## Purpose

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood.

## Administrative Duties

The Operations Manager is the program coordinator/manager and is responsible for its implementation. Copies of the written program may be obtained in the Trinity office.

## Definitions

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C Virus (HCV) and human immunodeficiency virus (HIV).

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by applicable Health and Safety codes.

"Engineering Controls" means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Engineered Sharps Injury Protection" means either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
- A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

"Hand washing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"HBV" means hepatitis B virus.

"HCV" means hepatitis C virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

"Needle" or "Needle Device" means a needle of any type, including, but not limited to, solid and hollow-bore needles.

"Needleless system" means a device that does not utilize needles for:

- The withdrawal of body fluids after initial venous or arterial access is established;
- The administration of medication or fluids; and
- Any other procedure involving the potential for an exposure incident.

"NIOSH" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"One-Hand Technique" means procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed will require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

"OPIM" means other potentially infectious materials.

"Other Potentially Infectious Materials" means:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- Any of the following, if known or reasonably likely to contain or be infected with HIV,

HBV, or HCV:
- o Cell, tissue, or organ cultures from humans or experimental animals;
- o Blood, organs, or other tissues from experimental animals; or
- o Culture medium or other solutions.

"Parenteral contact" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard and are not considered to be personal protective equipment.

"Regulated Waste" means any of the following:
- Liquid or semi-liquid blood or OPIM;
- Contaminated items that:
  - o Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
  - o Are capable of releasing these materials when handled or compressed.
  - o Contaminated sharps.
  - o Pathological and microbiological wastes containing blood or OPIM.
  - o Regulated Waste includes "medical waste" regulated by applicable Health and Safety codes.

"Sharp" means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

"Sharps Injury Log" means a written or electronic record satisfying the requirements of the OSHA regulation.

"Source Individual" means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV or HCV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the

manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

## Exposure Control Plan

Trinity Medical Management has established an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure. This Plan applies to all occupational exposure to blood or other potentially infectious materials. This Exposure Control Plan is in writing and contains at least the following elements:

- The exposure determination.
- The schedule and method of implementation for each of the applicable subsections:
  - Methods of Compliance,
  - HIV, HBV and HCV Research Laboratories and Production Facilities,
- Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up,
- Communication of Hazards to Employees, and
- Recordkeeping, of this standard;
- An effective procedure for gathering the information required by the Sharps Injury Log.
- An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;
  - NOTE: Frequency of use may be approximated by any reasonable and effective method.
- An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;
- An effective procedure for documenting patient safety determinations; and
- An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

Employees may request a copy or see the original Exposure Control Plan by asking their Supervisor. The Exposure Control Plan is reviewed and updated at least annually and whenever necessary as follows:

- To reflect new or modified tasks and procedures which affect occupational exposure;
- If sharps are used, to reflect progress in implementing the use of needleless systems and sharps with engineered sharps injury protection.
- To include new or revised employee positions with occupational exposure;
- To review and evaluate the exposure incidents which occurred since the previous update; and
- To review and respond to information indicating that the Exposure Control
- Plan is deficient in any area.

The Exposure Control Plan will be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

## Sharps Injury Log

Trinity has established and maintains a Sharps Injury Log, which is a record of each exposure incident involving a sharp. Each exposure incident will be recorded on the log within 14 working days of the date the incident is reported to Trinity. The information recorded will include the following information, if known or reasonably available:

- Date and time of the exposure incident;
- Type and brand of sharp involved in the exposure incident;
- Job classification of the exposed employee;
- Department or work area where the exposure incident occurred;
- The procedure that the exposed employee was performing at the time of the incident;
- How the incident occurred;
- The body part involved in the exposure incident;
- If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
- If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
- The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

## Exposure Determination

Trinity will conduct an exposure determination for each employee(s) with occupational exposure. Exposure determination is made without regard to personal protective equipment. This exposure determination will contain the following:

- A list of all job classifications in which all employees in those job classifications have occupational exposure;
- A list of job classifications in which some employees have occupational exposure; and
- A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications.

