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Cleveland Integrity Services Inc. Master Safety & Health Program	Rev. 3/2011

Applicable OSHA Standards: 29 CFR 1910.1030

1. Purpose & Scope

- 1.1. Cleveland Integrity Services Inc. is committed to providing a safe and healthful work environment. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposures to bloodborne pathogens.
- 1.2. This program applies to all employees who have an occupational exposure to bloodborne pathogens. The program also ensures that these employees will be trained regarding preventing and responding to bloodborne pathogens exposures prior to assignment, with training, providing personal protective equipment and other elements of implementation at no cost to the employee. The company Safety Representative shall be responsible for effective implementation and management of this program.
- 1.3. The basis of this Plan is to comply with the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030. It will provide protection for employees through the use of "Universal Precautions" as a major component of the Plan. Because individuals generally cannot know whether blood, body fluids or detached tissues are infected with bloodborne pathogens, Universal Precautions assumes that ALL blood and body fluids are infectious and must be treated accordingly.
- 1.4. All employees will have access to and the opportunity to review this plan at any time during their work shifts by contacting their Supervisor or the company's Safety Representative. Employees seeking copies of the Plan may contact the Safety Representative. A copy of the Plan is available at no charge and within 15 days of the request. The Exposure Control Plan shall also be used as a basis for training.
- 1.5. The Safety Representative will also be responsible for reviewing and updating the ECP annually or sooner if necessary. To reflect any new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee posters with occupational exposure.

2. Employee Exposure Determination

- 2.1. Occupational exposure to blood and body fluids is limited to our designated first aid responders as they are needed for a worksite where professional emergency medical services are not readily available within an acceptable response time.
- 2.2. When professional emergency medical services are readily available within an acceptable response time, company personnel are not required as part of their employment to provide first aid or CPR to another person.

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- 2.3. Although this Exposure Control Plan includes considerations and provisions for the proper selection and use of personal protective equipment, such implementation shall be performed without consideration of whether personal protective equipment is utilized.
- 2.4. Our facility has decided to offer the hepatitis B pre-exposure vaccination to each first aid provider at the time they are so designated and prior to their commencement of these responsibilities.
- 2.5. In the event of a first aid incident if blood or other potentially infectious materials are present, the affected first aid responder(s) is instructed to report to the Safety Representative before the end of his or her work shift.
- 2.6. The Safety Representative will maintain a report that includes the name of the first aide responder, as well as the date, time and description of the incident. The Safety Representative will ensure that any first aid responder that desires the vaccine series after an incident will receive it as soon as possible, but not later than twenty four hours after the incident.
- 2.7. The Safety Representative will train first aid providers on the specifics of the reporting procedures and all other training associated with bloodborne pathogen requirements.

3. Engineering Controls and Work Practices

- 3.1. Engineering controls and work practice controls will be used to prevent or minimize exposure. Hand washing facilities are available at all jobsites. Employees will wash after administering first aid. In the event that hand washing facilities are not available, disposable "one use" towelettes that utilize disinfecting and sanitizing products shall be provided and used by affected personnel until proper hand washing is possible. All equipment used or contaminated during first aid assistance will be decontaminated in a proper manner or discarded in appropriate containers.
- 3.2. Engineering controls and work practices shall be reviewed as needed, and at least annually, to ensure that procedures continue to be effective in preventing employee exposures.
- 3.3. Additionally, in the event of a reported "near miss" incident involving potential exposure to bloodborne pathogens, engineering controls and work practices shall also be reviewed and revised as needed.

4. Personal Protective Equipment

- 4.1. First aid responders will use personal protective equipment appropriate for administering the first aid required. All jobsite first aid kits contain gloves, eye protection, resuscitation bags and one-way CPR mouthpiece devices.

