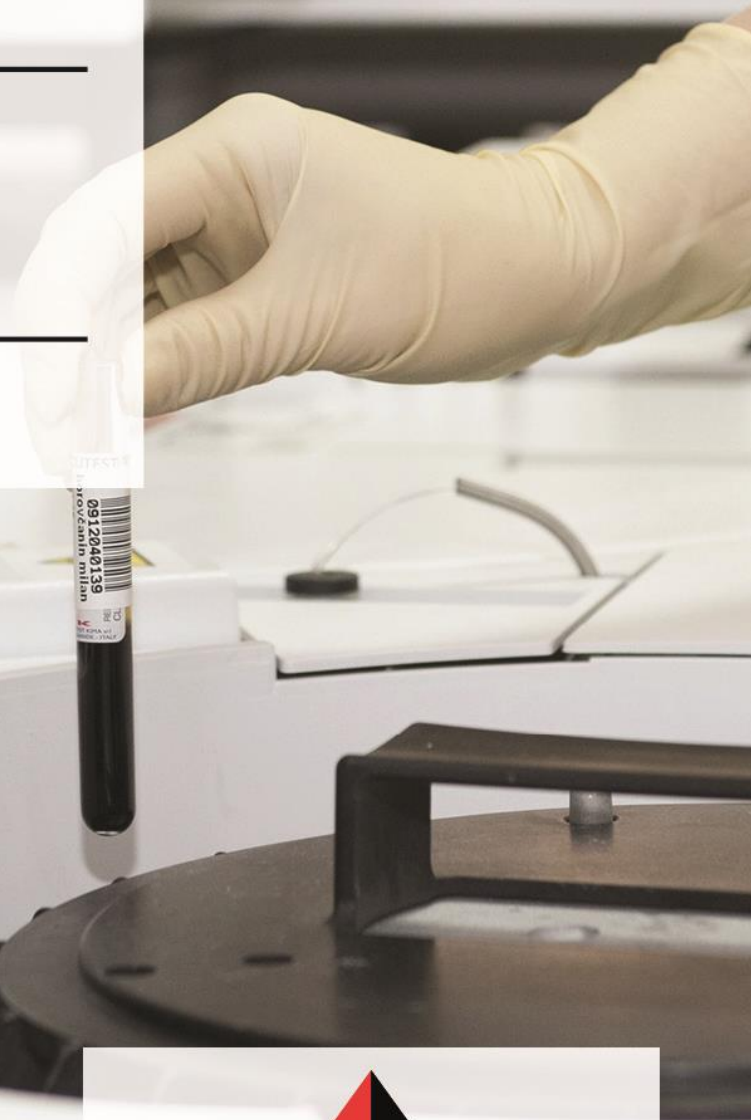




Don H. Mahaffey Drilling Co.

BLOODBORNE PATHOGENS



YOUR OSHA COMPLIANCE SOLUTION

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1 OBJECTIVE

According to the CDC, approximately 5.6 million health care workers, as well as related occupations, are at risk of occupational exposure to bloodborne pathogens. Don H. Mahaffey Drilling Co. is committed to ensuring that all employees are equipped with the training, knowledge and equipment necessary to reduce the risk of infection from bloodborne pathogens.

2 EXPOSURE PLAN ADMINISTRATOR

Don H. Mahaffey Drilling Co. has designated Ashley Mahaffey Tullius for the administration of this plan. Ashley Mahaffey Tullius will be responsible for:

- a. Identifying work areas, processes or tasks that could potentially expose employees to bloodborne pathogens;
- b. Selecting and implementing the appropriate exposure controls;
- c. Maintaining records pertaining to this plan; and
- d. Evaluating the effectiveness of the plan.

3 BLOODBORNE PATHOGENS, AN EXPLANATION OF

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV) and human immunodeficiency virus (HIV). Workers in a variety of occupations, including first responders, nurses and other healthcare personnel, and housekeeping personnel in some industries are all at risk for exposure to bloodborne pathogens. Employees are exposed to bloodborne pathogens via needlesticks and other sharps-related injuries.

