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BBP	**HiOSH Bloodborne Pathogen Standard Exposure Control Plan 29 CFR 1910.1030**	**N/A**	**Conform**	**Non-Conform**	**Comments**
[29 CFR 1910.1030(c)(1)(i), (c)(1)(ii), and (c)(2)].	1. Has a written exposure control plan been developed?				
	(a) a list of tasks identified as having a potential for exposure to bloodborne pathogens;				
	(b) methods to protect students and employees				
	(c) dates and procedures for providing hepatitis B vaccinations;				
	(d) procedures for post-exposure evaluation and follow-up in case of exposure;				
	(e) content and methods for training students and employees;				
	(f) procedures for maintaining records.				
[29 CFR 1910.1030(c)(1)(iii)]	2. Is the written exposure control plan available on request for examination or copying?				
[29 CFR 1910.1030(c)(1)(iv)]	3. Is the written exposure control plan updated yearly?				
	Engineering and Work Practice Controls				
[29 CFR 1910.1030(d)(1)]	4. Do students and employees follow standard (universal) precautions to prevent contact with blood or other potentially infectious materials?				
[29 CFR 1910.1030(d)(2)(i)]	5. Are engineering and work practice controls implemented before personal protective equipment is used?				
[29 CFR 1910.1030(d)(2)(ii)]	6. Are engineering controls examined and maintained on a regular schedule to ensure their effectiveness?				
[29 CFR 1910.1030(d)(2)(iii),(iv)]	7. Are handwashing facilities readily accessible? Note: If providing handwashing facilities is not possible, an appropriate antiseptic hand cleanser and clean cloth, paper towels, or antiseptic towelettes may be substituted. When antiseptic hand cleansers or towelettes are used, wash hands with soap and running water as soon as possible.				
[29 CFR 1910.1030(d)(2)(v)]	8. Do students and employees wash their hands immediately after removing gloves or other personal protective equipment?				
[29 CFR 1910.1030(d)(2)(vi)]	9. Do students and employees wash or flush hands or other skin areas with soap and water after contact with blood or other potentially infectious materials?				
[29 CFR 1910.1030(d)(2)(vii)]	10. Is it prohibited to bend, recap, or remove contaminated needles or sharps except as noted below? Note: NIOSH recommends avoiding needle recapping. Note: When no feasible alternatives are available, OSHA permits recapping or needle removal only through the use of a mechanical device or a one-handed technique. Such procedures could involve the one-handed "scoop" technique: using the needle itself to pick up the cap, and pushing cap and sharp together against a hard surface to ensure a tight fit. Or, the sharp might also be recapped by holding the cap with tongs or forceps to place it on the needle.				

[29 CFR 1910.1030(d)(2)(vii)]	11. Can it be assured that the shearing and breaking of contaminated needles does not occur?				
[29 CFR 1910.1030(d)(2)(ix)]	12. Is it prohibited to eat, drink, smoke, apply cosmetics, and handle contact lenses in work areas where the potential exists for exposure to bloodborne pathogens?				
[29 CFR 1910.1030(d)(2)(x)]	13. Are food and drink prohibited in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present?				
[29 CFR 1910.1030(d)(2)(xi)]	14. Are tasks involving blood or other potentially infectious materials performed in a way that minimizes splashing and generating droplets of these substances?				Type of protection devices:
[29 CFR 1910.1030(d)(2)(xii)]	15. Is mouth pipetting and suctioning of blood or other potentially infectious agents prohibited?				
[29 CFR 1910.1030(d)(2)(xiii)]	16. Are specimens of blood or other potentially infectious materials placed in an appropriate container that prevents leakage during collection, handling, processing, storage, or transport?				
	Personal Protective Equipment (PPE)				
[29 CFR 1910.1030(d)(3)(i)]	17. Is personal protective equipment such as gloves, gowns, laboratory coats, face shields or masks, and eye protection provided free to persons potentially exposed to bloodborne pathogens? [29 CFR 1910.1030(d)(3)(i)]				
[29 CFR 1910.1030(d)(3)(iii)]	18. Is personal protective equipment of appropriate sizes readily accessible or issued to all students and employees?				
[29 CFR 1910.1030(d)(3)(iii)]	19. Are hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives, readily accessible to those who are allergic to the gloves normally provided?				
[29 CFR 1910.1030(d)(3)(v)]	20. Is personal protective equipment repaired or replaced to maintain its effectiveness?				
[29 CFR 1910.1030(d)(3)(vii)]	22. Do students and employees remove all personal protective equipment before leaving the work area?				
[29 CFR 1910.1030(d)(3)(viii)]	23. Do students and employees use an appropriately designated area or container for storage, washing, decontamination, or disposal of personal protective equipment?				
[29 CFR 1910.1030(d)(3)(ix)]	24. Do students and employees wear gloves whenever the possibility exists of hand contact with blood or other potentially infectious materials?Note: This includes touching contaminated items or surfaces and persons receiving phlebotomy training.				
[29 CFR 1910.1030(d)(3)(ix)(A)]	25. Are disposable (single-use) gloves replaced as soon as they are contaminated, torn, punctured or cannot function as a barrier?				
[29 CFR 1910.1030(d)(3)(ix)(B)]	26. Is it prohibited to re-use disposable (single-use) gloves?				
[29 CFR 1910.1030(d)(3)(ix)(C)]	27. Are utility gloves decontaminated and re-used only if the integrity of the glove is not compromised?				

