



FDR Services Corp.
Healthcare Laundry Specialists

INFECTION CONTROL PROCEDURES

Corporate Office:

One Ames Court
Suite 204
Plainview, NY 11803
516-933-4040

Table of Contents

- I. Overview**
- II. Exposure Control Plan**
 - Exposure Determination
 - Implementation Schedule and Methodology
 - Compliance Methods
- III. Hepatitis B Vaccine**
 - Procedure for Exposure Incidents
 - Exposure Notification
 - Information and Training
 - Record Keeping
 - Training
 - Signs
- IV. Linen Pathogen Control Program**
- V. Uniform Pathogen Control Program**
- VI. Resident Clothing Pathogen Control Program**
- VII. Medical Waste Handling Procedure**
- VIII. Housekeeping Procedures**
- IX. Figures 1-8**
- X. Bloodborne Pathogens Exposure Control Plan (ECP)**



This plan is provided only as a guide to assist in complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030. It is not intended to supersede the requirements detailed in the standard. We have reviewed the standard for particular requirements, which are applicable to our commercial laundry. We have added information relevant to our plant in order to develop an effective and comprehensive exposure control plan. This plan will be reviewed at least on an annual basis and updated when necessary.



FDR Services standard policy is to meet or exceed all OSHA requirements for the protection of our employees who may have exposure to blood or other potentially infectious materials.



II. Exposure Control Plan



In accordance with the OSHA Bloodborne Pathogens standard, 29CFR 1910.1030, the following exposure control plan has been developed:

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure regardless of frequency. Exposure determination shall be reviewed on an annual basis and updated as necessary. The General Manager of each facility shall have responsibility to update the exposure determination as it relates to his facility to reflect any new or modified tasks or procedures that affect exposure.

Those job classifications in which employees have occupational exposure are as follows:

1. All drivers
2. All production workers in soil sort
3. All production workers in the wash room
4. All engineers
5. All management and supervisory personnel
6. All janitorial and maintenance personnel

IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA also requires that this plan include a schedule and a method of implementation for various requirements of the standard. The following complies with this requirement:

COMPLIANCE METHODS



FDR Services will continually observe Universal Precautions in order to prevent contact with blood or other potentially infectious materials. All material will be treated as potentially hazardous regardless of source and handled with Universal Precautions. The following procedures are mandatory:

1. At a minimum, all employees are to be gowned in appropriate barrier fabric gowns or uniforms and gloved with appropriate latex or similar gloves before performing functions which bring them in contact with soiled linens. These tasks include those in the soil room and wash room and when otherwise handling soiled linen, such as loading or unloading soiled linen carts.
2. Any employee or visitor who is in an area where soiled linen is located (even if only as an observer) will be gowned, unless the individual is restricted to a designated walkway or observation area and is located a safe distance from the soiled linen.
3. Employees who fail to wear gowns are to be disciplined the same as for any other work violation. This shall include termination if necessary. If you have a union complaint as a result of this policy, please notify the Human Resource Department for assistance. Under no circumstances is the policy to be overlooked or not enforced. All gowns and gloves are to be removed when leaving soiled linen work areas. Disposable examination gloves are to be discarded. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
4. All linen is to be handled as contaminated, regardless of source.
5. The clean and soiled linen is kept separated by a functional barrier wall. This separation will facilitate the implementation of controls and isolate the bloodborne pathogen hazards from most areas.
6. All sharps are to be disposed of in containers specifically designated for sharps disposal. Hospitals are to be notified in writing of every occurrence of finding a sharp. At FDR, all sharps, needles and red bags are placed in adequate, closeable, puncture resistant, leak proof containers marked on the sides and bottom, "Medical and Hazardous Waste". These containers are picked up for disposal on a weekly basis.



7. After removal of personal protective gloves, employees must wash hands and any other potentially contaminated skin area immediately or as soon as feasible with antibacterial soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. Hand washing facilities are available to the employees who incur exposure to blood or other infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.
8. Eating, drinking, smoking, applying cosmetics or lip balm and handling of contact lenses are prohibited in those work areas designated as potential exposure areas.
9. The worksite is to be maintained in a clean and sanitary condition. The soil and washroom departments, the bins and the equipment will be cleaned and disinfected on a daily basis. Decontamination will be accomplished by utilizing the following materials: bleach, soap, and "Spring Green" which is a deodorizer and sanitizer. Each facility shall implement an appropriate written schedule for cleaning and decontamination.

The above controls will be examined and maintained on a regular schedule. The effectiveness of the controls will be reviewed continuously by the following people:

- | <u>Title</u> |
|----------------------------|
| 1. General Manager |
| 2. Plant Manager |
| 3. Distribution Supervisor |

III. Hepatitis B Vaccine

FDR Services Corp. shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupation exposure and provide post-exposure evaluations and follow-ups to all employees who have had an exposure incident.

