



The StateServ Companies

Exposure and Infection Control Program: October 2016

The purpose of this Exposure and Infection Control Program (EICP) is to establish a system that will assure that all employees who have potential contact with human blood/body fluids, an airborne threat or parasites are protected from infectious agents. The plan is also intended to reduce the risk of employees who may have occupational exposure with hazardous materials or conditions during the performance of their duties.



TABLE OF CONTENTS

PURPOSE AND POLICY	1
Background	1
<i>Bloodborne Pathogens</i>	1
<i>Airborne Diseases</i>	1
<i>Parasites</i>	1
Program Administration	2
<i>Exposure Determination: Definitions of Employees at Risk</i>	2
<i>Task and Procedure Risks</i>	2
METHODS OF CONTROL FOR BLOODBORNE PATHOGENS EXPOSURE	3
Exposure	3
<i>HIV</i>	3
<i>Hepatitis B (HBV)</i>	4
<i>Hepatitis B Vaccine</i>	4
<i>Hepatitis C (HCV)</i>	5
<i>Ebola or Ebola Virus Disease (EVD)</i>	5
Precautions to Reduce Risk of Bloodborne Pathogens	6
<i>Precautions to Reduce Risk of Ebola (EVD)</i>	7
Exposure Incident	8
METHODS OF CONTROL FOR AIRBORNE DISEASE	9
Exposure to Tuberculosis (TB)	9
<i>Latent TB Infection</i>	9
<i>Active Tuberculosis (TB)</i>	9
Precautions to Reduce the Risk of Airborne Diseases	10
<i>TB Screening</i>	10
<i>Early Detection</i>	11
<i>Respiratory Protection</i>	11
<i>High-Risk Activities</i>	11
<i>Other Precautions</i>	11
Exposure Incident	13
<i>Follow Up Care for Employees Exposed to Tuberculosis</i>	14
<i>Follow-up Care for Employees Who Convert to Active Tuberculosis</i>	14
METHODS OF CONTROL FOR PARASITES	16
Exposure	16
<i>Signs and Symptoms of a Bed Bug Infestation</i>	16
Precautions to Reduce the Risk of Exposure to Parasites	17
<i>Detection</i>	17
<i>Treatment of Exposure</i>	17
UNIVERSAL/STANDARD PRECAUTIONS	19
Personal Protective Equipment	19
Work Practice Controls	20

<i>Decontaminating and Cleaning Non-Porous Work Surfaces</i>	20
<i>Schedules & Protocols for Cleaning & Decontaminating Equipment & Work Surfaces</i>	21
<i>Protocol for Picking up and Handling Contaminated Equipment</i>	22
<i>Filling Up or Handling Liquid Oxygen Bases</i>	23
HAZARD COMMUNICATION PROGRAM	25
Objective	25
Assignment of Responsibility	25
Program	25
<i>Hazardous Chemical List</i>	25
<i>Introducing a Chemical Agent into the Workplace</i>	25
<i>Safety Data Sheets (SDS)</i>	26
<i>Labeling</i>	26
Storage	26
Non-Routine Tasks	27
Other Personnel Exposures (Contractors)	27
TRAINING PROGRAMS	28
Bloodborne Pathogens and Airborne Pathogens Training	28
Hazard Communication Program Training	28
RECORD KEEPING	29
Training	29
Medical Records	29
Occupational Exposure Records	29
IMPLEMENTATION AND COMPLIANCE	30
Implementation	30
Program Compliance	30

PURPOSE AND POLICY

The purpose of this Exposure and Infection Control Program (EICP) is to establish a system that will assure that all employees who have potential contact with human blood/body fluids or an airborne threat are protected from infectious agents. The plan is also intended to reduce the risk of employees who may have occupational exposure with human blood and other potentially infectious materials during the performance of their duties.

StateServ is committed to providing a safe and healthful work environment for employees. In pursuit of this goal, the following Exposure and Infection Control Program (EICP) is provided to eliminate or minimize occupational exposure to blood borne pathogens, airborne diseases and hazardous materials in the performance of work duties. This program is administered in accordance with OSHA standards. This EICP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

Background

An occupational exposure may occur during the performance of job duties and may place a worker at risk of infection. StateServ's Exposure and Infection Control Program is focused on the control of exposure to bloodborne pathogens, airborne diseases, parasites and hazardous materials.

Bloodborne Pathogens

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. A person may be exposed to a bloodborne pathogen by performing a task or being in an area where he or she might come in contact with blood or other potentially infectious materials. The majority of exposures to bloodborne diseases in a healthcare setting are by needle sticks from used needles or other injuries from sharps. Some people - though not as many - have been infected from blood or other body fluid that comes in contact with broken or scraped skin or through the eyes, nose or mouth. Three bloodborne diseases of concern to healthcare workers are human immunodeficiency virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV).

Airborne Diseases

An airborne disease is any disease that is caused by pathogens and transmitted through the air. An airborne disease can be caused by exposure to a source from an infected patient, by being transferred from the infected person's mouth, nose, cut or needle puncture. Another way is through the route of transmission: contact air/droplets, food or vector. Common infections spread by airborne transmission at least in some cases include Chickenpox, Influenza, Measles, and Tuberculosis (TB).

Parasites

A parasite is an organism that lives on or in a host and gets its food from or at the expense of its host. Examples of parasites are bed bugs, fleas, lice, ticks and mites. Some parasites can cause disease in humans – and some diseases are easily treatable and other diseases are not. The parasite of concern for workers in the durable medical equipment business is *Cimex lectularius*, or bed bugs. Bed bugs are generally not considered to be a medical or public health hazard and are not known to spread disease. Bed bugs can be an annoyance because their presence may cause itching and loss of sleep. Sometimes

the itching can lead to excessive scratching that can sometimes increase the chance of a secondary skin infection.

Program Administration

The Vice President of Human Resources is responsible for implementation of the EICP. The Human Resources Department will maintain, review, and update the EICP regularly, and whenever necessary to include new or modified tasks and procedures. The Human Resources Department may be contacted at HR@stateserv.com.

Those 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 EICP.

Exposure Determination: Definitions of Employees at Risk

The following are job classifications in which some employees may have occupational exposures:

- DME Technician
- Lead DME Technician
- Site Manager
- Senior Site Manager
- Warehouse Technician
- Lead Warehouse Technician
- Equipment Repair Technician
- Equipment Cleaner
- Warehouse Clerk
- Respiratory Therapist

Task and Procedure Risks

The following is a list of tasks and procedures in which occupational exposure may occur.

- Decontaminating and cleaning non-porous work surfaces
- Picking up and handling contaminated equipment including soiled or exposed materials
- Filling up or handling liquid oxygen bases

METHODS OF CONTROL FOR BLOODBORNE PATHOGENS EXPOSURE

This section outlines important aspects of exposure to bloodborne pathogens in the workplace. StateServ has set forth the following processes and procedures to prevent the spread of bloodborne diseases. These procedures follow Center for Disease Control and Prevention (CDC) guidelines and meet or exceed Occupational Safety and Health Administration (OSHA) regulations applicable to occupational exposure to bloodborne pathogens per OSHA's Bloodborne Pathogen Standard 29 CFR 1910.1030.

