

Manual Section 2	Issue Date 03/17/16	Revision Date 01/15/26	Policy Number LLCP-011
	Bloodborne Pathogens		

REGULATORY STANDARD: OSHA - 29 CFR 1910.1030

Basis

Approximately 5.6 million American workers are at risk of developing various types of illnesses due to their exposure to bloodborne pathogens such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses and other potentially infectious materials in the workplace. In recent years there has been a significant increase in the number of cases reported. This poses a serious problem for exposed workers and their employer. This standard practice instruction establishes uniform requirements to ensure that procedures to limit the spread of such hazards are implemented, evaluated, and that the proper hazard information is transmitted to all affected workers.

Purpose

The Company will ensure that all potentially infectious hazards within their facilities are evaluated and controlled. This standard practice instruction is intended to address comprehensively the issues of; evaluating and identifying potential infectious hazards, evaluating engineering controls, work practices, administrative controls, medical management, training, and establishing appropriate procedures.

Scope

All GIS Holdings, LLC Companies and affiliates including, Blanchard Industrial, LLC, GIS Engineering, LLC, Grand Isle Shipyard, LLC., GWIS, Mack Steel, NuWave, Valvemax, Discovery Industries, Inc. Global Inspections, LLC, and EIS, hereafter identified as “Company”.

Responsibility

The Corporate HSE Director is responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The HSE Director is the sole person authorized to amend these instructions and is authorized to halt any operation of the company where there is danger of serious personal injury.

Contents of the Bloodborne Pathogens Program

- **Written Program**
- **General Requirements**
- **Exposure Control Plan**
- **Employee Training**
- **Housekeeping Schedules**
- **Exhibit**

Written program

The Company will review and evaluate this standard practice instruction on an annual basis, or when changes occur that prompt revision of this document, or when facility operational changes occur that require a revision of this document. This written program will be communicated to all personnel at hire and can be found on the Safety Portal at all times. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals, and objectives.

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General requirements

OSHA guidelines require that each employer who has employee(s) with potential occupational exposure to bloodborne pathogens shall prepare an exposure determination. This exposure determination shall be made without regard to the use of personal protective equipment. This exposure determination shall contain the following:

- A list of job classifications for all employees whose job classifications have occupational exposure.
- A list of job classifications in which some employees have occupational exposure.
- 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 the this standard practice instruction.
- The schedule and method of implementation, methods of compliance, Hepatitis B vaccinations and post-exposure evaluation and follow-up, communication of hazards and record keeping required by 29 CFR 1910.1904 and 1030.
- The procedure for the evaluation of circumstances surrounding incidents.
- Methods of compliance.

Exposure Control Plan

- Job Classifications in Which All Employees in Those Classifications Have Occupational Exposure.
- First Aid Response Teams.
- Job Classifications in Which Some Employees Have Occupational Exposure:
 - Safety Representatives
 - Supervisors
- Tasks and Procedures or Groups of Closely Related Tasks and Procedures. Procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of 29 CFR 1910.1030.
 - Cardio Pulmonary Resuscitation (C.P.R.)
 - Treatment for wounds to skin involving tears of skin tissue.
 - Contaminated dressing changes.
 - Clean-ups of Biohazard spills.
 - Disposal of Biohazard wastes from first-aid treatment areas.
- Methods of Compliance.
 - General-Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials including but not limited to blood, mucus and saliva. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

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- Engineering and Work Practice Controls.
 - Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
 - Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
 - The Company shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - The Company shall ensure that employees wash their 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.
 - Hand-washing facilities are readily available at all work locations or the Company will ensure antiseptic solutions/towelettes will be available.
 - When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

- Personal Protective Equipment
 - When there is occupational exposure, the First-Aid Department shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gloves, face shields or masks and eye protection, pocket masks. Personal Protective Equipment shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through, to, or reach 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 for which the protective equipment will be used.
 - The Company shall ensure that employees use appropriate Personal Protective Equipment unless the Company show that the employee temporarily and briefly declined to use Personal Protective Equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use should have prevented the delivery of health care or safety services or would have posed an increased hazard to the safety of the worker. When the employee makes this judgment, the circumstances shall be investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.
 - The Company shall clean, launder, and dispose of Personal Protective Equipment required by 29 CFR 1910.1030 at no cost to the employee.
 - The Company shall repair or replace Personal Protective Equipment as needed to maintain its effectiveness at no cost to the employee.
 - If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed as soon as feasible.
 - All Personal Protective Equipment shall be removed prior to leaving the facility.
 - When Personal Protective Equipment is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.

