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SP 21 Bloodborne Pathogens Exposure Control Plan

1.0 PURPOSE:

- 1.1 The purpose of this policy is to ensure that The Kuesel Group employees receive effective protection from occupational exposure to bloodborne pathogens.
- 1.2 Under the OSHA ruling contained in 29 CFR 1910.1030, all workers that are potentially exposed to bloodborne pathogens in their work must be protected from exposure. This protection must be documented in a written Exposure Control Plan. The requirements for the control plan for The Kuesel Group are contained in this procedure.

2.0 SCOPE:

- 2.1 This policy covers all Kuesel Group personnel who may have an occupational exposure to blood or other potentially infectious materials. A copy of this program is kept at The Kuesel Group's Main office in O'Fallon, MO and is readily accessible to all employees.

3.0 REFERENCES:

- 3.1 29 CFR 1910.1030 Bloodborne Pathogens
- 3.2 29 CFR 1910.1020 Access to Employee Exposure and Medical Records

4.0 RESPONSIBILITIES:

- 4.1 Management is responsible for maintaining medical and training records and has the overall responsibility for the effectiveness of this program and shall ensure that personnel under their direction receive training and that they maintain compliance with this procedure.
- 4.2 Employees are responsible to ensure that they are trained and they maintain compliance with this procedure.

5.0 EXPOSURE DETERMINATION:

- 5.1 Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral (skin puncture) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties (Note: these exposure determinations are made without regard of personal protective equipment).
 - 5.2 The following groups/classifications of employees have potential occupational exposure to bloodborne pathogens and are therefore covered by this policy:
 - 5.2.1 Employees who may provide first aid/CPR assistance or clean up blood/bodily fluids at an accident site (Standby Emergency Rescue Services).
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5.2.2 Employees who may find hypodermic syringes, contaminated objects/sharps, or other potentially infectious materials at the jobsite.

5.3 All first aid and CPR trained members must be trained in the prevention of occupational exposure to bloodborne pathogens.

6.0 ENGINEERING, WORK PRACTICE CONTROLS, and PERSONAL PROTECTIVE EQUIPMENT:

6.1 Any potential hazard associated with a job task can be minimized or eliminated by using the appropriate combination of engineering controls, work practices, and personal protective equipment.

6.2 Engineering and work practices controls should be used whenever possible to eliminate or minimize employee exposures to bloodborne pathogens. Personal protective equipment will be worn when the potential for occupational exposures remain after these controls have been implemented.

6.3 Included in this section are the specific safe work practices and Universal Precautions, which must be followed by every employee who may be exposed to bloodborne pathogens while performing first aid or CPR. Simply stated, the concept behind Universal Precautions is that: **All human blood and body fluids are treated as if they are known to contain hepatitis B virus, human immunodeficiency virus, or other bloodborne pathogens**

6.4 Controls:

6.4.1 Engineering Controls: Engineering controls used to prevent the spread of bloodborne pathogens include items such as puncture proof containers, washing facilities equipped with soap or antiseptic hand cleanser, alcohol/antiseptic towelettes contained in first aid kits (to be available if hand washing facilities are not present), and emergency showers/eyewash stations.

6.4.2 In order to ensure engineering controls remain effective, the Site Supervisor shall conduct an inspection to ensure that engineering controls are in place. At a minimum, an inspection shall be done at each jobsite.

6.4.3 Work Practice Controls: Work practices are defined as those procedures that have been developed to reduce or eliminate employee exposures to bloodborne pathogens.

6.5 Basic Hygiene:

6.5.1 All procedures involving blood or other potentially infectious materials shall be performed in such a manner to prevent or minimize splashing, spraying, spattering, and generation of droplets of these substances.

6.5.2 If skin contamination occurs, the area should be washed with antiseptic cleanser or

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copious amounts of soap and water for 15 minutes. If the eyes or mucous membranes are accidentally contaminated, they should be flushed with water for at least 15 minutes.

6.5.3 Employees must wash their hands with gloves on and then again immediately after removal of gloves (or as soon as feasibly possible).

6.5.4 Employees who have open cuts or sores shall not perform first aid/CPR until the areas are healed except in life-threatening instances where no other first aid responder is available and only after the area has been covered to minimize the possibility of exposure.

