

**Health, Safety and  
Environmental Manual**

# **BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM**

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## **1.0 OBJECTIVE**

This program sets forth the procedures which have been established for evaluating and controlling routine and/or intermittent employee occupational exposure to bloodborne pathogens and other potentially infectious body fluids. It includes procedures for exposure determination, post-exposure evaluation and follow-up, training and immunization, hazard communication, engineering controls and work practices, personal protective equipment, and record keeping guidelines. This program is intended to meet the requirements of 29 CFR 1910.1030, and incorporates the definitions and other particulars contained therein.

## **2.0 SCOPE**

- 2.1 The provisions of this Policy are applicable to all B&B employees and those contracted to B&B Gas Well Services, LLC ("B&B" or "the Company") where applicable. This Policy applies to all personnel who work with or whose job responsibilities require them to be familiar with the contents of this Policy, whether they work at any B&B or customer facility or field location.
- 2.2 As with all Company policies and procedures, should our client's policies or procedures be more stringent than B&B's, then the more stringent policy or procedure should be considered, subject to B&B's evaluation and written approval by the B&B manager and as reasonably practicable, so long as it does not endanger the employee's life or health, nor endanger the environment or general public.
- 2.3 Management will review and evaluate this Policy on an ongoing basis, or when operational changes within a facility occur that require revision. Effective implementation of this Policy requires support from all levels of Management within the Company. This written Policy shall be communicated to all personnel that are affected by it, and supersedes any similar policy.

## **3.0 REFERENCES**

Occupational Safety and Health Administration, Department of Labor, 29 CFR1910.1030 (Occupational Exposure to Bloodborne Pathogens).

## **4.0 TRAINING**

- 4.1 All Designated Basic First Aid Providers shall participate in a bloodborne pathogens exposure control training program, as well as any other employees with occupational exposure. Training is provided at the time of initial assignment and annually thereafter. Additional training is provided when procedural changes are made which may affect employees' occupational exposure to blood or other potentially infectious materials. The training program is conducted at no cost to employees.

NOTE: All employees are eligible to participate in this training program; however, they are not considered to be Designated Basic First Aid Providers, and thus required to receive this training, solely by virtue of their participation.

The training program includes:

- 4.1.1 an accessible copy of the regulatory text and an explanation of its contents;
- 4.1.2 an explanation of the epidemiology and symptoms of bloodborne diseases;
- 4.1.3 an explanation of the modes of transmission of bloodborne pathogens;
- 4.1.4 an explanation of the exposure control program and the means by which an employee can obtain a written copy of the program;
- 4.1.5 an explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials;
- 4.1.6 an explanation of the use and limitations of the methods to be used to prevent or reduce exposure, including the engineering controls and work practices and the use of personal protective equipment;
- 4.1.7 information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- 4.1.8 an explanation of the basis for selection of personal protective equipment;
- 4.1.9 information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits and free cost of being vaccinated (see Appendix VII);
- 4.1.10 information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- 4.1.11 an explanation of procedures to follow if an exposure incident occurs, including the method of reporting an incident and the medical follow-up that will be made available;
- 4.1.12 information on the post-exposure evaluation and follow-up that will be provided following an incident;
- 4.1.13 an explanation of the signs, labels, and color-coding used to warn employees of biohazards;
- 4.1.14 an opportunity for interactive questions and answers with the person conducting the training; and

- 4.1.15 an explanation to all voluntary participants (those not required to be trained or immunized) of the potential risks of contracting HBV or HIV infection arising out of the performance of a "Good Samaritan Act" and their documented consent that they understand these risks, and that their response to all medical emergencies is purely voluntary.
- 4.2 The person conducting the training shall 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. These persons shall include, but not be limited to, occupational nurses, industrial hygienists, and safety personnel. Training material shall be understandable to the trainees.