The following job classifications have been determined to have the possibility of an occupational exposure to bloodborne pathogens:

- Category I
  - Remote Duty Paramedics
  - HSE Technicians
- Category II
  - Supervisors
  - Maintenance Personnel
  - Custodial

## Methods of Compliance

- Universal precautions will be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.
- Engineering and work practice controls will be used to eliminate or minimize employee exposure.
- Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- Work practice controls will be evaluated and updated on a regular schedule to ensure their effectiveness.
- Appropriate personal protective equipment will be made available to employees at no cost.
- All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Needleless systems will be used for:
    - Withdrawal of body fluids after initial venous or arterial access is established;
    - Administration of medications or fluids; and
    - Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.
- Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection will be used for:
    - Withdrawal of body fluids;
    - Accessing a vein or artery;
    - Administration of medications or fluids; and
    - Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.
- Non-Needle Sharps. If sharps other than needle devices are used, these items will include engineered sharps injury protection.
- Needleless Systems, Needle Devices and Needle Devices will not be used under the following conditions:
    - Market Availability. The engineering control is not required if it is not available in the marketplace.
    - Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination will be documented according to OSHA regulations.
    - Safety Performance. The engineering control is not required if Trinity can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used.

  - Availability of Safety Performance Information. The engineering control is not required if the Trinity can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the firm's procedures, and that the firm is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the Trinity's workplace.
- In the event of an exposure, immediately cleanse the area with antiseptic soap and notify your supervisor to initiate the post-exposure protocol detailed in the Hepatitis B Vaccine section of this plan.

## Prohibited Practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Contaminated sharps will not be bent, recapped, or removed from devices.
  - EXCEPTION: Contaminated sharps may be bent, recapped or removed from devices if the procedure is performed using a mechanical device or a one-handed technique, and Trinity can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- Sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps will not be reused.
- Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
- The contents of sharps containers will not be accessed unless properly reprocessed or decontaminated.
- Sharps containers will not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

## Requirements for Handling Contaminated Sharps

- All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, will be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately or as soon as possible after use, contaminated sharps will be placed in

containers meeting the requirements of OSHA regulations.

- At all time during the use of sharps, containers for contaminated sharps will be:
  - Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
  - Maintained upright throughout use, where feasible; and
  - Replaced as necessary to avoid overfilling.

## Sharps Containers for Contaminated Sharps

- All sharps containers for contaminated sharps will be:
  - Rigid;
  - Puncture resistant;
  - Leak proof on the sides and bottom;
  - Portable, if portability is necessary to ensure easy access by the user as required by OSHA regulations; and
  - Labeled in accordance with OSHA regulations.
- If discarded sharps are not to be reused, the sharps container will also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

## Regulated Waste

- Handling, storage, treatment and disposal of all regulated waste will be in accordance with Health and Safety Codes and other applicable regulations of the United States, the State, and political subdivisions of the State.
- When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container will be:
  - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
  - Placed in a secondary container if leakage is possible. The second container will be:
    - Closable;
    - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
    - Labeled according to OSHA regulations.
- Regulated waste not consisting of sharps will be disposed of in containers which are:
  - Closable;
  - Constructed to contain all contents;
  - Labeled and color-coded in accordance with OSHA regulations; and
  - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- If outside contamination of a container of regulated waste occurs, it will be placed in a second container. The second container will be:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled and color-coded in accordance with OSHA regulations; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

## Handling Specimens of Blood or OPIM

- Specimens of blood or OPIM will be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- The container for storage, transport, or shipping will be labeled or color-coded according to OSHA regulations, and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with OSHA regulations is required when such specimens/containers leave the facility.
- If outside contamination of the primary container occurs, the primary container will be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
- If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

## Servicing or Shipping Contaminated Equipment

Equipment which may become contaminated with blood or OPIM will be examined prior to servicing or shipping and will be decontaminated as necessary, unless Trinity can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

- A readily observable label in accordance with OSHA regulations will be attached to the equipment stating which portions remain contaminated.
- Information concerning all remaining contamination will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

## Cleaning and Decontamination of the Worksite

- Trinity will ensure that the worksite is maintained in a clean and sanitary condition.
- Trinity will determine and implement an appropriate written schedule for cleaning and decontamination of the worksite.
- The method of cleaning or decontamination used will be effective and will be appropriate for the:

  - Location within the facility;
  - Type of surface or equipment to be treated;
  - Type of soil or contamination present; and
  - Tasks or procedures being performed in the area.
- All equipment and environmental and work surfaces will be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
- Contaminated Work Surfaces. Contaminated work surfaces will be cleaned and decontaminated immediately or as soon as feasible when:
  - Surfaces become overtly contaminated;
  - There is a spill of blood or OPIM;
  - Procedures are completed; and
  - At the end of the work shift, as the surface may have become contaminated since the last cleaning.
- Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

## Hygiene

- Trinity will provide hand washing facilities which are readily accessible to employees.
- When provision of hand washing facilities is not feasible, Trinity will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water as soon as feasible.
- Trinity will ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Trinity will ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

## Laundry

- Contaminated laundry will be handled as little as possible with a minimum of agitation.
- Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use.
- Contaminated laundry will be placed and transported in bags or containers labeled or

color-coded in accordance with OSHA regulations.