1. All medical evaluations and procedures, including vaccination, evaluation and follow-up will be made available at no cost to the employee and be performed by or under the supervision of a licensed physician or another licensed healthcare professional which shall be designated by the General Manager.
2. Vaccination shall be offered free of charge within 20 working days of initial assignment to all employees who have occupational exposure.
3. Participation in a pre-screening program shall not be a pre-requisite for receiving the Hepatitis B vaccination.
4. Any employee who declines to accept the Hepatitis B vaccination shall sign a waiver which uses the wording in Appendix A of the OSHA standard. (Figure 1)
5. If the employee initially declines the vaccine, but at a later date decides to accept the vaccination, the Hepatitis B vaccination shall be made available at no cost.
6. Each location shall designate a healthcare professional to be used for the Hepatitis B vaccination and for evaluation following exposure. Each facility shall provide to the healthcare professional a copy of this Exposure Control Plan and a copy of the OSHA Standard 29CFR Part 1910.1030.

PROCEDURE FOR EXPOSURE INCIDENTS

The following procedures are to be adhered to in the event of an exposure incident, such as sticks by needles or other sharps:

MEDICAL TREATMENT

1. Employees shall wash their hands and other skin with antibacterial soap and water, or flush mucous membranes with water immediately or as soon as feasible following an exposure incident.

2. Employees shall be sent to a designated medical facility and offered a Hepatitis B vaccine, H.I.V. test, and such other treatment as the attending physician shall recommend (i.e., tetanus shot, stitches, etc.). The General Manager shall insure that the attending physician receives copies of the following:
 - i. Employees medical records
 - ii. Vaccination record or waiver
 - iii. Post Exposure Medical Treatment Form (Figure 2)
 - iv. Notification of Exposure Source (Figure 3)
 - v. Laboratory report on sharp
3. Employee shall be offered H.I.V. testing followed up at six weeks, twelve weeks and six months.
4. Results of all tests are to be maintained confidential in the employee's personnel file.
5. If employee refuses treatment, such as vaccination or H.I.V. testing, the employee will acknowledge such refusal by completing and executing the bottom of the Post Exposure Treatment Form. This form must be signed by the treating physician.
6. If an employee reports a positive test result for H.I.V., Hepatitis B, or other infectious disease and additional medical treatment is required, contact Human Resources immediately.

EXPOSURE NOTIFICATION

It is virtually impossible to identify the patient source of the sharp. However, it is necessary to identify the customer source to the employee by completing the Notification of Exposure Source (Figure 3) and delivering one copy to the employee and one copy to the customer. Additionally, the customer shall be sent a hospital notification letter (Figure 4).

1. ANALYSIS OF SHARP



The sharp involved in the incident shall be sent to a laboratory for analysis. A copy of the report shall be forwarded to the treating physician, the employee and the customer. The sharp may be destroyed if it is a needle, or returned to the customer if it is a surgical instrument.

2. EMPLOYEE FILES

Copies of all hospital notification, (or notation of hospital unidentified, if applicable), records of all examinations, medical testing follow-up, healthcare professional written opinion, Post Exposure Medical Treatment Forms, Notification of Exposure Source Form and any other related documents are to be maintained in the employee's personnel file, as set out in more detail under RECORD KEEPING.

3. OSHA Log

The following OSHA logs are to be completed:

- A. OSHA Form 200 – Log and Summary Occupational Injuries and Illness
- B. OSHA Form 101

4. FORM DISTRIBUTION

In summary, in the event of exposure, the following forms and/or reports shall be completed and copies distributed as follows:

Employee receives:

Notification of Exposure (Figure 3), laboratory report, Post Exposure Medical Treatment Form (Figure 2).

Treating physician receives:

Employee medical records, vaccination records (Figure 5) or waiver (Figure 1), Post Exposure Medical Treatment Form (Figure 2).

Customer receives:

Hospital Notification (Figure 4), Notification of Exposure Source (Figure 3), laboratory report on sharp, sharp (if surgical instrument).

INFORMATION AND TRAINING



Upon hire, employees in positions with potential exposure shall receive the following training before being allowed to start work:

1. Hepatitis B vaccine program.
2. Information on standard precautions.
3. Location of protective equipment.
4. Employees may require additional training depending upon their job.

Employees shall be provided in-service training on an annual basis, as well as additional training when necessary. Annual training is to be completed no later than March 31st of each calendar year and documented in the employee's personnel file.

Training shall be performed by a person knowledgeable on the specific topic being addressed.

