

Proof of Training

Print name: _____ Signature: _____ Date: _____

Bloodborne Pathogen Exposure Control Plan

Purpose

The purpose of this program is to ensure the protection of employees and subcontractors from the hazards associated with potential exposure to bloodborne pathogens. This plan is designed to help you identify, minimize and/or eliminate risk from exposure to bloodborne pathogens and other potentially infectious materials (OPIM).

Scope

This policy will apply to all work performed by employees and subcontractors including, but not limited to the following activities: construction, installation, demolition, remodeling, relocation, refurbishment, testing, and servicing or maintenance of equipment or machines and at other times when the potential for exposure to bloodborne pathogen exists.

Responsibilities

Management (Board of Directors and Project Managers)

Management is responsible for ensuring that the materials (e.g., tools, equipment, personal protective equipment) and other resources (i.e., worker training materials) required to fully implement and maintain this program are readily available where and when they are required. Additionally, management will monitor the effectiveness of the program, provide technical assistance as needed, and review the program bi-annually.

Program Manager

Dave Simpson is responsible for the development, documentation, training and administration of the program. This position carries the responsibility of insuring this program is adhered to and that proper reporting is executed.

Supervisors (Superintendents and Foreman)

Supervisors are responsible for ensuring that a task specific job hazard analysis (JHA), also known as a safe work plan, is developed. The JHA will select, implement and document the appropriate site-specific control measures as defined within this policy. Supervisors will direct the work in a manner that ensures the risk to workers is minimized, adequately controlled and that practices defined by this policy will be followed. Supervisors are responsible for ensuring Unger Construction employees and subcontractors are following expectations. Supervisors will be held accountable for enforcing the requirements of this program. Undesirable behavior will not resolve itself, therefore supervisors must be directly involved with modifying behaviors inconsistent with program expectations. Supervisors will be held accountable for enforcing Unger Construction's disciplinary program.

Workers (Employees and Subcontractors)

Unger Construction has high expectations and requires safety excellence for each employee, crew, project and for our entire company. Workers are required to follow the minimum procedures outlined in this program. Workers are responsible for knowing the hazards and the control measures established in the JHA. Workers are responsible for using the assigned PPE in an effective and safe manner. Workers are responsible for stopping unsafe acts and correcting unsafe conditions on the spot as soon as they are discovered. Any deviations from this program must be immediately brought to the attention of your supervisor. Workers that choose to conduct themselves in a manner that is inconsistent with these expectations will be held accountable for those decisions and may incur disciplinary actions.

Background

Bloodborne pathogens are disease causing microorganisms that may be present in human blood and other body fluids. Bloodborne pathogens are transmitted when the pathogens from infectious body fluids enter the bloodstream through cuts, breaks in the skin, they can also enter through mucus membranes such as the mouth or eyes. All body fluids should be considered potentially infectious (including but not limited to blood, saliva, vomit).

Training of Personnel

Training shall be provided to all first aid practitioners. The training shall include an explanation of the modes of transmission for bloodborne pathogens, the types of gloves used for isolation, handling, disposal of gloves and other potentially exposed materials. Training is to occur before being assigned to the emergency response team. Refresher training shall occur every two years and will be included in their first aid recertification.

Record Retention

Training records will be kept for a minimum of 3 years from the date of the training. Medical records shall be kept for the duration of employment plus 30 years post-employment.

Exposure Category Determination

During normal construction activities employees do not have an occupational exposure to bloodborne pathogens. With that said there is a risk of contamination during unexpected injury or illness. Therefore the risk of exposure increases for those employees that have been trained in first aid and CPR. Due to the nature of their work such exposures only occur during tasks that are collateral to their normal job functions.

First aid practitioners are the only job classification with potential exposure to bloodborne pathogens. By definition first aid practitioners are reasonably anticipated contact between your skin, eyes or mucous membranes, with blood, or other body fluids.

Compliance Methods

Universal precautions are an approach to infection control which shall be followed by all employees. In essence employees shall treat all human blood and body fluids as if they were known to be infectious for

HIV, HBV, HCV and other bloodborne pathogens. Universal Precautions are used to prevent contact with blood and other potentially infectious materials. They include disposable gloves, eye protection which will be provided at no cost to employees. Disposable gloves shall be worn during first aid events. If gloves are torn or punctured their ability to function as a barrier is compromised, replace them immediately. Safety glasses are required for all job functions at Unger Construction including first aid providers. Do not handle broken glass, needles, razor blades or other sharp objects with your hands. Use mechanical means such as a dustpan and broom. Wash your hands immediately after removing gloves or contact with blood or OPIM.

Engineering and Administrative Controls

Sinks shall be readily accessible to all employees who have had an exposure. Employees will wash their hands and any other exposed skin with soap and water as soon as practical after contact with blood or OPIM. Eating drinking, smoking, applying cosmetics or lip balm, handling contact lenses is prohibited in work areas where there is the potential for exposure to bloodborne pathogens.

Exposure Incidents

An exposure incident is when blood or OPIM comes in contact with the eye, mouth, cut or broken skin. In the event of an exposure the following procedures should be followed. Notify you supervisor as soon as practical and provide detailed information about the incident. Delineate the area so that others do not inadvertently enter the area until decontamination and clean-up is complete.