6.6 Housekeeping and Cleanliness:

6.6.1 All equipment and working surfaces will be decontaminated after contact with blood or other potentially infectious materials. Work surfaces will be washed with disinfectant (or a mixture of nine parts water to one part household bleach- 10% solution) after being contaminated.

6.6.2 Employees, who clean or have contact with contaminated first aid equipment, laundry, or uniforms, must wear gloves and other appropriate personal protective equipment.

6.7 Personal Protective Equipment:

6.7.1 The Kuesel Group provides, at no cost to the employee, appropriate personal protective equipment for personnel who may be exposed to bloodborne pathogens.

6.7.2 Personal protective equipment includes any item that may prevent the passage of pathogens from one person to another. This includes items such as disposable gloves, disposable resuscitators equipped with one-way valves, and safety glasses or goggles.

6.7.3 Disposable gloves, resuscitators, and antiseptic/alcohol towelettes are included in the first aid kits or can be obtained from Management/Supervision. Safety glasses are issued to each employee.

6.7.4 All first aid/emergency responders will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluids is anticipated.

6.7.5 Gloves must be worn when touching blood, bodily fluids, or items or surfaces contaminated with blood or body fluids.

6.7.6 Gloves must be changed after contact with any first aid patient.

6.7.7 Resuscitation mouthpieces with one-way valves or other ventilation devices shall be used when CPR is performed.

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6.7.8 Protective eye wear or face shields shall be worn during procedures that are likely to generate droplets of blood or other bodily fluids.

6.7.9 If personal protective equipment is contaminated by blood or potentially infectious materials, these items must be removed immediately (or as soon as feasible) and placed in an appropriate container. Laundering, disposal, repair, and replacement of this equipment will be done at no cost to the employee. Replacement of disposable and contaminated personal protective equipment will be done as soon as feasible.

6.8 Handling and Disposal of Contaminated Materials:

6.8.1 Methods should be employed to avoid the direct contact with contaminated materials, especially contaminated sharps (broken glass, etc.). This includes using personnel protective equipment and using items such as tongs or a broom and dustpan to dispose of contaminated items.

6.8.2 Blood soaked bandages, towels, and sponges in which blood can be released when compressed must be disposed of in leak proof bags or containers. Containers for potentially infectious wastes must be closeable, able to prevent leakage during handling or transport, puncture resistant, and labeled/color-coded according to the paragraph stated below.

6.8.3 Warning labels will be affixed to containers of contaminated waste. Labels must include the universal biohazard symbol (as shown in OSHA standard section 29 CFR 1910.1030(g)) and be fluorescent orange or orange-red, with lettering or symbols in a contrasting color.

6.8.4 Blood or other potentially infectious materials that are spilled on equipment or workplace surfaces (floors, vehicles, etc.) shall be cleaned up using a 10% or stronger solution of chlorine bleach and water. Employees conducting the cleanup will wear impervious gloves and protective eyewear. Cleaning materials and contaminated gloves will be disposed of in accordance with local, state, and/or federal guidelines.

6.8.5 Materials/Equipment that cannot be cleaned shall be disposed of as contaminated waste in accordance with all applicable Federal, State and Local regulations. All contaminated items shall be placed in the containers provided and sealed. The Project Supervisor shall contact a local biohazard waste disposal firm or a medical facility to arrange for disposal of any contaminated materials.

7.0 STEPS TO TAKE IN THE EVENT OF AN EXPOSURE:

7.1 Immediate Actions to Take in Case of Exposure:

7.1.1 The safety and health of employees are of primary concern. Supervisors must ensure exposed employees receive the medical attention appropriate to the exposure they

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received.

7.1.1.1 Supervisors shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020.

7.1.2 All first aid incidents involving the presence of blood or other potentially infectious material must be reported to the appropriate Supervisor and if applicable, the Client Representative, as soon as possible after the incident occurs. First aid incident investigation is a necessary and effective technique for preventing future occurrences. Employees who may have been exposed to blood or other potentially infectious material must complete a Bloodborne Pathogen Exposure Report (See Appendix A) as soon as possible, but no later than 8 hours following the incident.