RECORD KEEPING

MEDICAL RECORDS

1. There shall be maintained in each employee's personnel file:
 - Name and social security number;
 - A copy of employee's Hepatitis B vaccination status including dates of all the hepatitis vaccinations (Figure 5) or a copy of the waiver (Figure 2), whichever is appropriate. If an outside agency has contracted to handle record keeping tasks, similar forms may be substituted;
 - A copy of all medical records relative to the employee's ability to receive vaccination, if appropriate;
 - Copies of all results of examinations, medical testing and follow-up.
2. All medical records are confidential and may not be disclosed or reported without the employee's express written consent, except to OSHA representatives and as required by law.
3. Records shall be maintained for the duration of the employment plus thirty (30) years.

TRAINING

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted



in English and Spanish to allow employees to understand fully all the points discussed. They will also be given the opportunity to ask questions on any point that would not be clear to them.

Training records shall consist of the following:

1. A New Employee Training Record shall be completed for each employee and maintained in his/her personnel file (Figure 6).
2. A Group Training Record shall be completed for each training session (Figure 7), with each employee signing an "attende" form (Figure 8).

The General Manager is in charge of the training program. Training for employees will include the following explanation of:

- A. The OSHA Standard for Bloodborne Pathogens.
- B. Epidemiology and symptomatology of bloodborne diseases.
- C. Modes of transmission of bloodborne pathogens.
- D. This FDR Exposure Control Plan (i.e.: reasons for the plan, lines of responsibility, how the plan will be implemented, etc).
- E. Procedures which might cause exposure to blood and other potentially infectious material at FDR.
- F. Control methods which might prevent exposure from blood or other potentially infectious materials.
- G. Personal protective equipment available at FDR and who should be contacted concerning them.
- H. Post exposure evaluation and follow-up.
- I. Signs and labels used at FDR.
- J. Hepatitis B vaccine program at FDR.

SIGNS

Signs will be placed in the appropriate departments to communicate the hazards to the employees and remind them to report any incident or accident regardless of how insignificant it may appear to be.

IV. Linen Pathogen Control Program

Processing Procedure for Hospital and Nursing Home LINENS

Universal Precautions are the keynote in receiving all soiled linen. All soiled linen received is treated with Universal Precautions and is separated in the sorting department. Separate containers are used by category for processing in our continuous batch washers. All personnel are required to wear masks, gloves and gowns. The soiled linen bins are then sanitized in our automatic cart washer system.

1. The linens are washed at 145-160+ degrees Fahrenheit in our continuous washer - using a build detergent. Bleaching is done by the use of chlorine bleach and hydrogen peroxide. We use a sour (ammonium silicofluoride) to neutralize all residual chemicals, and an antichlor to neutralize any residual bleach.
2. The laundry is conditioned or fluff dried at plus 200 degrees Fahrenheit.
3. All tumble fold linens are dried at plus 200 degrees Fahrenheit.
4. All flatwork (pillowcases, sheets) are ironed through our flatwork ironer at 300 plus degrees Fahrenheit.
5. All linens are packed out in sanitized plastic bundles.
6. Cultures are taken each month and copies are forwarded to the customer's facilities.
7. The pH which is a measure of acidity is checked periodically before ironing or tumbling the items. The benefit of a proper pH between 5.5 and 6.8 is that it neutralizes the alkalinity of human waste, thereby inhibiting the growth of ammonia bacteria. This reduces the causes of tissue breakdown.

V. UNIFORM PATHOGEN CONTROL PROGRAM

Processing Procedure for Hospital and Nursing Home UNIFORMS

All soiled uniforms received are treated with Universal Precautions and are separated in the sorting department. Separate containers are used by category for processing in our continuous batch washers or conventional washers for 20 minutes at 145 to 160 degrees Fahrenheit. Tritrations are checked daily by our staff for alkalinity and final pH. The Chemical Company comes once a week and performs Tritrations and adjusts systems when needed.

After washing, all uniforms are tumble conditioned in dryers at 200 degrees Fahrenheit.

The soil bins are washed and sanitized by our cart washers, dried and returned to the system.

All uniforms, conveyed through our steam tunnel for finishing at 280 degrees Fahrenheit, are checked daily for temperature by the use of thermo labels.

All uniforms are packed out in sanitized plastic bundles by individual wearers.

Cultures are taken each month and copies are forwarded to the health care facilities.

Sour is added as a neutralizing agent to remove any alkalinity which may be present in the water.

We also use fabric softener combined with an agent which is used to provide the softness for uniforms.

The pH, which is a measure of acidity, is checked periodically before tunneling or tumbling the items. The benefit of a proper pH between 5.5 to 6.8 is that it neutralizes the alkalinity of human waste thereby, inhibiting the growth of ammonia bacteria, which also reduces the causes of tissue breakdown.