3.1 Hepatitis B (HBV) and Hepatitis C (HCV)

Hepatitis B and Hepatitis C are viruses that affect the liver. They are transmitted primarily through “blood to blood” contact and initially cause inflammation of the liver. However, they can also lead to more serious conditions such as cirrhosis and liver cancer. A very durable virus, Hepatitis B can survive in dried blood for up to 7 days. Symptoms can take from 1 – 9 months to appear and early symptoms mirror those of a mild flu. As it progresses, jaundice and darkened urine will occur.

3.2 Human Immunodeficiency Virus (HIV)

Human immunodeficiency virus is responsible for acquired immune deficiency syndrome (AIDS). HIV attacks the body’s immune system, weakening it so that it cannot fight other deadly diseases. A person infected with HIV may not develop AIDS for many years. There is no known cure for AIDS, despite improving treatments. HIV is a very fragile virus and cannot survive outside of the human body for very long. Those providing first aid or medical care in situations involving fresh blood or other potentially infectious materials are at the highest risk of exposure to HIV.

4 EXPOSURE DETERMINATION

An exposure determination (Appendix 2) will be prepared and will contain:

- a. A list of all job classifications in which employees in those job classifications have occupational exposure;
- b. A list of job classifications in which some employees have occupational exposure; and
- c. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of Section 4.2(b).

This exposure determination will be made without regard to the use of personal protective equipment.

5 METHODS OF COMPLIANCE

5.1 Universal Precautions

Universal precautions will be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

5.2 Engineering and Work Practice Controls – General Requirements

- 5.2.1 Engineering and work practice controls will be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.
- 5.2.2 Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 5.2.3 Work practice controls will be evaluated and updated on a regular schedule to ensure their effectiveness.
- 5.2.4 All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

5.3 Prohibited Practices

- 5.3.1 Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- 5.3.2 Contaminated sharps will not be bent, recapped or removed from devices.
- 5.3.3 Sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

- 5.3.4 Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.
- 5.3.5 The contents of sharps containers will not be accessed unless properly reprocessed or decontaminated.
- 5.3.6 Sharps containers will not be opened, emptied or cleaned manually, or in any other manner, which would expose employees to the risk of sharps injury.
- 5.3.7 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- 5.3.8 Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

5.4 Regulated Waste

- 5.4.1 Handling, storage, treatment and disposal of all regulated waste will be in accordance with Health and Safety Code Chapter 6.1, Section 117600 through 118360 and other applicable regulations of the United States, the State and political subdivisions of the State.
- 5.4.2 When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container will be:
 - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping; and
 - b. Placed in a secondary container if leakage is possible. The second container will be:
 - 1. Closable;
 - 2. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and
 - 3. Labeled according to Section 7.1.
- 5.4.3 Regulated waste not consisting of sharps will be disposed of in containers which are:
 - a. Closable;
 - b. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping;
 - c. Labeled and color-coded in accordance with Section 7.1; and
 - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

- 5.4.4 If outside contamination of a container of regulated waste occurs, it will be placed in a second container. The second container will be:
- Closable;
 - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - Labeled and color-coded in accordance with Section 7.1; and
 - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

5.5 Handling Specimens of Blood or Other Potentially Infectious Material

Specimens of blood or OPIM will be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

- 5.5.1 The container for storage, transport, or shipping will be labeled or color-coded according to Section 7.1, and closed prior to being stored, transported or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with Section 7.1 is required when such specimens/ containers leave the facility.
- 5.5.2 If outside contamination of the primary container occurs, the primary container will be placed within a second container which prevents leakage during collection, handling, processing, storage, transport or shipping and is labeled or color-coded to the requirements of this program.
- 5.5.3 If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

5.6 Servicing Contaminated Equipment

Equipment which may become contaminated with blood or OPIM will be examined prior to servicing and will be decontaminated as necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

- 5.6.1 A readily observable label in accordance with Section 7.1 will be attached to the equipment stating which portions remain contaminated.
- 5.6.2 Information concerning all remaining contamination will be conveyed to all affected employees, the servicing representative and/or the manufacturer, as appropriate, prior to handling, servicing or shipping so that appropriate precautions will be taken.