Exposure

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. A person may be exposed to a bloodborne pathogen by performing a task or being in an area where he or she might come in contact with blood or other potentially infectious materials. The majority of exposures to bloodborne diseases in a healthcare setting are by needle sticks from used needles or other injuries from sharps. Some people - though not as many - have been infected from blood or other body fluid that comes in contact with broken or scraped skin or through the eyes, nose or mouth. Three bloodborne diseases of concern to healthcare workers are human immunodeficiency virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV).

HIV

HIV is a viral infection of the immune system. This infection robs a person of the ability to fight off other disease-causing germs. HIV lives and reproduces in blood and other body fluids (semen, breast milk, vaginal fluids, etc.)

HIV may be transmitted when blood or other body fluids of an infected person enters another person.

Other body fluids and waste products—like feces, nasal fluid, saliva, sweat, tears, urine, or vomit—don't contain high enough levels of the HIV virus to infect another person, unless those fluids have blood mixed in them and the recipient has significant and direct contact with the infected person.

Symptoms of HIV change with stages of the infection. The first stage, acute infection or seroconversion, typically occurs when the body's immune system is initially fighting the infection. Symptoms are similar to those of other viral illnesses and often compared to those of the flu. For example, symptoms may include:

- Headache
- Diarrhea
- Nausea and vomiting
- Fatigue
- Sore throat
- Fever
- Aching muscles

After the immune system loses the battle, the first stage passes and the first stage symptoms disappear. The HIV infection goes into the second stage second stage, which can be a long period

without symptoms. This stage is called asymptomatic (or latent) period. This period may last 10 or more years as the infection slowly kills CD4 t-cells and destroys the immune system. People may not know they are infected during this period and can pass HIV on to others. Blood tests may reveal a steady drop in CD4 T-cells, an indicator of HIV infection.

The advanced stage of HIV infection occurs when a person's CD4 T-cells drop below 200. At this stage individuals are diagnosed with Acquired Immune Deficiency Syndrome (AIDS).

A combination of medications may be used to treat HIV to help rebuild the immune system. People with low CD4 T-cells may also receive drugs to prevent opportunistic infections that take advantage of a weakened immune system, and can lead to illnesses, cancers or neurological problems.

A person should seek a doctor's care if he or she experiences the above symptoms of HIV/AIDS.

- Being tired all the time
- Swollen lymph nodes in the neck or groin
- Fever lasting for more than 10 days
- Night sweats
- Unexplained weight loss
- Purplish spots on the skin that don't go away
- Shortness of breath
- Severe, long-lasting diarrhea
- Yeast infections
- Easy bruising or unexplained bleeding

Hepatitis B (HBV)

Hepatitis B is a virus that affects the liver. Many people who are infected with the virus do not have symptoms. An infected person with no symptoms is still contagious. Symptoms may include:

- Yellow skin color
- Dark urine
- Lightened stool color
- Nausea
- Vomiting
- A general feeling of illness

Hepatitis B Vaccine

- All employees who have been identified as having potential exposure to bloodborne pathogens will be offered the Hepatitis B vaccine, at no cost to the employee
 - Note: It should be understood that, even though the HBV vaccination substantially lowers the odds of acquiring Hepatitis B, the HBV vaccination does not completely eliminate the possibility of employee acquiring HBV. Employees must use universal precautions, use personal protective equipment, and follow appropriate procedures. Failure to do so may cause an individual to acquire HBV, even though they may have been vaccinated.

- Employees who decline the vaccine will sign a declination statement
- Employees who initially decline the vaccine but who later wish to have it may then have the vaccination at no cost

The Human Resources Department in collaboration with the Site leadership will coordinate the employee's vaccination, and the Human Resources Department will be responsible for all associated records.

Hepatitis C (HCV)

Hepatitis C is a virus that is similar to hepatitis B. Blood transfusions were formerly a major means of transmission of hepatitis C, but that is no longer the case as screening tests were put into place in the early 1990's. If an employee is exposed to hepatitis C through a needle stick or other sharps injury, the risk of contracting the disease is about 3% to 10%. The hepatitis C virus is a major cause of cirrhosis of the liver and liver cancer.

Most people (about 70% – 80%) with an acute Hepatitis C infection do not experience any symptoms or show signs of the infection. If Hepatitis C symptoms do occur, they usually appear within two weeks to six months after being exposed to the Hepatitis C virus (HCV). If a person does develop symptoms related to Hepatitis C, the symptoms are generally mild and flu-like and may include:

- Feeling very tired
- Sore muscles
- Joint pain
- Fever
- Nausea or poor appetite
- Stomach pain
- Itchy skin
- Dark urine
- A yellow discoloration of the skin and whites of the eyes, called jaundice

Since most people with acute Hepatitis C go on to develop chronic Hepatitis C – meaning the virus has remained in a person's body for 6 months or longer – and still have no Hep C symptoms, it's common to have the infection for 15 years or longer before being diagnosed.

Ebola or Ebola Virus Disease (EVD)

As defined by the Centers for Diseases Control, Ebola is a rare and deadly disease caused by infection with a strain of Ebola virus. The Ebola virus causes an acute, serious illness which is often fatal if untreated. Ebola virus disease (EVD) first appeared in 1976 in 2 simultaneous outbreaks, one in Nzara, Sudan, and the other in Yambuku, Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name.

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. The risk of an Ebola outbreak affecting multiple people in the U.S. is very low.

Ebola is spread through direct contact with blood and body fluids of a person infected by and already showing symptoms of Ebola. Ebola is not spread through the air, water, food, or mosquitoes.

The incubation period, that is, the time interval from infection with the virus to onset of symptoms is 2 to 21 days. Humans are not infectious until they develop symptoms.

The first symptoms include:

- The sudden onset of fever fatigue, muscle pain, headache and sore throat

This is followed by:

- Vomiting, diarrhea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools)
- Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes

Precautions to Reduce Risk of Bloodborne Pathogens

All employees are responsible for protecting themselves. This includes understanding the risk of exposure to blood or other potentially infectious materials at the workplace. Standard precautions include treating all blood and other potentially infectious materials as if they were known to be infected with bloodborne diseases. This will significantly reduce the risk from bloodborne pathogens.

In addition, StateServ has set forth the following processes and standards to ensure the safety of technicians and other staff with a risk of occupational exposure. All employees are expected to adhere to these processes and standards:

- Hospices placing orders online will be required to inform StateServ of an infectious disease. If a disease is present, the hospice will then be required to enter the name of the disease
- Upon answering yes, the customer service department will be required to call the hospice prior to delivery and inquire as to the type or disease
- The StateServ Patient Ordering System will require customer service to enter a level 1, 2 3 or 4 for the severity of precaution
- The following levels of precaution require the use of the PPE as described below:
 - Blank/Level 1 – Gloves required
 - Level 2 – Gloves and HEPA mask required
 - Level 3 – Gloves, HEPA mask and gown required
 - Level 4 – Gloves, a company approved fitted respirator mask (N95 Respirator Mask) and gown are required
 - Only employees who were specially fitted for the N95 Respirator mask may handle Level 4 orders
- Respiratory Therapists should call in to Customer Service to find out the IDS type listed in the database so that they know how to best administer their services to the patient. Only the IDS level is listed on the work order
- Delivery drivers will use their PPE kit and a company approved mask to the extent of the level of infection present
 - Prior to putting on gloves the technician will thoroughly sanitize his or her hands with antibacterial sanitizer

