BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE PROGRAM

D6 Inc.

A MULTI-STATE EMPLOYER

SAFETY FIRST & SAFETY ALWAYS

APRIL 2022

BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE PROGRAM

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BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE PROGRAM

1.0 BLOODBORNE PATHOGENS EXPOSURE CONTROL & RESPONSE PROGRAM

Original Date of Preparation: *May 2022*

Updated: _____

Updated: _____

In accordance with the OSHA Bloodborne Pathogens Standard, section 29 CFR 1910.1030, D6, Inc. has developed and implemented the following exposure control and response plan.

2.0 PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood and certain other body fluids
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

3.0 POSITION EXPOSURE DETERMINATION

D6, Inc. conducts exposure assessments to determine which, if any, employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination has been made without regard to the use of personal protective equipment [i.e. employees are considered to be exposed even if they wear personal protective equipment].

This exposure determination lists all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

At D6, Inc., the following job classifications are in this category: *[List job classifications]*

1. _____

2. _____

3. _____

4. _____

5. _____

D6, Inc. maintains a listing of job classifications in which employees may have occupational exposure. Not all of the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, or tasks or procedures that would cause these employees to have occupational exposure. However, these positions are listed in order to clearly understand which employees in these categories are considered to have occupational exposure.

The job classifications and associated tasks for these categories are as follows:

1. *First aid provider*
2. _____
3. _____
4. _____
5. _____

4.0 IMPLEMENTATION SCHEDULE AND METHODOLOGY

This plan includes the following schedule and method of implementation for the various requirements of the bloodborne pathogen exposure control standards.

4.1 Compliance Methods

Universal precautions are observed at each D6, Inc. facility and all other locations where work is conducted in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where the possibility of occupational exposure still remains after implementation of these controls, personal protective equipment is mandated. At all facilities and in all departments the following engineering controls are utilized:

- At all times when soiled or infectious materials, equipment, or other materials of any kind are handled, and upon first-aid treatment of a bleeding cut, bandage and other treatment:
  - All persons are required to wear protective latex gloves.
  - Soiled materials, cleaning materials and materials used to absorb blood are disposed in the trash AFTER the materials are placed in a plastic bag by personnel protected with latex gloves.

The above controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

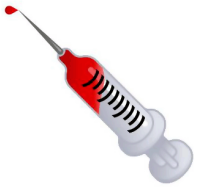
At least once each business quarter by a D6, Inc. Manager

Hand washing facilities are made available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible after incurring exposure. [NOTE: When hand washing facilities are not feasible, either an antiseptic cleanser in conjunction with clean cloth paper towels or antiseptic towelettes are provided to employees. If these alternatives are used then the hands are to be washed with soap and running water as soon as possible.]

The D6, Inc. *supervisor of the affected employee* must ensure that after the removal of personal protective gloves the employee flushes with water and washes their hands and any other possible contaminated skin or mucous membrane areas immediately or as soon as feasible with soap and water.

4.2 Needles

N/A. No needles or sharps are used anywhere at D6, Inc. by anyone in an occupational capacity.



In the event of employees using personal sharps for legitimate medical conditions (e.g. diabetes, anticoagulants) all contaminated sharps will be properly disposed into proper protective containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom. These protective containers will be provided by the respective employee , easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or are reasonably anticipated to be found. Sharps containers also will be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.

4.3 Containers for REUSABLE Sharps

N/A. No needles or sharps are used anywhere at D6, Inc. by anyone in an occupational capacity.

4.4 Work Area Restrictions

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

No eating or drinking is permitted in any in-house or work area at D6, Inc. in order that exposure to blood or infectious materials is minimized should a cut or abrasion occur.

4.5 Specimens

N/A. No collection or exposure to specimens or blood occurs anywhere at D6, Inc..

4.6 Contaminated Equipment

D6, Inc. supervisors are responsible for ensuring that any equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and it is decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment not decontaminated must be tagged/labeled for shipping or disposed of properly.

No collection or exposures to specimens or blood samples occur at D6, Inc.. However, in the event that an item comes into contact with blood from a cut or residual cleaning materials, it will be washed or bagged and disposed of properly in a labeled plastic bag. In the event of medical emergencies all contaminated material will be given to EMS personnel for proper disposal.

4.7 Personal Protective Equipment (PPE)

4.7.1 PPE Provision

D6, Inc. supervisors are responsible for ensuring that the following provisions are met.