- When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- Trinity will ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with OSHA regulations.

## Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work practice controls, Trinity will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Trinity will ensure that the employee uses appropriate personal protective equipment unless the firm shows that the employee temporarily and briefly declined to use personal protective equipment 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 health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. Trinity will encourage employees to report all such instances without fear of reprisal.

Trinity will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

Trinity will clean, launder, and dispose of personal protective equipment required by applicable OSHA regulations, at no cost to the employee. Trinity will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. If a garment(s) is penetrated by blood OPIM, the garment(s) will be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. Trinity will repair and replace PPE as needed to maintain its effectiveness.

Gloves

Gloves will be worn when it can be reasonably anticipated that the employee:

- May have hand contact with blood, OPIM, mucous membranes, and non-intact skin;
- When performing vascular access procedures except as specified in OSHA regulations; and
- When handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of applicable OSHA regulations.

Disposable (single use) gloves such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves will not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

If a Trinity volunteer in a blood donation center judges that routine gloving for all phlebotomies is not necessary then the Trinity will:

- Periodically reevaluate this policy;
- Make gloves available to all employees who wish to use them for phlebotomy;
- Not discourage the use of gloves for phlebotomy; and
- Require that gloves be used for phlebotomy in the following circumstances:
  - When the employee has cuts, scratches, or other breaks in his or her skin;
  - When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
  - When the employee is receiving training in phlebotomy.

Masks, Eye Protection, Face Shields, & Respirators

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of other OSHA regulations. Where respiratory protection is used, the provisions of applicable OSHA regulations are required as applicable.

NOTE: Surgical masks are not respirators.

Gowns, Aprons, & Other Protective Body Clothing

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to other applicable OSHA regulations.

Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of other applicable OSHA regulations.

## Hepatitis B Vaccination & Post-exposure Evaluation and Follow-up

Trinity will make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. When Trinity is also acting as the evaluating health care professional, they will advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the Trinity healthcare professional. When consent is refused, Trinity will make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than Trinity.

EXCEPTION: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

- The primary job assignment of such designated first aid providers is not the rendering of first aid.
  - Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
  - This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.
- Trinity's Exposure Control Plan will specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood OPIM (regardless of whether an actual exposure incident, as defined by the OSHA regulation) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined by the OSHA regulation, including:
  - Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM, will be reported to Trinity before the end of work shift during which the first aid incident occurred.
    - The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used

and must describe the first aid incident, including time and date.

- The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in the OSHA regulation.
- This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required OSHA are made available immediately if there has been an exposure incident, as defined in the OSHA regulation.

▪ The report will be recorded on a list of such first aid incidents. It will be readily available to all employees and will be provided to the Chief upon request.

o Provision for the bloodborne pathogens training program, required by OSHA for designated first aiders to include the specifics of the reporting requirements the OSHA regulation and of this exception.

o Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

- Trinity must implement a procedure to ensure that all of the provisions of the OSHA regulation are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of the OSHA regulation.
- Trinity will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
  - o Made available at no cost to the employee;
  - o Made available to the employee at a reasonable time and place;
  - o Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
  - o Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by the OSHA regulation.
- Trinity will ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

<u>Hepatitis B Vaccination</u>

Hepatitis B vaccination will be made available after the employee has received the training required by OSHA and within 10 working days of initial assignment to all employees who have occupational exposure unless the 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. Trinity will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination. If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, Trinity will make available hepatitis B vaccination at that time. Trinity will

assure that employees who decline to accept hepatitis B vaccination offered by Trinity sign the declination statement. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available in accordance with the OSHA regulation.

Post-Exposure Evaluation & Follow-Up

Following a report of an exposure incident, Trinity will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Trinity will document the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Trinity will identify and document the source individual, unless Trinity can establish that identification is infeasible or prohibited by state or local law;
    - The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, Trinity will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
    - When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
    - Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Trinity will provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;
    - The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
    - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
    - Additional collection and testing will be made available as recommended by the U.S. Public Health Service.
- Trinity will provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- Trinity will provide for counseling and evaluation of reported illnesses.