- Facemasks are not intended to be used more than once. If the employee's mask is damaged or soiled, or if breathing through the mask becomes difficult, the employee should remove the facemask, discard it safely, and replace it with a new one
- When picking up dirty equipment, the driver is required to spray the equipment with the approved disinfectant curbside and left for 10 minutes. After 10 minutes the equipment will be placed on the truck as it is fully disinfected
- Once the disinfected equipment is loaded onto the truck the technician should safely remove all PPE including the mask, following the instructions below
 - Before removing gloves, remove all PPE and discard as detailed below
 - With both hands gloved, grasp near the cuff of one glove and pull the glove from the wrist towards the fingertips until the glove folds over
 - Carefully grab the fold of the glove and pull the glove away from the body until it is pulled off of the fingertips turning the glove inside out
 - Place and hold the removed glove in the palm of the gloved hand
 - With the ungloved hand, carefully insert two fingers into the cuff of the gloved hand. Slide fingers down towards the fingertips until the glove folds over turning the glove inside out, while also encasing the other contaminated glove
 - The technician should grasp the fold of the glove and fully remove it from his or her hand
 - Note: The technician should not touch his or her face or adjust his or her PPE with contaminated gloves. The technician should also not touch environmental surfaces while wearing clean or contaminated gloves (e.g., doorknobs, vehicle door handle, steering wheel, computer mouse or keyboard, cell phone, etc.)
- Discard PPE as appropriate.
 - For IDS levels 1 and 2, the technician should place the contaminated PPE in a trash bag or trash receptacle
 - For IDS levels 3 and 4, the technician should place the contaminated PPE in a red plastic bag and place it in a biohazard receptacle at the location. If a biohazard receptacle is not available, the technician should contact his or her manager for further instructions. The manager will contact the hospice to coordinate a pickup or arrange for other means of disposal. The contaminated PPE should not be brought onto the StateServ vehicle
- Where there is any level of precaution to be taken (e.g., Blank/Level 1 – 4) the technician will sanitize the clipboard and the pen before being placed back in the truck
- Immediately after removing the used PPE and sanitizing the clipboard and pen the technician should wash his or her hands with antibacterial sanitizer

Precautions to Reduce Risk of Ebola (EVD)

Employee are expected to follow the precautions listed above. In addition, if the hospice places an order for equipment and notes that the Ebola virus is present the following precautions should also be noted:

- When delivering equipment, a non-quarantined location is set up for the Site Manager to meet the hospice case worker or nurse for DME delivery
- The requested DME will be delivered, assembled as much as possible, along with assembly instruction and patient use documentation
- Once received, the case worker or nurse will deliver the equipment to the designated quarantined area for patient use
- When the equipment is no longer needed, the hospital or care facility will dispose of the equipment along with all of the other exposed items, per the hospital or care facilities decontamination protocol
 - The equipment will not be returned to StateServ

Exposure Incident

If an employee experiences contact with blood or other potentially infectious materials, he or she should immediately:

- Cleanse the area and flush mucous membranes with a large amount of water
 - If the incident involved the employee's eye the employee should thoroughly wash his or her eye with eye wash solution located in the warehouse
- Wash exposed skin with soap and water
- Report the exposure incident immediately to his or her supervisor who will then report it to the Human Resources Department
- Complete an injury/accident report form which will be reported to StateServ's workers' compensation carrier and logged in an OSHA 300 log

All employees who incur an exposure will be offered post-exposure evaluation and follow-up to include the following:

- Documentation of the route of exposure and the circumstances related to the incident
- If possible, the identification of the source individual, and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent) for HIV/HBV infectivity
- Results of the testing of the source individual will be made available to the exposed employee
- The exposed employee will be offered baseline testing
- The exposed employee will be offered treatment as needed
- The exposed employee will be offered counseling, and safe and effective post-exposure prophylaxis (actions to prevent disease) following the current recommendations of the U.S. Public Health Service

The exposure is confidential. The exposed person is notified of diseases that the source patient might have had while the patient's identity will be protected.

METHODS OF CONTROL FOR AIRBORNE DISEASE

This section outlines important aspects of exposure to airborne disease. StateServ has set forth the following processes and procedures to prevent and minimize the occupational exposure to airborne diseases, specifically tuberculosis (TB). This plan focuses on the prevention of transmission of tuberculosis and is based on a hierarchy of tuberculosis control measures based upon recommendations and guidelines published by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA).

Exposure to Tuberculosis (TB)

TB is an infectious disease caused by the bacterium, *Mycobacterium Tuberculosis*. The TB germ is spread by airborne particles, "droplet nuclei," which may be generated when a person with TB disease coughs, sneezes, speaks, or sings. The TB germ is also spread if it becomes aerosolized during medical and laboratory procedures and autopsies.

When a person inhales the TB germ, *mycobacterium*, he or she may become infected. The germ can reside in the lungs or it can move to other parts of the body such as the brain, liver, kidney, the lymph nodes and the spine. The infected person may remain with latent TB infection or go on to develop active TB disease.

Environmental factors that enhance transmission

- Exposure in small enclosed areas
- Inadequate ventilation
- Re-circulation of air containing infectious droplet nuclei

Tuberculosis infection is not the same as active TB. Of those infected with TB (latent TB infection), approximately 10% will progress to active TB (infectious TB).

Latent TB Infection

If a person is infected with TB but has not progressed to active TB, that person has latent TB infection. In latent TB infection:

- The person will have no signs and symptoms of active TB
- The person will not be contagious
- The person may progress to active TB
- The person should visit his or her healthcare provider for treatment to prevent him or her from developing active TB disease

Active Tuberculosis (TB)

If a person develops active pulmonary or laryngeal TB, he or she may have the signs and symptoms of TB. Signs and symptoms of active TB include:

- Coughing for 3 weeks or more
- Coughing up blood
- Fatigue

- Fever
- Loss of appetite
- Weight loss
- Night sweats

A person with active TB is infectious and should seek medical care immediately. A person that suspects he or she may have active TB should seek medical care immediately.

Precautions to Reduce the Risk of Airborne Diseases

The first measure of control is early detection, isolation and treatment of persons with active TB. These controls are followed by secondary controls such as a company approved fitted respirator mask. This equipment is useful in situations of known or suspected high risk as another measure to engineering controls and physical separation of infected individuals.

TB Screening

TB screening is an effort to protect workers from the spread of TB disease. As StateServ employees are considered low-risk, a TB Skin Test will be completed for all new direct patient contact employees at time of hire and a TB Screening Questionnaire will be completed for all direct patient contact employees annually thereafter. In the event the TB Screening Questionnaire indicates the need for TB skin testing the organization will assure such testing is completed. Otherwise, the company will follow CDC guidelines and any specific guidelines as required by local Departments of Health.

Upon recommendation of a local Department of Health, the following TB skin testing will be completed. All new hires at a site identified as recommended for TB skin tests will ensure completion of a two-step skin test. In the event a new hire can present documented proof of a negative TB skin test in the last twelve (12) months, completion of another TB skin test will not be required. There are specific guidelines for interpreting the results of the TB skin test and qualified trained personnel will be used to administer and read the TB skin test. The TB skin test is read in 48-72 hours.

Note: If the employee does not return after 72 hours for the TB reading, the test will be repeated.

