

FACILITY EXPOSURE CONTROL PLAN CHECKLIST

Compliance Date: _____ Facility Name: _____ As of the above date the facility has put in place the following policies to reduce exposure and contamination. Check all that apply to facility.

- **Universal/Standard Precautions are followed**
- **Work Practice controls are in place**
 - gloves are worn anytime contamination is anticipated
 - hand washing policies are followed
 - recapping, bending and breaking needles is prohibited
 - all sharps are disposed of in biohazard sharps container
 - all infectious waste is disposed of in red bags
 - eating, drinking, applying cosmetics, smoking is forbidden in work area
- **Engineering controls are in place**
 - hand washing facilities (sinks) are in patient care and laboratory
 - areas antiseptic foams are available in areas that do not have a sink
 - Safety needles and devices used
 - mechanical pipettes are used (no mouth pipetting)
 - eye wash station is available
- **Personnel Protective Equipment**
 - gloves are available (size appropriate, hypo-allergenic & liner (if needed))
 - face protection is available (goggles, mask, full face shield)
 - clothing protection is available (gowns, lab coats)
 - resuscitation equipment is available
- **Housekeeping**
 - written schedule in place
 - utility gloves available
 - spill kit available
 - hospital grade disinfectant or 10% bleach is available
 - laundry policies in place (if applicable)
- **Biohazard labels**
 - on sharps containers and red bags
 - equipment that may be contaminated or hold biologicals
 - laundry bins
- **Hepatitis B vaccine offered to all job classification 1 & 2**
 - employees vaccine information documented
- **Policy to follow up an exposure is in place**
 - incident report forms in place
 - records are retained in a confidential manner
- **Safety training provided**
 - at time of employment
 - annually
 - records retained 3 years