- All personal protective equipment used is provided without cost to employees.
- Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees'

clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment is used.

At D6, Inc., rubber latex gloves and face masks are available at no charge at any time exposure to infectious materials is anticipated or upon request by an employee.

4.7.2 PPE Use

D6, Inc. supervisors ensure that every employee uses appropriate PPE unless the supervisor shows that an employee temporarily and briefly refused to use PPE when under rare and extraordinary circumstances it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the employee or coworker. When the employee makes this judgment, the circumstances must be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

4.7.3 PPE Accessibility

D6, Inc. supervisors ensure that appropriate PPE in the appropriate sizes is readily accessible at the work plant and is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

4.7.4 PPE Cleaning, Laundering and Disposal

All personal protective equipment used at D6, Inc. is disposable. In the event non-disposable PPE is used, it is cleaned, laundered, and disposed of by D6, Inc. at no cost to the employees. All repairs and replacements are made at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE is to be removed prior to leaving the work area. When PPE is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

4.7.5 Gloves

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. At D6, Inc., vascular access procedures are *not* performed.

Disposable gloves used at a facility are not washed or decontaminated for re-use and are replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

4.7.6 Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are provided and are required to be worn whenever splashes, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at the facility that would require such protection are as follows:

No face or eye exposure to blood or infectious materials requiring eye and face protection is anticipated anywhere at D6, Inc..

4.7.7 Additional Protection

Additional protective clothing [such as lab coats, gowns, aprons, clinic jackets, or similar outer garments] must be worn in instances when gross contamination can reasonably be anticipated. The following situations require that such protective clothing be utilized:

No gross contamination is anticipated anywhere at D6, Inc..

4.8 Housekeeping

N/A. No occupational collection or exposure to specimens, blood, or gross contamination occurs at D6, Inc.. All items that may be contaminated will not be picked up directly with the hands and are washed or bagged and disposed of properly.

4.9 Regulated Waste Disposal

4.9.1 Disposable Sharps

N/A. No occupational collection or exposure to specimens, blood, or gross contamination from sharps of any kind occurs at D6, Inc..

In the event of employees using personal sharps for legitimate medical conditions (e.g. diabetes, anticoagulants) all contaminated sharps will be properly disposed into proper protective containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom. These protective containers will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or are reasonably anticipated to be found. Sharps containers also will be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.

4.9.2 Other Regulated Waste

N/A. No occupational collection or exposure to specimens, blood, or gross contamination occurs at D6, Inc..

In the event of medical emergencies all contaminated material will be given to EMS personnel to dispose of properly.

4.10 Laundry Procedures

Occupational exposure to blood or gross contamination laundry may occur at D6, Inc.. In such exposure circumstances, all employees are required to wear protective latex gloves and all potentially infectious materials are properly disposed.

4.11 Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

No occupational exposure to Hepatitis B occurs at D6, Inc..

4.12 Labels and Signs

D6, Inc. supervisors ensure that biohazard labels are affixed to containers of regulated waste or other potentially infectious materials. Labels with the universal biohazard symbol are used.

The label must be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

4.13 Information and Training

D6, Inc. supervisors ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it is repeated within 12 months of the previous training. Training is tailored to the education and language of the employee, and is done during the normal work shift.

The training is interactive and covers the following:

1) A copy of the standard and an explanation of its contents
2) A discussion of the origin, development and symptoms of bloodborne diseases
3) An explanation of the modes of transmission of bloodborne pathogens
4) An explanation of the D6, Inc. *Bloodborne Pathogen Exposure Control and Response Program*, and a method for obtaining a copy
5) How to recognize tasks that may involve exposure
6) An explanation of the use and limitations of methods used at D6, Inc. to reduce exposure, for example engineering controls, work practices and personal protective equipment [PPE]
7) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE at D6, Inc.
8) An explanation of the basis of selection of PPE
9) An explanation of the procedures to follow if an exposure incident occurs, including the:
    - Response to an exposure incident
    - Method of reporting the incident
    - Medical follow-up
    - What persons to contact
    - Following up on the incident evaluation
10) An explanation of the signs, labels, and color-coding systems

The person conducting the training shall be knowledgeable in the subject matter.
Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

4.14 Recordkeeping

4.14.1 Medical Records

Employee medical record" means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician. *The D6, Inc. human resources department* is responsible for maintaining appropriate bloodborne pathogen related medical records of employee injuries. These records are kept in the separate medical information employee files and are retained for the duration of employment plus 30 years.