At times a TB skin test may be positive. A positive TB test means the individual may have been exposed to TB or it may be a false positive if an individual had received the Bacillus Calmette-Guerin Vaccine (BCG) to prevent TB. In the event the test is positive, the individual will be reevaluated for active TB as follows:

- The individual will be sent to a medical facility to be evaluated for active TB
- The individual will be screened for signs and symptoms of TB
- A baseline chest x-ray will be done at no charge to the individual or employee

Employees are given the TB Screening Questionnaire annually. The employees will be required to complete a TB screening form (screening for signs and symptoms of TB as opposed to administering a TB skin test) which may or may not include a chest x-ray, depending on the answers given on the questionnaire.

The Human Resources Department in collaboration with the site leadership will coordinate the candidate's and employee's TB test. The Human Resources Department will be responsible for all associated records.

Early Detection

StateServ considers an individual to be suspected of having Infectious TB (unless the individual's condition has been medically determined to result from a cause other than TB) if the Company determine(s)/learn(s) that the individual:

- Has a persistent cough lasting 3 or more weeks with 2 or more signs and symptoms of active infectious TB (e.g., coughing up blood, night sweats, weight loss, fever, loss of appetite), or
- Has a positive TB test

Based on the criteria listed above, StateServ utilizes the follow-up and treatment of all employees with suspected tuberculosis (infection or disease) based upon CDC guidelines for the management of tuberculosis.

- The individual will be masked with a company approved fitted respiratory mask and/or segregated to protect other employees who are without respiratory protection
- Evaluation of all employees with suspected or now active tuberculosis is the responsibility of a medical professional. Accordingly, the employee will be immediately sent to a medical facility to seek the appropriate evaluation and care
- Such employees will be relieved from work until the active disease is ruled out by the appropriate medical and microbiological studies
 - Grounds for removing any employee from work may include but are not limited to the development of signs or symptoms suggestive of active tuberculosis and/or radiographic changes consistent with active pulmonary tuberculosis. All employees with confirmed active tuberculosis will be reported to the health department in the employee's county of residence to facilitate evaluation of the employee's contacts outside of the workplace, especially children.

Respiratory Protection

- When entering a room containing a patient with suspected or confirmed TB employees are required to wear a company approved fitted respirator mask (N95 Respirator Mask). This mask is included in the personal protective equipment kit

Failure to follow these procedures as they relate to both the employee's health status and customer care will put an employee at risk for disciplinary actions and possible discharge.

High-Risk Activities

High risk activities are characterized by the potential to generate airborne secretions. These procedures may include treating a patient with an aerosolized medication treatment, intubation and suctioning, and providing a treatment that induces coughing. StateServ employees do not perform these high-risk activities but may deliver, exchange or pick up equipment for a patient that has active TB.

Other Precautions

All employees are responsible for protecting themselves. This includes understanding the risk of exposure to airborne diseases at the workplace.

In addition, StateServ has set forth the following processes and standards to ensure the safety of technicians and other staff with a risk of occupational exposure. All employees are expected to adhere to these processes and standards:

- Hospices placing orders online will be required to inform StateServ of an infectious disease. If a disease is present, the hospice will then be required to enter the name of the disease
- Upon confirmation of an infectious disease, the customer service department will be required to call the hospice prior to delivery and inquire as to the type or disease
- The StateServ Patient Ordering System will require customer service to enter a level 1, 2 3 or 4 for the severity of precaution
- The following levels of precaution require the use of the PPE as described below:
 - Blank/Level 1 – Gloves required
 - Level 2 – Gloves and HEPA mask required
 - Level 3 – Gloves, HEPA mask and gown required
 - Level 4 – Gloves, a company approved fitted respirator mask (N95 Respirator Mask) and gown are required
 - Only employees who are specially fitted for the N95 Respirator Mask may handle Level 4 orders
- Respiratory Therapist should call in to Customer Service to find out the IDS type listed in the database so that they know how to best administer their services to the patient. Only the IDS level is listed on the work order
- Delivery drivers will use their PPE kit and a company approved mask to the extent of the level of infection present
 - Prior to putting on gloves the technician will thoroughly sanitize his or her hands with antibacterial sanitizer
- Facemasks are not intended to be used more than once. If the employee's mask is damaged or soiled, or if breathing through the mask becomes difficult, the employee should remove the facemask, discard it safely, and replace it with a new one
- When picking up dirty equipment, the driver is required to spray the equipment with the approved disinfectant curbside and left for 10 minutes. After 10 minutes the equipment will be placed on the truck as it is fully disinfected
- Once the disinfected equipment is loaded onto the truck the technician should safely remove all PPE including the mask, following the instructions below
 - Before removing gloves, remove all PPE and discard as detailed below
 - With both hands gloved, grasp near the cuff of one glove and pull the glove from the wrist towards the fingertips until the glove folds over
 - Carefully grab the fold of the glove and pull the glove away from the body until it is pulled off of the fingertips turning the glove inside out
 - Place and hold the removed glove in the palm of the gloved hand
 - With the ungloved hand, carefully insert two fingers into the cuff of the gloved hand. Slide fingers down towards the fingertips until the glove folds over turning the glove inside out, while also encasing the other contaminated glove

- The technician should grasp the fold of the glove and fully remove it from his or her hand
- Note: The technician should not touch his or her face or adjust his or her PPE with contaminated gloves. The technician should also not touch environmental surfaces while wearing clean or contaminated gloves (e.g., doorknobs, vehicle door handle, steering wheel, computer mouse or keyboard, cell phone, etc.)
- Discard PPE as appropriate.
 - For IDS levels 1 and 2, the technician should place the contaminated PPE in a trash bag or trash receptacle
 - For IDS levels 3 and 4, the technician should place the contaminated PPE in a red plastic bag and place it in a biohazard receptacle at the location. If a biohazard receptacle is not available, the technician should contact his or her manager for further instructions. The manager will contact the hospice to coordinate a pickup or arrange for other means of disposal. The contaminated PPE should not be brought onto the StateServ vehicle
- Where there is any level of precaution to be taken (e.g., Blank/Level 1 – 4) the technician will sanitize the clipboard and the pen before being placed back in the truck
- Immediately after removing the used PPE and sanitizing the clipboard and pen the technician should wash his or her hands with antibacterial sanitizer

Exposure Incident

An exposure in the workplace is defined as contact with a person with infectious tuberculosis AND adequate precautions were not utilized. If an employee is exposed to TB in the workplace the employee should follow the steps below:

- Report the exposure incident immediately to his or her supervisor who will then report it to the Human Resources Department
- Complete an injury/accident report form which will be reported to StateServ's workers' compensation carrier and logged in an OSHA 300 log
- Visit a medical facility to seek a baseline TB screening or symptoms screen (if the employee has a history of a positive TB test). A repeat tuberculosis skin test or symptom screen will be done in 12 weeks from the last date of contact with the TB patient at no cost to the employee

All employees who incur an exposure will be offered post-exposure evaluation and follow-up to include the following:

- The patient's records will be reviewed to collect names of potentially exposed employees and estimate cumulative potential exposure time for these employees. The HR Department will collaborate with operations leadership to identify potential exposures
- Employees to be evaluated will be notified by the site operations leadership
- The individual will be masked and/or segregated to protect other employees who are without respiratory protection
- Evaluation of all exposed employees is the responsibility of a medical professional. As such, the employee will be immediately sent to a medical facility to seek the appropriate evaluation and

care at no cost to the employee. The employee will be offered baseline testing. All such evaluations will include the presence or absence of signs and/or symptoms of active tuberculosis in the exposed employee, prior tuberculosis skin test status of the employee and the subsequent risk of tuberculosis infection and/or disease in the employee

- Such employees will be relieved from work until the active disease is ruled out by the appropriate medical and microbiological studies
 - Grounds for removing any employee from work may include but are not limited to the development of signs or symptoms suggestive of active tuberculosis and/or radiographic changes consistent with active pulmonary tuberculosis. All employees with confirmed active tuberculosis will be reported to the health department in the employee's county of residence to facilitate evaluation of the employee's contacts outside of the workplace, especially children
- The exposed employee will be offered counseling on important issues such as when they can return to work, whether or not their family members should be screened for TB and the importance of complying with a drug therapy program
- TB skin conversions will be recorded on the log of occupational injuries and illnesses (OSHA 300) unless there is significant evidence of non-occupational exposure

Record of the exposure will remain confidential.

