

Whitworth Tool Inc.

Bloodborne Pathogen Program

Policy Statement

It is the policy of Whitworth Tool Inc. to provide a safe and healthful workplace for our employees. This policy and procedure will provide a method to safe guard our employees from being occupationally exposed to blood and other potentially infectious materials (OPIM), during first-aid and emergency situations. It is also the intent of this policy to comply with federal OSHA requirements listed in 29 CFI 1910.1030.

Scope

This policy applies to individuals, who in an emergency situation, have the potential for being exposed to blood and other potentially infectious materials when responding solely to injuries resulting from workplace incidents. This policy also applies to janitorial personnel who are directly responsible for the cleanup of an incident site after an accident.

Responsible Persons

There are three groups of responsible persons that are central to the effective implementation of our Bloodborne Pathogen Program. These are:

The EHS Coordinator

Department Supervisors and Leadman

Our employees

EHS Coordinator

The EHS Coordinator will be responsible for the overall management and support of our facility's Bloodborne Pathogens Program. Activities delegated to this position typically include, but are not limited to:

- Primary responsibility for implementing the Exposure Control Program for the entire facility.
- Working with management and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Looking for ways to improve the Exposure Control Program, as well as to revise and update the plan when necessary.
- Collecting and maintaining suitable reference materials.
- Acting as facility liaison during OSHA inspections.
- Conducting periodic facility audit to maintain an up-to-date Exposure Control Program.
- Maintaining an up-to-date list of facility personnel requiring training, in conjunction with facility management.
- Developing suitable education and training.

Department Supervisors and Leadmen

Department Supervisors and foreman are responsible for exposure control in their receptive areas. They work directly with the EHS Coordinator and our employee to ensure the proper exposure control measures are followed.

Employees

As with all of our facility's safety programs, our employees have the most important role in our Bloodborne Pathogens Compliance Program, for the ultimate

execution of much of the program rest in their hands. In this role they may be required to know and perform the following:

- Know what tasks, if any, they perform having occupational exposure.
- Attend the Bloodborne Pathogens Training Sessions.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

Availability of the Exposure Control Plan to Employees

To help employee with their efforts, our facility's Exposure Control Plan is available at any time for review. Employees are advised of this availability during their education and training sessions. Copies of the Exposure Control Plan are kept in the EHS Coordinator's office.

Plan Review and Update

To keep our Exposure Control up-to-date, the plan will be reviewed and updated under the following circumstances:

- Annually, on or before January 30th of each year.
- Whenever new or modified tasks and procedures are implemented which could affect occupational exposure of our employees.
- Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
- Whenever we establish new functional positions within our facility that may involve exposure to bloodborne pathogens.

Exposure Determination

OSHA requires employers to conduct an exposure determination concerning which employees may incur occupational exposure to potentially infectious materials. The exposure determination is made without regard to the use of personal protective devices. This is, the employee is considered exposed even if they wear personal protective equipment. At this facility, the following job classifications have been determined to have the possibility of an occupational exposure to bloodborne pathogens:

- Janitor - Tasks or procedures which may cause exposure are cleaning of restrooms and cleaning of a first aid station or accident site.
- Lead men - Task or procedures which may cause exposure is attending a work related injury. (Only foreman which have received first aid training should be attending an injury.)
- First Aid Personnel - Task or procedures which may cause exposure when attending a work related injury.

The EHS Coordinator will work with department supervisors and foreman to review and update this list as our tasks, procedures, and classifications change.

Methods of Compliance

We understand that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in our facility.

These area consists of:

- The use of Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment.
- Implementing appropriate Housekeeping Procedures.

Universal Precautions

Universal precautions will be observed at our facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially

infectious material will be considered infectious regardless of the perceived status of the source individual.

