

COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN

I. PURPOSE

Home at Heart Care, Inc. (“Home at Heart”) is committed to providing a safe and healthful work environment for Home at Heart’s entire staff. The purpose of this communicable disease exposure control plan (“Plan”) is to establish guidelines for employees directly interacting with persons who are known or suspected of having contracted, or having been exposed to, communicable infectious diseases, as well as to eliminate or minimize occupational exposure to airborne and bloodborne pathogens in accordance with United States Occupational Safety and Health Administration (“OSHA”) standard promulgated at 29 C.F.R. § 1910.1030, Occupational Exposure to Bloodborne Pathogens (the “Standards”) and other applicable state and federal rules and regulations.

II. OVERVIEW

It is the policy of Home at Heart to provide precautions and preventative measures, and to provide training and equipment as necessary to ensure the safety of its employees as it pertains to the prevention of exposure to communicable infectious diseases. Home at Heart and its employees shall adhere to all federal and state laws and local ordinances, legal opinions, and regulations pertaining to communicable infectious diseases, including without limitation the Standards and all applicable procedures and guidelines for preventing the spread of communicable infectious disease in the work place developed by the United States Department of Health Center for Disease Control (“CDC”), the United States Occupational Safety and Health Administration (“OSHA”) and the Minnesota Department of Health (“MDH”)

This Plan was written in accordance with the procedures and guidelines for preventing the spread of communicable infectious disease in the work place developed by the CDC, OSHA and the MDH. These procedures and guidelines should be followed to prevent exposure when handling any potentially infectious material and provide a post-exposure plan in the event an employee suffers a significant exposure.

This Plan is a key document to assist Home at Heart’s organization in implementing and ensuring compliance with the Standards, thereby protecting Home at Heart’s employees.

This Plan includes provisions relating to:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal Precautions
 - Engineering controls
 - 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

III. DEFINITIONS

As used in this Plan, the following terms shall have the following meanings, unless otherwise clarified or defined herein:

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

Bloodborne Pathogen: Pathogenic microorganisms present in human blood that cause disease. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HBC), and human immunodeficiency virus (HIV).

Exposure: Work tasks and activities which necessarily and routinely involve reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material (including 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). This EXCLUDES incidental exposures that may take place on the job and that are neither reasonably nor routinely expected and that an employee is not required to incur in the normal course of performance of job duties on behalf of Home at Heart. Determination is made without regard to personal protective clothing and equipment used to protect an employee from exposure. Exposure includes, but is not limited to, the following activities:

1. Participation in invasive procedures of any type.
2. Emergency and rescue activity involving provision of first-aid or CPR.
3. Client care activities involving contact with blood or body fluids or with materials that have been contaminated with blood or body fluids.

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 rendering the surface or item safe for handling, use or disposal.

Engineering Controls: Controls that isolate or remove the infectious hazard from the work place (*i.e.*, sharps disposal containers, one-way valve masks for CPR, containers for the securing of syringes).

Exposure Incident: A specific contact with blood or other potentially infectious material that occurred during the normal performance of an employee's duties (to the eye, mouth, any mucous membrane, non-intact skin, etc.).

HBV (Hepatitis B Virus): A viral infection that can result in jaundice, cirrhosis, and cancer of the liver. The virus causes HBV and may be found in blood, urine, semen, vaginal secretions and saliva. It may be transmitted by direct contact with infected persons and through needle sticks or sharps exposures.

HCV (Hepatitis C Virus): A viral infection that can result in chronic infection, cirrhosis and liver disease. Infection occurs when blood from an infected person enters the body of a person who is not infected. HCV is spread through sharing needles and through needle sticks or sharps exposures.

HIV (Human Immunodeficiency Virus): HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV may be transmitted from one person to another primarily through sexual contact or through the sharing of intravenous drug needles. It may also be transmitted by coming into direct contact with an infected person; *i.e.* an employee with a cut or sore on their hand gets blood on that hand while rendering first aid.

Meningitis: An inflammation of the membranes that envelop the brain and spinal cord. Meningitis may be contracted through direct contact with an infected person's respiratory secretion.

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

Other Potentially Infectious Materials: The following human body fluids:

- (a) 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.
- (b) Any unfixed tissue or other (other than intact skin) from a human (living or dead).
- (c) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE): Personal protective equipment is specialized clothing or equipment used by employees to protect themselves from direct exposure to blood or other potentially infectious materials. It includes, but is not limited to, protective disposable gloves, face shields or masks, eye protection, gowns and resuscitation masks.

