

Michigan Municipal Workers' Compensation Fund Safety and Health Resource Manual

Bloodborne Pathogens Compliance Checklist

The Bloodborne Pathogens standard (rev. 3/6/92) conveys rights and responsibilities in the following areas:

1. Occupational exposure determination
2. Exposure control plan
3. Universal precautions
4. Engineering controls, work practices, and protective work clothing and equipment
5. Housekeeping
6. Infectious waste disposal
7. Laundry
8. Vaccination and post-exposure follow-up
9. Communication of hazards to employees, including labeling of biohazards
10. Record keeping
11. Employee information and training

In addition, the standard requires special controls and practices as well as additional training in HIV and HBV research laboratories and production facilities.

The attached checklist will aid you in examining your policies, procedures and programs to assure your compliance with the standard. HIV and HBV research laboratories and production facilities should not use this checklist.

KEY

- Written: This should be a part of your "on paper" Bloodborne Pathogen Exposure Control Program.
- Employee Information and Training: These are the items you must cover in employee training programs.

Section	Scope	Written	Employee Information and Training
<i>Note: All items with a check box in the "Written" column must be included in the written program.</i>			
I	Exposure Determination		
A.	Person(s) responsible for determining exposure(s)	<input type="checkbox"/>	
B.	Sources of information to be consulted.	<input type="checkbox"/>	
C.	Criteria used in evaluating sources of information.	<input type="checkbox"/>	
D.	Plan for reviewing and updating exposure(s).	<input type="checkbox"/>	
E.	Documentation of determination process Class A & B employees	<input type="checkbox"/>	<input type="checkbox"/>

Employee Information &

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Section	Scope	Written	Training
<i>Note: All items with a check box in the "Written" column must be included in the written program.</i>			
II. Written Exposure Control Plan			
A.	List of exposures, both determined and potential	<input type="checkbox"/>	
B.	Exposure determination	<input type="checkbox"/>	
C.	The schedule and method of implementation for each applicable rule or sub-rule.	<input type="checkbox"/>	
D.	The contents or a summary of the training program.	<input type="checkbox"/>	
E.	Task-specific standard operating procedures.	<input type="checkbox"/>	
F.	Plan accessible to employees. Designated individual responsible for annual plan review.	<input type="checkbox"/>	<input type="checkbox"/>
	Person has knowledge of applicable control practices.	<input type="checkbox"/>	
G.	Exposure control plan available for review by MIOSHA.	<input type="checkbox"/>	
III. Universal Precautions			
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Person(s) responsible for employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
IV. Engineering Controls			
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Evaluation of present controls against standard	<input type="checkbox"/>	<input type="checkbox"/>
C.	Controls to be implemented	<input type="checkbox"/>	<input type="checkbox"/>
D.	Schedule of implementation	<input type="checkbox"/>	<input type="checkbox"/>
E.	Person(s) responsible for implementation of controls	<input type="checkbox"/>	<input type="checkbox"/>
F.	Person(s) responsible for assuring employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
G.	Written SOP's for all controls	<input type="checkbox"/>	<input type="checkbox"/>
V. Work Practices			
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Evaluation of present practices against standard	<input type="checkbox"/>	<input type="checkbox"/>
C.	Work practices to be implemented	<input type="checkbox"/>	<input type="checkbox"/>
D.	Schedule of implementation	<input type="checkbox"/>	<input type="checkbox"/>
E.	Person(s) responsible for implementation of work practices	<input type="checkbox"/>	

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<i>Note: All items with a check box in the "Written" column must be included in the written program.</i>			
V. Work Practices (Continued)			
F.	Person(s) responsible for assuring employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
G.	Written SOP's for all work practices.	<input type="checkbox"/>	<input type="checkbox"/>
VI. Protective Work Clothing and Equipment			
A.	Policy statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Evaluation of present equipment against standard	<input type="checkbox"/>	
C.	Person(s) responsible for upgrading PPE if required	<input type="checkbox"/>	
D.	Schedule for equipment upgrade if needed	<input type="checkbox"/>	
E.	Person(s) responsible for assuring employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
F.	Waivers for medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
G.	SOP's for use of PPE including equipment failure	<input type="checkbox"/>	<input type="checkbox"/>
VII. Housekeeping			
A.	Policy statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Evaluation of present practices against standard	<input type="checkbox"/>	<input type="checkbox"/>
C.	Written housekeeping schedule(s)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Written SOP's for housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
E.	Person(s) responsible for documenting schedules and disinfection procedures	<input type="checkbox"/>	
F.	Person(s) responsible for assuring employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Infectious Waste Disposal			
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Disposable containers available and accessible	<input type="checkbox"/>	<input type="checkbox"/>
C.	Back-up containers available and accessible	<input type="checkbox"/>	<input type="checkbox"/>
D.	Appropriate Labels Available	<input type="checkbox"/>	<input type="checkbox"/>
E.	SOP's for use, labeling and disposal of disposable containers, including contingency plans	<input type="checkbox"/>	<input type="checkbox"/>
F.	Person(s) responsible for evaluating current container/label program	<input type="checkbox"/>	
G.	Person(s) responsible for upgrade of current container/label program, if needed	<input type="checkbox"/>	