- Gloves will be worn when touching blood or other body fluids, mucus membranes, non-intact skin, or handling items or surfaces soiled with blood or other body fluids.
- If it is anticipated that droplets of blood or any bodily fluid may come in contact with the mucus membranes of the employee's eye, nose or mouth, he/she will wear protective equipment. {i.e. goggles or face shield}
- Hands or other skin surfaces will be washed immediately if contaminated with blood or other body fluids. Hands will also be washed immediately upon glove removal. Wash hands in the sink in the First Aid room.
- Any items such as razors, knife blades, broken glass or equipment will be disposed of in a puncture and leak proof container, labeled for disposal of such items.
- To minimize exposure to body fluids during CPR, non-reflexive breathers or other disposable aids will be used.
- If clothing is contaminated it is to be removed as soon as possible and disposed of.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lens are prohibited in the first aid room.

Engineering Controls

Engineering controls help to eliminate or minimize employee exposure to bloodborne pathogens. At our facility, the following engineering controls will be utilized:

- Use of sharps container for disposable sharps.
- Use of containers and appropriate disposal bags for potentially infectious waste.

- Hand-washing facilities which are readily accessible to the employees who incur exposure to blood and other potentially infectious materials. Hand-washing facilities are located in the first aid room (Quality office).

Personal Protective Equipment

Personal protective equipment is our employees' "last line of defenses" against bloodborne pathogens. Our facility provides, at no cost to employees, the personal protective equipment they need to protect themselves against exposure. This equipment includes, but not limited to those listed below:

- Gloves
- Safety Goggles
- Face shields
- Respirator
- Shoe covers

The EHS Coordinator, working with the department foreman, is responsible for ensuring that all department and work areas have appropriate personal protective equipment available to employees.

Employees' personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employee from potential exposure, our facility adheres to the following practices:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness (unless disposable).
- Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed, at no cost to employees.

To insure equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment.

- All potentially contaminated personal protective equipment is removed prior to leaving a work area.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an exposure barrier. Reusable utility gloves are not used at this facility.
- Protective clothing, such as gowns, are worn whenever potential exposure to the body is anticipated.

Housekeeping

Maintaining our facility in a clean and sanitary condition is an important part of our Exposure Control Plan for Bloodborne Pathogens. Our janitorial and cleaning staff employs the following practices:

- Any surface or equipment contaminated with blood or other body fluids will be cleaned as soon as possible.
- Employees will use cavi wipes or paper towels to remove the visible materials and then decontaminate using 9:1 water and bleach solution that is one cup bleach to nine cups water.
- Cleaning products such as paper towels and gloves will be placed in plastic bags. The bags will be red in color and marked with biohazard label. If large garbage bag is needed biohazard labels will be placed on a black garbage bag.
- Regulated wastes, including bandages, are also placed in biohazard bags for disposal consistent with the manner listed above.

The EHS Coordinator, working with the Management Team, is responsible for setting up our cleaning and decontamination schedule and insuring it effectiveness within our facility.

Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-Up

Vaccination Program

To protect our employees as much as possible from the possibility of a Hepatitis B infection, our facility has implemented a vaccination program. This program is available, at no cost to the employees, to all first responders or anyone who has been identified as having the possibility of occupational exposure to blood or other body fluids. The vaccination will be made available within ten working days of the job assignment or ten days after an exposure. The vaccination is most effective if taken within the first 24 hours of an exposure. {See Appendix B}

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard {See Appendix A at the end of this sample program}. Employees who initially decline the vaccine but who later wish to have it may request and receive it within ten days at no cost to that employee.

The EHS Coordinator will announce the date for the vaccinations and be responsible for keeping the recorded employee consent or refusal forms. (See Appendix A and B)

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional.

Post Exposure Evaluation and Follow-Up

If one of our employees is involved in an accident where exposure to bloodborne pathogens may have occurred, there are two things we immediately focus our efforts on:

1. Investigating the circumstances surrounding the exposure incident.
2. Insuring that our employees receive medical consultation and treatment (if necessary) as quickly as possible.

