Bloodborne Pathogens Program Starter

SF-LIB-14 | Health | Employer planning starter

Identify exposure tasks and organize the required employer safeguards.

Scope and limits

Planning aid for 1910.1030 when occupational exposure exists; not a completed Exposure Control Plan or medical advice.

Proposed employer workflow

1. Determine exposed job classifications and tasks without considering PPE protection.

2. Develop the written Exposure Control Plan, implementation schedule and exposure-incident evaluation process.

3. Specify engineering and work-practice controls, PPE, housekeeping, sharps handling and regulated-waste arrangements.

4. Arrange hepatitis B vaccination and confidential post-exposure evaluation and follow-up as required; workers should report exposure promptly.

5. Provide required initial and annual training with an opportunity for questions, plus labels and communication.

6. Review the plan at least annually and for relevant changes; maintain separate protected medical records and applicable training and sharps records.

Stop-work trigger

Do not handle blood or contaminated sharps without the assigned training, equipment and procedures.

Adapt this resource before use. It is not OSHA-approved, a certification, a permit, or a complete site-specific safety program. The employer must determine applicable rules and approve the actual controls.

Site implementation worksheet

Bloodborne Pathogens Program Starter

Employer / site: _____

Administrator / contact: _____

Effective date / next review: _____

Complete these topic-specific arrangements

Exposed jobs / tasks

Procedure / location / responsible person

Control plan / sharps and waste procedures

Procedure / location / responsible person

Training / vaccination / follow-up contacts

Procedure / location / responsible person

Attach the supporting plans

Identify applicable federal, State Plan and task-specific rules; attach equipment instructions, assessments, maps and any required written programs or permits. Record their document IDs below.

Supporting document / revision / owner

Employer approval / signature / date: _____

Approval of this worksheet alone does not authorize hazardous work.

Field check & follow-up

Bloodborne Pathogens Program Starter

Task / date / reviewer: _____

Mark each item Yes / No / N/A. Explain N/A. Resolve any missing critical control before work; record who verified the correction.

Check	Y / N / N/A	Action / owner
Exposure determination completed		
Written plan owner assigned		
Controls and supplies available		
Medical follow-up arranged		
Training and confidential records arranged		

Crew briefing and verification

Discuss: Do not handle blood or contaminated sharps without the assigned training, equipment and procedures.

Ask each worker to explain the task controls and who to contact. Record the topic, participant names, demonstration or questions, and unresolved gaps. Attendance alone is not proof of proficiency.

Participants / evidence / gaps / corrective action

Reviewed by / date / follow-up due: _____

Official reference and use

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

Source checked Nov 3, 2026. OSHA regulations and recommended guidance have different roles. Verify changes and applicability before adoption. Procedures and forms here are original SafetyFluent planning aids. Copy and adapt for internal workplace use, retaining source and revision details.

Records: assign secure storage, access and retention based on applicable requirements; there is no universal retention period for every form. Keep medical details out of this general crew worksheet.