


<b><i>HEALTH AND SAFETY MANUAL</i></b>		
Title: Bloodborne Pathogens Exposure Control Plan		
Approved by: Greg Savoy		Rev. 4/1/08

1 Purpose/Scope:

This Bloodborne Pathogen Exposure Control Plan has been established to ensure a safe and healthful working environment and act as a performance standard for all Company employees. This program applies to all occupational exposure to blood or other potentially infectious materials. The content of this plan complies with OSHA Standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

This Plan includes all employees who have or may have the potential for exposure to blood or other potentially infectious materials in the workplace. A copy of this exposure control plan is available to employees in accordance with 29CFR1010.1020(e).

2 Definitions / Responsibilities:

2.1 Definitions:

- 2.1.1 Blood borne pathogen – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus and human immunodeficiency virus (HIV).
- 2.1.2 Decontamination – means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- 2.1.3 Exposure Incident – means a specific eye, mouth, other mucus membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from exposure in the workplace.
- 2.1.4 HBV – means hepatitis B virus.
- 2.1.5 HIV – means human immune deficiency virus.
- 2.1.6 Parenteral – means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

2.1.7 Universal Precautions – means treating all human blood and body fluids as if known to be infectious for HBV, HIV and other bloodborne pathogens.

## 2.2 Responsibilities:

2.2.1 This Bloodborne Pathogen Exposure Control Plan is administered by:

- The Region Service Manager for field operations.
- The Shop Manager for stand alone shop operations.
- The Facilities Manager for dedicated office locations.

2.2.2 Supervision shall be responsible for incident investigations involving blood or other potentially infectious materials, establish and maintain an accurate record (list) containing each employee with a potential occupational exposure (see "**EXHIBIT B-3.1**"), ensure availability of proper exposure control equipment, establish appropriate employee training and ensure proper clean up of contaminated surfaces and equipment.

2.2.3 All employees who may have the potential for occupational exposure to blood or other potentially infectious materials are responsible for following this plan and wearing appropriate personal protective equipment when needed.

2.2.4 The facility's manager shall make this exposure control plan available to all employees by keeping a plan in an area of the facility that is accessible 24 hours per day. All employees shall be notified where the plan is located.

## 3 Requirements:

### 3.1 Exposure Determination:

3.1.1 Exposure determination is made without regard of personal protective equipment. Designated employees are trained to render first aid and basic life support. Rendering first aid or basic life support will expose employees to bloodborne pathogens and will require them to adhere to this program.

- There are no job classifications in which some or all employees have occupational exposure to bloodborne pathogens.
- In addition, no medical sharps or similar equipment is provided to, or used by, employees rendering first aid or basic life support.
- This exposure determination has been made without regards to the Personal Protective Equipment that may be used by employees.
- A listing of all first aid and basic life support trained employees in this work group is provided in Exhibit B-3.1.

### 3.2 Universal Precautions:

3.2.1 Under circumstances in which the differential between body fluids is difficult or impossible, all body fluids will be considered potentially infectious. Universal Precautions shall be used to minimize the risk of exposure to blood and body fluids, and to prevent the transmission of Hepatitis B virus (HBV), HIV or other blood pathogens.

All body fluids will be considered potentially infectious materials and appropriate precautions shall be utilized. Universal Precautions shall include:

- Eye protection.
- Protective gloves (latex or equivalent).
- Face protection when performing mouth-to-mouth resuscitation (pocket mask or CPR mask).

### 3.3 Engineering Controls and Work Practices:

3.3.1 Engineering controls shall be used in preference to other control methods to eliminate or minimize employee exposure.

- When occupational exposure remains after the institution of engineering controls and work practices, personal protective equipment shall also be used to supplement these controls.

3.3.2 Work practices include, but are not limited to the following:

- Hands and other skin surfaces that have come in contact with blood, body fluids or human tissue shall be washed immediately with antiseptic soap and water, including areas that were covered with gloves or other personal protective equipment.
- When wash facilities are not immediately available, hands and other skin surfaces shall be cleansed with an antiseptic cleanser, i.e., alcohol, in conjunction with clean cloth or paper towels.
- Hands and other skin surfaces shall be washed with soap and water as soon as feasible.
- Management shall be responsible for ensuring prompt cleanup of blood and body fluids.
- Clean up personnel shall wear personal protective equipment and use a disinfectant, such as a 1:10 diluted solution of household bleach and water.
- All sharps (broken glass, wires, etc.) shall not be removed by hand.
- Clean up of sharps (any item that may penetrate the skin) must be completed by mechanical means; such as a brush and dustpan, tongs or forceps.
- Specimens of blood or other potentially infectious materials must be put in leak proof bags for handling, storage and transport.

