#  Model Bloodborne Pathogen Exposure Control Plan:

# Employees Designated to Provide First Aid as a Collateral Duty

Screen reader settings.

The worker to ensure compliance with the COVID-19 Emergency Temporary Rules can fill out this fill-in template. Instructions in red font in parentheses indicate where to enter workplace-specific information. Additional editing will be warranted, as necessary, to ensure that the written program is adapted to actual workplace conditions and characteristics. There are four Additional Considerations at the end of the document that may need to be incorporated into the CPP, where appropriate.

Employers that have employees occupationally exposed to bloodborne pathogens must establish, implement, and maintain an effective Exposure Control Plan (ECP) designed to eliminate or minimize employee exposure, as required by Title 8 California Code of Regulations (T8CCR) section 5193. This includes employees assigned the collateral duty of providing first aid to injuries resulting from workplace incidents and cleaning up related spills of blood or other potentially infectious materials (OPIM).

Cal/OSHA has developed this model plan to assist employers in creating their own ECP, tailored to their workplace. It is designed specifically for employees assigned the collateral duty of providing first aid for injuries resulting from workplace incidents, including related cleanup. It is not intended to address employees that provide first aid regularly. Employers are not required to use this plan. Instead, they may create their own plan or use another ECP template. Cal/OSHA encourages employers to engage with employees in the design, implementation, and evaluation of their ECP.

Using this model plan alone does not ensure compliance with the bloodborne pathogen standard. To effectively use this model plan, the person(s) responsible for implementing the ECP should carefully review the requirements of T8CCR sections 3203 and 5193.



Cal/OSHA Publications Unit

March 2023

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# Bloodborne Pathogen Exposure Control Plan: Employees Designated to Provide First Aid as a Collateral Duty

# for Bohemian Manor LLC

The effective implementation of this Exposure Control Plan (ECP) will eliminate or minimize employee exposure to bloodborne pathogens when employees provide first aid and clean up related spills of blood or other potentially infectious materials (OPIM), as a collateral duty in our workplace. The ECP will be made available to employees and their designated representative by **the Boho Manor Portal.**

**Date: 1 Jan 2025**

## Our organization has reviewed the applicable subsections (d) through (h) of T8CCR section 5193 and determined which subsections apply to our organization. This ECP documents and addresses the required procedures accordingly.

## Authority and Responsibility

**Pierre Erasmus / Lori Bradley** has overall authority and responsibility for:

* Implementing the provisions of this ECP in our workplace.
* Reviewing and updating this ECP annually, or sooner.
* Maintaining all necessary personal protective equipment (PPE) and ensuring it is readily available to first aid providers.
* Ensuring that first aid providers receive training equal to that of the American Red Cross or the Mine Safety and Health Administration.
* Ensuring employee bloodborne pathogen training.
* Ensuring that there is active involvement of employees in reviewing and updating the ECP with respect to the procedures performed by the first aid providers. This will be accomplished by **compliance.**

In addition, all managers and supervisors are responsible for implementing and maintaining the ECP in their assigned work areas and for ensuring employees receive answers to questions about the plan in a language they understand.

Employees responsible for providing first aid and cleaning up blood or OPIM must do so in accordance with their training and must follow the requirements of this ECP.

## Exposure Determination

This ECP only addresses the occupational exposure of employees who provide first aid and cleanup related spills of blood or OPIM, as a collateral duty. The following tasks and procedures entail occupational exposure:

* Providing pressure to a wound to stop bleeding.
* Cleaning or bandaging a wound.
* Transporting or otherwise assisting an employee who has an open wound or is bleeding.
* Administering CPR.
* Handling broken glass or other sharp items that may be contaminated with blood or OPIM.
* **[This ECP may need to be modified according to T8CCR section 5193 requirements if first aid providers perform tasks other than those listed above that entail occupational exposure].**

The following employees have been designated to provide first aid and clean up related spills of blood or OPIM:

|  |  |
| --- | --- |
| **Employee Name** | **Job Classification** |
| Lori Bradley | **General Assistant Manager** |
|  |  |
|  |  |
|  |  |

### Exposure determinations are made without regard to the use of PPE or other types of protection.

## Exposure Control

Employees must observe universal precautions when they provide first aid or clean up blood, OPIM or any other body fluids that are difficult or impossible to identify.