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- 4.2. PPE is provided by the company at no charge or cost to employees. PPE may include items such as latex medical-type gloves, splash goggles, face shields and body protection such as aprons, depending on the anticipated situations for providing first response in a medical emergency. PPE shall be provided in various types and sizes to facilitate ease of use. Additionally, PPE shall be replaced, decontaminated or repaired as necessary.
- 4.3. Life-threatening situations may require immediate action before personal protective equipment can be obtained – for example, beginning CPR without a one-way CPR mask, or applying direct pressure to a hemorrhaging wound or amputation. In this situation, it is always the employee's choice and at their discretion to render assistance without use of PPE until proper PPE can be obtained.
- 4.4. In such situations and when an employee chooses to render aid without proper PPE, they should take advantage of whatever barrier protection that may be immediately available. For example, regular safety glasses with side shields and standard work gloves usually will provide some level of additional barrier protection in comparison to not utilizing safety glasses and regular work gloves.

5. Labeling

- 5.1. Biohazard warning labels displaying the biohazard symbol will be placed on all containers for wastes, which may be contaminated with blood or body fluids, and red leak proof bags will be used as required.



Biohazard Symbol

6. Housekeeping

- 6.1. If a first aid incident occurs, the first aid responders will take precautions to decontaminate work surfaces, tools and equipment. Personal protective equipment will be used during cleanup.
- 6.2. Mechanical means such as tongs, forceps or a brush and a dust pan will be used to pick up contaminated broken glassware. The waste will be treated as regulated waste and disposed of in closable and labeled or color coded containers.
- 6.3. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage. The waste will be discarded according to federal, state, and local regulations.

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- 6.4. In the event of a first aid incident in which the first aid responders' clothes become contaminated, the following actions will be taken:
- 6.5. Contaminated laundry will be handled as little as possible and with a minimum of agitation. Appropriate personal protective equipment will be worn when handling contaminated laundry.
- 6.6. Contaminated laundry will be placed in color coded bags at its location of use, and taken by a commercial launderer. The launderer will be given the appropriate warnings.

7. Training

- 7.1. All designated first aid responders will receive training conducted by the Safety Representative or a qualified instructor designated by the Safety Representative. The bloodborne pathogens training program will cover, at a minimum, the following elements:
 - 7.1.1. A copy and explanation of the standard.
 - 7.1.2. Epidemiology and symptoms of bloodborne pathogens.
 - 7.1.3. Modes of transmission.
 - 7.1.4. The Exposure Control Plan and a way to obtain a copy.
 - 7.1.5. Methods to recognize exposures related to specific tasks, situations and other activities that may involve exposure to blood.
 - 7.1.6. Use and limitations of engineering controls, safe work practices, and PPE.
 - 7.1.7. PPE types, use, location, removal, handling, decontamination, disposal and basis for selection.
 - 7.1.8. Hepatitis B Vaccine offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration.
 - 7.1.9. Emergency procedures for blood and other potentially infectious materials. Exposure incident procedures post exposure evaluation and follow up signs and labels.
- 7.2. Training for employees who are determined to be occupationally exposed to bloodborne pathogens will be conducted initially on hiring or assignment, with annual re-training (i.e. training to take place within one year of initial training).

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- 7.3. Training records will be maintained for 3 years from the date of training, and must include the dates and contents of training along with the names and job titles of employees attending the training.
- 7.4. All medical records of employees must be maintained and stored for the duration of employment by the employee plus 30 years.
- 7.5. The employee may consent to having medical records released to a representative of the employee by written consent.
 - 7.5.1. The Assistant Secretary or director may also request the medical records for examination or copying.
 - 7.5.2. All medical records must be transferred to and maintained by any successors to the business, or the employee must be notified if there is no successor at least 3 months prior to being destroyed.