VI. Resident Clothing Pathogen Control Program

Processing Procedure For RESIDENT CLOTHING

FDR Services Corporation uses Universal Precautions for All linen and personal clothing that enters all of our healthcare plants.

1. Linens and/or resident clothing are placed in a plastic bag and securely closed. Resident clothing comes from the customer in net bags by individual residents. Any heavily soiled items are enclosed in plastic bags inside the net bags
2. All linens and/or Resident clothing bags are handled and inspected by an employee who is wearing rubber gloves, a plastic mask and disposable headgear. The net bags will then be placed directly into a washwheel. They will be washed in hot water (115 to 135 degrees Fahrenheit) using detergents, sodium hyperchloride bleach and soft dry "g" used in the last rinse to combat gram negative and positive organisms.
3. The linens and/or resident clothing will then be dried in 200-degrees Fahrenheit tumblers. This merchandise will then be packaged in poly-wrap and placed into sterile plastic containers and returned to the customer.
4. Company cannot be responsible for any shrinkage or damage to personal clothing that cannot withstand this special procedure.

VII. Medical Waste Handling Procedure

Medical waste is considered to be any miscellaneous non-linen item mixed with soiled linen. These items are removed from the linen during soil sorting at our location.

1. All employees handling soiled linen must be protected with gowns and gloves in accordance with the Federal Register Section 29 CFR, Part 1910.1030.
2. All red bags must be placed in a separate container labeled "Hazardous Waste" before they can leave the soil department.
3. All sharps must be placed in a special container located at the soil conveyor.
4. Any employee not following the above procedures will be automatically dismissed.

VIII. HOUSEKEEPING PROCEDURES

The employer is required to assure that the restricted work sites are maintained in a clean and sanitary condition. Schedules shall be as frequent as necessary, depending on the area requirements, the type of surfaces to be cleaned and the type of soil present.

Soil Sort Department: Due to the higher level of potential exposure in this department, a higher level of housekeeping may be required. This includes the removal of trash, general clean up of the floor, belt and associated areas. It is also mandatory to apply disinfectant (basic floor 1% bleach) to the soil belt and stainless areas. Suggested housekeeping clean up schedule:

- i. First break
- ii. Lunch break
- iii. Second break
- iv. Department shut down

Wash Room Department: The potential exposure in this department is not as great as the Soil Sort Area, but it still exists. The suggested housekeeping clean up schedule should be the same time frames as Soil Sort, but a general clean up of the area including the pick up of trash and a floor wash down with hot water and then squeegeed down should be a minimum requirement.

Obviously, any incidents of blood soaked, splashes, sharps or other related occurrences would mandate immediate clean up and recording of the incident for historical records. These incidents, as we treat all incoming soil, will be treated as if it were HBV/HIV infectious and handled as little as possible with minimum agitation.

IX. Exhibits 1-8

HEPATITIS B VACCINE DECLINATION	
Employee:	_____
Date:	_____
Re: Hepatitis B Vaccine Declination	
<p>I understand that, due to my occupational exposure (possibility of needle stick or sharp injuring in handling soiled linen) to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand 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 (three doses given intramuscularly) at no charge to me.</p>	
Declining personnel's signature:	_____
Supervisor of personnel declining vaccination:	_____
Date of Signatures:	_____

FIGURE 1.

POST EXPOSURE MEDICAL TREATMENT FORM

To be filled out by FDR Services

Employee: _____ Date of Accident: _____

Description of Accident: _____

Was employee previously vaccinated? Yes ___ No ___

If yes, please list dates of vaccinations: _____

Job Duties _____

To be filled out by Physician

Is Hepatitis B vaccine indicated? Yes ___ No ___

Results of Evaluation: _____

Recommended Treatment (shall include H.I.V. testing at present, 6 weeks and 6 months): _____

Medical Treatment Declined (if none is declined, enter NONE):

Was patient advised of results of evaluation and medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment? Yes ___ No ___

Physician's Signature: _____ Date: _____

To be filled out by Employee

The results of my medical evaluation and the recommended treatment have been explained to me by the physician who is named on this form. I have declined certain medical treatment which is set out on this form under "Medical Treatment Declined".

Employee's Signature: _____ Date: _____

FIGURE 2.

NOTIFICATION OF EXPOSURE SOURCE			
<hr/> Name	<hr/> Social Security #	<hr/> Today's	
Date			
<hr/>			
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip
Code			
<hr/>			
<hr/> Date of Birth	<hr/> Date of Hire	<hr/> Marital Status	
Sex			
<hr/>			
EXPOSURE INCIDENT			
<hr/>			
<hr/> Date	<hr/> Reported By	<hr/> Reported To	
<hr/>			
<hr/> Type of Sharp	<hr/> Source of Sharp	<hr/> Treating Facility	
<hr/>			
State how this incident occurred:			
<hr/>			
<hr/>			
<hr/>			
Witness(es) to the incident: _____			
<hr/>			
I UNDERSTAND THE RISKS OF AN EXPOSURE INCIDENT AND AGREE TO BE TESTED AND HAVE POST-EXPOSURE EVALUATION AND FOLLOW UP.			
Employee Signature _____			
Supervisor Signature _____			

FIGURE 3.