7.2 Post-exposure Medical Evaluations:

7.2.1 Post-exposure medical evaluations are available to all employees who have had an exposure incident (contact with blood or other potentially infectious material through eyes, mouth, skin, or mucous membranes). The Project Supervisor shall ensure that the medical evaluations are made available to an exposed employee. These evaluations are provided at no cost to the employee and are provided by or under the supervision of a licensed physician (or another licensed healthcare professional) at a reasonable time and place.

7.2.2 Post-exposure measures designed to prevent the spread of the disease or development of disease symptoms will be made available to the employee, when medically indicated. This may include a vaccination for Hepatitis B if it is deemed necessary by the healthcare professional.

7.2.3 Confidential medical evaluations and follow-ups will be made available to all affected employees following the report of an exposure incident. These medical evaluations will include the following elements in accordance with the OSHA Bloodborne Pathogens Standard and the Company's concerns for employee health and safety.

NOTE

The steps contained in this section are a summary of what is contained in the OSHA standard in 29 CFR 1910.1030(f).

7.2.4 Documentation of the cause and method of exposure and circumstances by which exposure occurred.

7.2.5 Identification and documentation of the source individual, unless such identification is not possible or prohibited by state or local law.

7.2.6 If allowed by law, and after consent is obtained, the source individual's blood will be tested as soon as feasible in order to obtain the person's HIV/HBV status.

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- 7.2.7 When the source individual's consent is not required by law, this individual's blood will be tested to determine HIV/HBV status.
- 7.2.8 If it is known that the source individual is infected with Human Immunodeficiency Virus or Hepatitis B Virus, testing for the person's HIV/HBV status need not be repeated.
- 7.2.9 Results of the source individual's testing will be made available to the exposed employee. The employee will then be informed of the applicable laws concerning disclosure of the identity and infectious status of the source individual.

7.3 Information Provided to Healthcare Professionals:

- 7.3.1 The Project Supervisor shall ensure that the Healthcare Professional who provides the employee with the Hepatitis B vaccination has been given the following information:
 - 7.3.1.1 A copy of 29 CFR 1910.1030
 - 7.3.1.2 A description of the exposed employee's duties as they related to the incident
 - 7.3.1.3 Documentation of the cause and method of exposure and circumstances by which exposure occurred
 - 7.3.1.4 Results of the source individuals blood testing
- 7.3.2 It is the employer's responsibility to obtain all medical records relevant to the appropriate treatment of the employee including vaccination status

7.4 Healthcare Professional's Written Opinion:

- 7.4.1 The Kuesel Group will obtain a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. This written opinion will be immediately made available to the employee.
 - 7.4.2 In terms of Hepatitis B Virus evaluations, the healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination. Written opinions concerning other results of post-exposure evaluations are limited to the following information in accordance with the regulation:
 - 7.4.2.1 An indication that the employee has been informed of the results of the evaluation
 - 7.4.2.2 An indication that the employee has been told about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment
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7.4.2.3 All other findings or diagnoses not specified in the above paragraphs will remain confidential and cannot be included in the written report

8.0 HEPATITIS B VACCINATIONS:

- 8.1** The Hepatitis B vaccine and vaccination series are available to all employees who have occupational exposures to potentially infectious materials. First aid responders who render assistance in any situation involving the presence of blood or other potentially infectious materials will be offered the full immunization series at no cost to the employee.
- 8.2** The vaccinations will be offered as soon as possible after exposure but in no event later than 24 hours. The vaccinations will be provided by or under the supervision of a licensed physician or other licensed healthcare professional. If routine booster doses of Hepatitis B vaccine are recommended in the future by the U.S. Public Health Service, these booster shots will be made available at no cost to the employees.
- 8.3** Employees may decline the Hepatitis B vaccination. When an employee elects not to participate in the Hepatitis B vaccination program, OSHA requires that the employee declining treatment sign the Mandatory Hepatitis B Vaccination Declination Statement (See Appendix B).
- 8.4** As indicated in the Vaccination Declination Statement, employees who decline Hepatitis B virus vaccination may receive the vaccination series at a later date. These vaccinations will be provided at no cost to the employee at that time. These vaccinations will also be provided by or under the supervision of a licensed physician (or another licensed healthcare professional).

