**Sample safety program:**

Bloodborne pathogens program

***Insert company name***

**Bloodborne exposure control plan**

**Purpose**

Exposure to bloodborne pathogens will be considered a significant risk during any first aid assistance whenever blood or bodily fluids are present. Proper precautions will be followed to prevent the potential infection of those employees rendering aid.

**Responsibilities**

All appropriate personal protection equipment (PPE) will be supplied at no cost and will be used by providers of first aid and cleanup crews where blood and bodily fluids of any kind have the potential to contact people in these roles. All blood and bodily fluids shall be treated as if contaminated by HIV (Human immune deficiency virus) and HBV (Hepatitis B virus).

Once first aid is completed and as soon as possible after removing disposable gloves, responders will wash their hands with soap and water.

Upon completion of first aid for the injured individual(s), all materials that have contacted blood or any other bodily fluids shall be placed in the biohazard bag for disposal.

All surfaces will be cleaned and decontaminated after contact with blood or bodily fluids. A 10% bleach and water solution will be used for decontamination. Clean up gloves and infected material shall be placed in the biohazard bag for disposal.

If there is contamination of a puncture of the skin or contamination of the mouth or eyes by another person's bodily fluids, report the exposure incident immediately to your supervisor. A confidential medical evaluation and follow-up will be made available to the exposed employee.

**(*Insert where and how many hand washing stations are in facilities*)**

**Training**

All potentially affected employees will receive training in blood borne pathogen risks and risk controls upon hire, prior to performing any work duties. Training will also be conducted at least annually.

First aid training will be provided to designated employees to act in the event of a workplace injury requiring immediate medical care at the first aid level.

Training records will be kept for a minimum of three (3) years.

***Insert company name***

**Bloodborne exposure control program acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received training on the risks and controls associated with exposure to blood borne pathogens and I have asked and received clarification on all questions regarding this risk.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that following the proper procedures required to control the risk of exposure to blood borne pathogens is my responsibility and I am accountable for adhering to these procedures. I understand that my failure to do so may result in disciplinary actions, up to, and including, termination.

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Employee Signature Date

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Supervisor’s Signature Date