

## **Electric City, Inc.**

### **Bloodborne Pathogens Policy Statement**

Protecting personnel from occupational exposure to disease-causing viruses and bacteria has become an extremely significant work-place issue. Work activities which present potential contact with blood or bodily fluid pose infectious disease exposure risk for employees. The Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS) are known as Bloodborne Pathogens because they are transmitted, from one individual to another, through human blood and another bodily fluid. Personnel who have contact with blood or a bodily fluid face the possibility of contracting these viruses and developing severe and possibly fatal health problems.

Supervisors, foremen and persons in-charge of a crew employed by the company will be trained and certified as first-aid providers. The primary function of these employees is to complete general employment duties for the company, not provide first-aid treatment to an injured individual. They are not designated as first-aid providers. Company personnel may voluntarily provide first-aid care, as a "Good Samaritan".

Employee training sessions will be conducted concerning the hazards associated with an exposure to human blood or bodily fluid. The training information will include: (1) An explanation of the Bloodborne Pathogens regulatory standard; (2) A general explanation of the epidemiology and symptoms of Bloodborne Pathogens; (3) An explanation of the modes of Bloodborne Pathogens transmission; (4) An explanation of how to recognize events which may involve exposure to human blood and bodily fluid; (5) Information concerning the selection, use and limitations of Personal Protective Equipment; (6) Information concerning Hepatitis B vaccination; (7) Procedures to follow if an exposure occurs, including methods of incident reporting and medical protocol, including Hepatitis B vaccination; (8) Information concerning warning signs, labels and color-coding. At annual time-intervals, an employee training session will be conducted.

Company personnel will adhere to the principal of Universal Precautions. Universal Precautions is a method of infection control in which all human blood and bodily fluid is treated as if known to be infectious with the Hepatitis B Virus (HBV) or the Human Immunodeficiency Virus (HIV).

The company will provide durable personal protection equipment (protective gloves, mouth barriers, eye, face, nose and skin protectors).

Should an actual or suspected human blood and/or bodily fluid exposure incident occur, personnel are required to immediately report the incident to a supervisor. Each exposure or suspected exposure will be evaluated on a case-by-case basis. Post-exposure report forms are available and, when required, will be completed. A supply of necessary forms will be maintained at the company's business office and at each job location.

First-aid providers who render assistance in any situation involving the presence of human blood or bodily fluid, regardless of whether or not a specific exposure incident occurs, will be offered a full Hepatitis B immunization series, as soon as possible, but no later than twenty-four (24) hours, following the incident.

Appropriate employee training and confidential medical records will be maintained, for the time periods prescribed by governing regulations.

Additional procedural information concerning Bloodborne Pathogens is contained in the company's Emergency Preparedness Plan.

**Electric City, Inc.**  
**Bloodborne Pathogens**  
**Post-Exposure and Follow-up**

Name of employee: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I. Route(s) of Exposure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Example: Eyes, nose, mouth, break in skin, skin pierced by a sharp object)

II. Circumstances surrounding the event (including use of engineering controls, work practices and personal protective equipment): \_\_\_\_\_

\_\_\_\_\_

(Example: Employee was cut by a saw and severed an artery. Since the responder worked nearby, he went directly to the aid of the person and did not obtain the first-aid kit, which contained goggles and gloves. The responder applied pressure to the severed artery and blood splashed into his eyes. The responder had cuts and scrapes on his hands.)

III. Exposed Employee Information:

Blood Taken?: \_\_\_\_\_ (Y/N)                      Date Taken: \_\_\_\_\_

Consent for HBV Testing?                      Written                      Verbal  
(circle one or both)

Consent for HIV Testing?                      Written                      Verbal  
(circle one or both)

Blood being held for 90 days, or until: \_\_\_\_\_ ;  
Pending employee request/permission

IV. Health Care Professional:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

V. Information provided to the Health Care Professional:

- \_\_\_\_\_ Copy of the Occupational Exposure to Bloodborne Pathogens Standard.
- \_\_\_\_\_ Description of the exposed employee's duties.
- \_\_\_\_\_ Documentation of the route(s) of exposure and surrounding circumstances.  
(refer paragraph one (1))
- \_\_\_\_\_ If possible, the source individual's blood test result.
- \_\_\_\_\_ All relevant medical report(s) maintained by the employer, including Hepatitis B vaccination status.

Date information provided to the Health Care Professional: \_\_\_\_\_

Written opinion obtained from the Health Care Professional: \_\_\_\_\_ (Y/N)

Date opinion received from Health Care Professional: \_\_\_\_\_  
(Must be provided to the relevant employee within fifteen (15) days, following the evaluation).

VI. Source Individual:

Name: \_\_\_\_\_

Blood taken: \_\_\_\_\_ (Y/N)      Date taken: \_\_\_\_\_

Consent for HBV Testing?                      Written                      Verbal  
(circle one or both)

Consent for HIV Testing?                      Written                      Verbal  
(circle one or both)

Results made available to exposed employee: \_\_\_\_\_ (Y/N)

Date information provided to exposed worker: \_\_\_\_\_  
(Information is restricted to the physician's statement that the employee has been informed about the results of the medical evaluation and the employee has been advised concerning any medical condition(s) resulting from exposure to human blood or bodily fluid which required further evaluation or treatment).

## Hepatitis B Vaccine Declination Form

I understand that due to my occupational exposure to blood or bodily fluid I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity, at no charge to myself, to be vaccinated with Hepatitis B vaccine. However, at this time, I decline the administration of the Hepatitis B vaccination. 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 bodily fluid and I want to be vaccinated, with the Hepatitis B vaccine, I can receive the vaccination at no charge to me.

**Employee Signature:** \_\_\_\_\_

**Print Employee Name:** \_\_\_\_\_

**Witness Signature and Position:** \_\_\_\_\_

**Print Witness's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_