Follow Up Care for Employees Exposed to Tuberculosis

The following will apply for employees who have latent tuberculosis infection:

- Employees will receive counseling about the recommendations for and the benefits of preventive therapy
- Those healthy employees who choose not to have therapy will be reassured that infection is not disease. They will be provided guidance on how to monitor their health for possible active TB
- Employees exposed to TB will be tested at least every six months
- If no drug prophylaxis is given for latent tuberculosis infection and conversion is within two years, a chest x-ray will be repeated after 18-24 months
- Any treatment and preventative therapy following CDC guidance or as recommended by the medical specialist will be made available to the employee

Follow-up Care for Employees Who Convert to Active Tuberculosis

The following will apply for employees who convert to Active TB:

- All employees with documented recent tuberculosis skin test conversion will be offered counseling about recommendations for and the benefits of preventive therapy
- All employees with active tuberculosis will be informed of the risk of disease among household contacts. In such instances, follow-up and treatment of household contacts will be the responsibility of the local health department

- The employee will receive a follow up medical evaluation e.g., a chest x-ray, sputum tests, etc. at no cost to the employee
- The employee will receive clinical assessments that includes the evaluations of the employee's health history, including high risk associated disease(s), the possible source of conversion and whether the conversion was likely or possibly related to his or her performing work
- The employee will be tested for HIV
- Anti-tuberculosis therapy based on current CDC recommendations will be advised for all employees with active tuberculosis (this may include INH or other alternate therapies).
- Such employees will be relieved from work until the active disease is ruled out by the appropriate medical and microbiological studies and a medical doctor authorizes their return
- All employees with confirmed active tuberculosis will be reported to the health department in the employee's county of residence to facilitate evaluation of the employee's contacts outside of the workplace, especially children
- Employee will be offered counseling on important issues such as when they can return to work, whether or not their family members should be screened for TB and the importance of complying with the drug therapy program
- Workers' compensation benefits will be made available to the employee to cover medical evaluation, treatment and preventive therapy

METHODS OF CONTROL FOR PARASITES

This section outlines important aspects of exposure to parasites in the workplace. Parasites can cause diseases in humans – some parasitic diseases are easily treatable and some are not. For purposes of the parasite most commonly experienced and of concern, StateServ has set forth the following processes and procedures to prevent the exposure and spread of parasites. These procedures follow the Center for Disease Control and Prevention (CDC) guidelines.

Exposure

Bed bugs (*Cimex lectularius*) are small, flat, parasitic insects that feed solely on the blood of people and animals while they sleep. Bed bugs are reddish-brown in color, wingless, range from 1mm to 7mm (roughly the size of Lincoln's head on a penny), and can live several months without a meal.

Bed bugs are not considered a medical or public health hazard and are not known to spread disease. Bed bugs can be an annoyance because their presence may cause itching and loss of sleep. A bed bug bite affects each person differently. Bite responses can range from an absence of any physical signs of the bite, to a small bite mark, to an allergic reaction. The bite marks are similar to that of a mosquito or a flea – a slightly swollen and red area that may itch and be irritating. The bite marks may be random or appear in a straight line. Other symptoms of bed bug bites include insomnia, anxiety and skin problems that arise from profuse scratching of the bites. Again, while not considered dangerous, an allergic reaction to several bites may need medical attention.

Bed bugs are found across the globe and their presence is not determined by the cleanliness of the living conditions where they are found. They are even found in five-star hotels. Bed bugs tend to live within 8 feet around or near the areas where people sleep. These areas include but are not limited to homes, apartments, hotels, cruise ships, buses and trains.

Everyone is at risk for getting bed bugs when visiting an infected area. However, anyone who travels frequently and shares living and sleeping quarters where other people have previously slept has a higher risk of being bitten and or spreading a bed bug infestation.

Signs and Symptoms of a Bed Bug Infestation

One of the easiest ways to identify a bed bug infestation is by the tell-tale bite marks on the face, neck, arms, hands, or any other body parts while sleeping. However, these bite marks may take as long as 14 days to develop in some people so it is important to look for other clues when determining if bed bugs have infested an area. These signs include:

- The bed bug's exoskeleton after molting,
- Bed bugs in the fold of mattresses and sheets,
- Sand or rusty-colored blood spots due to their blood-filled fecal material that they excrete on the mattress or nearby furniture, and
- A sweet musty odor

Precautions to Reduce the Risk of Exposure to Parasites

Most parasites are excellent at hiding and are also nocturnal. They can be difficult to detect. Effective ways to reduce the risk of exposure is to be watchful and detect signs of an infestation and then follow the necessary precautions to handle equipment once exposure has been determined.

Detection

Be watchful for the following signs when receiving and maintaining equipment.

- Parasites like the bed bugs create tiny adhesive eggs in hidden areas like fabric seams and the carriage of a bed. During cleaning and maintenance, pay close attention to these areas to ensure that they are egg free
- Another telltale sign of bed bugs are their exoskeletons, which they molt several times during their lives
- Small, dark sand-colored or rusty-colored patches are the droppings of these parasites and are typically found near nests. During transport, cleaning and maintenance, pay close attention and notice these patches
- Any signs of small blood smears on any item with fabric can be either fresh droppings that have been smeared or the remains of one of creatures as well
- Notice if the area around a person's sleeping quarters has a sweet musty odor

Treatment of Exposure

Exposure may be determined either through an inspection of DME, or from being alerted to an infestation by a client. Determination of infestation may occur in the field or in the warehouse.