Handwashing Facilities

Employees will wash hands and any other potentially contaminated skin immediately, or as soon as feasible, and after removal of PPE or other types of protection. Such facilities will always be readily accessible, where feasible, and meet T8CCR Article 9 Sanitation requirements **[For agricultural work, refer to T8CCR section 3457 Field Sanitation requirements]**.

When readily available handwashing facilities are not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands must be washed afterward with soap and running water as soon as feasible.

#### Work Practice Controls

All procedures will be done in a manner that minimizes splashing, spraying, splattering and generation of droplets of blood or OPIM. These control measures will be evaluated and updated on a regular basis. **[Where applicable, outline the specific work practices to be used in the following table:]**

Here’s a completed list for compliance Work Practice Controls:

| **First Aid/Cleanup Task** | **Work Practice Control** |
| --- | --- |
| Cleanup of broken glass | Use shovel/scoop, broom, or other tools; never handle directly with hands. |
| CPR | Use a mouth guard or resuscitation mask to avoid direct contact with mouth or saliva. |
| Cleanup of blood spills | Use absorbent materials and appropriate disinfectant; wear gloves and dispose of contaminated materials in biohazard bags. |
| Sharps disposal | Use puncture-resistant sharps containers; never recap or manipulate needles by hand. |
| Handling soiled linens | Use gloves and place linens in leak-proof bags; avoid shaking linens to prevent aerosolization. |
| Decontamination of equipment | Use EPA-approved disinfectant and wear appropriate personal protective equipment (PPE), such as gloves and goggles. |
| Bandaging wounds | Wear gloves and ensure wound dressing is disposed of in a biohazard container if contaminated with blood or OPIM. |
| Waste disposal | Double-bag biohazard waste and place in designated containers for proper disposal. |
| Hand hygiene | Wash hands immediately after removing gloves or coming into contact with blood or OPIM. |
| Accidental exposure cleanup | Flush the affected area with water, wash thoroughly with soap, and report the incident immediately. |

Employees will not be using needles/needleless devices or systems, or non-needle sharps such as scalpels when rendering first aid.

There will be no eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses while providing first aid and cleaning up blood or OPIM, and only after employees have removed all PPE and properly washed their hands and potentially contaminated skin.

#### Personal Protective Equipment (PPE)

All PPE used at this facility – such as gloves, gowns, laboratory coats, face shields or masks, and eye protection - are provided at no cost to employees and will be chosen based on the anticipated exposure to blood or OPIM. PPE will be provided in appropriate sizes and will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration the protective equipment will be used.

PPE will be provided to employees in the following manner:

**[Identify how the PPE will be provided to employees (e.g., at first aid stations) and who has responsibility for distribution.]**

**The following tasks require the use of the listed PPE and other protective equipment:**

**Tasks and Required PPE:**

| **Task** | **Required Protection** |
| --- | --- |
| Rendering first aid | Gloves, face shield or mask, and eye protection if splashing is likely. |
| Broken glass cleanup | Cut-proof gloves, broom/shovel/scoop; face shield if splashing is likely. |
| Blood spill cleanup | Gloves, face shield or mask, eye protection, and fluid-resistant gown. |
| Handling sharps | Gloves and puncture-resistant sharps container. |
| Cleaning contaminated surfaces | Gloves, face shield or mask, eye protection, and apron or gown. |
| Handling soiled linens | Gloves and leak-proof bag. |
| Decontaminating equipment | Gloves, goggles, and apron or gown. |
| CPR | Mouth guard or resuscitation mask; gloves if available. |
| Waste disposal | Gloves and fluid-resistant bag. |
| Transporting biohazard waste | Gloves, face shield or mask, eye protection, and leak-proof containers. |

Employee bloodborne pathogen training will include information on what PPE is appropriate for providing first aid and cleaning up blood and OPIM.

All garments that are penetrated by blood or OPIM will be removed immediately, or as soon as feasible. All PPE will be removed before leaving the work area.