### 3.4 Personal Protective Equipment:

3.4.1 Appropriate personal protective equipment (PPE) shall be provided at no cost and made accessible to all Company employees.

- Protective gloves (latex or equivalent) shall be worn by all personnel prior to initiating any medical or emergency service.
- Gloves shall be worn when contact with blood, body fluids, human tissue, or a contaminated surface is anticipated.
- Protective gloves are available in all office and vehicle first aid kits.
- Disposable equipment is preferred.
- If needed, The Company will clean and launder contaminated clothing and PPE used.

- Contaminated clothing and PPE shall be removed prior to leaving the work area and placed in a designated container for washing or decontamination.
  - See "Infectious Waste Disposal," and "Labeling."
  - First Aid Kits shall be inspected on a periodic basis for proper personal protective equipment and restocked as necessary.
- 3.4.2 If an employee chooses not to retrieve and use PPE when, through their judgment, its use or time to retrieve would have an increased hazard to the safety of the injured, the circumstances of the event will be investigated and documented.
- 3.5 Infectious Waste Disposal:
- 3.5.1 Infectious wastes shall be disposed of in accordance with all applicable local, state and federal laws.
- 3.5.2 Contaminated materials (infectious waste) shall be discarded immediately, if not segregated for laundering or decontamination, in containers that are disposable, puncture resistant, leak proof, closeable and labeled or color-coded in accordance with "**Labeling**" of this Section.
- 3.5.3 If outside contamination of an infectious waste container occurs, the container shall be placed in a second container that meets the requirements of containers above.
- 3.6 Laundry:
- 3.6.1 Contaminated material, to be laundered or decontaminated, shall be bagged or containerized at the location where it was used.
- Materials for laundering or decontamination shall be placed in containers that are disposable, puncture resistant, leak proof, closeable and labeled or color-coded in accordance with "**Labeling**" of this Section.
  - Laundry and decontamination shall be provided at The Company's cost.
- 3.7 Labeling:
- 3.7.1 Warning labels shall be affixed to all containers of infectious waste and those containers used to store, transport or ship blood or other potentially infectious materials.
- Labels shall be affixed by string, wire, adhesive or other method that prevents their loss or unintentional removal.
  - Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
  - Labels required by this Section shall include the legend shown in **Exhibit B-3.2**
- 3.7.2 Red bags or containers may be substituted for labels.
- 3.7.3 Persons purchasing infectious waste containers shall ensure that this equipment meets the requirements of this Section.

### 3.8 Post-exposure Evaluation and Follow-up:

3.8.1 If an employee is involved in rendering first aid, that employee must report their involvement to Supervision before the end of the current day.

- The incident will be investigated and documented.
- The completed investigation report will be faxed to the respective Human Resources representative immediately.

3.8.2 The Incident Investigation Report must contain at least the following information:

- Name of employee(s) exposed to potentially infectious materials.
- Name of person(s) injured (source individual).
- When (time and date) and where the incident occurred.
- Complete description of the incident.
- Description of exposure to blood or infectious materials by listing the routes of exposure and all circumstances under which the incident occurred, including a determination if any employee was involved in an "exposure incident" as defined in Section 2.0 and as follows:

*"Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (cut, puncture, etc.) contact with blood or other potentially infectious materials that results from exposure in the workplace."*

3.8.3 In addition to the Incident Investigation Report, the incident shall be recorded on a log of such first aid incidents. This log shall be kept by the facility responsible for this plan and readily available to all employees.

3.8.4 The Company will offer the full Hepatitis B vaccination series as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident" has occurred.

- The vaccination series shall be offered at no cost to the employee.
- Employees who decline the Hepatitis B vaccine must sign the Hepatitis B Vaccination Declination
- See **Exhibit B-3.3**.

3.8.5 If a specific exposure incident occurs, the following procedure will be initiated:

- The respective Human Resources representative shall inform the source individual of the incident, coordinate consent and blood testing for HIV and HBV infections by a designated company physician or the source individual's physician of choice.
- When the source individual is known to be infected with HIV or HBV, testing will not be performed.
- If the source individual tested is positive or if the source individual refuses testing, the exposed employee will be counseled regarding the above and testing for HIV and/or HBV infection will be offered at no

charge to the exposed employee. The respective Human Resources representative will coordinate the exposed employee's testing.