4.14.2 Training Records

The D6, Inc. human resources department is responsible for maintaining the following training records. Training records must be maintained for three years from the date of training. The following information is to be documented:

a) The dates of the training sessions
b) An outline describing the material presented
c) The names and qualifications of persons conducting the training
d) The names and job titles of all persons attending the training sessions

4.14.3 Availability

Employee records shall be made available to the employee as required by section 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

4.14.4 Transfer of Records

If all properties are closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

4.15 Evaluation and Review

The D6, Inc. human resources department is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

4.16 Dates

All provisions required by this standard were implemented by *October 15, 2014.*

4.17 Outside Contractors

Outside contractors are not exposed to bloodborne pathogens at D6, Inc..

APPENDIX A

CERTIFICATE OF COMPLETED TRAINING

CERTIFICATION OF BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE TRAINING

I, _____acknowledge receiving training in bloodborne pathogens exposure control and response. Specifically, I have been instructed in:

- ❑ A copy of the BBP safety standard and an explanation of its contents
- ❑ A discussion of the origin, development and symptoms of bloodborne diseases
- ❑ An explanation of the modes of transmission of bloodborne pathogens
- ❑ An explanation of the *D6, Inc. Bloodborne Pathogen Exposure Control and Response Program*, and a method for obtaining a copy
- ❑ How to recognize tasks that may involve exposure to bloodborne pathogens
- ❑ An explanation of the use and limitations of methods used at D6, Inc. to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE)
- ❑ Information on the types, use, location, removal, handling, decontamination, and disposal of PPE
- ❑ An explanation of the basis of selection of PPE
- ❑ An explanation of the procedures to follow if an exposure incident occurs, including the
- ❑ Response to an exposure incident
  - ❑ Method of reporting the incident
  - ❑ Medical follow up
  - ❑ What persons to contact
  - ❑ Following up on the incident evaluation
- ❑ An explanation of the signs, labels, and color-coding systems

Training was conducted on _____, 20_____.

***Signature* of Employee** _____ **Date**_____

***Signature* of Supervisor** _____ **Date**_____

APPENDIX B

Bloodborne Pathogens Safety Training

Bloodborne Pathogen safety was primarily aimed at workers in hospitals, funeral homes, nursing homes, clinics, law enforcement agencies, emergency response organizations, and HIV/HBV research laboratories. However, all employees who could "reasonably anticipate" to face contact with blood and other potentially infectious materials while performing their job duties should be thoroughly trained in bloodborne pathogen safety.

Other potentially infectious materials (OPIM) that can carry bloodborne pathogens include sexual secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV).

OSHA has not attempted to list all occupations where exposures can occur, but examples include:

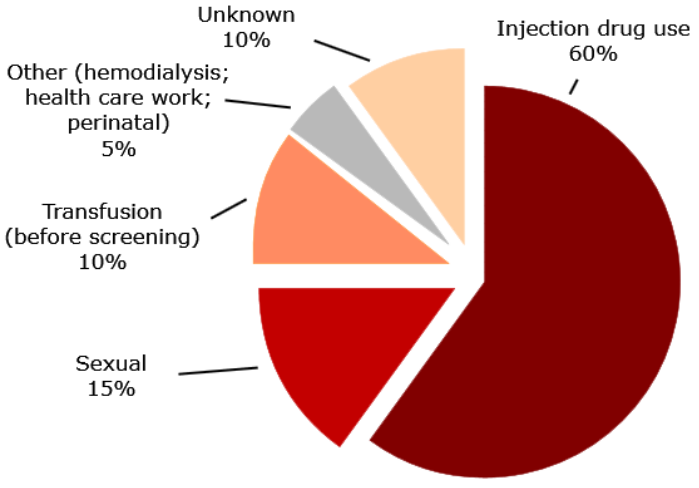
- ✓ First aid team members
- ✓ Nurses and doctors
- ✓ Employees who work with glass, sheet metal and any type of sharp-edged products

Maintenance personnel and custodial workers employed in non-health care facilities are not generally considered to have occupational exposure. However, D6, Inc. is responsible for determining which job classifications or specific tasks and procedures involve occupational exposure. [NOTE: "Good Samaritan" acts such as helping someone with a nosebleed are not classified as occupational exposures.]

WHAT ARE BLOODBORNE PATHOGENS?