9.0 REPORTING and RECORDKEEPING:

- 9.1** The Kuesel Group maintains medical records in accordance with 29 CFR 1910.1020 for its employees. This includes records pertaining to employees who have experienced potential occupational exposures to bloodborne pathogens. All medical records for employees are maintained at The Kuesel Group Main Office or Healthcare Facility. These records include:
 - 9.1.1** The name and social security number of the employee
 - 9.1.2** A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations and any medical records related to the employee's ability to receive such vaccination
 - 9.1.3** A copy of all results of examinations, medical testing, and follow-up procedures
 - 9.1.4** A copy of the healthcare professional's written opinion
 - 9.1.5** A copy of the exposure information supplied to the healthcare professional
 - 9.1.6** A copy of any signed Hepatitis B Vaccination Declination Statements
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9.2 These medical records will be kept confidential and will not be disclosed without the employee's express written consent to any person within or outside the company (except as may be required by law). The Kuesel Group maintains these records for the duration of an employee's employment plus 30 years thereafter.

9.3 Employee medical records are provided upon request for examination and copying to the subject employee to anyone having written consent of the subject employee, and to designated representatives of the Federal Occupational Health and Safety Administration. Should an employee leave this facility and be hired by another company, their medical records will be transferred in accordance with the procedures set forth in 29 CFR 1910.1020.

10.0 TRAINING:

10.1 Communicating Hazards to Employees:

10.1.1 Communication of the hazards associated with blood or other potentially infectious materials is extremely important. The Kuesel Group provides all potentially exposed employees with appropriate training in accordance with the Federal regulation and this company's concerns for employee health and safety.

10.1.2 Such training shall be provided:

10.1.2.1 At the time of initial assignment and/or within one year of previous assignment,

10.1.2.2 Whenever an employee is trained in first aid and CPR.

10.1.2.3 Refresher training is provided annually.

10.2 The bloodborne pathogens training program offered by The Kuesel Group will include the following elements:

10.2.1 An accessible copy of the regulatory text of the Bloodborne Pathogen Standard, 29 CFR 1910.1030, and an explanation of its contents

10.2.2 An explanation of this procedure (i.e. the Exposure Control Plan)

10.2.3 A general explanation of the modes of transmission of bloodborne pathogens

10.2.4 Information on the types, proper use, location, removal, handling decontamination and disposal of personal protective equipment

10.2.5 Information on the Hepatitis B vaccine

10.2.6 Information on the appropriate actions to take in an emergency involving potentially

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infectious materials

- 10.2.7** Information on emergency incident reporting procedures and medical evaluations, which will be made available
- 10.2.8** Information on post-exposure evaluations and vaccinations that are provided after an exposure incident
- 10.2.9** An explanation of the signs and labels used to convey hazard information
- 10.2.10** An opportunity for interactive questions and answers with the person conducting the training session
- 10.2.11** Employees should contact their supervisor if they have any questions concerning these training subjects or when they feel they need additional training.

10.3 Training Records:

- 10.3.1** Bloodborne Pathogens training shall be documented. These records include the following items:
 - 10.3.1.1** The dates of the training session
 - 10.3.1.2** The names of all persons conducting the training
 - 10.3.1.3** The names and job titles of all persons attending the training sessions
 - 10.3.1.4** An outline of the contents of the training
- 10.3.2** The training records are maintained for at least three years from the date on which the training occurred.
- 10.3.3** Employee training records are provided to the subject employee, upon request, for examination and copying and to anyone having written consent of the subject employee and to designated representatives of the Federal Occupational Health and Safety Administration.

11.0 REVISION REGISTER:

Date	Description of Change	Page No.	Initials

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Employee Providing Assistance (Having Exposure): _____

Description of Exposure: _____

Job Site: _____

Incident Date: _____ Time: _____

Incident Location: _____

Injured Employee/Person: _____

Brief Description of Injury: _____

Project Manager/Job Site Supervisor: _____

Signature _____ Date _____

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OSHA Required Hepatitis B Vaccine Declination Statement

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 the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B Vaccine 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee_____

Signature_____Date_____

Witness_____Date_____