

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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Penn Fencing, Inc.

TABLE OF CONTENTS

Tab 1 – Bloodborne Pathogens Exposure Control Plan

- 1.1 Introduction
- 1.2 Responsibility
- 1.3 Exposure Determination
- 1.4 Exposure Controls
- 1.5 Housekeeping
- 1.6 Regulated Waste Disposal
- 1.7 Laundry
- 1.8 Hepatitis B Vaccines & Post-Exposure Evaluation & Follow Up
- 1.9 Labels & Signs
- 1.10 Training
- 1.11 Recordkeeping & Program Review
- 1.12 First Aid Safety

Tab 2 – Attachment A: OSHA Standard for Bloodborne Pathogens & Medical Services and First Aid

Tab 3 – Attachment B: Exposure Determination Lists

Tab 4 – Attachment C: Exposure Reporting Forms

Tab 5 – Attachment D: Personal Protective Equipment/Task List

Tab 6 – Attachment E: Cleaning and Decontamination Schedule

Tab 7 – Attachment F: Hepatitis B Vaccine Declination

Tab 8 – Attachment G: Training Documentation

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1.1 INTRODUCTION

Bloodborne pathogens are microorganisms in the bloodstream that are capable of causing disease. Workers in industry and construction are occasionally at risk of exposure to bloodborne pathogens such as Hepatitis B, Hepatitis C, and HIV/AIDS in the workplace. Tasks such as rendering first aid and housekeeping are examples of where these hazards could occur outside of the medical field.

Penn Fencing has developed this exposure control plan in order to comply with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, bodily fluids, or other potentially infectious materials. (See 1910.1030(b) in Attachment A for a full list of Definitions pertaining to this Plan).

This Bloodborne Pathogens Exposure Control Plan is maintained in production office and will be made available upon request.

1.2 RESPONSIBILITY

PROGRAM ADMINISTRATOR – CHAD GALBREATH

- Administer and implement this program.
- Review this program annually or whenever processes change.
- Determine job classifications and locations in which employees may be exposed to bloodborne pathogens.
- Review the need for engineering controls.
- Ensure that provisions regarding PPE are met and maintained.
- Oversee the Hepatitis B vaccination program.
- Oversee the Bloodborne Pathogens training program.
- Review this plan annually, at minimum, and incorporate any necessary changes.
- Oversee the first aid safety program, including ensuring that adequate first responders are trained or located within 4 minutes of the facility and verifying that first aid supplies are maintained.

MANAGEMENT

- Provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials at no cost to the employees.
- Monitor proper adherence to this plan through the performance of periodic audits.
- Ensure that medical and training records are being properly maintained.

FOREMEN

- Ensure that employees are trained in and use proper work practices, universal precautions, personal protective equipment, and proper cleanup and disposal techniques.

EMPLOYEES

- Utilize proper work practices, universal precautions, personal protective equipment, and cleanup/disposal techniques as described in this plan.
- Report all exposure incidents to Chad Galbreath immediately.

CONTRACT EMPLOYEES

- Comply with this plan
- Attend the training described herein by Penn Fencing.

1.3 EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials have been identified and evaluated. The determination was made based on the nature of the job or collateral duties, regardless of frequency, and without regard to the use of personal protective equipment.

Job classifications/tasks with occupational exposure have been separated into two categories:

- **Exposure on a Regular Basis** – Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered to be a part of the normal course of work
- **Exposure on an Occasional Basis** - Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties

These lists are located in Attachment B of this program. Chad Galbreath is responsible for updating the lists as job classifications or work situations change.

1.4 EXPOSURE CONTROLS

UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control by treating all human blood and certain human body fluids as if they are known to be infected with HIV, HBV, and other bloodborne pathogens.

Penn Fencing requires employees to observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM). Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials and treated with appropriate precautions such as the use of:

- PPE such as gloves, masks, and gowns if blood or OPIM exposure is anticipated.
- Engineering and work practice controls to limit exposure.

ENGINEERING CONTROLS

Chad Galbreath is responsible for reviewing the need for new equipment and/or technologies present at the workplace annually at minimum. At this time, there is no anticipated need for engineering controls to minimize bloodborne pathogens exposure at Penn Fencing.

SHARPS/NEEDLES

At this time, Penn Fencing employees have no occupational exposure to sharps or needles. In the event that employees are exposed to sharps or needles, the following precautions and procedures apply.

Contaminated needles and other sharps must be placed into appropriate sharps containers immediately (or as soon as possible after use). All disposable sharps containers must be puncture resistant, labeled with a biohazard label, and leak-proof. Contaminated needles and other sharps may not be bent, recapped, removed, sheared, or purposely broken, unless otherwise stated in this plan.

Reusable sharps which are contaminated must be placed immediately after use into appropriate sharps containers. All reusable sharps containers must be puncture resistant, labeled with a biohazard label, and leak-proof.

SHARPS INJURY LOG

A needle stick or sharps injury log (see Attachment C) is required to be maintained (for employers that keep records under 29 CFR 1904). These logs must include the following information for each incident.

- A. Period of time the log covers;
- B. Date incident is entered on the log;
- C. Date of incident;
- D. Type and brand of device involved;
- E. Department or area of incident; and
- F. Description of incident.

The log will be retained for five years after the end of the log year.

HAND WASHING FACILITIES

Hand washing facilities must be made available and readily accessible to all employees who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, Penn Fencing should provide an antiseptic cleanser in conjunction with clean cloth/paper towels and/or antiseptic towelettes. When these alternatives are used, employees are to wash their hands with soap and running water as soon as feasible.

WORK AREA RESTRICTIONS

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees may not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials may be present.

All processes and procedures are to be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

SPECIMENS

Penn Fencing does not handle blood specimens.

CONTAMINATED EQUIPMENT

Equipment that has become contaminated with blood or other potentially infectious materials prior to servicing or shipping must be closely examined. Contaminated equipment should be decontaminated, unless decontamination is not feasible. Contaminated equipment must be tagged and labeled as such.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Chad Galbreath shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

A list of personal protective equipment and associated tasks for Penn Fencing can be found in Attachment D of this plan.

PPE USE

Chad Galbreath and foremen shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the foremen shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

PPE ACCESSIBILITY

Chad Galbreath is responsible for ensuring that the appropriate PPE in the various sizes is readily accessible at the work site or is issued at no cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

PPE CLEANING, LAUNDERING AND DISPOSAL

All PPE shall be cleaned, laundered, repaired, replaced, or disposed of by Penn Fencing at no cost to the employees.

All garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All PPE shall be removed before leaving the work area.

When PPE is removed, it shall be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

TYPES OF PPE

- **Disposable gloves** are not to be washed or decontaminated for re-use, and are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) are to be replaced immediately or as soon as feasible.
- **Eye & Face Protection** - Masks worn in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's eye, nose, or mouth
- **Additional protective clothing** (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) is necessary in instances when gross contamination can reasonably be expected.
- **Utility gloves** may be decontaminated for re-use if the integrity of the glove is uncompromised. They must be disposed of properly if they are cracked; peeling, torn, punctured, or exhibit other signs of deterioration or inability to function as a barrier without compromise.

1.5 HOUSEKEEPING

The workplace is to be cleaned and decontaminated regularly and as needed in the event of a gross contamination. See Attachment E for cleaning schedule and required cleaning materials. All contaminated work surfaces, bins, pails, cans, and similar receptacles will be inspected and decontaminated regularly as described in Attachment E.

Any potentially contaminated glassware may not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials are not to be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

1.6 REGULATED WASTE DISPOSAL

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

SHARPS

Contaminated sharps should be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps must remain upright throughout use, shall be easily accessible to employees, and are to be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas).

Chad Galbreath is responsible for replacing sharps containers routinely and not allowing them to overfill.

When moving sharps containers from the area of use, the containers must be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers should be placed in a secondary container if leakage of the primary container is possible. The second container is to be closeable, constructed to contain all contents, and designed to prevent leakage during handling, storage, transport, or shipping. The secondary container should be labeled or color-coded to identify its contents.

Reusable containers may not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of puncture injury.

OTHER REGULATED WASTE

Other regulated waste must be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

All waste containers are to be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

1.7 LAUNDRY

Laundry contaminated with blood or other potentially infectious materials should be handled as little as possible. Such laundry must be placed in appropriately marked bags (biohazard labeled or color-coded bags) at the location where it was contaminated. Contaminated laundry may not be sorted or rinsed in the area of contamination.

Penn Fencing will use a local laundering facility to clean contaminated laundry, as necessary. The professional laundry service selected will need to utilize Body Substance Isolation and/or Universal Precautions and follow the procedures below.

- If Body Substance Isolation or Universal Precautions are used in handling of all soiled laundry (all laundry is assumed to be contaminated), then no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of the laundry.
- If Universal Precautions are not used in the handling of all laundry, then contaminated laundry must be placed in bags or containers that are labeled or color-coded. One possible solution would be to include a requirement in the contract with the off-site laundry service that they also use the equivalent of Universal Precautions.

1.8 HEPATITIS B VACCINES & POST-EXPOSURE EVALUATION & FOLLOW UP

Penn Fencing will make the Hepatitis B vaccine and vaccination series available to all employees who have the potential for occupational exposure. In addition, the vaccine, vaccination series, and post-exposure follow up will be provided to employees who have experienced an exposure incident.

All medical evaluations and procedures involved in the Hepatitis B vaccine and vaccination series and post-exposure follow up (including prophylaxis) will be:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or other licensed healthcare professional;
- Provided in accordance with the recommendations of the United States public health service; and
- An accredited laboratory must be used to conduct all laboratory tests.

Chad Galbreath is responsible for oversight of the Hepatitis B vaccination program, post exposure evaluations, and all follow-up activities.

HEPATITIS B VACCINATION

Penn Fencing plans to use a local hospital to administer the Hepatitis B Vaccination series. Employees may also obtain Hepatitis B vaccines, post-exposure evaluations, and follow-up through their personal physician.

Employees in job classifications which have an expected exposure to blood and/or other potentially infectious materials will be offered the Hepatitis B vaccination series after the employee has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure.

Employees in job classifications which have an occasional exposure to blood and/or other potentially infectious materials will be offered the Hepatitis B vaccination series no later than 10 hours after an exposure incident (November 1, 2000 OSHA Letter of Interpretation allows up to 24-hours).

All employees who decline the Hepatitis B vaccination are to sign a waiver indicating their refusal (a waiver form is provided in Attachment F), as required by OSHA. If the United States Public Health Service recommends a routine booster dose of Hepatitis B vaccine, this must also be made available free of charge to affected employees.

Exceptions to the administration of the Hepatitis B vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination is to be made available at that time.

POST-EXPOSURE EVALUATION AND FOLLOW UP

Employees must report all exposure incidents to Chad Galbreath immediately or as soon as possible after the occurrence. All exposure incidents should be investigated and documented by Penn Fencing. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up. OSHA requires the post-exposure evaluation and follow-up to include the following elements, at a minimum.

- Documentation of the route of exposure, and the circumstances under which the exposure occurred.
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. (This provision may need to be modified in accordance with applicable local laws on this subject.)
- The source individual's blood shall be tested and documented as soon as feasible and after consent is obtained (if consent is required) in order to determine HBV and HIV infectivity. If consent cannot be obtained, Chad Galbreath must establish and document that legally required consent cannot be obtained.
- When the source individual is already known to be infected with the Hepatitis B virus (HBV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated.

- Results of the source individual's testing are to be made available to the exposed employee, and the employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The exposed employee's blood is required to be collected as soon as feasible and tested after consent is obtained.
- The exposed employee is to be offered the option of having their blood tested for HBV and HIV serological status. The blood sample must be preserved for up to 90 days to allow the employee to decide if their blood should be tested for HBV and HIV serological status.
- Names of employees that contract HIV, Hepatitis, or tuberculosis are not to be recorded on the OSHA 300 log.

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

After an exposure incident occurs, Chad Galbreath must provide the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as the healthcare provider providing the post-exposure evaluation (if different) with the following:

- A copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, with emphasis on the confidentiality requirements contained therein;
- A written description of the exposed employee's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which the exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee, including vaccination status.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

Chad Galbreath should obtain a copy of the evaluating healthcare professional's written opinion. This information must be provided to the exposed employee within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination is to be limited to whether HBV vaccination is indicated for the employee, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up must be limited to ONLY the following information:

- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

Other findings or diagnosis resulting from the post-exposure follow up are to remain confidential and may not be included in the written report.

1.9 LABELS & SIGNS

Biohazard labels must be properly affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels must also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

Labels must be fluorescent orange or orange-red, and include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.



1.10 TRAINING

Penn Fencing must provide training at the time of initial assignment to tasks where occupational exposure to blood or other potentially infectious materials may occur. OSHA requires that training be repeated every 12 months, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training should be interactive and tailored to the education level and language of the affected employees. The person conducting the training must be knowledgeable in the subject matter.

Training must include:

1. A copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard;
2. A discussion of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of Penn Fencing' Bloodborne Pathogens Exposure Control Plan, and how employees can obtain a copy of the plan;
5. A description and recognition of tasks that may involve exposure;
6. An explanation of the use and limitations of the methods employed by Penn Fencing to reduce exposure (such as engineering controls, work practices, and personal protective equipment);
7. Information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
8. An explanation of the basis of selection of personal protective equipment;
9. Information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;
10. Instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;
12. Information on the post-incident evaluation and follow up required for all exposure incidents; and
13. An explanation of signs, labels, and color-coding systems.

Chad Galbreath is responsible for training oversight.

1.11 RECORDKEEPING & PROGRAM REVIEW

MEDICAL RECORDS

Medical records will be maintained in accordance with 29 CFR 1910.1020. All records must be kept confidential and be retained for at least the duration of employment, plus 30 years.

Medical records are to include:

- Name and social security number of the employee;
- A copy of the employee's HBV vaccination status, including the dates of vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures; and
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes and circumstances of an exposure.

Penn Fencing must also ensure that all contracts for Hepatitis B vaccinations and post-exposure evaluations and follow ups stipulate that medical providers follow all OSHA recordkeeping and retention requirements.

Chad Galbreath is responsible for maintaining all medical records relating to the company bloodborne pathogens program.

TRAINING RECORDS

Penn Fencing must maintain training records for three years from the date of training. Records should be kept inside of the Bloodborne Pathogens Program (Attachment G is provided for this purpose).

Training records are required to include:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

Chad Galbreath is responsible for maintaining all training records relating to the company bloodborne pathogens program.

AVAILABILITY OF RECORDS

Whenever an employee (or designated representative) requests access to a record, Penn Fencing must provide access to said employee's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) may only be given access to his or her own records.

TRANSFER OF RECORDS

If Penn Fencing ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the Director of the National Institute for Occupational Safety and Health (NIOSH) must be contacted three months prior to cessation of business for instruction on final disposition of the records.

EVALUATION AND REVIEW

This Bloodborne Exposure Control Plan will be reviewed for effectiveness at least annually by a Penn Fencing designate. The plan will be updated to incorporate changes to the standard or changes in the work place, as needed.

1.12 FIRST AID SAFETY

First aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer.

First aid can include the following:

- Cleaning minor cuts, scrapes, or scratches
- Treating a minor burn
- Applying bandages and dressings
- The use of non-prescription medicine
- Draining blisters
- Removing debris from the eyes
- Massage
- The use of hot/cold therapy
- Drinking fluids to relieve heat stress

Chad Galbreath is responsible for administering and implementing the Penn Fencing workplace First Aid program and is responsible for the day to day supervision of this program.

FIRST RESPONDERS

OSHA's Medical Services and First Aid standard requires that in the absence of an infirmary, clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the worksite, a person who has a valid certificate in first-aid training from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence, shall be available at the worksite to render first aid. A first responder is located within four minutes of Penn Fencing's facility. Therefore, we have chosen to rely solely on these emergency services.

Before starting a project, Chad Galbreath is responsible for arranging the proper equipment for prompt transportation for the injured person to a physician or hospital or a communication system for contacting necessary ambulance service.

Penn Fencing will ensure that when a worksite is at an unreasonable distance from a first responder, a person who has a valid certificate in first-aid training will be available at the worksite to provide first aid.

FIRST AID SUPPLIES

First Aid kits will be located in the back weld shop and all jobsite trucks. The contents of each kit will be placed in a weatherproof container with individual sealed packages for each type of item. Chad Galbreath is responsible for checking the first aid kit at least weekly to ensure that the expended items are replaced.

At minimum, each first aid kit will contain the following:

ITEM	SIZE	MINIMUM QUANTITY
Absorbent compress	32 in ²	1
Adhesive bandages	1x3 inches	16
Adhesive tape	5 yards	1 roll
Antiseptic	0.5 g (0.14 fl oz.)	10 packets
Burn treatment	0.5 g (0.14 fl oz)	6 applications
Medical exam gloves	N/A	2 pair
Sterile pads	3x3 inches	4
Triangular bandage	40x40x56 inches	1
Bloodborne pathogens kit		1

Where an employee of Penn Fencing may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body will be provided within the work area for immediate emergency use.

ATTACHMENT A: OSHA STANDARD FOR
BLOODBORNE PATHOGENS &
MEDICAL SERVICES AND FIRST AID

- 29 CFR 1910.1030
- 29 CFR 1926.50

ATTACHMENT B: EXPOSURE DETERMINATION LISTS

ATTACHMENT B: EXPOSURE DETERMINATION

Exposure on a Regular Basis		
All employees in the following job classifications have occupational exposure to bloodborne pathogens.		
<u>Job Title / Department</u>	<u>Affected employees</u>	<u>Task/Procedure</u>
None Expected	N/A	N/A

Exposure on an Occasional Basis		
Some employees in the following job classifications may have occupational exposure to bloodborne pathogens.		
<u>Job Title / Department</u>	<u>Affected employees</u>	<u>Task/Procedure</u>
First Responders	All	Voluntary administering First Aid
Maintenance	All	Clean-up after a workplace accident

ATTACHMENT C: EXPOSURE REPORTING

Bloodborne Pathogens Exposure Report Form

This form is to be completed immediately after an exposure incident occurs where blood or other potentially infectious materials was present.

Return the completed form to with Chad Galbreath to discuss proper procedures regarding post-exposure follow-up.

Date of Incident: _____ Time: _____ Circle AM or PM

Location of Incident: _____

Name(s) of Injured Person(s): _____

Name(s) of Designated First Aid Responders Who Rendered Assistance: _____

Name(s) of Others Who Rendered Assistance: _____

Briefly describe the first aid incident: _____

Were all unvaccinated first aid responders offered a HBV vaccination as required? Circle YES or NO.

Did an exposure incident occur? Circle YES or NO.

If yes, the list name(s) of exposed persons and describe the nature of the exposure (type and source of bloodborne pathogen, how contact occurred, extent of exposure, cleanup of exposed area).

Were all exposed employees offered an opportunity to receive a medical evaluation, HBV vaccination and medical follow-up as required? Circle YES or NO.

Supervisor's Name: _____ Date: _____

ATTACHMENT D: PERSONAL PROTECTIVE
EQUIPMENT/TASK LIST

ATTACHMENT D: PERSONAL PROTECTIVE EQUIPMENT/TASK LIST

Job Classification	Task/Procedure	Type of PPE to be Used	PPE to be Issued By
Trained/Authorized Employees	Rendering of first aid	Safety Glasses Latex Gloves	Penn Fencing
Trained/Authorized Employees	Cleaning up blood and/or bodily fluids resulting from a workplace accident	Safety Glasses Latex Gloves Booties/Shoe Covers Splash Apron Coveralls Dust or Medical Mask	Penn Fencing

ATTACHMENT E: CLEANING AND DECONTAMINATION SCHEDULE

The following schedule describes work areas at Penn Fencing that should be decontaminated, decontamination frequency and method, and required types of cleaning. *Information concerning usage of protective coverings used to help keep surfaces free of contamination (such as plastic wrap) should be included.*

Work Area/Equipment	Cleaning and Decontamination Frequency	Type of Cleaners or Supplies to be Used	Method of Cleaning to be Used	Responsible Person
Entire contaminated area	After contamination due to a workplace accident or illness	Commercial disinfectant of ¼-cup Clorox per gallon of water	Clean as thoroughly as possible	Trained/ Authorized Employees

ATTACHMENT F: HEPATITIS B VACCINE
DECLINATION

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 the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

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

_____ Employee Name (Print)	_____ Signature	_____ Date
_____ Supervisor Name (Print)	_____ Signature	_____ Date

ATTACHMENT G: TRAINING DOCUMENTATION

OSHA's Employee Responsibilities

- Read the OSHA Poster at the workplace.
- Comply with all applicable OSHA standards.
- Follow all lawful employer safety and health rules and regulations and wear or use prescribed protective equipment while working.
- Report hazardous conditions to the foreman.
- Report any work-related injury or illness to the employer, and seek treatment promptly.
- Exercise rights under the Act in a responsible manner.

New Hire Training Summary:

The following information must be reviewed with employees at the time of initial assignment to tasks where occupational exposure to bloodborne pathogens may occur and when changes or additions to tasks or procedures are made that will affect the employee's occupational exposure.

- Review the requirements of OSHA's Bloodborne Pathogen Standard, including requirements pertaining to the proper protection, handling, and cleanup of blood and other bodily fluid.
- Instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
 - Review company policy for dealing with emergencies
 - Review those individuals in the company who are trained as emergency first responders (first aid and CPR trained)
- Review this Bloodborne Pathogen Exposure Control Plan and how employees can obtain a copy.
- Examples of Bloodborne diseases (Hepatitis, HIV, etc.).
- Modes of transmission of Bloodborne pathogens - Contact with another person's blood or bodily fluid that may contain blood (via mucous membranes, non-intact skin, contaminated sharps/needles).
- A description and recognition of tasks that may involve exposure (i.e., first aid, clean-up after an accident).
- Information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment:
 - Location of the proper PPE.
 - Personal protective equipment/Bloodborne pathogen clean-up kits.
 - Contaminated clothing and PPE need either to be properly disposed of or laundered.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up:
 - Review company-specific procedures to report exposure incidents and explain that medical evaluations will be provided at no charge to the employee.
- Information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee.

Upon completing the review of the above information, have new employees sign the new hire training log on the following page.