Significant Exposure: Having sustained a contact which carries a potential for a transmission of bloodborne pathogens by one or more of the following means:

- skin puncture by a needle or sharp object that has had contact with blood or body fluid from another person;
- bodily fluids of another person in contact with the mucus membranes or eyes;
- contamination of open skin (cuts, abrasions, blisters, open dermatitis) by blood or body fluids, or bites that break the skin;
- blood containing fluids in contact with skin longer than five (5) minutes;
- fluids such as urine, saliva, vomit and stool are considered significant only when they contain visible blood; and/or
- exposure to diseases communicable by airborne transmission (including tuberculosis, chicken pox, measles, and pertussis) will be confirmed and follow-up will be determined with the help of governmental health authorities.

Source Individual: An individual, living or dead, whose blood, tissue or potentially infectious body fluids may be a source of bloodborne pathogen exposure to another person. Examples include, but are not limited to, a victim of an accident, injury or illness, or a deceased person.

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

Tuberculosis (TB): Bacterial disease causing swelling and lesions in the tissue of the lung. The most common means of exposure is by inhaling airborne particles from the cough of an infected person. Transmission may occur after being in a non-ventilated area for an extended period of time with an infected person. In rare cases, this bacterial disease can be transmitted through the saliva, urine, blood and in some cases, other body fluids of infected persons.

Universal Precautions: "Universal Precautions," as defined by CDC, are a set of precautions designed to prevent transmission of HIV, HBV and other bloodborne pathogens when providing first aid or health care. Under Universal Precautions, blood and certain body fluids of all Clients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (*i.e.*, prohibiting recapping of needles by a two-handed technique).

IV. PROGRAM ADMINISTRATION, IMPLEMENTATION AND CONTROL

Those Home at Heart 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 Plan. All employees will receive an explanation of this Plan during their initial OJT training session and Homemaking 101 Training in periodic refresher training.

The QP will be responsible for training, documentation of training, and making this Plan available to employees and governmental representatives (including without limitation CDC, OSHA and MDH representatives). All employees can review this Plan at any time during their work shifts by contacting the QP . If requested, Home at Heart will provide an employee with a copy of this Plan free of charge within fifteen (15) days of the request. The CEO is responsible for implementation of this Plan and will maintain, review, and update this Plan at least annually and whenever necessary to include new or modified tasks and procedures.

The CEO will be responsible for ensuring that all applicable employee health and OSHA records are kept and maintained. The CEO is responsible for reviewing and updating this Plan 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.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of Home at Heart employee job classifications which may have occupational exposure and are therefore covered by this Plan (job duties are described more fully within the Home at Heart Employee Policy Handbook):

- Personal Care Assistant (“PCA”)
- Qualified Professional (“QP”)
- Homemaker

NOTE: Part-time, temporary, contract and per diem employees are included in the foregoing, as well as any employee providing any of the job duties of a PCA, QP and/or Homemaker, regardless of the employee’s job title/designation.

UNIVERSAL PRECAUTIONS

It is Home at Heart’s policy to provide a safe work environment for both employees and Clients, to assist employees in handling potentially infectious substances and to minimize danger of transmission to themselves or to others. Bloodborne pathogens are pathogenic microorganisms that are present in human/body fluids that can cause disease in humans.

All employees shall practice Universal Precautions to reduce the risk of infection by bloodborne and/or airborne pathogens. Universal Precautions shall be used for all activities involving contact with blood, other body fluids containing visible blood, semen and vaginal secretions, as well as equipment and materials that may be contaminated.

Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. Universal Precautions do not apply to saliva except when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable.

Universal Precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure to potentially infectious materials. In addition, under Universal Precautions, it is recommended that precautions are taken to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

Universal Precautions Guidelines Relating to Gloving, Masking and Other Protective Barriers:

- Latex or vinyl gloves should be worn for touching blood and all body fluids, mucous membranes, or non-intact skin, and for handling items or surfaces soiled with blood or body fluids.
- Gloves should be removed and discarded in proper containers after contact with each Client.
- Hands and other skin surfaces should be washed immediately or as soon as safety permits if contaminated with blood or body fluids. Hands should be washed immediately after gloves are removed.
- Disposable examination gloves should not be reused.
- Gloves must be intact. If torn or punctured during Client care, gloves must be replaced as soon as possible.
- Masks and protective eyewear or face shields should be worn to prevent exposure of mucous membranes of the mouth, nose, and eyes during procedures that are likely to generate droplets of blood or body fluids.
- Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or body fluids.
- Clothing should be covered (e.g. with laboratory coats, aprons) during procedures that are likely to generate splashes of blood or body fluids.
- All employees should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped by hand, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal, which should be located as close as practical to the area in which they are used. All reusable

needles should be placed in a puncture-resistant container if being transported for discarding and/or reprocessing.