5.7 Cleaning and Decontamination of the Worksite

5.7.1 General Requirements

- a. The worksite will be maintained in a clean and sanitary condition.
- b. Appropriate written methods and schedules for cleaning and decontamination of the worksite will be determined and implemented.
- c. The method of cleaning or decontamination used will be effective and will be appropriate for the:
 1. Location within the facility;
 2. Type of surface or equipment to be treated;
 3. Type of soil or contamination present; and
 4. Tasks or procedures being performed in the area.
- d. All equipment and environmental and work surfaces will be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

5.7.2 Specific Requirements

- a. Contaminated work surfaces will be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
 1. Surfaces become overtly contaminated;
 2. There is a spill of blood or OPIM;
 3. Procedures are completed; and
 4. At the end of the work shift if the surface may have become contaminated since the last cleaning.
- b. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- c. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

5.8 Hygiene

- 5.8.1 Proper handwashing facilities which are readily accessible to employees will be provided.
- 5.8.2 When provision of handwashing facilities is not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water as soon as feasible.
- 5.8.3 Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

- 5.8.4 Employees will wash hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

5.9 Laundry

- 5.9.1 Contaminated laundry will be handled as little as possible with a minimum of agitation.
- a. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use.
 - b. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded in accordance with Section 7.1 of this program. When Universal Precautions are utilized in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
 - c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- 5.9.2 Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.
- 5.9.3 When contaminated laundry is shipped off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, such laundry will be placed in bags or containers which are labeled or color-coded in accordance with Section 7.1.

5.10 Personal Protective Equipment

- 5.10.1 Provision
When there is occupational exposure, appropriate personal protective equipment such as, but not limited to, gloves, face shields or masks and eye protection will be provided at no cost to the employee. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- 5.10.2 Use
Employees are required to use the appropriate personal protective equipment.
- 5.10.3 Accessibility
Appropriate personal protective equipment in the appropriate sizes will be readily accessible at the worksite or will be issued to employees. Hypoallergenic gloves, glove liners, powderless gloves or other similar

alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

5.10.4 Cleaning, Laundering and Disposal

Personal protective equipment required by Section 5 will be cleaned, laundered and/or disposed of at no cost to the employee.

5.10.5 Repair and Replacement

Personal protective equipment will be repaired or replaced, as needed, to maintain its effectiveness at no cost to the employee.

5.10.6 Removal

- a. If a garment is penetrated by blood or other potentially infectious materials, the garment will be removed immediately or as soon as feasible.
- b. All personal protective equipment will be removed prior to leaving the work area.
- c. When personal protective equipment is removed, it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

5.10.7 Gloves

Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin when handling or touching contaminated items or surfaces.

- a. Disposable (single use) gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
- b. Disposable (single use) gloves will not be washed or decontaminated for re-use.
- c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

5.10.8 Masks, Eye Protection, Face Shields and Respirators

- a. Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- b. Where respiratory protection is used, the provisions of California Code of Regulations, Title 8, Sections 5144 and 5147 will be followed as applicable.

5.10.9 Other Protective Body Clothing

Appropriate protective clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

5.11 Housekeeping

- 5.11.1 The worksite will be maintained in a clean and sanitary condition. An appropriate written schedule will be implemented for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area.
- 5.11.2 All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - a. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning;
 - b. Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift;
 - c. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination;
 - d. Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means such as a brush and dust pan, tongs or forceps; and
 - e. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- 5.11.3 Regulated Waste - Contaminated Sharps Discarding and Containment
 - a. Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:
 - 1. Closable;
 - 2. Puncture resistant;
 - 3. Leak-proof on sides and bottom; and
 - 4. Labeled or color-coded in accordance with Section 7.1.
 - b. During Use, containers for contaminated sharps will be:
 - 1. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
 - 2. Maintained upright throughout use; and
 - 3. Replaced routinely and not be allowed to overfill.