**Removal of Contaminated PPE and Garments**

1. **Timing of Removal:**
	* All garments and PPE penetrated by blood or OPIM must be removed immediately or as soon as feasible to minimize exposure.
	* PPE must be removed before leaving the work area to prevent contamination of other areas.
2. **Location of Removal:**
	* Designated removal areas will be clearly marked and located near the work area, such as adjacent to first aid stations, spill cleanup areas, or biohazard disposal sites.
3. **Procedure for Removal:**
	* Remove PPE carefully to avoid contact with the outer contaminated surfaces.
	* Gloves should be removed first by peeling them inside out and discarding them in the designated container.
	* Gowns, laboratory coats, or other garments should be removed by pulling them away from the body to avoid touching contaminated areas.
	* Face shields or goggles should be removed last by handling only the clean headband or straps.
4. **Handling and Disposal of Contaminated PPE:**
	* Contaminated PPE and garments will be placed immediately into appropriately labeled **biohazard containers** or **leak-proof bags** located at the designated removal areas.
	* Containers and bags will comply with **T8CCR section 5193(d)(4)** requirements, being puncture-resistant and capable of containing all potentially infectious materials without leakage.
5. **Storage and Disposal:**
	* Biohazard containers will be removed by trained personnel for proper disposal according to OSHA regulations and local/state hazardous waste protocols.
	* Reusable PPE (e.g., goggles or face shields) will be decontaminated with an EPA-approved disinfectant before reuse.
6. **Employee Training:**
	* All employees will be trained on the proper procedures for PPE removal, disposal, and handling of contaminated articles during initial training and annual updates.

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes; and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. 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, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### Cleaning and Decontamination of the Workplace

Decontamination of areas and equipment that have been contaminated with blood or other potentially infectious materials will be done immediately, or as soon as feasible:

**Cleaning and Decontamination of the Workplace**

**Decontamination Procedures:**

1. **Timing of Cleaning:**
	* Contaminated areas and equipment will be cleaned and decontaminated **immediately** or **as soon as feasible** following any exposure to blood or other potentially infectious materials (OPIM).
	* If contamination occurs during a shift, cleaning must be conducted before the next shift begins.
2. **Methods for Cleaning and Decontamination:**
	* **Smooth, Non-Porous Surfaces (e.g., countertops, floors):**
		+ Remove visible debris using disposable towels or absorbent materials.
		+ Clean the surface with soap and water before applying disinfectant.
		+ Apply an EPA-registered disinfectant or a bleach solution.
	* **Porous Surfaces (e.g., fabric or carpet):**
		+ Absorb the spill using disposable absorbent materials.
		+ Apply an appropriate disinfectant spray approved for porous surfaces.
		+ Launder or dispose of contaminated items according to biohazard waste protocols.
	* **Reusable Equipment (e.g., tools, medical devices):**
		+ Wipe down with soap and water to remove visible contamination.
		+ Immerse or wipe with an EPA-approved disinfectant that is compatible with the equipment material.
	* **Extensive Contamination:**
		+ If contamination is extensive, an outside service specializing in hazardous materials cleanup will be contracted to perform the decontamination.
3. **Materials to Be Used:**
	* **Bleach Solution:**
		+ Prepare a solution of **1 part bleach to 10 parts water (10% solution)** for general decontamination.
		+ Ensure the solution is made fresh daily as its effectiveness diminishes after 24 hours.
	* **EPA-Registered Disinfectants:**
		+ Use disinfectants approved for use against bloodborne pathogens, such as those containing quaternary ammonium compounds, hydrogen peroxide, or phenolics.
		+ Follow the manufacturer’s instructions for dilution, contact time, and storage.
	* **Absorbent Materials:**
		+ Use disposable absorbent towels, cloths, or spill kits for initial cleanup.
4. **Contact Time and Shelf Life:**
	* **Bleach Solution:**
		+ Allow a contact time of **5-10 minutes** to ensure proper disinfection.
		+ Shelf life: Prepare fresh daily; dispose of any remaining solution after 24 hours.
	* **EPA-Registered Disinfectants:**
		+ Follow the specific manufacturer’s recommended contact time (typically **2-10 minutes**).
		+ Observe the shelf life specified on the product label and ensure proper storage.
5. **Additional Measures:**
	* **Disposal of Cleaning Materials:**
		+ Dispose of all cleaning towels, absorbent materials, and gloves in **biohazard containers**.
	* **Extensive Contamination Protocol:**
		+ For large spills or contamination requiring specialized equipment (e.g., in HVAC systems or carpeted areas), a professional hazardous material cleanup service will be contracted.
6. **Employee Training:**
	* All employees responsible for cleaning and decontamination will receive training on proper methods, materials, and safety protocols annually or as required.