The EHS Coordinator will investigate every exposure incident that occurs in our facility. This investigation is initiated within 24 hours of the incident and involves gathering, but not limited to, the following information:

- Where, when, and how the incident occurred.
- What potentially infectious materials were involved?
- Source of the infectious materials.
- What circumstances surrounded the incident.
- Personal protective equipment being used at the time.
- Action taken as a result of the incident.

This information is evaluated and documented using the “Incident Investigation Form” (Appendix C) or a form requiring at least the same basic information.

Our follow-up process consists of several steps, as outlined below: (See Appendix D)

- First, an exposed employee is provided with (1) documentation regarding the routes of exposure and the circumstances under which the exposure incident occurred and (2) identification of the source individual (if possible).
- Next, (if possible) the source individual blood is tested to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the exposed employee will be made aware of any applicable laws and regulation concerning disclosure of the identity and infectious status of a source individual.
- Finally, the blood of the exposed employee is collected and tested for HBV and HIV status.

Once these procedures have been completed, an appointment is arranged with a qualified healthcare professional to discuss the medical status of the exposed employee. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

We recognize that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the individuals involved.

Information Provided To the Healthcare Professional

To offer assistance, we forward a number of documents to the healthcare professional. These typically include the following:

- A copy of the Bloodborne Pathogen Standard.
- A copy of the “Incident Investigation Form” (Appendix C) and any accompanying information describing the exposure incident.
- The exposed employee’s relevant medical records.
- Any other pertinent information.

Healthcare Professional’s Written Opinion

After consultation, the healthcare professional will provide a written opinion to the employer (within 15 days) evaluating the exposed employee’s situation. The employer will then notify the exposed employee of the results of that evaluation.

The healthcare professional shall be instructed to limit their opinions to the following:

- Whether the Hepatitis B vaccine is indicated and of the employee has received the vaccine.
- Following an exposure incident, that the exposed employee has been informed of the results of the evaluation.
- Following an exposure incident- that the employee has been told about any medical conditions resulting from that exposure to blood or other potentially infectious materials.
- The written opinion to the employer will not reference any personal medical information.

Medical Records

To insure that we have as much medical information as possible available for the participating healthcare professional, our facility will maintain comprehensive medical records on our employees. The Administrative Manager is responsible for maintaining these records, which will include the following information:

- Name of the employee.
- Employee's social security number.
- A copy of the employee's Hepatitis B Vaccination status.
- Copies of the results of the examinations, medical testing, and follow-up procedures which took place as a result of an employee exposure to bloodborne pathogens.

A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, we recognize it is important to keep information in these medical record confidential. We will not disclose or report this information to anyone without our employees' written consent, except as required by law.

Training Topics

Training will be provided to all affected employees at the time of hire and at least annually there after. Training will include, but not limited to, the following:

- Employees will have access to a copy of the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030, and a written copy of the company's exposure control plan.
- The employees will receive general information regarding bloodborne pathogen diseases with emphasis on epidemiology, symptomology, and modes of transmission of Hepatitis B and HIV.

- The employees will be shown how to identify tasks that may involve exposure to blood or other infectious materials.
- The employees will review the use and limitations of methods that will reduce or prevent exposure. These methods are engineering controls, work practice control, and personal protective equipment.
- The employees will learn the types and proper use, location, removal, and handling of contaminated personal protective equipment. The information regarding the selection of PPE will also be included.
- The employees will be provided information on the Hepatitis B Vaccine, including it's; efficiency, safety, mode of administration, benefits of vaccination, and our facility's free vaccination program.
- The employees will be instructed in actions to take in the event of an exposure, including reporting, medical follow-up, and counseling.
- The employees will be shown the visual warnings of biohazards in our facility, including labels, signs, and color coded containers.
- The employees will be provided with an opportunity to ask questions of the instructor in the training program.

Training Methods

Our facility's training presentation typically consists of a classroom type atmosphere with personal instruction and/or employee handouts. Time is allotted to provide the employees an opportunity to ask questions and interact with the instructor.

Recordkeeping

We maintain training records containing the following information:

- Dates of all training sessions.
- Contents/summary of the training sessions.
- Name and qualifications of the instructor(s).

