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Brunel Energy, Inc.

Bloodborne Pathogens

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1. Purpose

- 1.1. Brunel Energy, Inc., herein, “the Company,” has established a program compliant with OSHA Standard 29 CFR 1910.1030 (Occupational Exposure to Bloodborne Pathogens).

2. Applicability

- 2.1. This policy applies to employees, subcontractors and/or visitor(s) of the Company. For the purposes of this policy, an employee shall be considered on the job whenever he/she is:
 - 2.1.1. On or in, any company or client property, including parking areas; or
 - 2.1.2. On company time even if off company premises (including paid lunch, rest periods and periods of being on call).
- 2.2. As a condition of employment, Company employees are required to abide by additional governmental or customer policies and requirements that may be imposed at a worksite in addition to the requirements of these policies and procedures. Nothing set forth in this policy constitutes, construes, or interprets in any way as a contract of employment.

3. Definitions

- 3.1. **Blood** means human blood, human blood components, and products made from human blood.
- 3.2. **Bloodborne Pathogens** are 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) and human immunodeficiency virus (HIV).
- 3.3. **Clinical Laboratory** is a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- 3.4. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.5. **Contaminated Laundry** is laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- 3.6. **Contaminated Sharp** is any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- 3.7. **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.
- 3.8. **Engineering Controls** are controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

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- 3.9. **Exposure Incident** is 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.
- 3.10. **Handwashing Facilities** are a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.
- 3.11. **Licensed Healthcare Professional** is a person who is legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
- 3.12. **HBV** means hepatitis B virus.
- 3.13. **HIV** means human immunodeficiency virus.
- 3.14. **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.
- 3.15. **Other Potentially Infectious Materials** are (1) 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 body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 3.16. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- 3.17. **Personal Protective Equipment** is specialized clothing or equipment worn 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 are not considered to be personal protective equipment.
- 3.18. **Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious material
- 3.19. **Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 3.20. **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, and other bloodborne pathogens.

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- 3.21. **Work Practice Controls** are controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4. Responsibilities

- 4.1. Manager(s):
- 4.1.1. Are responsible for exposure control in their respective areas.
- 4.2. HSE Supervisor(s):
- 4.2.1. Shall implement, support, and enforce the requirements of this Standard.
- 4.3. Employee(s):
- 4.3.1. Shall know what tasks they perform that have occupational exposure.
- 4.3.2. Shall plan and conduct all operations in accordance with our work practice controls
- 4.3.3. Shall develop good personal hygiene habits.

5. Documentation Standard

- 5.1. Exposure Determination
- 5.1.1. In the event the Company has an employee(s) with occupational exposure to bloodborne pathogens, bodily fluids and other potentially infectious materials, they shall prepare an exposure determination. This exposure determination shall contain the following:
- 5.1.1.1. A list of all job classifications in which all employees in those job classifications have occupational exposure.
- 5.1.1.2. A list of job classifications in which some employees have occupational exposure.
- 5.1.1.3. 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.
- 5.1.1.4. This exposure determination shall be made without regard to the use of personal protective equipment.
- 5.1.1.5. Areas to consider for exposure determination if performed on company premises:
- 5.1.1.5.1. Drug and alcohol sampling.
- 5.1.1.5.2. Company provided vaccinations.
- 5.1.1.5.3. Provision of first aid to employees or contractors.
- 5.1.1.5.4. Food preparation areas.

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5.1.1.5.5. Pandemic threat outbreaks (Swine Flu).

5.2. Exposure Control

5.2.1. The Company having an employee(s) with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

5.2.2. The Exposure Control Plan shall contain at least the following elements:

5.2.2.1. The various types of exposure are Bloodborne pathogens include human bodily fluids; semen, vaginal secretions, mucus, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

5.2.2.1.1. The exposure determination,

5.2.2.1.2. The schedule and method of implementation for Methods of Compliance, Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, Communication of Hazards to Employees, and Recordkeeping, of this standard.

5.2.2.1.3. The procedure for the evaluation of circumstances surrounding exposure incidents.

5.2.2.1.4. The Company shall ensure that a copy of the Exposure Control Plan is accessible to employees.

5.2.2.1.5. The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

5.3. Methods of Compliance

5.3.1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Proper PPE must be used.