Dear Sir/Madam:

Please be advised that an incident occurred in our laundry facility, when an employee was stuck with a sharp that was found in your facility's linens. Our employee was provided medical treatment and the sharp has been sent to a laboratory for analysis. If the sharp was a needle, it will be destroyed. If the sharp was a surgical instrument, it will be returned to you. We will make a copy of the laboratory report available to you at your request.

The details of the incident are set out below. Additionally, attached is a copy of the Notification of Exposure Source Form delivered to our employee pursuant to OSHA regulation 29CFR 1910.1030 (f)(3)(i).

If you have any questions, please do not hesitate to contact me.

Hospital: _____

Employee: _____

Date of accident: _____

Job Duties: _____

Type of sharp: _____

Laboratory: _____

Sincerely,

cc: Employee Personnel File

FIGURE 4.

**HEPATITIS B VACCINATION RECORD
HEPATITIS B VACCINATION COMPLIANCE**

I hereby accept to take the Hepatitis B vaccine in order to comply with the OSHA requirements regarding bloodborne pathogens. In order to have the effects expected I must complete the full treatment consisting of three (3) shots.

Employee: _____

Date of hire: _____

Treating facility: _____

Date of first vaccination: _____

Date of second vaccination: _____

Date of third vaccination: _____

Comments: _____

FIGURE 5.

NEW EMPLOYEE TRAINING RECORD	
Employee name:	_____
Job title:	_____
Date of training:	_____
Person conducting training:	_____
Job title:	_____
I hereby acknowledge that I received, on the date noted above, the training on the following areas:	
(CHECK THOSE THAT ARE APPLICABLE)	
<input type="checkbox"/>	Hepatitis B vaccine – I understand I may receive, at no cost to me, the Hepatitis B vaccine
<input type="checkbox"/>	Handling soiled linen – Universal Precautions
<input type="checkbox"/>	Using chemicals safely in the workplace – I have been instructed in how to read the Hazardous Substance List and the Material Safety Data Sheets (MSDS). I have been told where these materials are kept and that I have access to them at all times.
<input type="checkbox"/>	Safe handling of laundry washroom chemicals
<input type="checkbox"/>	Lockout tag procedures
<input type="checkbox"/>	Fire prevention procedures
<input type="checkbox"/>	Safety and health procedures
<input type="checkbox"/>	DOT, motor vehicle safety
<input type="checkbox"/>	Spill policy
<input type="checkbox"/>	Other: _____
_____	_____
Signature	Date

FIGURE 6.

GROUP TRAINING RECORD	
Date:	_____
Person Conducting Training:	_____
The following areas were covered (check applicable boxes):	
<input type="checkbox"/>	Hepatitis B vaccine – I understand I may receive, at no cost to me, the Hepatitis B vaccine
<input type="checkbox"/>	Handling soiled linen – Standard Precautions
<input type="checkbox"/>	Using chemicals safely in the workplace – I have been instructed in how to read the Hazardous Substance List and the Material Safety Data Sheets (MSDS). I have been told where there materials are kept and that I have access to them at all times.
<input type="checkbox"/>	Safe handling of laundry washroom chemicals
<input type="checkbox"/>	Lockout tag procedures
<input type="checkbox"/>	Fire prevention procedures
<input type="checkbox"/>	Safety and health procedures
<input type="checkbox"/>	DOT, motor vehicle safety
<input type="checkbox"/>	Spill policy
<input type="checkbox"/>	Other: _____

FIGURE 7.



X. Bloodborne Pathogens Exposure Control Plan (ECP)

OSHA Standard 29 CFR 1910.1030

Revised: Sept. 1, 2008

INTRODUCTION

When processing soiled textiles that have been in use at a healthcare facility, FDR Services employees must reasonably anticipate the presence of blood or other potentially infectious materials on the soiled textiles. The policies and procedures used for ensuring that FDR Services employees' exposure to blood and other potentially infectious materials is either eliminated or minimized are detailed in the company's emergency control plan or ECP. This Bloodborne Pathogens Exposure Control Program identifies the job classifications for which occupational exposure may be reasonably anticipated and details the methods in place to minimize or eliminate such occupational exposure, including: universal precautions, engineering controls; work practice controls; personal protective equipment; housekeeping and sharps discarding and containment. The ECP also details the availability and administration of the Hepatitis B vaccination series and the procedures to follow in the event of an occupational exposure. Additionally, the ECP explains the recordkeeping and hazard communication requirements of OSHA's Bloodborne Pathogens Standard. FDR Service's exposure control plan is reviewed and updated at least annually to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

PURPOSE

The purpose of FDR Services bloodborne pathogens exposure control plan is to eliminate or minimize our employees' occupational exposure to bloodborne pathogens or other potentially infectious materials while performing their normal tasks, duties and responsibilities.

