

# **Sample Bloodborne Pathogen Exposure Control Plan**

**FOR  
TATTOOING & BODY PIERCING STUDIOS**

**Revised: December 9, 2004**

**Developed in accordance with the OSHA Bloodborne Pathogens Standard,  
29 CFR 1910.1030**

## **PURPOSE**

The purpose of this exposure control plan is to identify and minimize any and all occupational exposure to blood or other infectious body fluids by Contractors, Employees, Studio Clients, Tattoo Artists, Body Piercers, Apprentices, Managers or Owners. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any human tissue or other body fluids visibly contaminated with blood.

## **RESPONSIBILITY**

Studio managers shall be responsible for ensuring their personnel comply with the provisions of this plan. All Tattooing or Body Piercing Studios are responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, Hepatitis B vaccinations, etc. Most of these supplies are available through the Studio manager. Hepatitis B vaccinations can be administered through the Akron or Summit County Health Departments. All personnel shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated. The Studio manager or other such designated personnel shall be responsible for training employees, Tattoo Artists and Body Piercers, Apprentices and any and all other Personnel in bloodborne pathogen exposure control and for properly disposing of bio-hazardous waste.

## **ENGINEERING AND WORK PRACTICE CONTROL**

Universal precautions shall be observed by all Studio personnel in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees, Studio clients, independent contractors and any others working at, with or through this Tattooing or Body Piercing Studio.

1. All personnel must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
2. All personnel must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. Hand washing facilities are located within the general restroom as well as within each tattoo and/or piercing station.

**All personnel shall familiarize themselves with the nearest hand washing facilities.**

3. Studio personnel who encounter improperly disposed needles shall notify the Studio manager of the location of the needle(s) immediately.

**Needles shall be disposed of in labeled sharps containers provided at the location.**

- a. Needles should never be recapped.
  - b. Needles shall be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
4. Breaking or shearing of needles is prohibited.
  5. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
  6. No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or other potentially infectious materials are present.
  7. All personnel must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

## **HOUSEKEEPING**

- ✚ Decontamination shall be accomplished by utilizing the following materials:
  1. Chlorine bleach solution (minimum 10%)
  2. Lysol or other EPA-registered disinfectants
- ✚ All contaminated work surfaces, tools, objects, etc. shall be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
- ✚ Equipment that may become contaminated with blood or other potentially infectious materials shall be examined and decontaminated before servicing or use.
- ✚ Broken glassware shall not be picked up directly with the hands. Sweep or brush material into a dustpan.
- ✚ Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in a **sharps container only**.
- ✚ When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- ✚ Reusable containers shall not be used.

## **OTHER REGULATED WASTE:**

Other regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color-coded and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport.

Bio-hazard bags and labels are available through the Studio manager.

Incineration of bio-hazardous waste shall be handled by a biological waste destructor.

### **LAUNDRY PROCEDURES:**

Laundry contaminated with blood or other potentially infectious material shall be handled as little as possible. Such laundry shall not be sorted or rinsed in the area of use. Studio manager shall coordinate cleaning or disposal of contaminated laundry.

### **PERSONAL PROTECTIVE EQUIPMENT:**

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

The Studio shall provide appropriate gloves, face shields, masks, eye protection, and aprons at no cost to employees. The Studio shall replace or repair personal protective equipment as necessary at no cost to employees.

All personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment shall be used.

### **All personnel must:**

- ✚ Utilize protective equipment in occupational exposure situations.
- ✚ Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- ✚ Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- ✚ Remove all personal protective equipment before leaving the work area.
- ✚ Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

## **HEPATITIS B VACCINE:**

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available.

**All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal.**

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

The Hepatitis B Vaccine shall be offered to all custodial staff and personnel working in the following positions:

-  Studio Manager
-  Tattoo Artists
-  Body Piercers
-  Apprentices

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP:**

All exposure incidents shall be reported, investigated, and documented. When any Personnel incur an exposure incident, they shall report it immediately to the Studio Manager or Owner. Following a report of an exposure incident, the exposed Personnel shall go to the closest Hospital or the Medical Facility of their choice for a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. The identification and documentation of the source individual. (The identification is not required if the Studio can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV, HCV and HIV serological status.
5. Post-exposure treatment for the Personnel, when medically indicated in accordance with the U.S. Public Health Service.
6. Counseling.
7. Evaluation of any reported illness.

The Healthcare professional evaluating any Personnel shall be provided with the following information:

1. A copy of this plan.
2. A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030)
3. Documentation of the route(s) of exposure.
4. A description of the circumstances under which the exposure occurred.
5. Results of the source individual's blood testing, if available.
6. All medical records applicable to treatment of the employee, including vaccination status.

The Personnel shall receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following:

- ✚ Whether the Personnel need Hepatitis B vaccination
- ✚ Whether the Personnel has received such a Hepatitis B vaccination

The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

- ✚ That the Personnel were informed of the results of the evaluation.
- ✚ That the Personnel were informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

**All other findings or diagnoses shall remain confidential and shall not be in a written report.**

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the Personnel. All medical records shall be kept in accordance with 29 CFR 1910.1020.

## **TRAINING:**

All high-risk Personnel shall participate in a training program. Training shall occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training shall be provided when changes such as modification of tasks or procedures affect the Personnel's occupational exposure.

Any Personnel who is exposed to infectious materials shall receive training, even if the Personnel were allowed to receive the HBV vaccine after exposure.

The training program shall include at least the following elements:

1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the Studio's exposure control plan and the means by which the Personnel can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
6. An explanation of the use and limitations of methods that shall prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.

## **Disclaimer**

This representation of a bloodborne pathogen exposure control plan does not intend, and the Board of Health of the Summit County Combined General Health District is not expected to identify every possible hazardous situation, risk deficiency, code violation, and potential area of liability or deviation of safe practices. The purpose of this representation is to identify general areas where careful planning and great caution should be exercised. For this reason, no party should rely on this representation as being a comprehensive identifier of each and every potential liability situation.

This representation does not guarantee, assure or warrant in any way that the user is in compliance with any Federal, State or local laws, statutes or regulations or compliance with the recommendations of this representation will eliminate any or all hazards or eliminate accidents.

## Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

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(Print name)

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(Title)

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(Date)

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(Signature)