If exposure is determined in the field, the technician should perform the following steps:

- Contact the Site Manager or manager on duty to alert him or her of the incident
- For porous equipment (a mattress, side rail pad, fall pad, or cushion) dispose of these pieces of equipment on site and immediately. These pieces of equipment should not be placed back on the vehicle
 - The technician should continue to communicate with the Site Manager or manager on duty to obtain direction on where to place the infested equipment
 - The Site Manager or manager on duty will communicate with the hospice and relay instructions accordingly. The hospice will follow their protocol procedures for disposal
- For non-porous equipment, spray equipment down with MadaCide
- If the equipment can be completely covered in a red IDS bag, place that infected equipment into the bag ensuring that the bags are closed and knotted
- The Site Manager or person on duty will drive out and pick up the remaining equipment in an empty vehicle
- Upon returning to the warehouse, segregate the infected equipment outside, unbag the equipment, and thoroughly spray with Steri-Fab. The equipment should remain outside for 24 hours

- If the equipment cannot be secured outside for 24 consecutive hours, place the equipment in the empty vehicle until open of business the following day.
- Repeat the process to include spraying the equipment with Steri-Fab a second time, until the 24-hour period has been met
- Identify the vehicle that transported the infected DME and spray it down immediately with Steri-Fab to sit overnight before using. In the event the equipment was stored in the vehicle overnight, take the equipment out of the vehicle and spray the empty vehicle again with Steri-Fab before using the vehicle for business
- The technician should fill out an incident report that lists the infected equipment. This incident report should be submitted to inventory@stateserv.com

If exposure is determined in the warehouse, the technician should perform the following steps:

- Contact the Site Manager or manager on duty to alert him or her of the incident
- Spray equipment down with MadaCide
- Red IDS Bag all infected products, ensuring that the bags are closed and knotted
 - If the product is porous; a mattress, side rail pad, fall pad, or cushion – dispose of these pieces of equipment immediately
- Immediately move all products out of the warehouse and into an open area
- Identify the truck that transported the infected DME, remove and segregate all equipment currently in the vehicle and spray the equipment and the inside of the vehicle down with MadaCide, outside and away from the warehouse
- Once MadaCide dries, spray equipment and vehicle with Steri-Fab
- Red IDS bag all equipment from that vehicle, ensuring that the bags are closed and knotted
- Contact a pest control specialist to come out immediately. This specialist will treat all DME “at-risk” as well as the vehicle(s) that transported the DME
- After the equipment has been properly treated, the pest control specialist will thoroughly inspect the warehouse for any additional signs of parasites and treat as necessary
- The technician should fill out an incident report that lists the affected equipment. This incident report should be submitted to inventory@stateserv.com
- Any treated equipment will be re-cleaned with MadaCide after a period has passed as set by the pest control specialist. Finally, once the MadaCide has completely dried, it will be treated with Steri-Fab as a pesticide
- Forty-eight hours after the incident has occurred, the pest control specialist will come out to the warehouse and inspect the warehouse and certify that it is parasite free. If it is not, the pest control specialist will again treat all infected areas and the process will be repeated until the warehouse is free of parasites

UNIVERSAL/STANDARD PRECAUTIONS

All employees are required to follow the universal/standard precautions. Universal/standard precautions shall be used to prevent contact with blood, parasites or other potentially infectious materials. Under circumstances in which differentiation between bodily fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. These precautions are:

- Wearing of rubber or latex gloves as a precaution to prevent skin contact with blood, bodily fluids or hazardous chemicals. In every case employees should thoroughly sanitize their hands with antibacterial sanitizer prior to putting on the gloves
- Hand and skin surfaces washed immediately and thoroughly if contaminated with blood, bodily fluids or hazardous chemicals
 - Frequent hand washing is the foundation of infection control. This single action lowers the risk of transmitting microorganisms from one person or site to another
 - Wearing gloves does not replace hand washing
 - Employees should wash their hands if there is any doubt about the need to do so
 - Employee should scrub under their fingernails
 - Use an approved solution and wash for at least 15 seconds
 - When hands are visibly soiled, more time may be required
- Hands washed or sanitized immediately after glove removal
- Precautions taken to prevent injuries caused by broken glass or other sharp, potentially contaminated materials

Personal Protective Equipment

Personal protective equipment will be provided in the work environment to individuals to reduce possible exposure or contamination. This specialized clothing and equipment provides protection against contact with blood, hazardous chemicals or other potentially infectious materials or conditions. StateServ provides the following supplies for compliance to the Exposure & Infection Control Program.

- Latex gloves,
- Gown,
- HEPA mask,
 - A company approved fitted respiratory mask (N95 Respirator Mask), a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. This mask must be fit-tested prior to utilizing. Fit testing and respiratory training is repeated annually
- Antibacterial wipes and/or instant hand sanitizer,
- Shoe covers (included but optional – not required to wear unless specified by your manager),
- Bouffant cap (included but optional – not required to wear unless specified by your manager),
- White waste bag with a tie which may be used for non-medical waste and materials,
- Red plastic bags for hazardous material, and

- Disinfectant for cleaning that is sensitive to Human Immunodeficiency Virus (HIV) and Tuberculosis (TB).

Other personal protective equipment for technicians working in the warehouse include the following:

- Heavy insulated gloves (thick leather gloves that cover up to the elbow)
- Apron or lab coat
- Face shield
- Ear protection
- Steel-toe shoes/boots (optional)

If in the field, the employee should note the work order to understand the level of precaution required for the work task. It is the employee's responsibility to adhere to the following safety precautions. Failure to comply with the levels of precaution listed below may result in disciplinary action up to and including termination of employment.

- The following levels of precaution require the use of the PPE as described below:
 - Level 1 – Gloves required
 - Level 2 – Gloves and HEPA mask required
 - Level 3 – Gloves, HEPA mask and gown required
 - Level 4 – Gloves, a company approved fitted respirator mask (N95 Respirator Mask) and gown are required
 - Only employees who are specially fitted for the N95 Respirator Mask may handle Level 4 orders
- Respiratory Therapists should call in to Customer Service to find out the IDS type listed in the database so that they know how to best administer their services to the patient. Only the IDS level is listed on the work order
- Technicians will use their PPE kit and a company approved mask to the extent of the level of infection present
- Facemasks are not intended to be used more than once. If the employee's mask is damaged or soiled, or if breathing through the mask becomes difficult, the employee should remove the facemask, discard it safely, and replace it with a new one

Work Practice Controls

Decontaminating and Cleaning Non-Porous Work Surfaces

The following work practice controls are in place to clarify the proper handling of potentially contaminated materials/equipment used within the course of normal business operations. Because it is never known what bacteria or viruses will be present upon the used equipment, careful attention will be placed upon handling and sanitizing/disinfecting.

All clean products will be covered in clear bags. Dirty equipment will be uncovered.

Each StateServ warehouse will have clearly labeled areas to distinguish the usability and status of equipment.

- **DIRTY:** this area (marked with red tape) will be the area all dirty/contaminated equipment will be deposited. All used equipment will be taken in a direct path from the delivery vehicle to the dirty area
 - All table tops in this area are made of a non-porous surface (i.e. hard plastic sheet) with no cracks or any separation from the table and is replaced annually
 - The floor in this area will have a non-porous sealant that will provide a barrier for prevention of contamination. Floors are to be re-sealed every 6 months
- **REPAIR:** this area (marked with yellow tape) will have products that have been cleaned and disinfected but need additional repair/maintenance. Equipment in this area is NOT patient ready but is staged for additional service
 - All table tops in this area are made of a non-porous surface (i.e. hard plastic sheet) with no cracks or any separation from the table and is replaced annually
 - The floor in this area will have a non-porous sealant that will provide a barrier for prevention of contamination. Floors are to be re-sealed every 6 months
- **TESTING:** this area (marked with yellow tape) will have equipment that is cleaned/disinfected but needs testing. Equipment in this area is NOT patient ready
 - All table tops in this area are made of a non-porous surface (i.e. hard plastic sheet) with no cracks or any separation from the table and is replaced annually
 - The floor in this area will have a non-porous sealant that will provide a barrier for prevention of contamination. Floors are to be re-sealed every 6 months
- **PATIENT READY:** equipment in this area (marked with green tape) will be bagged and organized for delivery. These areas will be marked in green. Clean products should never be in close proximity/touching any dirty products. It is not uncommon during the loading process to have patient ready equipment in the common areas
- **STORAGE:** Although not every warehouse will have this area, product in the storage area will be clearly marked as such. Product/supplies in this area are NOT considered patient ready but are still clean and stored in an area marked with green tape

By adhering to the above controls, StateServ will provide a safe and clean working environment for its employees and will provide equipment free of bacteria and viruses.