SCOPE AND APPLICATION

This exposure control plan applies to all employees who are at risk of occupational exposure to bloodborne pathogens or other potentially infectious materials during training or while performing their normal tasks, duties and responsibilities. This exposure control plan may be obtained at



any time by contacting the FDR Services Human Resource Director or General Manager.

RESPONSIBILITY

It is the responsibility of the General Manager to verify that the exposure control plan is followed in accordance with FDR Services Bloodborne Pathogens Policies and Procedures Manual.

It is the responsibility of the General Manager to either personally perform the necessary training on FDR Services exposure control program or ensure that qualified personnel is retained to perform the necessary training.

EXPOSURE DETERMINATION

Employees who are at risk of occupational exposure to bloodborne pathogens and/or other infectious materials through the performance of their normal duties are classified into one of two categories. The use of personal protective equipment is not a mitigating factor when determining the category under which an employee is classified. The first job classification is comprised of job positions for which every employee who performs those jobs is at risk of occupational exposure. The second job classification is comprised of job positions for which only some of the employees performing those jobs are at risk of occupational exposure.

A) Job Classifications in Which All Employees Have Occupational Exposure:

- Route Delivery Drivers
- Soil Sort Personnel
- Soil Sort Supervisors
- Soil Sort Cart Washers
- Washroom Personnel
- Loading Dock Personnel

B) Job Classifications in Which Some Employees May Have Occupational Exposure:

- Engineering Personnel
- Plant Maintenance Personnel
- Customer Service Representatives
- Service Managers
- Housekeeping/Janitorial Personnel
- General Manager



- Plant Manager
- Soil Sort Managers
- Production Manager
- Safety Managers/Coordinators
- Quality Managers/Coordinators

METHODS OF COMPLIANCE

A) Universal Precautions

FDR Services observes *Universal Precautions* in preventing an employee from coming into contact with blood or other potentially infectious materials. *Universal Precautions* apply to all employees who come into contact with soiled healthcare linen and/or carts or bags that store and transport soiled healthcare linen. According to the concept of *Universal Precautions* all employees are required to handle and treat all soiled healthcare linens as if such linen is known to be contaminated with bloodborne pathogens or other infectious materials.

B) Engineering Controls

Engineering controls are defined by OSHA as controls that isolate or remove the bloodborne pathogens hazards from the workplace. Engineering controls are used whenever possible to eliminate or reduce the potential of employee exposure to bloodborne pathogens or other potentially infectious materials. Engineering controls will be examined, maintained and replaced on a regular schedule to ensure their effectiveness. FDR Services has in place the following engineering controls to eliminate or minimize employee exposure to bloodborne pathogens or other infectious materials:

- Positive air flow from clean area to soiled area
- Air flow from soil area to the outside of the building
- Contaminated sharp containers in place in areas where sharps may be found
- Sharps containers are replaced when approximately 75% full
- Soil area is separated from clean area by a physical or functional barrier
- Hand washing facilities
- Antiseptic hand cleaner for use in conjunction with clean cloths or paper towels

- Conveyor(s) in soil sort department are disinfected after each shift
- Laundry carts are cleaned and disinfected after each use
- Water fountains, employee food storage facilities and refrigerators are not positioned in the soil sort department or other work areas where there is a reasonable likelihood of occupational exposure.

C) Work Practice Controls

Work practice controls are defined by OSHA as controls that reduce the likelihood of exposure by altering the manner in which a task is performed. FDR Services has in place the following work practice controls to eliminate or minimize employee exposure to bloodborne pathogens or other infectious materials:

- Soiled textiles shall be handled as little as possible and with a minimum amount of agitation to prevent gross microbial contamination of the air.
- When sorting soiled textiles, soil sort personnel shall do so by grasping the edges of the textiles and pulling them apart. This will spread out the soiled textiles easily revealing any sharps that may have inadvertently been left in the soiled textiles by the customer.
- When sorting soiled textiles, soil sort personnel shall not rub their eyes or any other mucous membranes on their bodies until all personal protective equipment has been removed and hands have been thoroughly washed.
- When found in soiled laundry, needles and other sharps shall be handled and disposed of in a designated sharps container with extreme care.
- When found in soiled laundry, needles shall not be bent, recapped, removed, broken or sheared by employees.
- When found in soiled laundry, needles and other sharps shall be immediately disposed of in a sharps container by employees or supervisory personnel.
- Employees shall remove all personal protective equipment before leaving the work area.
- Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- All employees who perform work in the soil sort are of the plant or come into direct contact with soiled healthcare