[29 CFR 1910.1030(d)(3)(x)]	28. Do students and employees wear masks and eye protection devices (such as goggles or glasses with solid side shields or chin-length face shields) whenever splashes or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated? [				
[29 CFR 1910.1030(d)(3)(xi)]	29. Are gowns, aprons, lab coats, clinic jackets, or similar outer garments worn whenever exposure to blood or other potentially infectious materials is anticipated				
[29 CFR 1910.1030(d)(4)(i)]	30. Is there a written method of decontamination and schedule for cleaning of all areas and surfaces that may become contaminated with blood or other potentially infectious materials?				
[29 CFR 1910.1030(d)(4)(ii)]	31. Are all equipment and working surfaces cleaned and decontaminated immediately or as soon as feasible, after contact with blood or other potentially infectious materials?				
[29 CFR 1910.1030(d)(4)(ii)(B)]	32. Are protective covers used to cover equipment and surfaces removed and replaced as soon as feasible when they become overtly contaminated? [Note: Examples of protective coverings include: plastic wrap, aluminum foil, or absorbent paper backed with impervious material.				
[29 CFR 1910.1030(d)(4)(ii)(C)]	33. Are all reusable receptacles such as bins, pails and cans that are likely to become contaminated with blood or other potentially infectious materials inspected and decontaminated on a regular schedule?				
[29 CFR 1910.1030(d)(4)(ii)(C)]	34. Are all reusable receptacles such as bins, pails and cans that are likely to become contaminated with blood or other potentially infectious materials cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination?				
[29 CFR 1910.1030(d)(4)(ii)(D)]	35. Is picking up broken contaminated glassware with your hands prohibited?				
[29 CFR 1910.1030(d)(4)(ii)(D)]	36. Is broken contaminated glassware always cleaned up with mechanical means such as a brush and dust pan, tongs, or forceps?				
[29 CFR 1910.1030(d)(4)(iii)(A)(1)]	37. Are contaminated sharps discarded immediately or as soon as feasible into containers?				
[29 CFR 1910.1030(d)(4)(iii)(A)(1)]	38. Are containers used for sharps disposal closable, puncture resistant, leakproof on sides and bottom, and labeled with a biohazard warning label or colored red?				
[29 CFR 1910.1030(d)(4)(iii)(A)(2)]	39. Are containers used for sharps disposal easily accessible and located in the area where sharps are used or can be reasonably anticipated to be found?				
[29 CFR 1910.1030(d)(4)(iii)(A)(2)(i)]	40. Are containers used for sharps disposal maintained upright throughout use?				

[29 CFR 1910.1030(d)(4)(iii)(A)(2)(ii)]	41. Are containers used for sharps disposal replaced routinely and not allowed to overfill?				
[29 CFR 1910.1030(d)(4)(iii)(A)(3)(i)]	42. Are sharps containers closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping?				
[29 CFR 1910.1030(d)(4)(iii)(A)(3)(ii)]	43. Are sharps containers placed in an appropriate secondary container if leakage is possible?				
[29 CFR 1910.1030(d)(4)(ii)(E)]	44. Are reusable sharps that are contaminated with blood or other potentially infectious materials not stored or processed in a manner that requires a person to reach by hand into the containers where these sharps have been placed?				
[29 CFR 1910.1030(d)(4)(iii)(A)(4)]	45. Are reusable containers not opened, emptied, or cleaned manually or in any other manner which might expose a person to the risk of skin puncture?				
[29 CFR 1910.1030(d)(4)(iii)(B)(1)]	46. Is regulated waste, other than sharps, placed into containers which are:				
	a. closable?				
	b. constructed to contain all contents and prevent leakage of fluid during handling, storage, transport or shipping?				
	c. labeled with a biohazard warning label or colored red?				
	d. closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping?				
[29 CFR 1910.1030(d)(4)(iii)(B)(2)]	47. Are containers of regulated waste, other than sharps, that have become contaminated on the outside placed into appropriate secondary containers as defined in (17) above?				
[29 CFR 1910.1030(d)(4)(iv)(A)]	48. Is contaminated laundry handled as little as possible with a minimum of agitation or movement?				
[29 CFR 1910.1030(d)(4)(iv)(A)(1)]	49. Is contaminated laundry bagged or put into other containers at the location it is used?				
[29 CFR 1910.1030(d)(4)(iv)(A)(2)]	50. Is contaminated laundry placed and transported in bags or containers labeled with the biohazard symbol or colored red?				
[29 CFR 1910.1030(d)(4)(iv)(A)(3)]	51. Is wet contaminated laundry placed and transported in bags or containers that will prevent soak-through and/or leakage of fluids to the exterior?				
[29 CFR 1910.1030(d)(4)(iv)(B)]	52. Do persons who handle contaminated laundry wear protective gloves and other appropriate personal protective equipment?				
[29 CFR 1910.1030(d)(3)(vi)]	53. Are garments which have been penetrated by blood or other potentially infectious materials removed immediately or as soon as possible by the user?				
[29 CFR 1910.1030(f)(1)]	54. Is the hepatitis B vaccination series made available to all persons who are reasonably anticipated to come in contact with blood or other potentially infectious materials through the performance of their job duties?				
[29 CFR 1910.1030(f)(2)]	55. Is the hepatitis B vaccination series made available to persons who have received the required bloodborne pathogen training?				