Schedules & Protocols for Cleaning & Decontaminating Equipment & Work Surfaces

StateServ has approved and enforces the use of MadaCide 1 or MadaCide FD as a disinfectant or cleaner. A bottle containing MadaCide 1 or MadaCide FD will be labeled in black permanent marker. This product will be used in all warehouses and in the field.

The following describes the protocols and schedules for cleaning and decontaminating equipment and work surfaces. Cleaning logs will be maintained for each activity at the site in which the activity is conducted.

- Any product that is picked up will be sprayed down curbside before being loaded onto the truck
- When the equipment is returned to the warehouse it will be sprayed with full strength MadaCide FD and will sit for 10 minutes before then being power washed

- Each piece of equipment that is used in the course of normal business hours has a specific step by step procedure to thoroughly clean each piece of equipment. A cleaning log is on hand at each site. Technicians are required to log and note each piece of equipment as it is being cleaned, serviced and tested. Refer to the cleaning logs that document pertinent information for each DME item, including verification that the equipment is functioning to StateServ and manufacturer specifications
- Upon the completion of cleaning, items that need to be tested will be transferred to the testing area. Items that are patient ready will be covered with a new, clear bag and will be moved to the appropriate storage area
- When cleaning for the day is complete, the cleaning area will be swept and all garbage/debris will be discarded
- The cleaning surfaces will be sprayed down with MadaCide 1 or MadaCide FD on a daily basis
- Weekly, the area will be mopped with a mixture of 1/10 MadaCide 1 or MadaCide FD to water and allowed to air dry

Protocol for Picking up and Handling Contaminated Equipment

The following work practices will be utilized by all warehouse personnel when handling contaminated equipment.

- Whenever an employee handles equipment that has not been disinfected, GLOVES MUST BE USED. The technician will thoroughly sanitize his or her hand prior to placing the gloves on his or her hands. Latex gloves are available in all sizes; make sure to select a snug fit. If a glove breaks or you need to use your hands for something other than handling contaminated equipment, dispose of the old gloves and replace with new ones. Never re-use gloves
- Gloves are required to be worn on all equipment pick-ups and while unloading trucks
- Equipment identified as IDS Level 2, 3 or 4 will require the additional use of personal protection equipment. The employee should consult the work order to understand the level of precaution to be taken
- When picking up dirty equipment, the driver is required to spray the equipment with the approved disinfectant curbside and left for 10 minutes. The cleaning product will be in contact with the equipment for 10 minutes or more before being loaded onto the StateServ vehicle
- Clean (bagged) and contaminated (uncovered) equipment must be separated on the truck. The technician should always ensure that there is a substantial physical space between the dirty and clean equipment
- Certain pieces of equipment contain tubing that is essential for the operation of the machine. The technician should place the contaminated PPE in a red plastic bag and place it in a biohazard receptacle at the location. If a biohazard receptacle is not available, the technician should contact his or her manager for further instructions. The manager will contact the hospice to coordinate a pickup or arrange for other means of disposal. For NO reason should potentially contaminated, used disposable items be reloaded onto a StateServ vehicle
 - All oxygen equipment: Discard all cannulas, masks and connective tubing

- Nebulizers: Discard all masks and connective tubing. There is no necessary tubing to retain
- Suction machine: Discard fluid bucket, younker and younker connective tubing. The only necessary tubing is from the 90° elbow that attaches from the compressor to the fluid bucket
- Feeding pumps: Discard all tubing. There is no necessary tubing to retain
- Commodes: Discard the bucket, splash guard and lid
- Once the disinfected equipment is loaded onto the truck (un-bagged) the technician should safely remove all PPE, following the instructions below
 - Before removing gloves, remove all PPE and discard as detailed below
 - With both hands gloved, grasp near the cuff of one glove and pull the glove from the wrist towards the fingertips until the glove folds over
 - Carefully grab the fold of the glove and pull the glove away from the body until it is pulled off of the fingertips turning the glove inside out
 - Place and hold the removed glove in the palm of the gloved hand
 - With the ungloved hand, carefully insert two fingers into the cuff of the gloved hand. Slide fingers down towards the fingertips until the glove folds over turning the glove inside out, while also encasing the other contaminated glove
 - The technician should grasp the fold of the glove and fully remove it from his or her hand
 - Note: The technician should not touch his or her face or adjust his or her PPE with contaminated gloves. The technician should also not touch environmental surfaces while wearing clean or contaminated gloves (e.g., doorknobs, vehicle door handle, steering wheel, computer mouse or keyboard, cell phone, etc.)
- Discard PPE as appropriate.
 - For IDS levels 1 and 2, the technician should place the contaminated PPE in a trash bag or trash receptacle
 - For IDS levels 3 and 4, the technician should place the contaminated PPE in a red plastic bag and place it in a biohazard receptacle at the location. If a biohazard receptacle is not available, the technician should contact his or her manager for further instructions. The manager will contact the hospice to coordinate a pickup or arrange for other means of disposal. The contaminated PPE should not be brought onto the StateServ vehicle
- Where there is any level of precaution to be taken (e.g., level 1 – 4) the technician will sanitize the clipboard and the pen before being placed back in the truck
- Immediately after removing the used PPE the technician should wash his or her hands with antibacterial wipes or instant hand sanitizer

Filling Up or Handling Liquid Oxygen Bases

When filling up or handling liquid oxygen bases technicians should adhere to the following personal protective precautions. Failure to do so may result in disciplinary action up to and including termination.

- Wear the following personal protective equipment
 - Heavy insulated gloves
 - Face shield
 - Ear protection
 - Apron or lab coat
 - Steel-toe shoes/boots (optional)
- Utilize a drip pan when filling a liquid base

HAZARD COMMUNICATION PROGRAM

Objective

The objective of this program is to set forth policies and procedures concerning Hazard Communications which will enhance the safety and well-being of StateServ employees. Furthermore, execution of this program is designed to provide for compliance with the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard.

Assignment of Responsibility

The VP of Human Resources will assume duties as Hazard Communication Officer. This position carries the responsibility of ensuring this program is adhered to and that proper reporting is executed.

Program

The ensuing items are to be followed to insure both compliance with the OSHA Hazard Communication Standard and the safety of our employees.

Hazardous Chemical List

A list of hazardous materials and chemicals which are used in the course of the company's normal business activities must be maintained and continually updated. This list is to include all substances which require a Safety Data Sheet (SDS).

One copy of this list is to be kept in the front of each SDS book and one copy is to be kept on file with the Hazard Communication Officer or his/her designate. For each chemical used in the workplace, an SDS sheet must be available on that jobsite. Only approved chemicals may be introduced into the workplace.

Introducing a Chemical Agent into the Workplace

The Company recognizes there will be times when a site wishes to introduce new chemicals (e.g., spray paints and cleaning agents) into the workplace. Chemical agents must be approved prior to implementation to ensure the chemical can safely be used in the workplace.

StateServ has set forth the following process to request introduction of a new chemical agent. Employees are expected and required to follow this process. Departure from this process may result in disciplinary action up to and including termination.