- Testing will be conducted when the exposed employee gives and the testing physician receives a written consent form.
- The exposed employee may consent for blood collection, but not testing.
- If this occurs, the blood specimen will be held for 90 days and tested at the time the exposed employee provides a signed written consent.
- The exposed employee shall be counseled by the evaluating physician, or by the respective Human Resources representative under the supervision of the evaluating physician, on the confidentiality of medical information and informed of laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee will be advised of the results of their tests for HIV and HBV by the health care professional performing the tests.
- If the results of the exposed employee's tests are negative, HIV testing will be offered again at 6 weeks, 12 weeks and 6 months after the exposure by the designated health care professional.
- Exposed employees will be counseled by a designated health care professional to follow U.S. Public Health Service recommendations for preventing transmission of HIV, i.e., abstinence, safe sex, no sharing needles, etc., during the first 12 weeks after the exposure incident.
- Seroconversion is most common during this time.
- After an exposure incident, Human Resources shall provide the designated health care professional with a copy of this plan and 29 CFR 1910.1030, a copy of the complete The Company Incident Report, the exposed employee's duties as they relate to the incident, results of all testing performed and all medical records relevant to the appropriate treatment of the employee including vaccination status.
- The respective Human Resources representative shall obtain and provide the employee with a copy of the health care professional's written opinions for Hepatitis B vaccination and Post-exposure Evaluation and Follow-up within 15 days of the evaluation.
- The written opinion for "Hepatitis B vaccination" shall be limited to whether Hepatitis B vaccination is indicated and if the employee has received such vaccination.
- Employees who decline the Hepatitis B vaccine must sign the "Hepatitis B Vaccination Declination," "**EXHIBIT B-3.3**"
- The written opinion for "Post-exposure Evaluation and Follow up" shall be limited to whether the employee has been informed of the results of the evaluation and that the employee has been counseled regarding medical conditions resulting from blood or other potentially infectious materials that require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written opinion.

### 3.9 Record Keeping:

All records shall be made available upon request of employees, OHSA's Assistant Secretary and the Director of OSHA for examination and copying. Medical records must have written consent of employee before released.

The Company shall meet the requirements involving transfer of records set forth in 29CFR1910.1020(h).

3.9.1 The respective Human Resources representative shall maintain Bloodborne Pathogen exposure records.

- Employee medical records shall be kept confidential and are not to be disclosed without the employee's written consent, except as required by 29 CFR 1910.1030 or other law.
- Medical records shall be maintained for the duration of employment plus 30 years and shall include at least the following:
- Employee's name, Social Security number and The Company employee number.
- Employee's Hepatitis B vaccination status, including vaccination dates.
- All results from examinations, medical testing and follow-up procedures, including all health care professional's written opinions.
- Information provided to the health care professional.
- Any Hepatitis B Vaccine Declinations.

3.9.2 Training records shall be maintained for 3 years from the date on which the training occurred and shall include at least the following:

- Outline of training program contents.
- Name of person conducting the training.
- Names of all persons attending the training.
- Date of training.

3.10 Training:

3.10.1 Supervision shall ensure that all employees with a potential occupational exposure to HIV and/or HBV participate in a bloodborne pathogen training program.

3.10.2 Training will be conducted at initial assignment and at least annually thereafter. The training program shall include the following minimum elements:

- General explanation of epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- Explanation and location of Bloodborne Pathogen Exposure Control Plan and location of the OSHA Bloodborne Pathogens Rule.
- Use and limitations that will prevent or reduce exposure including engineering controls, work practices and personal protective equipment.
- Use, location, removal, handling, decontamination and disposal of personal protective equipment and contaminated materials.
- Information on the Hepatitis B vaccine.
- Appropriate actions to take in an incident involving blood or other potentially infectious body fluids.
- Information on post-exposure follow-ups and available medical services.

4 References:

4.1 29 CFR 1910.1030 Bloodborne Pathogens

5 Exhibits:

B-3.1 List of Company Employees with a Potential Exposure to Bloodborne Pathogens in the Workplace.

B-3.2 Biohazard Label.

B-3.3 Hepatitis B Vaccine Declination Form.

**EXHIBIT B-3.1 – Company Employees with a Potential Exposure to Bloodborne Pathogens in the Workplace**

The following Company employees have a potential for exposure to Bloodborne Pathogens by nature of their first aid and basic life support training.

Location:

1	11	21	
2	12	22	
3	13	23	
4	14	24	
5	15	25	
6	16	26	
7	17	27	
8	18	28	
9	19	29	
10	20	30	

*(Note: This list should be posted at each First Aid kit location.)*



**EXHIBIT B-3.2 – BIOHAZARD LABEL**



**EXHIBIT 5.3 - HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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**Employee Signature:**

**Date:**

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(Print Employee's Name)

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*Human Resources Signature*

*Date:*