- c. When moving containers of contaminated sharps from the area of use, the containers will be:
 - 1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping;
 - 2. Placed in a secondary container if leakage is possible. The second container will be:
 - i. Closable;
 - ii. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and
 - iii. Labeled or color-coded according to Section 7.1.
- d. Reusable containers will not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury;
- e. Regulated waste will be placed in containers which are:
 - 1. Closable;
 - 2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - 3. Labeled or color-coded in accordance with Section 7.1; and
 - 4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping
- f. If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:
 - 1. Closable;
 - 2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - 3. Labeled or color-coded in accordance with Section 7.1; and
 - 4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- g. Disposal of all regulated waste will be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

5.11.4 Laundry

- a. Contaminated laundry will be handled as little as possible with a minimum of agitation:
 - 1. Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use;
 - 2. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded in accordance with Section 7.1. When a company utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions;
 - 3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

- b. Employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment; and
- c. When contaminated laundry is shipped off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, such laundry will be placed in bags or containers which are labeled or color-coded in accordance with Section 7.1.

6 HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION & FOLLOW-UP

6.1 General

- 6.1.1 The hepatitis B vaccine and vaccination series will be made available to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- 6.1.2 Where Don H. Mahaffey Drilling Co. acts as the evaluating health care professional, an employees will be advised following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from Don H. Mahaffey Drilling Co.'s healthcare professional. When consent is refused, a confidential medical evaluation and follow-up from a healthcare professional other than Don H. Mahaffey Drilling Co.'s will be made immediately to available to the employee.

Exception to 6.1.1 and 6.1.2:

Pre-exposure hepatitis B vaccine may not be offered to designated first aid providers who have occupational exposure if the following conditions exist:

- a. *The primary job assignment of such designated first aid providers is not the rendering of first aid.*
 - 1. *Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.*
 - 2. *This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.*
- b. *This program specifically addresses the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined in Appendix 1, occurred) and there is a provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in Appendix 1, including:*
 - 1. *Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to Don H. Mahaffey Drilling Co. before the end of the work shift during which the first aid incident occurred.*

- 6.1.3 All medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, will be:
- Made available at no cost to the employee;
 - Made available to the employee at a reasonable time and place;
 - Performed by, or under the supervision of, a licensed physician or by, or under the supervision of, another licensed health care professional; and
 - Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this Section 6.
- 6.1.4 All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

6.2 Hepatitis B Vaccination

- 6.2.1 The hepatitis B vaccination will be made available after the employee has received the training required in Section 8.2.2(i) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.
- 6.2.2 Participation in a prescreening plan will not be made a prerequisite for receiving hepatitis B vaccination.
- 6.2.3 If the employee initially declines hepatitis B vaccination, but at a later date while still covered under this program decides to accept the vaccination, the hepatitis B vaccination will be made available at that time.
- 6.2.4 Employees who decline to accept the hepatitis B vaccination will be required to sign the statement in Appendix 3.
- 6.2.5 If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose will be made available in accordance with Section 6.1.2.

6.3 Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, a confidential medical evaluation and follow-up will be made immediately available to the exposed employee and will include at least the following elements:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law:
 - The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Don H. Mahaffey Drilling Co. will establish that legally-required consent cannot be obtained. When the source individual's consent

- is not required by law, the source individual's blood, if available, will be tested and the results documented.
2. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 3. Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- c. Collection and testing of blood for HBV, HCV and HIV serological status:
 1. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
 2. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
 3. Additional collection and testing will be made available as recommended by the U.S. Public Health Service.
 - d. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - e. Counseling; and
 - f. Evaluation of reported illnesses.

6.4 Information Provided to the Healthcare Professional

- 6.4.1 The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided a copy of this regulation.
- 6.4.2 The healthcare professional evaluating an employee after an exposure incident will provide the following information:
 - a. A copy of this regulation;
 - b. A description of the exposed employee's duties as they related to the exposure incident;
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d. Results of the source individual's blood testing, if available; and
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are Don H. Mahaffey Drilling Co.'s responsibility to maintain.

