



# NORTH AMERICAN SECURITY AND INVESTIGATIONS, INC.

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## OCCUPATIONAL EXPOSURE TO BLOOD-BORNE PATHOGENS AND OTHER POTENTIALLY INFECTIOUS MATERIALS POLICY

On December 6, 1991, OSHA issued regulations on occupational exposure to blood-borne pathogens (29 CFR 1910.1030). These regulations were revised on July 1, 1999. OSHA determined that employees face a health risk as a result of occupational exposure to blood and other potentially infectious material because they may contain blood-borne pathogens. Although these regulations primarily apply to occupations whose job duties include direct exposure to blood such as health care workers, portions are applicable to North American Security employees. OSHA concludes that these hazards can be minimized or eliminated through appropriate training and the use of personal protective apparel and equipment when applicable.

This policy applies to all North American Security and Investigations, Inc. employees, while on duty, who in the course of employment, are exposed to blood or other potentially infectious materials.

### GUIDANCE

29 CFR 1910.1030: Blood-borne Pathogens.

### EXPOSURE CONTROL PLAN

#### POLICY

North American Security and Investigation, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Blood borne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including: Universal precautions  
Engineering and work practice controls Personal protective equipment Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

#### PROGRAM ADMINISTRATION

The Operations Team for your assigned contract is responsible for implementation of the ECP. The Operations Team will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP

The Operations Team will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Operations Team will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Operations Team will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

The Operations Team will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

### **EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

- None

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<b>Job Classification</b>	<b>Task or Procedure</b>
Security Officer	Responding to incidents or emergencies; providing first aid
Contract Manager/Project Manager	Responding to incidents or emergencies; providing first aid

### **METHODS OF IMPLEMENTATION AND CONTROL**

#### **Universal Precautions**

All employees will utilize universal precautions. Universal precautions is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for blood borne pathogens. Consider difficult or impossible to identify body fluids as potentially infectious.

#### **Exposure Control Plan**

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their responsible Contract Manager. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request

The Operations Team is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Always wear the appropriate personal protective equipment for the task being performed (see Personal Protective Equipment, below).
- All employees shall wash their hands immediately after every potential exposure. When immediate hand washing is not feasible, appropriate hand cleaners in conjunction with clean cloth or paper towels or antiseptic towelettes will be used. When towels or towelettes are used, employees shall wash their hands with soap as soon as feasible.
- Employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur.
- If garment is splattered by blood or other infectious material, the garment shall be removed as soon as feasible.
- All disposable protective wear shall be removed prior to leaving the work area if feasible.
- Disposable gloves shall be replaced when contaminated.
- Disposable gloves shall be replaced if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable gloves shall not be washed for reuse
- If a potential exposure occurs involving eyes or other mucus membranes, the employee shall immediately wash the potentially exposed are with clean water.
- The minimum number of personnel required shall be involved with any procedure entailing exposure to blood-borne pathogens and exposure time should be minimized.

This facility identifies the need for changes in engineering controls and work practices through review of OSHA records and review of exposure incident reports.

Both front-line workers and management officials are involved in this process in the following manner: Employees are asked for suggestions to improve this policy during annual training sessions; employees who are involved in exposure incidents are debriefed to identify ways to minimize future exposures. Employees are also encouraged to report issues or potential problems to supervisors and provide ideas, recommendations, or suggestions.

The Operations team is responsible for ensuring that these recommendations are implemented. Our exposure control plan is reviewed and updated at least annually (and whenever necessary) to include:

- New and revised job positions that involve occupational exposure
- Reviews and evaluations of exposure incidents that have occurred since previous update
- Reviews and responses to information indicating that the existing exposure control plan is deficient in any area

### **Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Operations Team.

The types of PPE available to employees are as follows:

- Self-drying antiseptic
- Disposable gloves
- CPR mouthpiece
- Protective gloves

PPE is located at each work site with the first aid kit and may be obtained through the Operations Team. The Operations Team will perform periodic inspections of first aid kits to ensure that acceptable levels of PPE are contained therein. Operations Team will also ensure that PPE is in proper working order.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in an appropriately designated and labeled area or container for storage, decontamination, or disposal.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

### **Housekeeping**

- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.
- Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
- All clothes which have been exposed to blood or other potentially infectious material shall be placed in an appropriate laundering bag and appropriately labeled until they are washed.
- All clothes or other items which been exposed to blood or other potentially infectious materials shall be handled only with gloves until washed and decontaminated.

### **Laundry**

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation  
Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags for this purpose.
- Employees are not to take contaminated items home to launder. Your Contract Manager will ensure that items are laundered by an appropriate laundry facility.
- Wear the following PPE when handling and/or sorting contaminated laundry: disposable gloves

### **Labels**

The following labeling methods are used in this facility:

- Red bags
- The Operations Team is responsible for ensuring that red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify their Contract Manager if they discover regulated waste containers, contaminated equipment, etc., without proper labels.

## **HEPATITIS B VACCINATION**

The Operations Team will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

**(See Form A attached.)**

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the Corporate Office.

Vaccination will be provided by the healthcare provider network designated to provide services for the contract to which you are assigned.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact your Contract Manager.

An immediately available confidential medical evaluation and follow-up will be conducted by a health care professional at the healthcare provider network designated to provide services for the contract to which you are assigned. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred using **Form B** attached.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Your Contract Manager ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

Your Contract Manager ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test relevant employee medical records, including vaccination status

The Contract Manager provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Using **Form C** attached, the Contract Manager will review the circumstances of all exposure incidents to determine engineering controls in use at the time

- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, etc.)
- Procedure being performed when the incident occurred
- Employee's training

If revisions to this ECP are necessary the Operations Team will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by the trainer designated to your assigned contract.

All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA blood borne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and **PPE**
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of **PPE**
- An explanation of the basis for **PPE** selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session. Training materials for this facility are available at the regional office for the contract to which you are assigned.

## **RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Corporate Office.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Human Resources Department.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

The Human Resources Department is responsible for maintenance of the required medical records. These confidential records are kept at the Corporate Office for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resources Department.

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by the Operations Team.

**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.

\_\_\_\_\_ I have already received the series of three inoculations.

\_\_\_\_\_ I decline the opportunity to receive the Hepatitis B vaccine at this time.

Signed: (Employee Name): \_\_\_\_\_ Date: \_\_\_\_\_



**EXPOSURE INCIDENT REPORT**

Employee Name: \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Department/Shift: \_\_\_\_\_  
Employee Social Security No.: \_\_\_\_\_  
Date of Exposure: \_\_\_\_\_  
Source Name: \_\_\_\_\_  
Source Social Security No.: \_\_\_\_\_  
Source Address: \_\_\_\_\_

Was consent to test obtained from source?

If consent was not obtained, what methods of contacting source were made?

Route of exposure and circumstances under which exposure occurred (puncture wound, skin exposure, etc.):

Description of exposure incident:

Personal Protective Equipment worn?

Task and procedures performed:

## EXPOSURE CONTROL PROTOCOL EVALUATION

Date of Evaluation \_\_\_\_\_

Name of Evaluator \_\_\_\_\_

Date of Exposure \_\_\_\_\_

Date Report was Initiated \_\_\_\_\_

Completed \_\_\_\_\_

Brief description of event and include emergency measures taken for the employee:

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Were Engineering Controls in Place? \_\_\_\_\_

Were required reports complete? \_\_\_\_\_

Date \_\_\_\_\_

Was employee satisfied with the outcome? \_\_\_\_\_

If not, why? \_\_\_\_\_

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Recommended changes to prevent a report exposure: \_\_\_\_\_

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Any other recommendations: \_\_\_\_\_

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