



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

The following exposure control plan has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

EXPOSURE CONTROL

OSHA requires logging contractor employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The following job classifications are in this category: **Feller, Skidder Operator, Mechanical Equipment Operators and Foreman.**

Exposure to blood or other potentially infectious materials will not usually occur during the course of your employment duties. However, exposure is possible and it is imperative that everyone be aware of all potential exposures to blood or other infectious materials at all times. The most likely situation where exposure will occur is when you provide first aid or assistance in emergency treatment or evacuation, or where you are present at an accident scene or are exposed to clothing, equipment or other materials that have been penetrated by blood or other infectious material.

EXPOSURE DETERMINATION

Stop and assess each potential exposure to blood or other infectious material which you encounter. Avoid the potential exposure by not contacting the blood or other infectious material and by remaining outside the area within which the blood or other infectious material may be sprayed.

If the blood or other infectious material cannot be avoided entirely, the exposure must be controlled. Personal protective equipment shall be used to shield eyes, mouth, mucous membranes, non-intact skin (e.g., cuts, scrapes, open sores or rashes, etc.), and skin generally from contact with blood, bodily fluids or other potentially infectious material.

If confronted with an unavoidable exposure to blood, bodily fluids or other infectious material, the personal protective equipment listed in the next paragraph shall be used unless the delay necessary to obtain and put on the equipment may increase the risk of death or greater injury to the individual whom you are assisting. However, even if the aforementioned personal protective equipment cannot be used due to the extreme nature of the emergency, all employees shall take every step reasonably possible to cover and shield eyes, mouth, mucous membranes, non-intact skin and as much skin as possible before contacting blood, body fluids or other infectious material, and before entering the spray area. For example, employees shall take the following precautions to protect:

- **Eyes:** protect with safety glasses, goggles or face mask, etc.
- **Ears:** protect with ear/noise protection or hat, etc.
- **Hands:** protect with gloves or other non-permeable material or tool, etc.
- **Mouth:** protect with face shield, scarf, handkerchief, or mask, etc.
- **Body:** protect with layers of clothing (e.g., put on coat, sweater, roll down sleeves, etc.) Put on disposable impermeable gown.

PERSONAL PROTECTIVE EQUIPMENT

Protective equipment and clothing shall be available in each vehicle operated by the logging contractor, foreman and supervisor, as well as at the woods camp, and shall include:

- Gloves
- Lab Coat
- Face Shield
- Apron
- Protective eye wear with solid side shields or goggles
- Utility gloves
- Examination gloves
- Resuscitation device

All personal protective equipment shall be removed prior to leaving the work area.

All personal protective equipment will be cleaned, laundered, and disposed of by the logging contractor/employer at no cost to employees.

All personal protective equipment contaminated by blood or other potentially infectious material shall be put into the container marked for this purpose.

CLEAN-UP AFTER EXPOSURE

An employee who has been exposed to blood, bodily fluids or other infectious material shall clean-up immediately.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All garments or other material that has been contaminated shall be put into the container marked for this purpose. The container is to be labeled "BIOHAZARD".

Every vehicle operated by the logging contractor foreman and supervisor shall have either an antiseptic cleanser and clean paper/cloth towels or antiseptic towelettes for use by employees. If hand washing facilities are not immediately available, the employee shall use the antiseptic cleanser or antiseptic towelettes to clean his hands or other body parts. In addition, the employee shall wash his hands and other body parts with soap and water as soon as feasible. The logging contractor shall ensure that an ample supply of antiseptic cleanser or antiseptic towelettes are available in his vehicles and those operated by foreman and supervisor.

LAUNDRY PROCEDURES

All employees who handle contaminated laundry shall utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry shall be placed in appropriately marked bags at the locations where it was used. Such laundry shall not be sorted or rinsed in the area of use. The laundry shall then be placed in the "BIOHAZARD" container. The employer shall be responsible for disposing of or laundering contaminated clothing or other material.

CONTAMINATED EQUIPMENT

Equipment (chainsaws, wedges, etc.) that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping, and shall be decontaminated as necessary with a bleach or tuberculocidal solution or the equipment.

WORK AREA RESTRICTIONS

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves are available from the logging contractor, foreman, or supervisor who shall have disposable gloves in their vehicles. Gloves shall be used for first aid and emergency procedures where the employee is likely to be exposed to blood and/or other infectious material.

Disposable gloves shall not be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the gloves is not compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated.

Any broken glassware that may be contaminated will not be picked up directly with the hands.

Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.

POST-EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it shall be immediately reported to the logging contractor, foreman, or supervisor. An exposure incident is specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up shall include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee, as provided by law, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee will be offered the option of having blood collected for testing to determine the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to the time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample, if collected, discarded.
5. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

7. The logging contractor shall assure that the policy outlined here is effectively carried out, and the logging contractor shall maintain records related to this policy.

INTERACTION WITH HEALTH CARE PROFESSIONALS

A written opinion shall be obtained from the health care professional who evaluates employees of this company. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain a Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation; and
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. The written opinion to the employer is not to reference any personal medical information.

TRAINING

Training for all employees shall be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens;
2. Epidemiology and symptomatology of bloodborne diseases;
3. Modes of transmission of bloodborne pathogens;
4. This Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan might be implemented, etc.;
5. Procedures which might cause exposure to blood or other potentially infectious materials on the job site and camp;
6. Personal protective equipment available at this facility and who should be contacted concerning;
7. Post exposure evaluation and follow-up;
8. Signs and labels at the job site and camp; and
9. Hepatitis B vaccine program at the facility.
10. The specifics of the First Aid Reporting Procedures.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine shall be offered within 10 working days of the initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who initially decline the vaccine, but who later wish to have it, shall then have the vaccine provided at no cost. Any employee who declines the vaccine shall sign a Declination Statement, a copy of which is attached hereto.

The logging contractor is responsible for assuring that the vaccine is offered, and for facilitating its provision to employees.

FIRST AID REPORT PROCEDURE

All first aid incidents involving the presence of blood or other potentially infectious materials shall be reported to the logging contractor, foreman, or supervisor before the end of the work shift during which the first aid incident occurred.

Each report of a first aid incident must include all of the following:

1. The names of all persons who provided assistance or first aid;
2. A description of the first aid incident, including the time and date; and
3. A determination of whether or not an exposure incident occurred.

Each report of a first aid incident shall be recorded on a list of such first aid incidents (that is, a first aid incident involving the presence of blood or other potentially infectious materials).

The logging contractor shall keep and maintain first aid incident reports and the list of such reports. An employee may review such reports or list upon request.

An employee who has occupational exposure to blood or other potentially infectious materials, and who has not been offered a Hepatitis B vaccination and who provides hands-on first aid assistance in any situation involving the presence of blood or other potentially infectious materials shall be offered the full immunization series. In this specific situation, the full immunization series shall be offered to an employee whether or not a specific "exposure incident" has occurred. The logging contractor is responsible for coordinating the initiation of the full vaccination series, and he shall do so immediately.

RECORD KEEPING

All records required by the standard shall be maintained by the logging contractor.

A Sharps Injury Log shall be maintained for recording percutaneous injuries from contaminated sharps.

All employees shall receive annual refresher training. The logging contractor shall be responsible for providing such training.

:

Sharps Injury Log

Date of injury _____

Type and brand of device involved _____

Department or work area where the incident occurred _____

Explanation of how the accident occurred _____

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 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.

Employee Signature

Date