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<i>Note: All items with a check box in the "Written" column must be included in the written program.</i>			
VIII.	Infectious Waste Disposal (continued)		
H.	Schedule for implementing upgrade if needed	<input type="checkbox"/>	
I.	Person(s) responsible for assuring employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
IX	Laundry		
A.	Policy Statement		
B.	Evaluation of present practices against standard	<input type="checkbox"/>	
C.	Person(s) responsible for determining improvements if needed	<input type="checkbox"/>	
D.	Person(s) responsible for implementing improvements	<input type="checkbox"/>	
E.	Schedule for implementing improvements	<input type="checkbox"/>	
F.	Person(s) responsible for assuring employee compliance	<input type="checkbox"/>	<input type="checkbox"/>
G.	Written SOP for laundry processes	<input type="checkbox"/>	<input type="checkbox"/>
X.	Vaccinations and Post-exposure Evaluation and Follow up		
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Person(s) responsible for medical evaluations/vaccination program	<input type="checkbox"/>	<input type="checkbox"/>
C.	SOP for vaccination program	<input type="checkbox"/>	<input type="checkbox"/>
D.	Vaccination waiver form	<input type="checkbox"/>	<input type="checkbox"/>
E.	Post-exposure reporting procedures	<input type="checkbox"/>	<input type="checkbox"/>
F.	Post exposure evaluation and follow-up procedure	<input type="checkbox"/>	<input type="checkbox"/>
G.	Post exposure documentation procedures	<input type="checkbox"/>	<input type="checkbox"/>
XI.	Communication of hazards, including biohazard labeling, to employees		
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Person(s) responsible for labeling containers	<input type="checkbox"/>	
C.	Description of labeling system(s) and alternatives for portable containers.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Appropriate signage posted	<input type="checkbox"/>	<input type="checkbox"/>
E.	SOP for labeling of Biohazards	<input type="checkbox"/>	<input type="checkbox"/>
F.	Contingency plan for labeling of Biohazards	<input type="checkbox"/>	<input type="checkbox"/>
G.	Job Aids, posters and other forms of warning	<input type="checkbox"/>	<input type="checkbox"/>

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Note: <i>All items with a check box in the "Written" column must be included in the written program.</i>			
XII.	Record Keeping		
A.	Medical record policy statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Separate medical record file for each Category A employee, containing required information (for duration of employment plus 30 yrs.)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Person responsible for medical records	<input type="checkbox"/>	<input type="checkbox"/>
D.	SOP for maintaining medical records including their confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
E.	Training record policy statement	<input type="checkbox"/>	<input type="checkbox"/>
F.	Training records for each Category A employee	<input type="checkbox"/>	
G.	Person(s) responsible for training records	<input type="checkbox"/>	
H.	SOP for maintaining training records	<input type="checkbox"/>	
I.	Training records available to OSHA	<input type="checkbox"/>	
J.	Procedure for employees' requests to see their training or medical records	<input type="checkbox"/>	<input type="checkbox"/>
XIII.	Employee Information and Training		
A.	Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
B.	Person(s) responsible for conducting training	<input type="checkbox"/>	
C.	Person(s) responsible for developing training program	<input type="checkbox"/>	
D.	Approval authority for content of training program	<input type="checkbox"/>	
E.	Format of program complies with rule	<input type="checkbox"/>	
F.	Elements of training program comply with rule	<input type="checkbox"/>	
G.	Method of training	<input type="checkbox"/>	
H.	Procedures for scheduling employees for initial training	<input type="checkbox"/>	
I.	Procedures for scheduling annual retraining	<input type="checkbox"/>	
J.	method of assessing trainee learning	<input type="checkbox"/>	
K.	Documentation system for training	<input type="checkbox"/>	
L.	Employee information system	<input type="checkbox"/>	<input type="checkbox"/>