- textiles, shall thoroughly wash their hands with soap and hot water immediately after completing the work.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the soil sort department and in all work areas where there is a reasonable likelihood of occupational exposure.
 - Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
 - Employees who have cuts, abrasions, rashes or any condition that compromises the protection provided by intact skin shall not handle soiled textiles unless the affected area of the skin has been properly and safely protected by appropriate dressings and/or coverings.
 - Employees handling soiled healthcare textiles are encouraged to bathe and change clothes after completion of their work day and before coming into immediate contact with other persons.

D) Personal Protective Equipment (PPE)

Personal Protective Equipment is defined by OSHA as “specialized clothing or equipment worn by an employee for protection against a hazard.” Examples of personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. When occupational exposure to bloodborne pathogens or other potentially infectious materials remains after the implementation of engineering and work practice controls, personal protective equipment shall also be used by employees at risk of exposure. The personal protective equipment shall be provided to the employee by FDR Services at no charge to the employee. FDR Services shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite and in sufficient quantities. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The following procedures regarding the use of personal protective equipment must be followed by all employees:

- 1) If personal protective equipment is penetrated by blood or other potentially infectious materials, it shall be removed immediately or as soon as feasible.
- 2) All personal protective equipment shall be removed after each shift and prior to leaving the work area.
- 3) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal provided by the company.
- 4) After removing personal protective equipment employees shall thoroughly wash their hands with soap and hot water.
- 5) All personal protective equipment will be cleaned, repaired or replaced as needed to maintain its effectiveness at no cost to the employee.
- 6) Fluid-proof gowns shall be worn by soil sort employees when it can be reasonably anticipated that they may come into direct contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin while performing their normal duties.
 - The gowns must be worn with the opening to the employee's back so that the front of the body has full protection.
 - The sleeves of the gown must be long enough to extend to the hands.
 - The sleeves of the gown must either be tucked inside fluid-proof utility gloves or have an elastic cuff which holds the end of the sleeve closed and in place around the fluid-proof utility gloves.
- 7) Fluid-proof utility gloves—such as those which may be used for housekeeping chores—shall be worn by employees when it can be reasonably anticipated that they may come into direct contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin while performing their normal duties.
 - Fluid-proof utility gloves must be decontaminated as needed or before being placed back into service.
 - Fluid-proof utility gloves must be discarded and replaced immediately when cracked, torn, punctured, when exhibiting other signs of deterioration or when their ability to function as a barrier is compromised.
 - The gloves must form a complete barrier with the gown being worn.

E) Housekeeping

FDR Services shall ensure that the worksite is maintained in a clean and sanitary condition. Work surfaces in the soil sort area shall be decontaminated with an appropriate disinfectant at the end of each work shift or whenever the working service has become contaminated. All linen carts transporting or storing soiled healthcare linen shall be inspected, decontaminated and washed immediately after use and before being reused.

F) Contaminated Sharps Discarding and Containment

Designated sharps containers shall be easily accessible to employees and located as close as is feasible to the immediate area where sharps can reasonably be anticipated to be found (e.g. soil sort area). The sharps containers shall be closeable, puncture resistant, and leakproof on the sides and bottom.

If a sharp is found in soiled healthcare textiles returned by the customer after use, the employee discovering the sharp shall immediately inform a supervisor or manager who will document the sharp by filling out the "Exposure Incident Report Form." In the event an employee is injured by the sharp during the exposure incident, the "Sharps Injury Log" shall also be completed. The supervisor or manager, after completing the "Exposure Incident Report Form" and/or the "Sharps Injury Log" will then place the sharp in a designated sharps container. The source of the sharp will be traced (if possible), and the customer responsible for not properly removing the sharp from the soiled healthcare linen before bagging it, will be notified.

HEPATITIS B VACCINATION

FDR Services shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure and who fall under one of the job classifications listed in the "Exposure Determination" section of this Exposure Control Plan. The hepatitis B vaccine and vaccination series shall be made available at no cost to the employee, during an employee's normal working hours, performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and according to recommendations of the U.S. Public Health Service. The employee will not lose pay as a result of having to receive the vaccination series. If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster dose shall be



made available to all employees with occupational exposure at no cost to the employee.

Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to a position that has occupational exposure to bloodborne pathogens or other potentially infectious materials.