- General infection control practices should further minimize the minute risk for salivary transmission of HIV. These infection control practices include the use of gloves for digital examination of mucous membranes and endotracheal suctioning, handwashing after exposure to saliva and minimizing the need for emergency mouth-to-mouth resuscitation by making mouthpieces and other ventilation devices available for use in areas where the need for resuscitation is predictable.

ENGINEERING CONTROLS AND WORK PRACTICE CONTROLS

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting of blood or other potentially infectious materials is prohibited. No objects should be placed in the mouth. The nose, mouth and eyes should not be touched during or after contact with any individual until property hand washing procedures have been followed.

Special care and precautions shall be taken at any time an employee may have open cuts or sores or dermatitis that may compromise the barrier protection provided by skin. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during any collection, handling, processing, storage, transport or shipping.

The minimum number of employees required shall be involved with any procedure entailing exposure to bloodborne pathogens and exposure time should be minimized.

From time to time, Home at Heart will evaluate and identify the need for changes in engineering controls and/or and work practice controls through review of governmental regulations, OSHA records, employee interviews and evaluating employee experiences with communicable infectious diseases. Home at Heart management personnel, including without limitation the CEO, will be involved in this process, and the CEO will be responsible for ensuring all engineering controls and work practice controls to determine whether revisions are required from time to time.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Use of PPE is recommended and strongly encouraged in any situation in which the employee believes an exposure to bloodborne and/or airborne pathogens may occur. All employees performing tasks entailing reasonable anticipated exposure to blood or other potentially infectious materials will be provided and are required to use appropriate PPE, such as, but not limited to, protective disposable gloves, face shields or masks, eye protection, gowns and resuscitation masks. Such equipment shall be repaired or replaced as needed to maintain its effectiveness at no cost to the employee. PPE 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.

Under rare and extraordinary circumstances when it is in the employee's professional judgment that in the specific instance use of protective clothing and equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the employee or fellow employees, the employee shall document these circumstances and inform the CEO, who shall investigate the circumstances and determine whether changes can be instituted to prevent such occurrences in the future. The CEO shall document all such occurrences.

Home at Heart will provide and maintain all necessary personal protective equipment ("PPE"), engineering controls, sharps containers, labels and red bags as required by applicable laws and regulations (including without limitation the Standards). Home at Heart will ensure that adequate supplies of PPE are available in the appropriate sizes, as applicable.

All employees using PPE must observe the following precautions:

- 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.
- Wear protective clothing in situations with reasonably anticipated exposure to blood or OPIM. Have spare clothing available.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove immediately or as soon as feasible any clothing or garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Remove all PPE prior to leaving the area in which used. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- Wear 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.

Hand washing

Home at Heart encourages staff in effective handwashing. Handwashing removes harmful germs from the hands and to help prevent the spread of infectious agents from one person to the other.

Employees must wash their hands and any other skin with soap and water, or flush mucus membranes with water immediately or as soon as feasible after removal of gloves or other PPE following contact of such body areas with blood or other potentially infectious materials. When hand washing facilities are not immediately available, employees should use an appropriate antiseptic hand cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes. If antiseptic hand cleansers or towelettes are used, hands shall be washed with liquid soap and running water as soon as feasible.

Handwashing Procedure:

1. Remove all jewelry from hands.
2. Wet hands and forearms using warm running water.
3. Apply antibacterial soap thoroughly. Lather well including forearms
4. With palms together and fingers interlaced, rub hands briskly 60 seconds. Wash at least two to three inches above the wrist.
5. Lift palms to back of opposite hand and rub back of hands and up forearm 60 seconds. Repeat with other hand. Remember that friction removes the surface organisms which are then washed away, with the lather. If you don't work up a good lather and use friction, your hands will still be contaminated.
6. Clean fingernails while you are washing hands. Use thumbs to rub at nail beds of opposite hands.
7. Rinse hands and forearms thoroughly with running water. Hold hands down so clean water does not run on unwashed area then back on washed area contaminating the hands again.
8. Dry hands using paper towels.
9. Use a dry paper towel to turn off faucet and if possible use a dry paper towel to open door. Dispose of towel in waste receptacle.