Skin exposure: immediately wash or rinse the exposed area for 10-15 minutes. Wash affected skin with plenty of soap and water, do not rub hard or abrade the skin, simply wash it. If material has spilled on your clothing and soaked through so that there is skin contact the clothes must be removed. Following removal wash the areas where the exposure occurred.

Eye exposure: wash eyes for at least 10-15 minutes with copious amounts of water, lifting the upper and lower eyelids occasionally while rotating the eye.

Mouth exposure: if blood or OPIM has come into contact with mucous membranes (nose, lips) they need to be washed and rinsed for 10-15 minutes.

Post Exposure Evaluation

Notify your supervisor as soon as the suspected exposure incident has occurred. Unger construction will immediately make available to you a confidential medical evaluation and follow up. Post exposure includes medical evaluations and testing procedures. These evaluations and testing procedures are available at no cost to you.

Decontamination & Clean up

First aid providers are to ensure that after an exposure event (blood or other potentially infectious materials) the area and work surfaces in and around the event have been decontaminated. Prior to beginning clean up, don a pair of rubber or nitrile gloves and safety glasses. Disposable gloves cannot be washed or decontaminated for re-use. Gloves shall be discarded after each use.

Materials needed: Bleach or Lysol, gloves, plastic bags, dustpan, broom or brush, inert absorbing material (kitty litter, absorbent pads, paper towels) Bloodborne pathogen spill kit.

Disinfectant – freshly prepared 10% solution of household bleach (1 part bleach to 9 parts water) or add ½ cup of bleach to 1 quart of water.

Gently place absorbent material over the spill. If using a powered absorbent allow it to fully absorb and use paper towels to compress the absorbent to ensure no liquid remains. Then cover the area with paper towels. Apply the disinfectant slowly to ensure no aerosols are produced. Allow the disinfectant (freshly prepared 10% bleach solution) to soak for 20 minutes. Apply more absorbent to absorb the disinfectant. Remove by blotting with absorbent pads, paper towels or kitty litter.

Blood spills on carpet or other materials that are themselves absorbent. Bleach can destroy or damage absorbent materials. Use paper towels or absorbent pads to soak up the blood. Steam clean, vacuum and then steam clean again.

Decontaminate the area and the re-useable equipment with bleach solution this includes dustpans, brooms, buckets. After the contaminated area is cleaned use fresh water to remove the bleach residue from all surfaces. Let the materials air dry completely before restocking. Wash your hands as soon as practical after completing the decontamination process.

Disposal

Items involved could be classified as either regulated waste or non-regulated waste and should be disposed of properly. Regulated waste is liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed. Paper towels, bandages, and other saturated items are regulated waste. These items shall be double bagged in red biohazard bags and dispose of as biohazard waste. Take this material to the medical facility where the injured party was transported for proper disposal.

Non-regulated waste includes gauze band aids, absorbent pads that will dry out and be free of liquid or semi-liquid. These items shall be double bagged and then disposed of as regular trash. Place the bleached material, gloves and other disposable materials into plastic bags.

Hepatitis B Vaccination

The hepatitis B vaccination series is available to all employees that perform first aid as part of their job function. Additionally, the post exposure evaluation and follow up will be provided. The vaccine and follow-up testing will be provided at no cost to employees.

Hepatitis B vaccine is a series of injections, the second injection occurs at least one month after the first dose, the third injection is administered six months after the first dose. Following the series of injections a blood test may be taken between 30 -90 days after the last injection to determine the effectiveness of the vaccine. Depending on your results you may receive a single booster vaccine or a second course of the injection series.

If you initially decline the hepatitis B vaccination but at a later date decide to accept the vaccination we will make the vaccination available to you at no cost.

Employees may elect to receive the vaccination only in the event of an exposure incident. In this situation the vaccination will be provided as soon as practical but not more than 24 hours after occurrence of the exposure incident.

Employees have the right to refuse the hepatitis B vaccine and any post-exposure evaluation and follow-up.

On page 6 you will find our consent and declination (waiver) forms for the hepatitis B vaccine. You must fill out one of the forms, but not both. Completing either the consent form or the waiver form is mandatory.

Submit a copy of your completed form to Deanna McCormick so it can be included into your personal records.

Consent for Hepatitis B Vaccination

I have read the information sheet about hepatitis B and the hepatitis B vaccination. I have been given opportunity to ask questions, which were answered to my satisfaction. I have been given opportunity to be vaccinated with hepatitis B vaccine at no charge or cost to myself. I understand that if I get sick within 4 weeks of receiving the vaccination I should immediately report this fact to my supervisor and my physician. I believe I understand the benefits and the risks of the hepatitis B vaccine and request that it be given to me.

Date: _____ Printed name: _____ Signature: _____

Hepatitis B Vaccine Declination
(Waiver of Hepatitis B Vaccine)

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) I may be at risk of acquiring hepatitis B virus infection. I have been given opportunity to be vaccinated with hepatitis B vaccine at no charge or cost to myself. 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 hepatitis B, a serious disease. If in the future I want to be vaccinated I can receive the vaccination series at no charge to me.

Date: _____ Printed name: _____ Signature: _____