- All approved chemical agents will be listed on StateServ University under the SDS section.
- The SDS sheet for each agent will be available for download from this section by selecting the chemical agent's name.
- If you wish to introduce a new chemical agent, all submissions would be sent to StateServ Human Resources at HR@stateserv.com for approval prior to use. The HR Department will work with members of the Safety Committee to make a determination to use or deny use.
- The requestor should include the following information with his or her submission of request:
 - Name of chemical agent

- Use or purpose for the chemical agent
 - The current SDS for the chemical agent
- If the chemical agent is approved, it will be added to StateServ University along with its SDS.
- Whether the chemical agent is approved or not, the submitting employee will receive a confirmation of the determination.

New chemicals may not be used unless they have been granted approval.

Safety Data Sheets (SDS)

The Company is not in the business to perform research and investigation into hazards of chemicals. StateServ relies on the scientific investigation and research performed by the manufactures or distributors. This information is contained in the Safety Data Sheets.

All Safety Data Sheets must be updated, kept in an organized fashion and must be placed in an identified and accessible location for all employees to view at will. For each site, a SDS binder is located in the site manager's office, the warehouse and each truck. A duplicate set of SDS information must be maintained by the Hazard Communication Officer.

The SDS books and the Hazardous Chemical List must be maintained and kept up to date. As obsolete SDS's are replaced by updated copies, they must be retained in a separate binder of obsolete SDS's. They are not to be thrown away, but rather be filed and stored for reference purposes.

If a hazardous chemical or substance is received without a proper SDS, the receiving person must immediately notify Hazard Communication Officer. The manufacturer or distributor of the product must be contacted immediately and asked to fax the SDS and mail a copy as a follow up. If, for some reason, the manufacturer or distributor is unable to produce a SDS upon request, the Hazard Communication Officer should be notified immediately. Hazardous materials or substances received without an SDS are to be returned to the sender.

Labeling

Each container of a hazardous chemical that is used in or around the work area must be properly labeled with the identity of the hazardous material, the appropriate hazard warnings, and the name and address of the manufacturer. Appropriate labels must be on all containers, regardless of size. Containers must be approved and recommended for storage and/or dispensing of the particular hazardous chemicals contained in them.

Worn and torn labels must be replaced. It is the responsibility of employees to report inappropriate labels to their supervisor. It is the responsibility of the Site Manager to ensure that appropriate labels are in place and that replacement labels are available.

Containers for materials that will be used within a particular work shift do not require labels. However, secondary containers that are used on an ongoing basis must be properly labeled.

Storage

All storage areas for hazardous substances are to be secured, properly ventilated and identified by signs.

Non-Routine Tasks

Before any non-routine task is performed, employees shall be advised and/or they must contact the site leadership for special precautions to follow. The Hazard Communication Officer or his or her designee shall inform any other personnel who could be exposed. (No non-routine tasks are known to exist at the time of preparation of this program.)

If a non-routine task is necessary, the Hazard Communication Officer or his or her designee will provide the following information about the activity as it relates to the specific chemicals expected to be encountered:

- Specific chemical name(s) and hazard(s);
- Personal protective equipment required and safety measures to be taken;
- Measures that have been taken to lessen the hazards including ventilation, respirators, presence of other employees(s); and
- Emergency procedures.

Other Personnel Exposures (Contractors)

The Hazard Communication Officer or his or her designee will provide other personnel or outside contractors with the following information as follows:

- Hazardous chemicals to which they may be exposed to while in the workplace;
- Measures to minimize the possibility of exposure;
- Location of the SDS and labeling requirements for all hazardous chemicals; and
- Procedures to follow if they are exposed. The Hazard Communication Officer or his or her designee will contact each contractor before work is started to gather and disseminate any information concerning chemical hazards the contractor is bringing into the workplace, and vice versa.

TRAINING PROGRAMS

Bloodborne Pathogens and Airborne Pathogens Training

The Human Resources Department will administer the training program(s) which will include:

- An overview of the OSHA standard
- Medical information concerning blood borne and airborne diseases and transmission modes including transmission and sign and symptoms of active diseases
- The potential for occupational exposure in the workplace
- Procedures which may cause an exposure
- Infection control methods and personal protective equipment
 - This includes fit testing a company approved fitted respiratory mask
- Vaccinations and tests
- The importance of prompt medical evaluation and treatment for positive test results or TB symptoms—and of notifying the employer of an active TB diagnosis

Training will be conducted for all employees designated as covered by this plan in the Definitions of Employees at Risk Section. After the initial training, employees will receive annual training.

Hazard Communication Program Training

Employee training for this Hazard Communication Program consists of the following:

- Each affected employee working for, or associated with StateServ is required to review the training material with the Hazard Communication Officer or his/her designee and sign the acknowledgment form. Record of this training will be maintained in the employee's personnel record in the Human Resources information system. This training is to be done during the new employee orientation process before the new employee actually assumes full responsibility for duties. In addition to this training, affected employees must be shown the locations of Safety Data Sheets, fire extinguishers, first aid kits, and usage and storage of hazardous materials
- Fire extinguisher training may be provided to designated employees. An acknowledgment form must be signed by the employee and filed for documentation purposes
- First Aid and CPR training will be provided as required in 29 CFR 1910.151
- An acknowledgment form must be signed by the employee and filed for documentation purposes
- If the management of StateServ engages the services of contract personnel, and their exposure to hazardous materials is possible, the contract employee(s) must be made aware of the locations of the Hazardous Chemical List and the SDS information book

RECORD KEEPING

Training

Training records will be maintained by the Human Resources Department and housed in the Human Resources information system as well in the employee's personnel file. Training records are available to employees or employee representatives upon request.

Medical Records

Medical records will include the following and are available to the employee, the employee's designated representative and to OSHA as required.

Medical records will include the following information:

- Employee's name and social security number
- The status of the employee's vaccination(s)
- Result of examinations, medical testing, and post-exposure evaluation and follow-up procedures
- Health care professional's written opinion
- A copy of the information provided to the health care professional

The Human Resources Department will maintain and house employees' medical records. They will be maintained in the Human Resources information system as well as in the employee's medical file (not to be confused with the employee's personnel file). Medical records will be kept confidential and maintained for at least the duration of employment plus 30 years.

Occupational Exposure Records

Records of occupational exposure will include the following and are available to the employee, the employee's designated representative and to OSHA as required.

- Background data related to environmental, or workplace, monitoring or measuring will be retained for 1 year. Interpretive documents relevant to the interpretation of the data will be maintained for 30 years
- SDSs and other specified records concerning the identity of a substance or agent will be kept on record including information on when and where it was used. This information will be maintained for 30 years
- Biological monitoring results designated as exposure records by specific OSHA standards shall be preserved and maintained as required by the specific standard governing their use

The Human Resources Department will monitor and enforce the maintenance of occupational exposure records.

IMPLEMENTATION AND COMPLIANCE

Implementation

The Human Resources Department will be responsible for the implementation of the StateServ Exposure and Infection Control Program. It shall be reviewed annually.

The Site Managers, Senior Site Managers, Area Director of Operations and Vice President of Operations have the responsibility to ensure that their personnel have received adequate training and comply with the program, processes and procedures entailed.

Program Compliance

Any direct or intentional violation or non-compliance with this program may result in the termination of the person or persons involved, in accordance with company policy.