

**Oregon Military Department**  
**INDIVIDUAL FACILITY PLAN**  
ECP/BBP Policy 99.200.03 Attachment I

Facility Plan for \_\_\_\_\_

This plan will be reviewed annually. Changes to this plan must be filed with the AGP Safety Manager immediately.

The (Your facility name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

(Name of responsible person or department) is (are) responsible for implementation of the ECP. (Name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number:

(Name of responsible person or department) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

PPE available to staff:

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

The procedure for handling sharps disposal containers is: (may refer to specific procedure by title or number and last date of review)

The procedure for handling other regulated waste is: (may refer to specific procedure by title or number and last date of review)

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded. Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used).

The AGP Safety Manager will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: AGP, 503-428-3549

(Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number:

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department).

The types of PPE available to employees are as follows: (gloves, eye protection, etc.)

---

---

---

PPE is located (List location) and may be obtained through (Name of responsible person or department). (Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.)

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface. The procedure for handling used PPE is as follows: (may refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment)

---

---

#### HEPATITIS B VACCINATION

(Name of responsible person or department) will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

Should an exposure incident occur, contact (Name of responsible person and phone number) and the AGP Safety Manager, 503-428-3549

Copies of all training records, annual training rosters, vaccination records, exposure records will be sent to the AGP Safety Manager either by fax or by Level 3 Restricted Level only via email.