Bloodborne pathogens are microorganisms ("germs") that are present in human blood and can infect and cause disease in people who are exposed to blood containing the pathogen. These microorganisms can be transmitted through contact with contaminated blood and body fluids. They can be disabling or even cause death. Treatment is often difficult let alone achieving a cure.

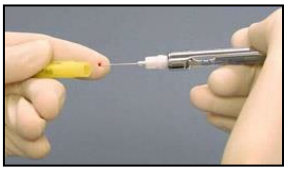
- Human Immunodeficiency Virus (HIV)
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Non A, Non B Hepatitis
- Syphilis
- Malaria
- Babesiosis
- Brucellosis
- Leptospirosis
- Arboviral infections
- Relapsing fever
- Creutzfeld-Jakob disease
- Human T-lymph trophic Virus Type 1
- Viral hemorrhagic fever



Hepatitis C infection by source (CDC)

TRANSMISSION OF BLOODBORNE PATHOGENS

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. In the workplace setting, transmission is most likely to occur through:



- An accidental puncture by a sharp object, such as a needle, broken glass, or other "sharps" contaminated with a pathogen.
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids.

Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood or body fluids can enter your system percutaneously through:

- Open sores, cuts, abrasions.
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Bloodborne pathogens can also be transmitted through the mucous membranes of the eyes, nose, or mouth. For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission. There are also ways that bloodborne pathogens are <u>not</u> transmitted including:

- Touching an infected person; coughing or sneezing
- Using the same equipment, materials, toilets, water fountains or showers as an infected person.
- Mosquitos and other biting insects.

It is important that you know which ways are viable means of transmission for the bloodborne pathogens in your workplace, and which are not.

METHODS OF COMPLIANCE

Different methods are used to minimize the transmission of bloodborne pathogens in the work place.

- Universal Precautions: ***all*** blood and potentially infectious materials must be treated as if they are known to contain HIV, HBV, or other bloodborne pathogens.
- Engineering and Work Practice Controls: controls that isolate or remove the bloodborne pathogens hazard from the workplace and that reduce the chances of exposure by altering how a task is performed.
- Personal Protective Equipment (PPE)
    - Gloves and Eye Protection
    - Masks and Face Shields

- Housekeeping Measures: keeping the worksite clean and sanitary is a necessary part of controlling exposure to bloodborne pathogens. For example: cleaning schedules and decontamination methods.

SIGNS

Signs and labels in the workplace communicate bloodborne pathogen hazards to employees.

RESPONSE TO EMERGENCIES INVOLVING BLOOD OR BODY FLUIDS

a) Wear appropriate Personal Protective Equipment (PPE).

b) Carefully cover the spill with an absorbent material, such as paper towels, to prevent splashing.

c) Decontaminate the area of the spill using an appropriate disinfectant such as a solution of one part bleach to ten parts water. Work from the edge of the spill towards the center to prevent the spill from spreading out.

d) Wait 10 minutes to ensure adequate decontamination and then carefully wipe up the spilled material. Be very alert for broken glass or sharp objects in or around the spill.

e) Disinfect all mops and cleaning tools after the job is done. Dispose of all contaminated materials properly.

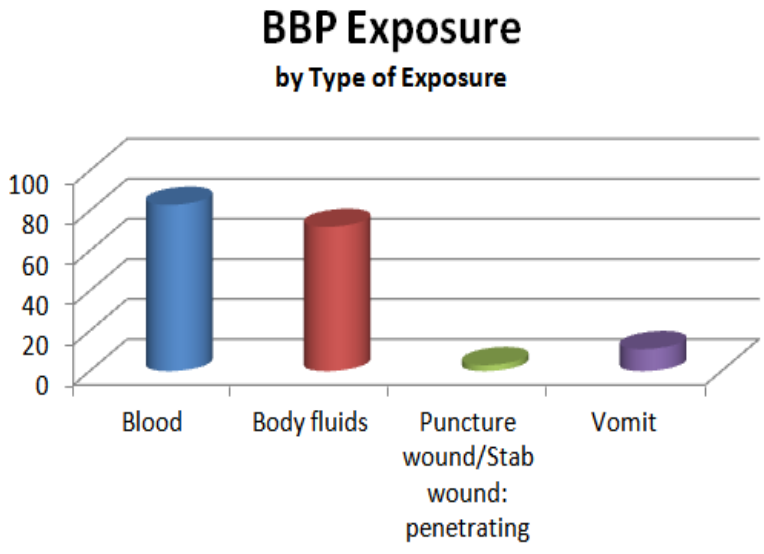
f) Wash your hands thoroughly with soap and water immediately after the cleanup is complete

EXPOSURE INCIDENTS

There is never a guarantee that accidental exposures to bloodborne pathogens will not occur. Simple errors or unexpected circumstances an can result in exposure! Exposures include:

- ✓ A percutaneous injury with a potentially contaminated needle or sharp.
- ✓ A splash of blood or other potentially infectious materials to the eyes, mouth, or mucous membranes.
- ✓ Blood or other potentially infectious materials contacting broken skin.