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- Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, when performing vascular access procedures such as removing foreign bodies, and when handling or touching contaminated items or surfaces.
 - Disposable (single use) gloves shall be replaced as soon as feasible if they tear, are punctured, or when their ability to function as a barrier is compromised.
 - Disposable (single use) gloves shall not be washed or decontaminated for reuse.
- Masks, eye protection, and face shields, masks in combination with eye protective devices such as goggles or glasses with solid side shields shall be worn whenever splashes, sprays, splatters, or droplets of blood or potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be expected.
- Appropriate protective clothing shall be worn in occupational exposure situations.
- The company shall ensure that appropriate protective equipment in the appropriate sizes is readily accessible at the worksite or issued to employees.
- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- General Housekeeping
 - The Company shall ensure that the worksite is maintained in a clean and sanitary condition.
 - All work surfaces and equipment shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.
 - Regulated waste shall be discarded immediately or as soon as feasible in containers that are:
 - Closable.
 - Puncture resistant.
 - Leak-proof on sides and bottom.
 - Labeled or color-coded in accordance with 29 CFR 1910.1030.
 - Regulated 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.
 - Labeled or color-coded in accordance with 29 CFR 1910.1030.
 - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
 - Closable.

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- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
- Labeled or color-coded in accordance with 29 CFR 1910.1030.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and its Territories, The State of Louisiana, and Lafourche Parish.
- Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 - Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be rinsed or sorted in the location of use.
 - Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with 29 CFR 1910.1030.
 - Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
 - The Company shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate Personal Protective Equipment.
- Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.
 - General Guidelines.
 - The Company shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
 - The Company shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, are:
 - 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 healthcare professional.
 - Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
 - The Company shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- Hepatitis B Vaccination.
 - Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis

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B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

- The Company shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.
- If the employee initially declines Hepatitis B vaccination but at a later date while still covered under 29 CFR 1910.1030 decides to accept the vaccination, this employer shall make available Hepatitis vaccination at that time.
- The Company shall assure that employees who decline to accept Hepatitis B vaccination offered by the Company sign the statement shown on page 18.
- If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with 29 CFR 1910.1030.
- Post-Evaluation and Follow-Up.
 - Following a report of an exposure incident the Company shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 - Documentation of the route(s) of exposure(s), and the circumstances under which the exposure incident occurred.
 - Identification and documentation of the source individual, unless the Company can establish that identification is unfeasible or prohibited by state or local law.
 - 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, the Company shall 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, shall be tested and the results documented.
 - 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.
 - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service:
 - Counseling.
 - Evaluation of reported illness.
 - The Company shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - A copy of 29 CFR 1910.1030.
 - A description of the exposed employee's duties as they relate to the exposure incident.

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- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the Company's responsibility to maintain.
- Healthcare Professional's Written Opinion.
 - The Company shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
 - The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
 - The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation.
 - That the employee has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment.
 - All other findings or diagnosis shall remain confidential and shall not be included in the written report.
- Medical Recordkeeping
 - Medical records required shall be maintained in accordance with standard medical practice.
- Communication of Hazard to Employees.
 - Labels and Signs.
 - Warning labels shall be affixed to containers of regulated waste, refrigerators, and other containers used to store, transport, or ship blood or other potentially infectious materials.
 - Labels required by this section shall be as shown as:
 - These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
 - Labels required shall be affixed as close as feasible to the container by wire, adhesive, or other method that prevents their loss or unintentional removal.
 - Red bags or red containers may be substituted for labels.
 - Labels required for contaminated equipment shall be in accordance with 29 CFR 1910.1030 and shall also state which portions of the equipment remain uncontaminated.
- Information and Training.