Cleaning and Disinfection

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- Contaminated surfaces shall be decontaminated with an appropriate disinfectant 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 been contaminated since the last cleaning.
- Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated.
- All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated according to the cleaning schedule and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.
- Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Handling of Sharps

Contaminated needles and other contaminated sharps shall be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-code and **SHALL NOT** be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated needles and other contaminated sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure which must be documented and approved by an immediate supervisor prior to the use of such procedures. Recapping or needle removal or collection of sharps shall be accomplished by a mechanical device or one-handed technique; no shearing or breaking of contaminated needles will be performed.

Disposal of all sharps and medical waste shall be in accordance with applicable federal, state and/or local laws, regulations and ordinances.

Medical/Regulated Waste

Medical waste shall be considered any liquid or semi-liquid blood or other potentially infectious materials, dried blood or other potentially infectious materials in any form. This includes any items which may have such materials on them in any form with the

exception of reusable equipment, instruments or personal protective clothing and equipment which undergoes property decontamination procedures.

Medical waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

If outside contamination of such containers occurs, it shall be placed in a second container. The second container shall be closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels. This container shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Disposal of all medical waste shall be in accordance with applicable federal, state and/or local laws, regulations and ordinances.

Handling, Storage and Transport of Blood or Other Infectious Body Fluids

All handling or decontamination of items contaminated with blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

The container for storage, transport or shipping (including freezers and refrigerators used for storage of blood or other potentially infectious materials) shall be bio-hazard labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels (EXCEPT for containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use) and closed prior to being stored, transported or shipped.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

Personal Habits, Food and Drink, Employee Medication

Eating, drinking, smoking, application of cosmetics or lip balm, and handling contact lenses by Home at Heart employees are strictly prohibited in any work environment with reasonable likelihood of occupational exposure to bloodborne pathogens. Food and drink of Home at Heart employees shall not be kept in any location where blood or other potentially infectious materials are present. All employees will ensure that all cuts, abrasions, scratches or breaks in the skin are properly covered or bandaged before the start of work, and throughout the entire work day. Employees should be aware that certain prescribed medications, such as steroids and asthma medications, can suppress their immune systems increasing their susceptibility to infectious diseases. Employees should consult with their physician if they are taking prescribed medications.

Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation and shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Universal precautions shall be used in the handling of all soiled laundry. All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

Bio-Hazard Labels

Warning labels shall be affixed to containers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials, except that red bags or red containers may be substituted for labels. Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from these labeling requirements. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

HEPATITIS B VACCINATION

Home at Heart will provide training to employees on Hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Hepatitis B vaccination series is available at no cost after initial employee training and within ten (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. Employees may obtain a Hepatitis vaccination at their local clinic. Home at Heart Care will reimburse the cost of the vaccination to the employee when the employee submits proof of receipt.

However, if an employee declines the vaccination, the employee must sign a declination statement in form substantially similar to that set forth at the end of this Plan. Employees who decline may request and obtain the vaccination at a later date at no

cost. Documentation regarding vaccination and refusal of vaccination (as applicable) is kept at Home at Heart's Clearbrook offices.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the CEO as soon as practicable following exposure at 866-810-9441, in accordance with all applicable laws and regulations (including without limitation the Standards). After an exposure incident, a confidential medical evaluation and follow-up shall be made immediately available to the exposed employee including:

- Notice of injury form, supervisor's report, and offense report and/or supporting documents (if applicable).
- 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).

If applicable, the source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is NOT obtained, it shall be established 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, shall be tested and the results documented. When the source individual is already known to be infected with HBV and HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Based upon the recommendation of a healthcare professional providing the post-exposure evaluation, the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collections, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least ninety (90) days. If within ninety (90) days subsequent to the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Post-exposure prophylaxis shall be provided to the exposed employee, when medically indicated, as recommended by the U.S. Public Health Service.

Counseling and evaluation of reported illnesses shall be provided to the exposed employee as needed and indicated.

EMPLOYEE TRAINING

All employees with reasonably anticipated exposure to blood or other potentially infectious materials shall participate in training conducted by Home at Heart in accordance with all applicable laws and regulations (including without limitation the Standards).

All employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA Standards
- An explanation of this Plan 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 Standards and used at Home at Heart...
- An opportunity for interactive questions and answers with the person conducting the training session.

Copies of all employee training materials for Home at Heart are available at Home at Heart's Clearbrook offices and will be provided upon request to employees (Home at Heart may charge reasonable photocopying expenses).

Additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure shall be provided which may be limited to addressing the new exposures created.

RECORDKEEPING

Training Records

Training records shall be maintained and shall include the dates of the training sessions, contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions.