Every exposure should always be considered an urgent medical concern to ensure timely post-exposure treatment. If you are exposed, tell your supervisor immediately!



D6 Inc.

Blood and Body Fluid Exposure Report

Employee Name:				**Date of Birth:**	
	Last	**First**	**MI**		
SSN:		**Employee #:**		**Dept. #:**	
Job Title:					

Hepatitis B Vaccination status:	☐ Series complete		☐ In process		☐ Denied		
Injection Dates:	#1		#2		#3		
Date of Exposure:							
Date Exposure Reported:							

Time of Exposure (Approximate, if unknown):		
Responsible Person:	☐ Yes	☐ No
Good Samaritan:	☐ Yes	☐ No
Description of the Incident: (Include causes, where and how it occurred, and body parts involved.)		
Body Fluids Involved:	☐ Yes	☐ No
Exposure was to:	☐ Non-Intact Skin	☐ Intact Skin
Exposure source known?	☐ Yes	☐ No
Consent obtained for HIV/HBV testing? (If yes, nameless copy of lab results attached to this form.)	☐ Yes	☐ No
Indicate type of Personal Protective Equipment (PPE) used for this procedure:	☐ Glove ☐ Mask ☐ Gown	☐ Goggles ☐ None ☐ Other
Was the PPE available for your use: If NO, indicate why not:	☐ Yes ☐ Don't know	☐ No ☐ N/A

Referred to:		Phone:	
Additional Comments:			
Completed?	☐ Injury/Illness Report ☐ First Report of Injury (Workers' Compensation Claim Form)	☐ OSHA Log	

Name of Preparer (print)	Title of Preparer	Date Form Completed

Bloodborne Pathogens Safety *Quiz!*

Print Name: _____ **Department:** _____

1. You don't need to take universal precautions if you know the person who's injured.

True or False

2. Name two of the most common bloodborne pathogens:

_____; _____

3. After exposure to potentially infected bodily fluids, you should immediately:

_____

4. HIV and HBV can be transmitted when infected bodily fluids directly contact eyes or non-intact skin.

True or False

5. The risk of exposure to bloodborne pathogens is only possible when blood is present in the bodily fluid.

True or False

6. HIV stays alive in dried blood. *True or False*

7. Name one way you might be exposed to human blood at D6, Inc.:

_____

8. What minimum PPE should be worn when controlling normal bleeding?

_____

9. Besides the disinfectant/cleaner provided in first aid kits, what other solutions can be used to decontaminate equipment or surfaces?

_____

10. How do you dispose of absorbed bodily fluids?

_____

11. Potentially infectious materials include:

a. Anything that may be present in a first aid emergency.
b. Only body fluid that contains blood.
c. Any body fluid you can't identify.
d. All of the above.

12. Work can resume at an accident scene as soon as the injured person has been treated.

True or False

13. Who should know about the blood-borne pathogens standard?

a. First responders.
b. First aid providers.
c. People involved in work that could potentially expose them to blood-borne pathogens.
d. All of the above.

14. PPE must be used when the *possibility* of exposure to blood/body fluids exists.

True or False

15. Using "universal precautions" means:

a. Treating all blood and body fluids as though they were infectious.
b. That all workers who are exposed to blood-borne pathogens follow the same set of work procedures.
c. Using gloves and masks whenever you could touch a co-worker.
d. Careful hand washing.

16. Infected blood could enter your body through a hangnail. *True or False*

17. Warning labels must:

a. Bear the biohazard symbol and be printed in fluorescent yellow.
b. Bear the biohazard symbol and be printed in fluorescent green.
c. Bear the biohazard symbol and be printed in fluorescent orange or orange-red.
d. Be printed in fluorescent orange.

18. It's OK to eat and drink in an area where there may be potential exposure to bloodborne pathogens.

True or False

Employee *Signature*: _____ **Date:** _____