



# **-PERFICUT SITE MANAGEMENT-**

## **Bloodborne Pathogens**

1/4/2024

### **PURPOSE**

This Bloodborne Pathogen Exposure Control Plan has been established to ensure a safe and healthful working environment and act as a performance standard for all workers. This program applies to all occupational exposure to blood or other potentially infectious materials pertaining to the service provided by PERFICUT.

### **SCOPE**

This program addresses all occupational exposure to blood or other potentially infectious materials. Certain Regulatory Agencies and Client Sites require that all employers that can "reasonably anticipate exposure" of workers to infectious material prepare and implement a written exposure control plan.

### **RESPONSIBILITIES**

Managers and Supervisors will have an overall responsibility for developing and implementing exposure control procedures for all facilities.

Workers will know what tasks they perform that have an occupational exposure, plan, and conduct all operations in accordance with PERFICUT work practices, and develop good personal hygiene habits.

### **PROCEDURES**

All workers will have access to a copy of the Exposure Control Plan. Access to a copy of the Exposure Control Plan shall be provided in a reasonable time, place, and manner. The procedure is reviewed annually and updated whenever there are new functional positions within our company that may involve exposure to biohazards.

#### **Exposure Determination**

- There are certain job classifications in which some or all workers have occupational exposure to bloodborne pathogens that may result from the performance of their routine duties.
- Designated workers are trained to render first aid and basic life support. Rendering first aid or basic life support will expose workers to bloodborne pathogens and will require them to adhere to this program.
- In addition, no medical sharps or similar equipment is provided to, or used by, workers rendering first aid or basic life support.
- This exposure determination has been made without regard to the Personal Protective Equipment (PPE) that may be used by workers.

#### **Universal Precautions**

When differentiating between body fluids is difficult or impossible, all body fluids will be considered potentially infectious.

#### **Engineering Controls**

Engineering and work practice controls shall be used to eliminate or minimize worker exposure in accordance with local jurisdiction. Engineering controls should be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Hand washing facilities shall be readily available at all work locations. If provision of hand washing facilities is not feasible, then an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes shall be provided by PERFICUT.



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#### **Work Practice Controls**

- Workers shall wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other PPE.
- Following any contact of body areas with blood or any other infectious materials, workers wash their hands and any other exposed skin with soap and water as soon as possible.
- Hand washing facilities shall be available. If hand washing facilities are not feasible PERFICUT will provide either an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes.
- Contaminated needles and other contaminated sharps will **NOT** be handled by PERFICUT employees.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to biohazardous materials.
- Food and drink are not kept in refrigerators, freezers, on countertops or in other storage areas where potentially infectious materials are present.
- All equipment or environmental surfaces shall be cleaned and decontaminated after contact with blood or other infectious materials.
- Specimens of blood or other potentially infectious materials must be put in leak proof bags for handling, storage, and transport.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container, appropriately labeled, for handling and storage.
- Bloodborne pathogens kits are located on top of first aid kits and are to be used in emergency situations by the employee. Once the seal is broken on the kit and any portion has been used it is not to be reused. Pathogen kits shall be ordered and replaced promptly. Biohazard bags are identified by stickers and located in the first aid area. Contaminated supplies are to be disposed of at once.

#### **Personal Protective Equipment**

When the possibility of occupational exposure is present, PPE is to be provided at no cost to the workers such as gloves, gowns, etc. PPE shall be repaired and replaced as needed to maintain its effectiveness. All PPE shall be of the proper size and readily accessible.

Workers will adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately.
- All potentially contaminated personal protective equipment is removed prior to leaving the work area.
- Gloves are worn whenever workers anticipate hand contact with potentially infectious materials or when handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- Any PPE exposed to bloodborne pathogens shall be disposed of properly.
- PPE shall be used at all times when a worker is at risk of exposure.
- PPE should be cleaned, laundered & properly disposed of if contaminated.
- Perficut will repair and/or replace PPE as needed to maintain its effectiveness.



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#### **Housekeeping**

Perficut staff will employ the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced.
- All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Regulated waste must be discarded in proper containers, closed, and disposed of in accordance with applicable federal and state regulations. Regulated waste includes:
  - Liquid or semi-liquid blood or other potentially infectious material (OPIM).
  - Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.
  - Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
  - Contaminated sharps (PERFICUT does not remove, discard of, or otherwise handle sharps).
  - Pathological and microbiological wastes containing blood or OPIM.

#### **Post-Exposure and Follow Up**

If there is an incident where exposure to bloodborne pathogens occurred, we immediately focus our efforts on investigating the circumstances surrounding the exposure incident and making sure that our workers receive medical consultation and immediate treatment. The Company Safety Manager/Supervisor investigates every reported exposure incident and a written summary of the incident, and its causes is prepared, and corrective actions are taken to avoid similar incidents in the future. We provide an exposed worker with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless not feasible or prohibited by law).

Once these procedures have been completed, an appointment is arranged for the exposed worker with a qualified healthcare professional to discuss the worker's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment. We will forward the following information to the Health Care Professional:

- Description of the incident.
- Other pertinent information.

After the consultation, the health care professional provides our facility with a written opinion evaluating the exposed worker's situation. We, in turn, furnish a copy of this opinion to the exposed worker. The written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the worker.
- Whether the worker has received the Hepatitis B Vaccination.
- Confirmation that the worker has been informed of the results of the evaluation.
- Confirmation that the worker has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.
- All other findings or diagnoses will remain confidential and will not be included in the written report.



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Accurate medical records for each worker with occupational exposure must be maintained for at least the duration of employment plus 30 years and shall include at least the following:

- Worker's name, Social Security number and worker identification number
- Worker's Hepatitis B vaccination status, including vaccination dates.
- All results from examinations, medical testing, and follow-up procedures, including all health care professional's written opinion.
- Information provided to the health care professional.
- Any Hepatitis B vaccine declinations.

Training records shall be maintained for 3 years from the date on which the training occurred and shall include at least the following:

- Outline of training program contents.
- Name of person conducting the training.
- Names and job titles of all people attending the training.
- Date of training.

Information provided to our workers includes:

- The Biohazards Standard itself.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- Our facility's Exposure Control Procedure (and where workers can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure.
- A review of the use and limitations of methods that will prevent or reduce exposure.
- Selection and use of personal protective equipment.
- Visual warnings of biohazards within our facility including labels, signs, and "color-coded" containers.
- Information on the Hepatitis B Vaccine.
- Actions to take and people to contact in an emergency involving potentially infectious material.
- The procedure to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation.

### **Training**

The Company shall ensure that all workers with occupational exposure participate in a training program in accordance with local jurisdiction. Training is conducted for all workers with occupational exposure before initial assignment and within 1 year of previous training. Training shall include:

- What bloodborne pathogens are; how to protect themselves from exposure.
- Methods of warnings (signs, labels, etc.).
- The requirements of bloodborne pathogens.
- The Hepatitis B vaccine and vaccine series will be made available to all workers who have an occupational exposure. It must be made available within 10 working days of the initial assignment if there is an occupational exposure. If workers decline the vaccination, they must sign a statement of declination. (See attachment 1).
- The Hepatitis B vaccine shall be made available to all workers that have occupational exposure at no cost to the worker(s).



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#### **Attachment 1 Vaccination Declination Form**

**Date:**

**Worker Name:**

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge 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 continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Facility Representative Signature \_\_\_\_\_

Date: \_\_\_\_\_