[29 CFR 1910.1030(f)(2)(i)]	56. Within 10 days of initial assignment, is the hepatitis B vaccination series made available to persons whose job is reasonably anticipated to have contact with blood or other potentially infectious materials?				
[29 CFR 1910.1030(f)(2)(iv)]	57. Have persons who refused to take the hepatitis B vaccination series signed a statement to that effect following the form prescribed by the OSHA standard?				
[29 CFR 1910.1030(f)(3) and (5)]	58. Is a confidential medical evaluation and follow-up made available to an exposed person following a report of an exposure incident? Note: The medical evaluation and follow-up must include documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred; source individual unless identification is infeasible or prohibited by state law; the HBV or HIV infectivity of the source individual if it can be legally determined; collection and testing of blood from the exposed individual for HBV and HIV serological status individual for HBV and HIV serological status provided consent is given; post-exposure prophylaxis when medically indicated; counseling; evaluation of reported illnesses; and a written opinion from a healthcare professional.				
[29 CFR 1910.1030(g)(1)(i)]	59. Are containers of regulated waste labeled with a biohazard warning label? Note: Red bags or red containers may be substituted for a biohazard warning label. Containers include refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.				
[29 CFR 1910.1030(g)(2)]	60. Are individuals who are reasonably anticipated to have contact with blood or other potentially infectious materials in the course of their work or student activities provided training on bloodborne pathogens? Note: The training must include an accessible copy of the OSHA standard; a general explanation of the epidemiology and symptoms of bloodborne diseases; an explanation of the modes of transmission of bloodborne pathogens; an explanation of the exposure control plan and how to obtain a copy; an explanation of how to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials; an explanation of engineering controls, work practice controls and personal protective equipment; information on hepatitis B vaccine; emergency information and procedures; information on the post-exposure evaluation and follow-up; information on labels and color coding; and an opportunity for interactive questions and answers.				
[29 CFR 1910.1030(g)(2)(ii)(A)]	61. Is bloodborne pathogen training provided before or at the time of initial assignment where contact with blood or other potentially infectious materials is possible?				

[29 CFR 1910.1030(g)(2)(ii)(C)]	62. Is bloodborne pathogen refresher training provided at least annually?				
[29 CFR 1910.1030(g)(2)(v)]	63. Is additional bloodborne pathogen training provided when changes are instituted that might affect exposure such as modification of tasks or procedures or adoption of new tasks or procedures?				
[29 CFR 1910.1030(g)(2)(vi)]	64. Is the bloodborne pathogen training material appropriate in content and vocabulary to the educational level, literacy, and language of people to be trained?				
[29 CFR 1910.1030(g)(2)(viii)]	65. Is the person(s) who conducts the bloodborne pathogen training knowledgeable in the subject matter?				
[29 CFR 1910.1030(h)(1)]	66. Are accurate medical records maintained regarding hepatitis B vaccinations, examinations, medical testing, follow-up procedures, and copies of written opinions given in response to exposure incidents? Note: These records are confidential.				
[29 CFR 1910.1030(h)(2)(i)]	67. Are records maintained of training that shows the dates of the training sessions, the contents of the training session, the names and qualifications of person conducting the training, and the names of the persons attending the training sessions?				
[29 CFR 1910.1030(h)(2)(ii)]	68. Are training records maintained for at east 3 years?				
	Needlestick Safety and Prevention Act				
[29 CFR 1910.1030(c)(1)(v)	Is there an annual engineering control evaluation (solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.)				
	a. Sharp containers				
	b. New sharp technology (has all technology switched to new)				
	c. Is there contribuition from administraiton, staff, students				
	Miscellaneous				
	1. Is Hepatitis B titer taken (Hep B surface Ag)? MMWR Vol 50, No. RR-11, June 29, 2001.				
(DOH: Hawaii Administrative Rules § 11-104.1 OHCA)	2. Is there Wastes Management Plan for biological contaminated wastes				
	3. If wastes is autolclaved the autoclaved properly quality controlled				
HAR 12-10-20	4. Is autoclave under a HIOSH-Elevator and Boiler Permit?				
	a. Date of certification "Permit to Operate"				
(UH A9.520 TUBERCULOSIS CLEARANCE)	4. Tuberculosis Testing				
	a. Matoux TB testing				
	b. 2-Step Testing				
	c Chest X-ray				
	d. Medical Surveillance				