8. Hepatitis-B Virus (HBV) Vaccinations

- 8.1. Employees who are required to provide first aid or emergency response duties or medical care on a routine basis will be offered Hepatitis-B Virus (HBV) vaccinations at company expense and with no charge or cost to the employee. Employees who transfer to a job, or if their job is reclassified to include exposure to bloodborne pathogens will be offered HBV vaccinations within 10 working days of the transfer or reclassification.
- 8.2. The choice for HBV vaccination is not mandatory. If affected employees choose not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. The company will document the offer, acceptance or declination, and vaccination dates using written formats as required by OSHA.

9. Post Exposure Evaluation And Follow Up

- 9.1. If an exposure incident occurs, contact the Safety Representative immediately. A confidential medical evaluation and follow up will be conducted by the company's designated medical provider. The following will be performed:
 - 9.1.1. Document the routes of exposure and how exposure occurred.
 - 9.1.2. Identify and document source individual, unless infeasible or prohibited by state or local law.
 - 9.1.3. Obtain consent and test source individual's blood, document the source's blood test results.

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- 9.1.4. If the source individual is known to be infected, testing need not be repeated.
- 9.1.5. Provide the exposed employee with the source individual's test results, and if information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- 9.1.6. After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
- 9.1.7. If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

10. Post Exposure Evaluation

- 10.1. The circumstances of exposure incidents will be reviewed to determine if procedures, protocols and/or training need to be revised.

11. Health Care Professionals

- 11.1. Health care professionals responsible for employee's HB vaccination, post exposure evaluation and follow up will be given a copy of the OSHA Bloodborne Standard. The health care professional evaluating an employee after an exposure incident will also receive the following:
 - 11.1.1. A description of the employee's job duties relevant to the exposure incident.
 - 11.1.2. Route(s) of exposure.
 - 11.1.3. Circumstances of exposure.
 - 11.1.4. If possible, a result of the source individual's blood test.
 - 11.1.5. Relevant employee medical records, including vaccination status.

12. Health Care Professional's Written Opinion

- 12.1. The designated Health Care Professional will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

The written opinion for post exposure evaluation and follow up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment for HB vaccinations.

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- 12.2. The opinion will be limited to whether the employee required or received the vaccine. All other diagnoses must remain confidential and not be included in the written report.

13. Recordkeeping

13.1. Medical Records:

- 13.1.1. Medical records are maintained for each employee with exposure in accordance with 29 CFR-1910.1020. In addition to the requirements of 29 CFR 1910.1020, the medical record will include:

13.1.1.1. The name, social security number, job designation of employee.

13.1.1.2. Date(s) of bloodborne pathogens training, written acknowledgement of training and a record of the training curriculum utilized and the job assignment(s) or classifications of the personnel so trained.

13.1.1.3. A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

13.1.1.4. A copy of all results of examinations, medical testing, and follow up procedures as required.

13.1.1.5. A copy of all health care professional written opinion(s) as required by the standard.

- 13.1.2. Employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent except as required by OSHA or other law. Employee medical records shall be maintained for at least the duration of employment and, in the case of records regarding bloodborne pathogens program compliance, at least an additional 30 years.

- 13.1.3. Employee medical records shall be provided (within 15 working days) upon written request of the employee or to anyone having written consent of the employee.

13.2. Training Records:

- 13.2.1. Bloodborne pathogen training records will be maintained by the Safety Representative at the Company's main office.

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13.2.2. Each record will give an accurate report of training for individual employees who are determined to have an occupational exposure to bloodborne pathogens.

13.2.3. Each training record will include the date of training, curriculum, the instructor's name, and the names and job assignments or titles of the individuals trained. These records will be maintained for three years from the date of training.

13.3. Transfer of Records:

13.3.1. If the company ceases to do business and there is not a successive employer, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three months prior to scheduled records disposal, and prepare to transmit them to the Director.

14. Supplemental Information

14.1. Designated First Aid Providers: Foreman or Site Supervisor for work location

14.2. Medical Evaluations Performed By: Local Physician as selected for project location

14.3. Designated Health Care Professional: Nearest Emergency Facility

14.4. Location of Training Records: Cleveland Integrity Services Inc.