- Names and/or job titles of employees attending the training sessions.

The training records are available for examination and photocopying by employees and their representatives, as well as OSHA and its representatives. These records are maintained by the EHS Coordinator.

Labels and Signs

Biohazard labels are the most obvious warnings of possible exposure to bloodborne pathogens. Because of this, we have implemented a comprehensive biohazard warning labeling program in our facility using approved labels, or when appropriate, red “color coded” containers. The EHS Coordinator is responsible for setting up and maintaining this program in our facility.

The following items in our facility will be properly labeled: {Below are some examples of some items needing labeling. Please add or subtract items needed in your specific facility.}

- Containers of regulated waste.
- Sharps disposal containers.
- Other containers used to store, transport or ship blood and other infectious materials.
- Laundry bags and containers, if containing or were in contact with infectious materials.
- Contaminated portions of equipment.

Information and Training

All employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program providing them with as much information as possible on the issue.

New employees or employees changing jobs or job functions requiring training in bloodborne pathogens will receive this training at the time of their new job assignment. After initial training, employees will be retrained at least annually to keep their knowledge current.

The EHS Coordinator is responsible for seeing that all employees who have any potential for exposure to bloodborne pathogens receive this training.

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Appendix B

Employee Consent to Hepatitis B Vaccine

On {Date} , I {Name} received information concerning the risk of occupational exposure to blood or other potentially infectious material in the position of {Job Title} , which has been determined as job classification exposure Category {I or II} . I have received a copy of the Hepatitis B information packet which has been explained to me and I understand this information.

I have been informed and understand (1) that Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection, and (2) the risks of the Hepatitis B vaccination which may include pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling, and (3) to obtain adequate immunity to viral Hepatitis B, it will be necessary to receive all three vaccinations of the vaccine series which are administered one month and six months after the initial vaccination, and (4) that the vaccination will be provided to me free of charge by {Name of Facility} . If at such future time the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I am employed by the facility in a job classification that involves some risk of an occupational exposure to blood or other potentially infectious materials.

If I leave the employment of this facility before the series is completed, it is my responsibility to contact my own medical provider to complete the vaccine series.

I hereby consent to the administration of the Hepatitis B vaccination and voluntarily acknowledge that:

- I do not have an allergy to yeast.
- I am not pregnant or nursing.
- I am not planning to become pregnant within the next six months.

- I have not had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

I do have the following known allergies:

Food: _____

Drugs: _____

Other: _____

**YOU MAY WISH TO CONSULT WITH YOUR PHYSICIAN BEFORE
TAKING THE VACCINE.**

(Employee Name)

(Date)

(Social Security Number)

(Witness Signature)

(Date)

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Appendix C

Exposure Incident Investigation Form

Date of Incident : _____ Time of Incident : _____

Location : _____

Potentially Infectious Materials Involved:

Type : _____ Source : _____

Circumstances : { Work being performed, etc. } _____

How Incident Was Caused: { Accident, equipment malfunction, etc. }

Personal Protective Equipment Used : _____

Actions Taken : { Decontamination, clean-up, reporting, etc. }

Recommendations For Avoiding Repetition: _____

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Appendix D
Post-Exposure Evaluation and Follow-up Checklist

The following steps must be taken, and information transmitted to healthcare professional, in the event of an employee's exposure to Bloodborne Pathogen.

<u>Activity</u>	<u>Completion Date</u>
1. Employee furnished with documentation regarding exposure incident:	_____
2. Source individual identified: _____ (Source individual)	_____
3. Source individual's blood collected and results given to exposed employee: _____ Consent from source has not been obtained.	_____
4. Exposed employee's blood collected and tested:	_____
5. Appointment arranged for employee with healthcare professional: _____ (Healthcare Professional Name)	_____
Documentation forwarded to healthcare professional: _____ Bloodborne Pathogens Standard. _____ Description of exposed employee's duties. _____ Description of exposure incident, including exposure routes. _____ Results of source individual's blood testing. _____ Employee's medical records.	