6.5 Healthcare Professional's Written Opinion

The employee will be provided with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- 6.5.1 The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

- 6.5.2 The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:
- a. That the employee has been informed of the results of the evaluation; and
 - b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- 6.5.3 All other findings or diagnoses will remain confidential and will not be included in the written report.

6.6 Medical Recordkeeping

Medical records required by this plan will be maintained in accordance with Section 10.1.

7 COMMUNICATION OF HAZARDS TO EMPLOYEES

7.1 Labels

Warning labels will be affixed to containers of regulated waste and other containers used to store or transport blood or other potentially infectious materials, except as provided in Sections 7.1.4, 7.1.5 and 7.1.6.

- 7.1.1 Labels required by this section will include the following legend:



Or in the case of regulated waste, the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE.

- 7.1.2 These labels will be fluorescent orange or orange-red, or predominantly so, with lettering and symbols in a contrasting color
- 7.1.3 Labels will either be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
- 7.1.4 Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste will be color-coded red and will be labeled in accordance with

Section 7.1.1. Labels on red bags or red containers do not need to be color-coded in accordance with Section 7.1.3.

- 7.1.5 Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport or disposal are exempted from the labeling requirement.
- 7.1.6 Labels required for contaminated equipment will be in accordance with this section and will also state which portions of the equipment remain contaminated.
- 7.1.7 Regulated waste that has been decontaminated need not be labeled or color-coded.

8 TRAINING

Each employee with occupational exposure will be trained in accordance with the requirements of this section. Such training will be provided at no cost to the employee and during working hours.

8.1 Training Frequency

- 8.1.1 Training will be provided
 - a. At the time of initial assignment to tasks where occupational exposure may take place; and
 - b. At least annually thereafter.
- 8.1.2 Annual training for all employees will be provided within one year of their previous training.
- 8.1.3 Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

8.2 Training Program Elements

- 8.2.1 The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to Don H. Mahaffey Drilling Co..
- 8.2.2 Material appropriate in content and vocabulary to educational level, literacy and language of employees will be used.
- 8.2.3 The training program will contain, at a minimum, the following elements:
 - a. An accessible copy of the regulatory text of this plan and an explanation of its contents;
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - c. An explanation of the modes of transmission of bloodborne pathogens;

- d. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
- g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- h. An explanation of the basis for selection of personal protective equipment;
- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge;
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
- l. Information on the post-exposure evaluation and follow-up that is required to be provided for the employee following an exposure incident;
- m. An explanation of the labels and/or color coding required by Section 7.1; and
- n. An opportunity for interactive questions and answers with the person conducting the training session.

9 EXPOSURE PLAN EVALUATION

Periodic evaluations of the workplace will be conducted to ensure that the provisions of this plan are being implemented and that the plan is effective

9.1 Workplace Inspections

Periodic inspections of job sites will be conducted to ensure the following:

- a. Hazards are properly identified and labeled;
- b. The appropriate controls are in place to prevent exposures; and
- c. Employees are wearing appropriate personal protective equipment.

9.2 Review

The Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans will also:

- a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and

- b. Document annually consideration and implementation of appropriate commercially available and effective safer devices designed to eliminate or minimize occupational exposure.

9.3 Employee Input

Input will be solicited from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work practice controls and will document the solicitation in the Exposure Control Plan.

10 DOCUMENTATION AND RECORDKEEPING

10.1 Medical Records

- 10.1.1 An accurate record will be established and maintained for each employee with occupational exposure. This record will include:
 - a. The name and social security number of the employee;
 - b. A copy of the employee's Hepatitis B vaccination status, including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by Section 6.2;
 - c. A copy of all results of examinations, medical testing and follow-up procedures as required by Section 6.3;
 - d. Don H. Mahaffey Drilling Co.'s copy of the healthcare professional's written opinion as required by Section 6.5; and
 - e. A copy of the information provided to the healthcare professional as required by Sections 6.4.2(b, c and d).
- 10.1.2 Employee medical records required by Section 10.1.1 will be:
 - a. Kept confidential; and
 - b. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

10.2 Training Records

Training records will include the following information:

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

10.3 Sharps Injury Log

A sharps injury log (Appendix 4) will be established and maintained for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log will contain, at a minimum:

- a. The type and brand of device involved in the incident;
- b. The department or work area where the exposure incident occurred; and
- c. An explanation of how the incident occurred.