Medical Records

An accurate medical record for each employee with occupational exposure shall be maintained in accordance with 29 C.F.R. § 1910.20. This record shall include the name and social security number of the employee, 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, a copy of all results of examinations, medical testing and follow-up procedures required as part of any post-exposure medical evaluation including the employee's copy of the health care professional's written opinion, and a copy of the information provided to the healthcare professional as part of that evaluation.

Employee's medical records will be kept confidential and not disclosed or reported without the employee's express written consent to any person within Home at Heart's outside the workplace except as required by this section or as may be required by law.

OSHA Recordkeeping

All employees medical records or training records required to be maintained under the Standards shall be made available upon request to any OSHA employee for examination and copying in accordance with the Standards.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

INFECTION CONTROL REPRESENTATIVE

The CEO has been designated as “Infection Control Representative” to be responsible for the implementation and management of this Plan.

HEPATITIS B VACCINE DECLINATION

Any employee subject to occupational exposure to blood or infectious materials must be vaccinated against the Hepatitis B virus or sign a document declining the vaccination in substantially the form set forth below.

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.

Signed: _____

Name: _____

Date: _____

**BLOODBORNE PATHOGEN EXPOSURE
INCIDENT INVESTIGATION REPORT**

ORGANIZATION: _____

Employee's Name: _____

SS#: _____ - _____ - _____

Occurrence date: _____ / _____ / _____ Reported date: _____ / _____ / _____

Description circumstances exposure incident (include route(s) of exposure):

Description of the employee's duties as they relate to the exposure incident:

The following contributed to the exposure incident:

_____ failure to follow prescribed work practice procedures

_____ lack of control by engineering or work practice controls

_____ other

Describe:

Describe corrective or disciplinary action(s) taken (including education, employee's actions, and implementation of new or additional engineering or work practice controls):

Infection Control Representative: _____ Date: _____

signature

EXPOSURE INCIDENT FORM

A. IDENTIFICATION

1. Employee Name: _____
2. SSN: _____
3. Department: _____
4. Police/Rescue Report Number(s):

B. EXPOSURE

1. Date: _____
2. Time: _____
3. Body parts Exposed: _____

C. IDENTIFICATION (source if known:)

1. Name: _____
2. SSN: _____
3. DOB: _____
4. Sex: _____
5. Address: _____
6. Phone: _____
7. Transported To: _____

D. TYPE OF EXPOSURE

1. ___ No contact with blood or body fluid
2. ___ Needle stick from:
 - (a) ___ Recapping
 - (b) ___ Injection
 - (c) ___ Drawing Blood
 - (d) ___ Starting IV
 - (e) ___ In trash
 - (f) ___ In linen

- (g) ___ Full needlebox
- (h) ___ Other: _____
- 3. ___ Bitten by: _____
- 4. ___ Puncture by: _____
- 5. ___ Laceration (cut) by: _____
- 6. ___ Abrasion (rub or Grinding by): _____
- 7. ___ Splash to:
 - (a) ___ Skin-no break in skin
 - (b) ___ Skin-broken (explain): _____
 - _____
 - (c) ___ Mouth
 - (d) ___ Eye
 - (e) ___ Ear
 - (f) ___ Nose
 - (g) ___ Other: _____
- 8. ___ Inhalation

E. TYPE OF FLUID

- 1. ___ Blood
- 2. ___ Saliva
- 3. ___ Vomitus
- 4. ___ Mucus
- 5. ___ Semen
- 6. ___ Urine
- 7. ___ Feces
- 8. ___ Sweat
- 9. ___ Tears
- 10. ___ Exhaled air
- 11. ___ Other: _____

F. AMOUNT OF EXPOSURE

- 1. ___ Less than one drop
- 2. ___ One drop to one teaspoon
- 3. ___ Over one teaspoon

4. ___ Unknown

G. INFECTIOUS RISK (believed to be present)

1. ___ HIV
2. ___ Hepatitis
 - (a) ___ Type A
 - (b) ___ Type B
 - (c) ___ Type C
 - (d) ___ Type Unknown
3. ___ Syphilis
4. ___ Gonorrhea
5. ___ Tuberculosis (TB)
6. ___ Meningitis
7. ___ Other: _____
8. ___ Unknown

H. PRE-EXPOSURE PROTECTION

1. ___ Gloves
2. ___ Mask
3. ___ Eye protection
4. ___ Resuscitation mask
5. ___ None of the above

I. POST-EXPOSURE PRECAUTIONS

1. ___ Washed exposed area after contact
 - (a) ___ with disinfectant
 - (b) ___ with soap
 - (c) ___ with other: _____

2. ___ Other: _____

J. Brief Description of Incident:
