

Bloodborne Pathogen Exposure Control Plan-

OSHA Standard 29 CFR Part 1910.1030: Occupational Exposure to Bloodborne Pathogens

In accordance of the Occupational Safety and Health Administration Standard 29 CFR 1910.1030 entitled Occupational Exposure to Bloodborne Pathogens, this exposure Control Plan is written and should be implemented by The Company as outlined in this document. Acquired Immune Deficiency Syndrome (AIDS), hepatitis B, and hepatitis C demand serious concern among workers who have the possibility of being exposed to blood or certain other body fluids that contain bloodborne pathogens. Bloodborne pathogens are organisms such as viruses and bacteria carried in human blood. These organisms can cause illness by directly entering the blood stream of an individual. Potentially infectious human body fluids include blood, semen, vaginal secretions, urine, feces, vomit, saliva, and any body fluids containing or suspected of containing blood.

The Company 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 stand 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". The ECP is key to assisting our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. Our ECP includes:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including
 - Universal precautions
 - Engineering and work practice controls
 - Personal Protective Equipment
3. Hepatitis B vaccination
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees
6. Record keeping
7. Procedures for evaluating circumstances surrounding exposure incidents

Training

All employees who are reasonably anticipated to have occupational exposure to bloodborne pathogens should receive training conducted by the person appointed by each office manager. Trainings will be conducted via a webinar or in person with written materials. The training should be based on the epidemiology of bloodborne pathogen diseases. In addition, the training should cover, at a minimum, the following items:

1. A copy of The Company Bloodborne Pathogen Exposure Control Plan.
2. Epidemiology and symptoms of bloodborne pathogens.
3. Modes of transmissions.
4. Methods to recognize exposure tasks and other activities that may involve exposure to blood.
5. PPE-types, use, location, removal, handling, decontamination, and disposal.
6. Labels and/or color-coding.
7. Hepatitis B Vaccine

8. Emergency procedures for blood and other potentially infectious materials.
9. Exposure incident procedures.
10. Post-exposure evaluation and follow-up.

Training sessions shall afford employees ample opportunity for discussion and the answering of questions by a knowledgeable trainer.

The training shall include opportunities for supervised practice with personal protective equipment and other equipment which is designed to reduce the likelihood for exposure and which will be used in the employee's work.

Program Administration 1910.1030(c) (1) (iii) 1910.1030(c)(1)(iv)

The safety director should be responsible for implementation of the ECP. The safety director should also maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Employee Exposure Determination 1910.1030(c) (2)

Those employees who have been determined to have occupational exposure are all of the lifeguards, supervisors, assistant regional managers, pool managers, and regional managers. The tasks that create a potential for exposure are giving first aid, CPR, cleaning up spills, and handling or disposing of sharps.

Note: Seasonal lifeguards are covered by the bloodborne pathogen standards with slight modifications. Please see the Hepatitis B vaccination section of the plan.

Methods of Implementation and Control 1910.1030(d)

1. **Universal Precautions** -All employees should utilize universal precautions. (Universal precautions are an approach to infection control. Treating all human bodily fluids as if they were infectious for HIV, HBV, or and other bloodborne pathogens. A body fluid includes the following: blood, vaginal secretions, vomit, sputum, semen, urine, and feces).
 - Avoid direct skin contact with body fluids whenever possible.
 - Treat all blood and body fluids as contaminated.
 - Proper hand washing requires the use of soap, with vigorous scrubbing for approximately 30 seconds.
 - Wear gloves when touching blood or body fluids of another individual or a contaminated area.
 - Use a mouth barrier when performing rescue breathing or CPR.
 - Spills of blood or bodily fluids should be treated with a 1:10 dilution of chlorine bleach and water.
 - Never recap, bend, or break needles. (THE COMPANY anticipates that handling needles would never occur. However, if it did this is the appropriate procedure to follow).
2. **Exposure Control 1910.1030(c)**
 - The Company Bloodborne Pathogen Standard covers the employees who have been determined to have occupational exposure. The lifeguards should receive an explanation of this ECP during their initial training session. It should also be reviewed in any refresher trainings. A copy of the plan should always be

made available to the lifeguard. The office administrators should have copies of the ECP available for distribution.

- The safety director should be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

3. Engineering Controls and Work Practices. 1910.1030(d)(2)

- Engineering controls and work practice controls should be used to prevent or minimize exposure to bloodborne pathogens.
- THE COMPANY prohibits eating, drinking, smoking, application of cosmetics, and handling of contact lenses in areas where there is reasonable likelihood of occupational exposure.
- Employees are required to wash their hands as soon as possible after removing protective clothing.
 - ***Employees shall familiarize themselves with the nearest hand washing facilities for the facility in which they work. Because most The Company work locations are swimming pools, they will have available hand washing facilities in restrooms and custodial / janitorial closets. (If hand washing facilities are not available, workers will be provided with either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.)*
- If working surfaces such as floors, sinks, furniture, etc. become contaminated with blood or other infectious materials they shall be cleaned and disinfected using a premixed solution. (1:10 dilution of chlorine bleach and water).
- Any glass that is broken should not be picked up directly by the hands.
- Needles or sharps should never be bent or recapped. When disposing of needles or sharps always use a red color puncture resistant bag. (THE COMPANY anticipates that handling needles would never occur. However, if it did this is the appropriate procedure to follow).

4. Personal Protective Equipment (PPE) 1910.1030(d)(3)

- Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard (blood or bodily fluids).
- PPE is provided to all employees at no cost to them. PPE is located at each pool and at each office.
- The types of PPE accessible to THE COMPANY employees are as follows:
 1. Disposable gloves
 2. Utility gloves
 3. Masks
 4. Aprons
 5. One way valve pocket masks
- All employees using PPE should observe the following rules:
 1. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 2. Remove protective equipment before leaving the area.
 3. Place used protective equipment in appropriately designated areas.