Information Provided to the Healthcare Professional

Trinity will ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation. Trinity will ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of this regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by the OSHA regulation;
- 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 which are Trinity's responsibility to maintain, as required by the OSHA regulation.

Healthcare Professional's Written Opinion

Trinity will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- That the employee has been informed of the results of the evaluation; and
- That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

Medical Recordkeeping

Medical records required by this standard will be maintained in accordance with the OSHA regulation.

## Communication of Hazards to Employees

Labels

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM, except as provided in the OSHA regulation. NOTE: Other labeling provisions of other Health and Safety Code Sections may be applicable.

Labels required by this section will include any of the following legends as required by OSHA:

BIOHAZARD
Or in the case of regulated waste the legend:
BIOHAZARDOUS WASTE or SHARPS WASTE

As described in applicable Health and Safety Code Sections.

These labels will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. Labels required by the OSHA regulation will either be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste will be color-coded red and will be labeled in accordance with the OSHA regulation. Labels on red bags or red containers do not need to be color-coded in accordance with the OSHA regulation. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of the applicable OSHA sections. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement. Labels required for contaminated equipment will be in accordance with this subsection and will also state which portions of the equipment remain contaminated. Regulated waste that has been decontaminated need not be labeled or color-coded.

Signs

Trinity will post signs at the entrance to work areas specified in the OSHA regulation, HIV, HBV and HCV Research Laboratory and Production Facilities, which will bear the following legend:

BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person)

These signs will be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of the applicable OSHA section.

## Information and Training

Trinity will ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours. Training will be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place;
- At least annually thereafter.

For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which

were not included need be provided. Annual training for all employees will be provided within one year of their previous training. Trinity will provide additional training when changes such as:

- introduction of new engineering, administrative or work practice controls,
- modification of tasks or procedures or
- institutions of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy, and language of employees will be used. The training program will contain at a minimum the following elements:

- Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
- Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
- Trinity's Exposure Control Plans. An explanation of the company exposure control plan and the means by which the employee can obtain a copy of the written plan;
- Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
- Method of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
- Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
- Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log
- Post-Exposure Evaluation and Follow-up. Information on the post-exposure evaluation and follow-up that Trinity is required to provide for the employee following an exposure incident;
- Signs and Labels. An explanation of the signs and labels and/or color coding required by the OSHA regulation; and
- Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

NOTE: Additional training is required for employees of HIV, HBV and HCV Research Laboratories and Production Facilities.

The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

## Recordkeeping

Medical Records.

Trinity will establish and maintain an accurate record for each employee with occupational exposure, in accordance with the OSHA regulation. This record will include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by the OSHA regulation;
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the OSHA regulation;
- Trinity's copy of the healthcare professional's written opinion as required by the OSHA regulation; and
- A copy of the information provided to the healthcare professional as required by the OSHA regulation.

Trinity will ensure that employee medical records required by subsection (h)(1) are:

- Kept confidential; and
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

Trinity will maintain the records required by the OSHA regulation for at least the duration of employment plus 30 years in accordance the applicable OSHA section.

Training Records

Training records will include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

Training records will be maintained for 3 years from the date on which the training occurred.

Sharps Injury Log

The Sharps Injury Log will be maintained 5 years from the date the exposure incident occurred.

Availability

Trinity will ensure that all records required to be maintained by this section will be made available upon request to the TCM and NIOSH for examination and copying. Employee training records required by this subsection will be provided upon request for examination and copying to employees, to employee representatives, to the Training and Compliance Manager, and to NIOSH.

Employee medical records required by this subsection will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Training and Compliance Manager, and to NIOSH in accordance with the OSHA regulation.

The Sharps Injury Log required by the OSHA regulation will be provided upon request for examination and copying to employees, to employee representatives, to the Training and Compliance Manager, to the Department of Health Services, and to NIOSH.

Transfer of Records

Trinity will comply with the requirements involving transfer of records set forth in the applicable OSHA section. If the Trinity ceases to do business and there is no successor firm to receive and retain the records for the prescribed period, Trinity will notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

## Attachments

HSE-BF-001 Vaccination Declination Form
HSE-BF-002 Employee Consent to Hepatitis B Vaccine
HSE-BF-003 Exposure Incident Investigation Form
HSE-BF-004 Post-Exposure Evaluation & Follow-Up Checklist