps _____

Corrective actions _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Hazard Communication Starter Checklist

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- ■ Chemical inventory maintained
- ■ Containers labeled
- ■ Employee training completed
- ■ Cleaning/disinfectant hazards reviewed
- ■ Written program reviewed if required
- ■ Safety Data Sheets accessible
- ■ Secondary containers labeled
- ■ New chemical review process
- ■ Compressed gases/other specialty hazards reviewed if applicable

Responsible person _____

High-risk chemicals/processes _____

Actions due _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Medical Practice Emergency Action Plan Worksheet

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Facility/location _____

Emergency coordinator _____

Emergency phone/location details _____

Nearest emergency department _____

Building address for EMS _____

Assembly/evacuation point _____

- ■ Fire response
- ■ Medical emergency
- ■ Severe allergic reaction
- ■ Cardiac arrest/AED response
- ■ Severe weather
- ■ Power/IT outage
- ■ Violence/security event
- ■ Hazardous spill/exposure
- ■ Evacuation
- ■ Shelter-in-place

Staff roles _____

Emergency equipment locations _____

Training/drill schedule _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Emergency Transfer / EMS Handoff Form

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Patient _____

DOB _____

Date/time _____

Reason for transfer _____

Current symptoms/status _____

Vital signs _____

Relevant diagnoses/history _____

Allergies _____

Medications administered _____

IV/access _____

Treatments/interventions _____

EMS activated time _____

Receiving facility _____

Clinician handoff _____

Records sent _____

Emergency contact notification _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Medication Error / Near-Miss Report

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Date/time _____

Patient/record identifier _____

Medication _____

Ordered dose/route _____

Actual or potential error _____

Stage: prescribing/dispensing/admin/monitoring _____

How detected _____

Patient impact _____

Immediate response _____

Clinician notified _____

Contributing factors _____

Corrective/preventive action _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Clinical Adverse Event Report

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Patient/record identifier _____

Date/time _____

Service/procedure/product _____

Description _____

Signs/symptoms _____

Immediate interventions _____

Clinician notified _____

EMS/transfer _____

Outcome _____

Device/product lot if relevant _____

External reporting considered _____

Follow-up plan _____

Root-cause/governance review _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Emergency Equipment & Medication Readiness Log

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- ■ AED operational
- ■ Emergency medications checked
- ■ Airway supplies checked
- ■ Glucose supplies checked if maintained
- ■ Tamper seals/inventory checked
- ■ Oxygen system checked if maintained
- ■ Epinephrine availability checked
- ■ BP/monitoring equipment functional
- ■ Expiration dates reviewed
- ■ Emergency contact list current

Location _____

Inspection date _____

Missing/expired items _____

Corrective action _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____

Annual Safety & Compliance Training Record

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Employee _____

Role _____

Training date _____

- ■ Bloodborne pathogens
- ■ PPE
- ■ Hazard communication
- ■ Fire/evacuation
- ■ Infection control
- ■ Exposure control plan
- ■ Sharps safety
- ■ Emergency action plan
- ■ Incident reporting
- ■ Practice-specific hazards

Trainer/source _____

Competency/assessment _____

Next review date _____

Responsible Person / Reviewer: _____ **Date:** _____

Second Reviewer / Clinician: _____ **Date:** _____