## 5.0 RESPONSIBILITIES

- 5.1 It is the responsibility of management to implement, support and enforce this program, to periodically review and evaluate its overall effectiveness, and to make modifications as necessary.
- 5.2 B&B employees (as listed in Section 2.0) shall be familiar with and comply with the contents of this program.
- 5.3 The employee has the responsibility as well as the authority to stop any job or task conducted in an unsafe manner and should immediately request Supervisor involvement to rectify the issue. The employee's judgment call, when made in good faith and using good judgment, shall be considered commendable even though the conclusion of the investigation might be found to the contrary. However, if the judgment call was not made in good faith and using good judgment, or was found to be insincere, the employee may be subject to disciplinary action in accordance with this Policy.
- 5.4 Enforcement of this Policy is the responsibility of each and every employee of B&B. For any violation of this Policy, whether willful or through negligence, the Designated Person In Charge, Immediate Supervisor and/or Company Manager shall have the responsibility as well as the authority to pursue corrective action in accordance with this Policy.

## 6.0 DEFINITIONS

**Designated Basic First Aid Provider** - Employees designated (by name) as First Aid Responders by management.

**Exposure Incident** - Refers to a specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to blood or other potentially infectious material that results from the performance of an employee's duties. A medical follow-up is required pursuant to an exposure incident.

**Basic First Aid Provider** - Employees who routinely work at remote locations where medical facilities are more than three to five (3 - 5) minutes away (i.e., 911, clinic, hospital).

**Occupational Exposure** - Refers to reasonably anticipated skin, eye, mucous membrane, or parenteral (i.e., puncture) contact with blood or other potentially infectious body fluids or materials that may result from the performance of an employee's duties. Personal protective equipment is required to be worn when a potential occupational exposure exists.

## **7.0 HAZARD DETERMINATION**

7.1 An employee shall be included in this program if he or she belongs to a designated group in which some employees have reasonably anticipated occupational exposure (see Appendix V).

NOTE: Employees who have been trained in CPR, but are not required to respond to medical emergencies or to administer first aid would do so as "Good Samaritans" only. ("Good Samaritans," however, would require post-exposure follow-up as specified by this program.)

7.2 Tasks and procedures for those employees in Section 7.1 in which occupational exposures to bloodborne pathogens would be reasonably anticipated to occur would include such things as administering first aid and responding to medical emergencies. Tasks and procedures pertaining to employees in job classifications covered under Section 7.1 are listed in Appendix V.

## **8.0 ENGINEERING CONTROLS**

8.1 Universal precautions shall be observed at all times to prevent contact with blood and all other potentially infectious body fluids. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

8.2 Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Engineering controls shall be examined and maintained or replaced to ensure their effectiveness, and are detailed in Section 9.0, Procedures.

## **9.0 PROCEDURES**

9.1 General Procedures  
All medical or first aid procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

9.1.1 Hand Washing Facilities - Hand washing facilities shall be readily accessible to employees. When hand-washing facilities are not feasible, antiseptic towelettes shall be provided in first aid kits; however, hands shall be washed with soap and running water as soon as feasible. Employees must wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or potentially infectious materials or after removal of gloves or other personal protective equipment.

## 9.2 Personal Protective Equipment (PPE)

9.2.1 Where potential for occupational exposure remains after institution of engineering and work practice controls, personal protective equipment shall be provided at no cost to the employee and must be used by employees when administering medical assistance or first aid, except where the employee decides its use would have prevented the delivery of health care or public safety services or pose an increased hazard to the safety of the worker.

9.2.2 The personal protective equipment provided includes, but is not limited to, rubber gloves, gowns, face masks, eye protection, and mouthpieces. This equipment is so designed as to not allow blood or other potentially infectious material to pass through under normal conditions of use and for the duration of time the equipment will be used.

9.2.2.1 Gloves - Disposable, single-use gloves shall be worn when it can be reasonably anticipated the employee may have hand contact with blood or other potentially infectious material, mucous membranes, or non-intact skin, and when handling, touching, or cleaning contaminated items or surfaces. Gloves shall be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured or when their ability to function as a barrier is compromised. Gloves shall be changed between patient contacts. Such gloves shall not be washed or decontaminated for reuse.

9.2.2.2 Masks and Eye Protection - Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination may reasonably be anticipated.

9.2.2.3 Protective Body Clothing - Fluid-proof gowns are worn whenever it is reasonably anticipated that splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated.

The following identifies recommended PPE use for various health care tasks, and their category designation:

	<b>GLOVES</b>	<b>GOWN</b>	<b>MASK</b>	<b>EYEWEAR</b>
Bleeding control/spurting blood	Y	Y	Y	Y
Bleeding control/minimal bleeding	Y	N	N	N
Wound care/no spurting blood (abrasions, lacerations, burns)	Y	N	N	N
Cleaning spills (blood, body fluids)	Y	N*	N	N
Dressing changes	Y	N	N	N
Mouth-to-Mouth resuscitation **	Y	N	N	N
Housecleaning medical unit or accident scene	Y	N	N	N
Eye irrigations	N	N	N	N
Measuring blood pressure	N	N	N	N
Measuring temperature	N	N	N	N
* unless soiling is likely ** resuscitation face masks and mechanical respiratory devices are to be used				

9.2.2.4 Accessibility - Appropriate PPE shall be stored, maintained, and replenished as needed at each facility. A supply of gloves shall also be maintained at each facility. User friendly gloves shall be available to employees who are allergic to the gloves normally provided.

9.2.2.5 Cleaning, Repair, and Replacement - Personal protective equipment shall be cleaned, laundered, or disposed of in accordance with OSHA Standard 1910.1030 at no cost to the employee. The equipment is to be checked periodically and repaired or replaced as needed to maintain its effectiveness at no cost to the employee.

9.2.3 If a garment(s) is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the treatment area. When removed, it shall be placed in an

appropriately designated area or container for storage, washing, decontamination, or disposal.

### 9.3 Housekeeping

- 9.3.1 Cleaning Procedures -All equipment, working surfaces, and environmental surfaces that have been contaminated with blood or potentially infectious materials shall be cleaned and decontaminated using a 10% sodium hypochlorite (household bleach) solution. Clean-up shall begin immediately, or as soon as feasible, following a spill of blood or other potentially infectious material and also after the completion of medical or first aid procedures; and at the end of the work shift if possibly contaminated since the last cleaning. The clean up shall be conducted only by personnel who have received training.
- 9.3.2 Protective Coverings -When protective coverings such as plastic wrap or imperviously-backed absorbent paper are used to cover equipment or surfaces in the medical service offices, they shall be removed or replaced as soon as feasible when they become contaminated, and at the end of the work shift if possibly contaminated since the last cleaning.
- 9.3.3 Biohazard Receptacles - Trash receptacles intended for reuse which have been designated or have a reasonable likelihood for holding refuse that has been contaminated with blood or other potentially infectious materials shall be lined with red biohazard trash bags. When bags are changed, the receptacle shall be inspected and if visually contaminated, shall be cleaned and decontaminated immediately, or as soon as feasible.
- 9.3.4 Contaminated Sharps -Contaminated sharps shall be properly disposed of. Sharps disposal containers shall be removed from the facility by an approved hazardous waste management company and disposed of in accordance with local, state, and federal regulations. If the outside of the bag becomes contaminated, it shall be placed in another biohazard bag and closed.
- 9.3.5 Contaminated Materials - Red biohazard trash bags shall be provided at the B&B office and in or near first aid kits for the containment or disposal of contaminated materials, such as medical supplies, personal protective equipment, or clothing. Once contaminated items are placed in a biohazard bag, the bag shall be closed immediately or as soon as feasible. If the outside of the bag becomes contaminated, it shall be placed in another biohazard bag and closed. Contaminated items intended for reuse such as PPE, cleaning equipment, or machinery shall be cleaned and decontaminated immediately or as soon as practical after use, unless decontamination is not feasible. When equipment cannot be decontaminated immediately, it shall be stored in a biohazard bag until it can be decontaminated. When equipment cannot be placed in a biohazard bag, it shall be labeled "biohazard" stating the portions that are contaminated. Employees who may handle or service equipment or

machinery that has been contaminated shall be informed of the contamination.

9.3.6 Glassware - Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using a mechanical means, such as a brush and dustpan, tongs, or forceps and disposed of in appropriate can lined with a red biohazard trash bag.

9.3.7 Laundry - Contaminated laundry shall be handled as little as possible with a minimum agitation. The laundry shall be placed in red biohazard bags at the location where it was used and transported to an off-site laundry to be cleaned and decontaminated at no cost to employees. The laundry shall not be sorted or rinsed in the location of use. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

9.4 Schedule and method of implementation for Hepatitis B vaccination and post-exposure evaluation and follow-up:

9.4.1 Pre-Exposure

9.4.1.1 The Hepatitis B vaccination shall be made available to all trained employees covered under this program as determined by Section 7.0.

9.4.1.2 The vaccination shall be made available within 10 working days of their assignment, and at no cost.

9.4.1.3 Vaccinations shall be administered at a reasonable time and place, under the supervision of a licensed physician or other health care professional practicing within the scope of their license and according to the latest recommendations of the U. S. Public Health Service.

9.4.1.4 Employees must sign the appropriate section of the form found in Appendix I before they accept or after they decline the vaccine. If they decline, they may later opt to receive the vaccine at no cost.

9.4.1.5 Before receiving the Hepatitis B vaccine, information concerning its efficacy, safety, method of administration, the benefits of being vaccinated, and the fact that it will be offered free of charge shall be conveyed to employees. This information can be found in Appendix VII.

9.4.1.5.1 The person in charge who is responsible for the dissemination of this information shall document that it has been given, and the documentation shall

be kept in the employee's training records as specified under Section 11.0 of this program.

9.4.1.6 Employees covered under this program who have already completed the Hepatitis B vaccination series, or whose antibody testing has revealed that they are already immune to Hepatitis B, or who have a contra-indication for medical reasons to receiving the vaccination should not receive it.

9.4.1.6.1 Prescreening program participation shall not be a prerequisite to vaccination.

9.4.1.6.2 The immunization regimen consists of three doses of the vaccine, 1 ml. intramuscularly, given according to the following schedule:

First Dose: At elected date.

Second Dose: One month later.

Third Dose: Six months after the first dose.

#### 9.4.2 Post Exposure Evaluation and Follow-up

9.4.2.1 All individuals, whether covered under this program or not, who are involved in an occupational exposure which results in an exposure incident with a potential bloodborne pathogen, receives a confidential medical evaluation with follow-up.

9.4.2.2 This evaluation and the follow-up shall be performed by a licensed physician. The HSE Coordinator will provide the evaluating physician with:

- a copy of this regulation (OSHA 1910.1030);
- a description of the exposed employee's duties as they relate to the exposure incident;
- documentation of the routes of exposure and the circumstances under which the exposure occurred;
- a copy of the "Examining Physician's Written Opinion" form(see Appendix II).

9.4.2.3 The HSE Coordinator shall provide the evaluating physician with:

- results of the source individual's blood testing, if available;
- all medical records relevant to the appropriate treatment of the employee, including vaccination status with Hepatitis B vaccine.

- 9.4.2.4 The HSE Coordinator is responsible for ensuring that the source individual's blood is tested as soon as feasible to determine HBV and HIV infectivity.
- 9.4.2.5 Once the results of the source individual's blood testing are known, the Company will make this information immediately available to the exposed employee and the employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 9.4.3 If an exposure to blood or body fluids occurs, the employee shall notify his/her Immediate Supervisor and the HSE Coordinator.
  - 9.4.3.1 First aid shall be administered promptly, if warranted, and should include a thorough cleansing of the exposure site with soap and water.
  - 9.4.3.2 Tetanus toxoid shall be administered by a health care provider if medically indicated.
  - 9.4.3.3 The Company Manager shall be responsible for conducting an accident investigation immediately or as soon as feasible following an exposure at the site of an exposure incident to determine and document the route(s) of exposure and the circumstances under which the exposure incident occurred.
    - 9.4.3.3.1 This information is to be recorded on the Blood Contact Report form found in Appendix III.
    - 9.4.3.3.2 This report shall be filed with the accident investigation report.
- 9.4.4 All individuals who experience an occupational exposure to bloodborne pathogens shall be tested immediately after the exposure for Hepatitis B virus infectivity.
  - 9.4.4.1 Before testing is performed, written consent from the employee should be obtained and documented.
  - 9.4.4.2 Hepatitis B post-exposure management shall then be carried out under the direction of a licensed physician.
- 9.4.5 Human immunodeficiency post-exposure management proceeds along the following schedule:
  - 9.4.5.1 All individuals who experience an occupational exposure to bloodborne pathogens shall be tested for human immunodeficiency virus, after consent is obtained and documented, immediately after the exposure, at six weeks, three months, six months, and one year;

- 9.4.5.2 If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days;
- 9.4.5.3 If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- 9.4.5.4 The HSE Coordinator shall be responsible for scheduling the appropriate post-exposure evaluation and all subsequent follow-up visits as needed with a physician;
- 9.4.5.5 The evaluating physician shall complete and return directly to the HSE Coordinator the "Examining Physician's Written Opinion" form, which is found in Appendix II of this program;
- 9.4.5.6 The HSE Coordinator shall then provide a copy of the examining physician's written opinion to the employee within fifteen days of completion of the evaluation. The written opinion shall then be filed in the employee's medical record;
- 9.4.5.7 Except for the information contained in the physician's written opinion, all other findings or diagnoses shall remain confidential and shall not be included in the written report.

## 9.5 Communication of Hazards to Employees

### 9.5.1 Labels and Signs

- 9.5.1.1 Warning labels shall be affixed to contaminated sharps containers, refrigerators and freezers containing blood or other potentially infectious material, and to other containers used to store, transport, or ship blood or potentially infectious materials, as well as contaminated equipment, stating which portion is contaminated.
- 9.5.1.2 The labels shall be fluorescent orange on a contrasting color and include the biohazard legend. Labels shall be affixed to containers to prevent their loss or unintentional removal. Labels affixed to contaminated equipment indicate which portions of the equipment remain contaminated.
- 9.5.1.3 Red biohazard bags shall be used in place of labels when the contaminated materials are void of sharp objects that may puncture the bags.

## 10.0 CONTRACT AND/OR TEMPORARY EMPLOYEES

The provisions of this procedure apply to all contract and temporary employees of B&B.

## 11.0 DOCUMENTATION

- 11.1 Medical Records –HSE Coordinator shall ensure appropriate placement in the employee's medical records, the following information for each employee covered under this program:
- 11.1.1 Name and social security number of the employee;
  - 11.1.2 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 the vaccination;
  - 11.1.3 Results of all examinations, medical testing, and follow-up procedures required after an occupational exposure to a bloodborne pathogen;
  - 11.1.4 The employer's copy of the examining physician's written opinion;
  - 11.1.5 A copy of the information provided to the examining physician that is required after an occupational exposure to a bloodborne pathogen;
  - 11.1.6 The HSE Coordinator will ensure that the medical records are kept confidential and are not disclosed or reported, without the employee's express written consent, to any person within or outside the workplace except as specified by this program. The HSE Coordinator shall also maintain the medical records for the duration of the employee's employment plus 30 years.
- 11.2 Training Records -Training records shall include the following information:
- 11.2.1 Date(s) of the training session;
  - 11.2.2 Contents or a summary of the training session(s);
  - 11.2.3 Name(s) of the persons conducting the training;
  - 11.2.4 Name(s) of all persons attending the training session(s);
  - 11.2.5 The training records shall be maintained by the HSE Coordinator for duration of no less than 3 years.
  - 11.2.6 Training records are provided upon request for examination and copying to employees, to employee representatives, to the Director and the Assistant Secretary in accordance with 29 CFR 1910.20. Employee medical records as described above shall be provided upon request for examination and copying to the subject employee, to anyone having his written consent, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

## **12.0 FORMS**

Samples of forms pertaining to this program may be found in the Appendices of this document.

**Appendix I  
HEPATITIS B VACCINE DECLINATION  
(Mandatory)**

I understand that due to my occupational exposure to blood or other potentially 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 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.

\_\_\_\_\_  
Print Name Legibly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

**HEPATITIS B VACCINE CONSENT**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been informed about the efficacy, safety, method of administration, and benefit as well as the risks of receiving the Hepatitis B vaccine. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. I understand all of the above and consent to receiving the Hepatitis B vaccine at this time.

\_\_\_\_\_  
Print Name Legibly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #



### Appendix III

#### BLOOD CONTACT REPORT

Complete this form every time an employee touches or is touched by blood or other potentially infectious materials.

Name of Exposed Employee

\_\_\_\_\_

Date and Time of Contact \_\_\_\_\_

Department \_\_\_\_\_

Was the employee wearing personal protective equipment (PPE) at the time of the exposure?

Yes

No

**NOTE: Only report on the PPE used for protection from bloodborne pathogens (i.e., latex gloves, apron, face shield, etc.)**

What was the route of exposure for the blood contact:

Blood contact with intact skin, employee wearing PPE.

Blood contact with intact skin, employee not wearing PPE.

Blood contact with broken skin or a mucous membrane, employee wearing PPE.

Blood contact with broken skin or a mucous membrane, employee not wearing PPE.

Other \_\_\_\_\_

Under what circumstances did the exposure incident occur:

Administering first aid to an injured person.

Other \_\_\_\_\_

What were the duties of the employee as they relate to this incident:

The employee provided first aid as a Good Samaritan.

Other \_\_\_\_\_

## Appendix IV

### JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE

1. NA

## Appendix V

### DESIGNATED GROUPS IN WHICH SOME EMPLOYEES HAVE OCCUPATIONAL EXPOSURE

1. HSE Coordinator;
2. Basic First Aid Provider (Drivers, Equipment Operators, Mechanics).

NOTE: Only those designated employees in the designated group listed above whose job duties require them to respond to medical emergencies or to administer first aid are covered under this program. For instance, employees trained in CPR but not required to respond to medical emergencies would do so as "Good Samaritans" only. "Good Samaritans," however, would require post-exposure follow-up as specified by this program.

## **Appendix VI**

### **TASKS AND PROCEDURES OF EXPOSURE GROUPS**

Tasks and procedures for those employees in Appendix V in which occupational exposures to bloodborne pathogens is reasonably anticipated to occur.

1. Administering first aid
2. Responding to medical emergencies

## Appendix VII

### HEPATITIS B VACCINE INFORMATION

The Hepatitis B vaccine is administered to individuals who are suspected to be at risk for contracting Hepatitis B, a potentially serious disease of the liver. The vaccine generally confers immunity on those people receiving it, preventing them from contracting this disease.

There are two types of Hepatitis B vaccines currently licensed in the United States. The vaccine produced from plasma of Hepatitis B virus carriers is no longer being produced in the United States and its use is now limited to very few people, including those who have a known allergy to yeast. The second type, recombinant Hepatitis B vaccine is produced through recombinant DNA technology.

Primary vaccination series for Hepatitis B consists of three intramuscular doses of the recombinant vaccine. After the initial dose, the second dose should be given one month later and the third dose six months after the first.

Clinical studies have established that the recombinant Hepatitis B vaccine when injected into the deltoid muscle (arm) induced protective levels of antibody in greater than 90% of healthy adults and teenagers who received the recommended three-dose regimen. Data suggests that injections given into the buttocks frequently are given into fatty tissue instead of a muscle, and such injections may result in lower levels of protective antibodies.

The major side effects observed by Hepatitis B vaccines have been soreness and redness at the site of the injection. Other potential minor side effects may include body aches and pains, nausea and diarrhea, sore throat and cough, dizziness, painful urination, disturbed sleep patterns, and a non-specific rash. Potentially serious adverse reactions are rare and include both neurologic (nervous system) and hematologic (blood system) complications. Also, contraindications for receiving the Hepatitis B vaccine include hypersensitivity to yeast or any other component of the vaccine. In general, however, the recombinant Hepatitis B vaccine is well tolerated and safe to administer.

This vaccination will be offered free of charge to you if you decide to accept it.