

SAFETY MEETING TOPIC

This form shall be completed and kept on file

Job Name _____ Location _____ Job No. _____
Meeting Leader _____ Title _____
Date Held _____ Place _____ Time _____
Subject of Meeting BLOODBORNE PATHOGENS CHECKLIST

EXPOSURE CONTROL PLAN

Identifies exposure determination.

Is updated annually or when new tasks are introduced or modified.

Contains a schedule of the employer's compliance to the standard.

Describes procedures to evaluate exposure incidents.

ENGINEERING CONTROLS

Controls examined and maintained or replaced on a regular schedule to ensure effectiveness.

Hand washing facilities or appropriate antiseptics are available.

Employees required to wash after exposure or use of PPE.

Contaminated sharps (needles, blades, etc.) are discarded immediately without recapping or manipulating the sharp in any way.

If the employer has proven that the procedure cannot be performed without recapping the needle, a one-handed procedure is used to recap.

All storage, waste, and shipping containers are puncture-resistant, labeled, color-coded and leak-proof.

Secondary containers are used for shipment when leakage is possible.

Eating, application of cosmetics and storage are not allowed in areas where exposure may occur.

All procedures are performed in a manner that minimizes splashes and spraying.

Containers for shipment of contaminated materials are labeled.

Equipment that may have been contaminated is examined before shipment.

Contaminated equipment is decontaminated when possible before shipment.

PERSONAL PROTECTIVE EQUIPMENT

(Gloves, gowns, masks, eye and face protection, lab coats, etc.)

PPE is made available at no cost and accessible to, as well as used by, employees.

PPE is cleaned and repaired or replaced at no cost to the employee.

Garments are removed if penetrated by blood as soon as possible.

All PPE is removed before leaving work.

All PPE removed is placed in a designated area or container for storage, washing, decontamination or disposal.

POST-EXPOSURE EVALUATION

The route of exposure and circumstances under which exposure occurred are documented.

When possible and legal the source individual is identified and documented.

When possible and legal the source individual is tested to determine HBV and HIV infectivity and the result made available to the exposed worker.

Blood is collected as soon as possible after consent is obtained from the exposed worker.

An evaluation of the illness is provided to the worker.

The health-care worker is provided with a copy of the regulation, description of the worker's duties related to the incident, route of exposure and circumstances under which exposure occurred, results of blood tests and medical records that are related to the illness and available to the employer.

The health-care professional has provided a written opinion as to whether a HBA vaccine is indicated and if the employee received the vaccine and that the individual has been informed of the results of the evaluation and about conditions resulting from exposure which require further evaluation and treatment.

All findings and diagnoses are confidential.

HOUSEKEEPING

All surfaces are cleaned and decontaminated after contact with blood or other infectious material and at the end of the work shift if contamination was possible since the last cleaning.

All bins, pails, etc., are inspected and decontaminated on a regular basis and as soon as possible after visible contamination is found.

Broken glass is cleaned up by mechanical means (ex. Brush and pans).

Reusable sharps are not stored to cause workers to reach in by hand to retrieve them.

Containers for disposable contaminated sharps are:

- Easily accessible
- As close to the area of use as possible
- Maintained upright
- Replaced routinely
- Closed immediately prior to removal
- Labeled with color-coded label

Closable and leak-proof secondary containers are used as needed.

Reusable containers are not opened, cleaned or emptied manually.

Laundry is bagged at the location of use and handled as little as possible.

Laundry bags or containers prevent soak-through and are appropriately labeled.

Workers handling laundry wear gloves and any other appropriate personal protective equipment.

HEPATITIS B VACCINE

Hepatitis B vaccine and booster vaccines are available at a reasonable time and place under the supervision of a licensed professional and at no cost to all employees who have occupational exposure.

Employees who have refused the vaccine have signed a statement of refusal.

COMMUNICATIONS WITH WORKERS

All containers of regulated waste, refrigerators and freezers and any other containers of blood or other potentially infectious materials properly labeled.

Training is conducted annually or when modification of tasks or procedures occurs.

Training is conducted by a person knowledgeable in the subject matter.

Training addresses the following:

- Epidemiology, transmission and symptoms of bloodborne diseases

- Explanation of and method to obtain a copy of the control plan
- Limitations and use of engineering controls, work practices and PPE

Information on the Hepatitis B Vaccine

- Actions to take upon exposure
- Explanation of signs and labels
- Post-exposure procedures and the employer's requirements related to post-exposure

RECORDKEEPING

Medical records include the worker's name, social security number, and Hepatitis B vaccine status.

Follow-up information (test results, exams, etc.) and information provided to the health-care professionals and the written opinion are added to the records when an exposure incident occurs.

Records are kept confidential.

Records are maintained for 30 years beyond the employee's last work date.

Training records contain a summary of the training dates, the trainers' names and qualifications and the names and job titles of persons attending the training.

Training records are maintained for three years.