4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or bodily fluids, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, or if their ability to function as a barrier is compromised.
5. Never reuse disposable gloves.
6. Utility gloves can be decontaminated and cleaned for further use, only if they are not cracked, torn, or punctured.
7. Wear appropriate face and eye protection when splashes of blood or body fluids pose a hazard to the eye, nose, or mouth.
8. It is required that all lifeguards wear a hip pack containing a pocket mask and disposable gloves.

5. Labels 1910.1030(g)(1)

- The following labeling methods are used at our sites:
 1. Red biohazard bags.
- Management at each office is responsible for ensuring that all red bags are used as required and are available at each site.

6. Hepatitis B Vaccination 1910.1030(f) (2)

- The person appointed by the executive of each office should provide information on hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. The hepatitis B vaccination should be made available at no cost within 10 days of initial assignment of employees who have occupational exposure to blood or other potentially infectious materials (See appendix M) unless:
 1. The employee has previously received the series.
 2. Antibody testing reveals that the employee is immune.
 3. Medical reasons prevent taking the vaccination.
 4. The employee chooses not to participate.
- For those employees who have occupational exposure to blood or other potentially infectious materials that are seasonable employees, should be offered the vaccination. However, if any of the inoculations in the series is scheduled after their employment has ended, they should not be covered.
- However, if an employee declines the vaccination, the employee should sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of denial should be kept at the office they are employed with. (Please see appendix A).
- *OSHA amended its original ruling. It is de minimis violation if employees who would be “reasonably anticipated” to come into contact with blood or other potentially infectious materials but whose contact with blood or above mentioned materials would only occur as a collateral duty to their routine work are not offered the hepatitis B vaccination until after they give first aid involving the above mentioned substances as long as proper reporting procedures are followed.*

Vaccination Option for Employers:

An employer may elect to postpone the administration of the hepatitis B vaccine if the following conditions exist:

- The primary job assignment of such designated first aid providers is not the rendering of first aid.
- Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
- Full training and personal protective equipment shall be provided to these employees.
- Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.
- The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.
- Provision for the full hepatitis B vaccination series to be made available 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 OPIM regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
- In the event of a bonafide exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.

7. Reporting Procedures

- All first aid incidents involving exposure are reported to the supervisor or regional before the end of the work shift.
- All first aid providers' names are given.
- The circumstances surrounding the incident are required including date, time, and exposure determination.
- All first aid providers who were exposed should be offered full vaccination ASAP, but no later than 24 hours after the incident.

8. Post-Exposure Evaluation and Follow-Up 1910.1030(f)(3)

- An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- Employees who experience an exposure incident should immediately report it to their supervisor.
- A post-exposure incident should be completed immediately. The employee should be offered a confidential medical evaluation and follow-up, including the following element: The follow up will include:
 - Documentation of the route of exposure and the circumstances related the incident.

- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their own blood collected for testing of their HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
- However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service in consultation with a licensed physician treating the exposed employee.
- The employee will be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident. Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: Sabraya Ghale, Safety Director.

9. Administration of Post-Exposure Evaluation and Follow-Up

- The executive of each office should ensure that the Exposure Incident Checklist is available and being utilized.
- The executive of each office ensures that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogens Standard.
- The executive of each offices ensures that the health care professional evaluating an employee after an exposure incident receives the following:
 1. a description of the employee's job duties relevant to the exposure incident
 2. route(s) of exposure
 3. circumstances of exposure
 4. if available, results of the source individual's blood test
 5. relevant employee medical records, including vaccination status.
- The lead administrator of each office shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. The written opinion should include only the following information:
 1. The employee has been informed of the results of the evaluation.
 2. The employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

Interaction with Health Care Professionals

An employer shall ensure that the health care professional who is responsible for the hepatitis B vaccination is provided with a copy of these rules and

appendices. A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

- 1) When the employee is sent to obtain the Hepatitis B vaccine.
- 2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their written opinions to:

- 1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
- 2) A statement that the employee has been informed of the results of the evaluation, and;
- 3) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion to the employer is not to reference any personal medical information.)
- 4) Any limitations on the employee's use of personal protective clothing or equipment.

10. Recordkeeping 1910.1030(h)

- Medical records are kept on employees with occupational exposure. The records contain the following...
 1. The name and social security number.
 2. Copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by *1910.1030(f)(2)*.
 3. A copy of all results of examinations, medical testing, and follow-up procedures as required by *1910.1030(f)(3)*.
 4. The employer's copy of the healthcare professional's written opinion as required by *1910.1030(f)(5)*.
 5. A copy of the information provided to the healthcare professional as required by *1910.1030(f)(4)(ii) [B], [C], & [D]*.
- The employee's medical records are kept confidential as required by *1910.1030(h)(1)*.
- The records are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- Records are kept for at least the duration of employment plus 30 years in accordance of *CFR1910.1020*.
- All training sessions records include the following...
 1. The dates of the training.
 2. The contents of the training.
 3. The names and qualifications of the trainer.
 4. The names and titles of the persons taking the training.
- Training records are kept for at least 3 years.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

Signed: (*Employee Name*) _____ Date: _____

Bloodborne Pathogen Exposure Plan

I have read and understand the Bloodborne Pathogen Exposure Plan (www.guardforlife.com) and agree to abide by them. I understand that any violation of the above policies is reason for disciplinary action up to and including termination.

Employees Name (PRINT)	Employee Signature

Date