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- The Company shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.
- Training shall be as follows:
 - At hire
 - At the time of initial assignment to tasks where occupational exposure may take place.
 - Within 90 days after the effective date of 29 CFR 1910.1030.
 - At least annually thereafter.
- For employees who have received training on bloodborne pathogens in the year preceding the effective date of 29 CFR 1910.1030, only training with respect to the provisions of 29 CFR 1910.1030, which were not included, need to be provided.
- Annual training for all employees shall be provided within one year of their previous training.
- The Company shall provide additional training when changes such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure. New training may be limited to addressing the new exposures created.
- Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.
- The training program shall contain at a minimum the following elements:
 - An accessible copy of the text of 29 CFR 1910.1030 and an explanation of its contents.
 - A general explanation of epidemiology and symptoms of bloodborne diseases.
 - An explanation of the modes of transportation of bloodborne pathogens.
 - An explanation of this employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - 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.
 - Information on the types, proper use, location, removal, handling, decontamination, and disposal of Personal Protective Equipment.
 - An explanation of the basis for selection of Personal Protective Equipment.
 - Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination being offered free of charge.
 - Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

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- 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 Company is required to provide for the employee following an exposure incident.
- An explanation of the signs and color labels and/or color coding required by 29 CFR 1910.1030.
- An opportunity for interactive questions and answers with the person conducting the training session.
 - The person conducting the training session shall be knowledgeable in the subject matter covered by the elements contained.
- Recordkeeping
 - Medical Records.
 - The Company shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.20.
 - Records shall include:
 - Employee's name and Social Security Number.
 - A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by 29 CFR 1910.1030.
 - A copy of all results of examinations, medical testing, and follow-up procedures as required by 29 CFR 1910.1030.
 - The Company's copy of the healthcare professional's written opinion as required by 29 CFR 1910.1030.
 - A copy of the information provided to the healthcare professional as required by 29 CFR 1910.1030.
 - Retention of OSHA medical records are to be held during the length of employment, plus 30 years.
 - The Company shall ensure that employee medical records required by 29 CFR 1910.1030 are:
 - Kept confidential
 - Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may be required by law.
 - Training records shall include the following:
 - The dates of the training sessions.
 - The contents or a summary of the training sessions.
 - The names and qualifications of persons conducting the training session.

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- Training records shall be maintained for 3 years from the date on which the training occurred.
- Availability of Records.
 - The Company shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
 - Employee training records required by 29 CFR 1910.1030 shall be provided upon request in accordance with 29 CFR 1910.20.
 - Employee medical records required by 29 CFR 1910.1030 shall be provided upon request in accordance with 29 CFR 1910.20.
- Transfer of Records.
 - The Company shall comply with the requirements set forth in 29 CFR 1910.20.
 - If the Company ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the Company shall notify the local OSHA Office, at least three months prior to their disposal and transmit them per their instructions, if required, within that three month period.
- Effective Dates.
 - The Exposure Control Plan required by 29 CFR 1910.1030 shall be completed on or before May 5, 1992.
 - Information, training, and recordkeeping shall take effect on or before June 4, 1992.
 - Engineering, work practice controls, Personal Protective Equipment, housekeeping, Hepatitis B vaccination, post-exposure evaluation and follow-up, and labels and signs shall take effect July 6, 1992.

Employee Training

The Company shall ensure that all employees with potential occupational exposure participate in a training program provided at no cost to the employee and during working hours. Training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place.
- At least annually thereafter.
- Annual training for all employees will be provided within one year of their previous training.
- Additional training will be provided when tasks or procedures affect the employee's occupational exposure.
- Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- The training program shall contain as a minimum the following elements:

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- An accessible copy of the regulatory text of the BBP standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the BBP exposure control plan and the means by which a copy of the written plan may be obtained.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- 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.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- 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.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 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 required for employee following an exposure incident.
- An explanation of the BBP signs and labels and/or color coding.
- An opportunity for interactive questions and answers with the person conducting the training session.

Housekeeping Schedules

- Disposal of Biohazard Waste
 - Biohazard waste in red Biohazard bags shall be picked up immediately after the incident as practical and stored in the Biohazard holding area until picked up by an outside solid waste vendor.

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EXHIBIT # 6.1

HEP B DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis 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's Printed Name Employee's Signature Date

Witness's Printed Name Witness's Signature Date