5.4. Engineering and Work Control Practices – When Applicable

5.4.1. Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

5.4.2. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

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- 5.4.3. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 5.4.4. The Company shall provide facilities and or antiseptic hand cleaners which are readily accessible to employees.
- 5.4.5. When provision of handwashing facilities is not feasible, The Company shall 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 shall be washed with soap and running water as soon as feasible.
- 5.4.6. The Company shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 5.4.7. The Company shall 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 other potentially infectious materials.
- 5.4.8. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- 5.4.9. Shearing or breaking of contaminated needles is prohibited.
- 5.4.10. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - 5.4.10.1.1. Puncture resistant.
 - 5.4.10.1.2. Labeled or color-coded in accordance with this standard.
 - 5.4.10.1.3. Leakproof on the sides and bottom.
 - 5.4.10.1.4. In accordance with the requirements for reusable sharps.
- 5.4.11. 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.
- 5.4.12. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- 5.4.13. 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.
- 5.4.14. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

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- 5.4.15. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- 5.4.16. The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped.
- 5.4.17. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded.
- 5.4.18. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless The Company can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
 - 5.4.18.1. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
 - 5.4.18.2. The Company shall ensure that this information is 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.
- 5.5. Personal Protective Equipment
 - 5.5.1. The Company shall ensure that the employee uses appropriate personal protective equipment unless the Company 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 shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
 - 5.5.2. The Company shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees at no cost. Hypoallergenic working, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
 - 5.5.3. The Company shall clean, launder, and dispose of personal protective equipment at no cost to the employee.
 - 5.5.4. The Company shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

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- 5.5.5. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
- 5.5.6. All personal protective equipment shall be removed prior to leaving the work area for proper disposal or decontamination.
- 5.5.7. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes.
 - 5.5.7.1. Disposable (single use) gloves such as surgical or examination gloves, shall 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.
 - 5.5.7.2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - 5.5.7.3. 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 exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- 5.5.8. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face 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 can be reasonably anticipated.
- 5.5.9. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- 5.6. General Housekeeping
 - 5.6.1. The Company shall ensure that the worksite is maintained in a clean and sanitary condition. The Company shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
 - 5.6.2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - 5.6.3. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

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- 5.6.4. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- 5.6.5. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- 5.6.6. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- 5.6.7. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- 5.6.8. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - 5.6.8.1. Closable
 - 5.6.8.2. Puncture resistant
 - 5.6.8.3. Leakproof on sides and bottom
 - 5.6.8.4. Labeled or color-coded
- 5.6.9. During use, containers for contaminated sharps shall be:
 - 5.6.9.1. 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.
 - 5.6.9.2. Maintained upright throughout use.
 - 5.6.9.3. Replaced routinely and not be allowed to overfill.
- 5.6.10. When moving containers of contaminated sharps from the area of use, the containers shall be:
 - 5.6.10.1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 5.6.10.2. Placed in a secondary container if leakage is possible. The second container shall be: Closable; Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and Labeled or color-coded.

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- 5.6.11. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- 5.6.12. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.
- 5.6.13. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded.
- 5.6.14. 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.
- 5.6.15. The Company shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- 5.6.16. 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.

6. Procedure

- 6.1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- 6.2. The Company shall 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.
- 6.3. The Company shall 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:
 - 6.3.1. Made available at no cost to the employee.
 - 6.3.2. Made available to the employee at a reasonable time and place.
 - 6.3.3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 - 6.3.4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- 6.4. The Company shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

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6.5. Hepatitis B Vaccination

- 6.5.1. Hepatitis B vaccination shall be made available to for all employees with potential for occupation exposure 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.
- 6.5.2. The Company shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination
- 6.5.3. If an employee declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, The Company shall make available hepatitis B vaccination at that time.
- 6.5.4. The Company shall assure that employees who decline to accept hepatitis B vaccination offered by The Company sign the statement in Appendix 10.1.
- 6.5.5. 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) shall be made available at no cost to the employee.

6.6. Post Exposure Evaluation and Follow up

- 6.6.1. Following a report of an exposure incident, The Company shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 - 6.6.1.1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
 - 6.6.1.2. Identification and documentation of the source individual, unless The Company can establish that identification is infeasible or prohibited by state or local law.
 - 6.6.1.3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, The Company shall 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, shall be tested and the results documented.
 - 6.6.1.4. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - 6.6.1.5. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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6.6.2. Collection and Testing of Blood for HBV and HIV Serological Status

- 6.6.2.1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- 6.6.2.2. 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. 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.
- 6.6.2.3. The Company shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - 6.6.2.3.1. A copy of this regulation.
 - 6.6.2.3.2. A description of the exposed employee's duties as they relate to the exposure incident.
 - 6.6.2.3.3. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - 6.6.2.3.4. Results of the source individual's blood testing, if available.
 - 6.6.2.3.5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are The Company's responsibility to maintain.
- 6.6.2.4. The Company shall 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.
- 6.6.2.5. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- 6.6.2.6. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - 6.6.2.6.1. That the employee has been informed of the results of the evaluation.
 - 6.6.2.6.2. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- 6.6.2.7. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

6.6.3. Warning Labels

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- 6.6.3.1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infection materials; and other containers used to store, transport or ship blood or other potentially infectious materials.
- 6.6.3.2. Labels required by this section shall include the following legend:
- 6.6.3.3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- 6.6.3.4. Labels shall be affixed as close as feasible to the container by sting, wire, adhesive, or other method that prevents their loss or unintentional removal.
- 6.6.3.5. Red bags or red containers may be substituted for labels.
- 6.6.3.6. Regulated waste that has been decontaminated need not be labelled or color-coded.
- 6.6.4. Information and Training
 - 6.6.4.1. The Company shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and must be conducted during working hours.
 - 6.6.4.2. Training shall be provided as follows:
 - 6.6.4.2.1. At the time of the initial assignment to tasks where occupational exposure may take place.
 - 6.6.4.2.2. Within 90 days after the effective date of the standard.
 - 6.6.4.2.3. At least annually thereafter.
 - 6.6.4.2.4. The Company shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
 - 6.6.4.3. The training program shall contain at a minimum the following elements:
 - 6.6.4.3.1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
 - 6.6.4.3.2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - 6.6.4.3.3. An explanation of the modes of transmission of bloodborne pathogens.

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- 6.6.4.3.4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- 6.6.4.3.5. An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
- 6.6.4.3.6. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- 6.6.4.3.7. An explanation of the basis for selection of personal protective equipment.
- 6.6.4.3.8. 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 for those with potential occupational exposure.
- 6.6.4.3.9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 6.6.4.3.10. An explanation of the procedure to follow in an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- 6.6.4.3.11. Information on the post-exposure evaluation and follow-up that The Company is required to provide for the employee following an exposure incident.
- 6.6.4.3.12. An explanation of the signs and labels and/or color coding.
- 6.6.4.3.13. An opportunity for interactive questions and answers with the person conducting the training session.
- 6.6.4.4. 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.

7. Training

- 7.1. The Company shall ensure that all employees with occupational exposure participate in a training program. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place, and at least annually thereafter. Training shall include;
 - 7.1.1. Recognizing and protecting themselves from exposure of bloodborne pathogens in the workplace which include, but is not limited to;

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7.1.1.1. Bloodborne pathogens include human bodily fluids; semen, vaginal secretions, mucus, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

7.1.2. Methods of warnings (signs, labels, etc.)

7.1.3. The OSHA requirements of bloodborne pathogens

7.1.4. The Hepatitis B vaccine shall be made available to all employees that have occupational exposure at no cost to the employee(s).

7.2. Availability of Procedure to Employees

7.2.1. All employees 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.

7.3. Reviews and Update of the Procedure

7.3.1. The procedure is reviewed annually and updated whenever we establish new functional positions within our facility that may involve exposure to biohazards.

8. Recordkeeping

8.1. The Company shall establish and maintain an accurate record for each employee with occupational exposure for at least the duration of employment plus 30 years.

8.2. This record shall include:

8.2.1. The name and social security number of the employee.

8.2.2. 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 vaccination.

8.2.3. A copy of all results of examinations, medical testing, and follow-up procedures.

8.2.4. The Company's copy of the healthcare professional's written opinion.

8.2.5. A copy of the information provided to the healthcare professional.

8.2.6. Medical records shall be in compliance with Access to Medical Records Standard.

8.3. Training Records

8.3.1. Training records shall include the following information:

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- 8.3.2. The dates of the training sessions.
- 8.3.3. The contents or a summary of the training sessions.
- 8.3.4. The names and qualifications of persons conducting the training.
- 8.3.5. The names and job titles of all persons attending the training sessions.
- 8.3.6. Training records shall be maintained for 3 years from the date on which the training occurred.

9. Reference

- 9.1. OSHA Standard – 1910.1030 – Bloodborne Pathogens.
- 9.2. Access to Medical Records Standard – HSE.USA.

10. Appendix

- 10.1. Hepatitis B Vaccine Declination Form

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APPENDIX 10.1 HEPATITIS B VACCINE DECLINATION FORM

Hepatitis B Vaccine Declination Form

I understand that due to my occupational exposure to blood or other potentially infection 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, 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 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 at no charge to me.

Name (Please Print)

Date

Signature