If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time. The employer shall require that employees who decline to accept hepatitis B vaccination offered by the employer sign the "Hepatitis B Vaccination Declination Form."

All Hepatitis B vaccinations will be administered to FDR Services employees at the current facility being used by the company. See General manager for name and address.

POST EXPOSURE EVALUATION AND FOLLOW-UP

Following an exposure incident, a confidential medical evaluation and follow-up shall be made available to the exposed employee without cost to the employee. An exposure incident is defined as any injury that results in the penetration of skin by an instrument found in soiled healthcare textiles. The definition of an exposure incident will also include any other event that may be reasonably deemed to have exposed the employee to possible infection such as contact of mucous membranes with blood or other potentially infectious materials.

The medical evaluation and follow-up will include at least the following:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source facility;
- A reasonable effort to identify and document the source of the contamination to a specific individual at the source facility will be made;
- If identified, 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 employer 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.

- 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.
- 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.
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done immediately.
- Counseling and evaluation of reported illnesses

The "Post-Exposure Evaluation and Follow-Up Form" shall be used to document the exposure and to ensure that the appropriate follow-up requirements are completed and documents.

The healthcare professional evaluating the employee after an exposure incident will be provided with the following information:

- A copy of the text of OSHA's bloodborne pathogens standard 29 CFR 1910.1030
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

FDR Services will obtain and provide the employee who experienced the exposure incident with a copy (if available) of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation and at no cost to the employee.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Warning labels and/or color coding will be used to identify all containers (bags, carts, sharps containers, etc.) in which contaminated laundry is transported in FDR Services operation. Known contaminated

soiled linen being returned to FDR Services from the customer should be packaged in a red bag (or similar container and affixed with labels) that clearly identify the contents as being contaminated. If not performed by the customer FDR Services will ensure that this is done to protect the safety and health of its employees. The labels and colors used to identify the contaminated laundry are not used for any other purposes within the facility. Designated sharps containers will have the symbol below attached to them and the symbol will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color:



If a designated sharps container is red in color, the above label is not required to be attached to the sharps containers.

TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual (or ongoing) training on OSHA's bloodborne pathogens standard. The training is administered during normal working hours and provided at no cost to the employees. Employees receive additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect their occupational exposure. The additional training may be limited to addressing the new exposures created. All initial, annual and additional training is conducted in a language and at an educational level that employees can comprehend.

The content of FDR Services training program includes, at a minimum, the following elements:

- a copy and explanation of OSHA's bloodborne pathogen standard, 29 CFR 1910.1030
- a general explanation of the epidemiology and symptoms of bloodborne diseases;
- an explanation of the modes of transmission of bloodborne pathogens;

- an explanation of FDR Services exposure control plan and how to obtain a copy;
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM;
- an explanation of the use and limitations of engineering controls, work practices, and PPE;
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
- an explanation of the basis for PPE selection;
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility; an opportunity for interactive questions and answers with the person conducting the training session;

The training is conducted by the General Manager or his designee, who is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. Employees are provided with an opportunity for interactive questions and answers with the trainer throughout the training session. Training materials for this facility are available at the plant office.

RECORDKEEPING

A) Medical Records

Accurate medical records will be established and maintained for each employee with occupational exposure to bloodborne pathogens or other potentially infectious materials. An employee's medical records will be maintained for at least 3 years after separation of employment from FDR Services and will include the following:

- The name and social security number of the employee;



- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination (the "Hepatitis B Vaccination Schedule);
- A copy of all results of examinations, medical testing, and follow-up procedures resulting from an exposure incident;
- The employer's copy of the healthcare professional's written opinion resulting from an exposure incident;
- A copy of the information provided to the healthcare professional resulting from an exposure incident.

FDR Services will ensure that employee medical records required are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law. In circumstances where an employer is in possession of an employee's personal and confidential health information, the employer will provide that employee with a HIPAA notice (see attached) explaining that their personal health information will not be shared unless required by law. The company will provide any employees with copies of their records upon request, Employee medical records will be kept in a locked file cabinet at FDR Services.

B) Training Records

FDR Services will maintain employee training records for not less than three (3) years from the date on which the training occurred.

The training records will include the following information:

- The date of training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of the individual conducting the training; and
- The names and job titles of all employees attending the training sessions.

C) Sharps Injury Log

FDR Services maintains a sharps injury log (see attached) for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log is recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log contains the following information:

- The type and brand of sharp involved in the incident;



- The department or work area where the exposure incident occurred; and
- An explanation of how the incident occurred.

ANNUAL REVIEW

FDR Services will review and update its Exposure Control Plan at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of the emergency control plan will also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. FDR Services will solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan. FDR Services will use the "Exposure Control Plan Annual Checklist" when conducting its annual review of its Exposure Control Plan.