10.4 Record Retention

- 10.4.1 All medical records as required in Section 10.1 will be maintained for at least the duration of employment plus 30 years in accordance with California Code of Regulations, Title 8, Section 3204.
- 10.4.2 All training records will be maintained for 3 years from the date on which the training occurred.
- 10.4.3 The sharps injury log will be maintained for 5 years from the date the exposure incident occurred.

10.5 Availability

- 10.5.1 All records required to be maintained by this plan will be made available upon request to the Chief and NIOSH for examination and copying.
- 10.5.2 Employee training records required by this plan will be provided upon request for examination and copying to employees, to employee representatives, to the Chief and to NIOSH.
- 10.5.3 Employee medical records required by this plan will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief and to NIOSH in accordance with California Code of Regulations, Title 8, Section 3204.
- 10.5.4 The Sharps Injury Log will be provided, upon request, for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services and to NIOSH.

10.6 Transfer of Records

Don H. Mahaffey Drilling Co. will comply with the requirements involving transfer of records set forth in California Code of Regulations, Title 8, Section 3204.

APPENDIX 1 – DEFINITIONS

Biological Cabinet – A device enclosed except for necessary exhaust purposes on 3 sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used.

Biological cabinets are classified as:

- Class I – A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.
- Class II – A ventilated cabinet for personnel, product and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection and HEPA filtered exhaust air for environmental protection.
- Class III – A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

Blood – Human blood, human blood components and products made from human blood.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Chief – The Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

Clinical Laboratory – A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry – Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Decontamination – The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

Engineered Sharps Injury Protection – Either:

1. A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
2. A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Engineering Controls – Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance on an employee's duties.

Handwashing Facilities – A facility providing an adequate supply of running potable water, soap and single-use towels or air-drying machines.

HBV – Hepatitis B virus.

HCV – Hepatitis C virus.

HIV – Human immunodeficiency virus.

Licensed Healthcare Professional – A person who's licensed scope of practice includes an activity which this program requires to be performed by a licensed healthcare professional.

Needle or Needle Device – A needle of any type including, but not limited to, solid and hollow-bore needles.

Occupational Exposure – Reasonably anticipated skin, eye, mucous or parenteral contact with blood or other potentially infectious materials that may result from the performance on an employee's duties.

One-Hand Technique – A procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed will require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

Other Potentially Infectious Materials (OPIM):

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. Any of the following, of known or reasonably likely to contain or be infected with HIV, HCV or HBV:
 - a. Cell, tissue or organ cultures from humans or experimental animals;
 - b. Blood, organs or other tissues from experimental animals; or
 - c. Culture medium or other solutions.

Parenteral Contact – Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

Personal Protective Equipment – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste – Any of the following:

1. Liquid or semi-liquid blood or OPIM;
2. Contaminated items that:
 - a. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
 - b. Are capable of releasing these materials when handled or compressed;
3. Contaminated sharps;
4. Pathological and microbiological wastes containing blood or OPIM; and/or
5. Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

Sharp – Any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Sharps Injury – Any injury caused by a sharp, including, but not limited to, cuts, abrasions or needlesticks.

Sharps Injury Log – A written or electronic record satisfying the requirements of Section 10.3.

Source Individual – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize – The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions – 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, HCV, HBV and other bloodborne pathogens.

Work Practice Controls – Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

APPENDIX 2 – EXPOSURE DETERMINATION

[illegible][illegible]

APPENDIX 3 – HEPATITIS B VACCINE DECLINATION

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.

Employee Signature

Date

Printed Name

APPENDIX 4 – SHARPS INJURY LOG

Type & Brand of Device Involved in Incident	Department or Area Where Incident Occurred	Explanation of How Incident Occurred