



Bloodborne Awareness Procedures

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Purpose

These procedures have been put into place for all persons who may foreseeably be exposed to blood or body fluids in their job. The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures. Employees who provide first aid as part of their job task are the persons who may be exposed. Those first aid responders have been trained in bloodborne pathogens when attending and completing their first aid training course.

Our employees during the normal course of their work do not have exposures that would trigger this program. 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.

Responsibilities

Tony Nichols will administer the Bloodborne Pathogen Guidelines and maintain documented records of training and for this program and will also make sure employees have access to these guidelines during their normal working hours.

Hazards

Unprotected exposure to body fluids presents the possible risk of infection from a number of bloodborne pathogens notably Hepatitis and HIV.

Hazard Control

Engineering Controls - prevention of exposure to bloodborne pathogens engineering controls include allowing an employee to render their own first aid. If that employee is not trained then the first aid responder will oversee the first aid.

If the injury appears to be more than first aid call 911 or transport the employee to the closest medical facility.

Administrative Controls - prevention of exposure to bloodborne pathogen administrative controls include employee training in bloodborne awareness and first aid training and required by the regulations and company policies.

Reporting and Recordkeeping

Any reports required by OSHA will be maintained by our safety director or designee. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for at least the duration of employment plus 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA Log as required.

Training

Personnel trained in First Aid shall be offered this annual training. All new and current affected employees will be trained before initial assignment if required initially and annually thereafter. The content of the training will include: Company Procedures, types and transmission of Blood-Borne Pathogens, General Safety Rules, and 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, HCV, and other bloodborne pathogens*), Use of Personal Protective Equipment and Post Exposure Procedures. Training records will be kept for at least 5 years.

Documentation of training

All Employees not affected by this policy will receive an overview of the policy requirements during scheduled Safety Meetings with documentation.

Post Exposure Treatment and Notification Procedures

Should an affected employee or an employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected employee will report the exposure to Tony Nichols. We will provide for the Employee to be tested for HIV/HAV/HBV our expense. Following the initial blood test at time of exposure, employees will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the employee will follow the recommendations provided by the Physician or the U. S. Public Health Service.

An "occupational exposure" is defined as blood or body fluid contact from an injured or ill Employee to an open wound, or mucous membrane of the affected Employee. Following the report of exposure, the company will contact the exposure source and request that person be tested for HIV/HAV/HBV at our expense. The request is not mandatory and if refused will not effect that Employee's future employment. The source individual's blood is tested as soon as possible and after consent is obtained to determine HBV and HIV infectivity. (Hepatitis B surface Antigen, Hepatitis C Antibody and HIV Screen)

The exposed employee's blood shall be collected as soon as feasible and tested for HBV (Hepatitis Bs Antibody, Hepatitis C Antibody) and HIV serological status after consent is obtained (Employee Consent for HIV Antibody Testing) and at no cost to the employee.

During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a "need to know basis". The Blood-Borne Pathogens Exposure and Treatment form is used to document the exposure and offer of medical assistance to the affected Employee and use the Medical Consent for Blood-Borne Pathogens Testing form for the exposure source. The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

All medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are made available at no cost to the employee.

General Procedures

The following procedures must be followed by first aid trained personnel. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact in groups where resuscitation is a part of their responsibilities.

Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used in the following circumstances:

- When the employee has cuts, abraded skin, chapped hands, dermatitis, or similar conditions.
- When examining abraded or non-intact skin of a patient with active bleeding.

Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

Cuts

If an employee has a cut, or mucous membrane exposure to another person's body fluids he/she must report the incident immediately.

Blood Exposure

All employees exposed to human blood must report this Tony Nichols for information and possible inclusion in the Hepatitis B Immunization Program.

Work Practices and Engineering Controls

Handwashing

Handwashing is one of the simplest and most effective practices to prevent transmission of BBPs. Wash hands and other exposed skin thoroughly:

- Immediately after an exposure incident or after being contaminated.
- After removing gloves or other personal protective equipment.

Handwashing facilities need to be available and provided with soap and disposable towels. Familiarize yourself with the location of the nearest handwashing facilities. In emergency situations when there are no handwashing facilities in the area, use antiseptic cleanser and clean toweling or antiseptic towelettes for immediate hand cleansing. Thorough washing with soap and water at a handwashing station should follow as soon as possible.

Alcohol-based hand sanitizers can also be used effectively to decontaminate hands that are not visibly soiled. In first response situations, these sanitizers can be used:

- Before and after donning gloves and other personal protective equipment.

Personal Protective Equipment

All employees who are first aid responders shall take appropriate protective measures including use of personal protective equipment prior to practicing first aid. We shall maintain personal protective equipment in first aid kits or other designated areas and make sure that all items are properly discarded and replaced, or cleaned after use. Personal protective equipment available includes:

Gloves - Disposable vinyl or latex gloves shall be worn whenever there is potential for the hands to come into contact with blood or other potentially infectious materials. This includes treating an injured employee.

Emergency Procedures

In an emergency situation involving blood always use standard precautions and minimize your risk for exposure by wearing appropriate PPE (provided at no cost to the employee and replaced as needed) and using the safe practices that have been described earlier.

What to do if you are exposed

- If eyes, nose, or mouth become contaminated, use wash stations to flush the contaminated area.
- Flush as soon as possible and continue to flush for a full 15 minutes. Always try to flush away from the nose to prevent contamination of the other eye. After flushing, see Safety Manager or designee who will direct you for medical follow up.

- For exposed skin surfaces, wash the exposed area thoroughly with soap and water. Use a non-abrasive, antibacterial soap if possible. Again, after washing, seek medical attention.

Contaminated Work Surfaces/Equipment

Shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible after contact with blood or other infectious materials.

Report the exposure to your Safety Manager or designee as soon as possible.