#### Sharp Objects (‘Sharps’) and Regulated Waste

The following exposure controls will be implemented:

* Broken glass and other sharp objects (‘sharps’) that may be contaminated will not be picked up directly with the hands. Only mechanical means, such as a brush and dustpan, tongs, or forceps, will be used.
* This material will be immediately, or as soon as possible, placed in a sharps container meeting the requirements of T8CCR section 5193(d)(3)(D).
* Suitable sharps containers will be readily accessible by including them as a component of the first aid kits employees use to provide first aid.
* The contents of sharps containers will not be accessed unless properly reprocessed or decontaminated. Sharps containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of sharps injury.
* Non-sharps waste will be placed in non-sharps containers meeting the requirements of T8CCR section 5193(d)(3)(E)(3).

Handling, storage, treatment, and disposal of all regulated waste will be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.Disposal of sharps and non-sharps containers will follow T8CCR section 5193(d)(3)(E) requirements.

## Vaccination and Post Exposure Evaluation and Follow-up

All medical evaluations, procedures, hepatitis B vaccinations, and prophylaxis are:

* Made available at no cost to the employee.
* Made available to the employee at a reasonable time and place.
* Performed by or under the supervision of a licensed physician or other licensed healthcare professional.
* Provided according to current recommendations of the U.S. Public Health Service.

#### Hepatitis B Vaccination [Select options (A) or (B), depending on whether the company elects to offer collateral duty first aid providers the hepatitis B vaccination before initial assignment.]

**Vaccination and Post-Exposure Evaluation and Follow-Up**

All medical evaluations, procedures, hepatitis B vaccinations, and prophylaxis are:

* Provided at **no cost** to the employee.
* Made available at a **reasonable time and place** to ensure accessibility.
* Performed by or under the supervision of a **licensed physician** or other licensed healthcare professional.
* Conducted according to the **current recommendations of the U.S. Public Health Service** to ensure safety and efficacy.

**Hepatitis B Vaccination**

**[Name of Company/Workplace]** has elected to offer hepatitis B vaccination to all first aid providers within **10 days of their initial assignment** to duties involving potential occupational exposure to bloodborne pathogens.

This vaccination will be provided after the employee has completed the required training that includes information on:

1. The **safety, benefits, and efficacy** of the vaccine.
2. The **method of administration** and its availability.

**Exemptions:**

The hepatitis B vaccine will not be administered if:

1. The employee has already received the **complete hepatitis B vaccination series**.
2. Antibody testing demonstrates the employee is **immune to hepatitis B**.
3. Medical reasons prevent the vaccine from being given.

**Vaccination Provider:**

**CVS Pharmacy** will administer the hepatitis B vaccination. Appointments can be scheduled through the following link:
**Appointment URL**

**[Option A: Name of company or workplace]** has elected to offer first aid providers the hepatitis B vaccination within 10 days of their initial assignment. This will be done after the first aid provider has received the required training addressing the safety, benefits, efficacy, method of administration and availability of the vaccine, unless one of the following applies:

1. The employee has previously received the complete hepatitis B vaccination series.
2. Antibody testing shows the employee to be immune.
3. The vaccine cannot be given for medical reasons.

**[Option B: Name of company or workplace]** has elected to not offer first aid providers the hepatitis B vaccination before their initial assignment. Instead, the following conditions and provisions are in place:

1. The employee’s primary job assignment is not to provide first aid, and any first aid provided or cleaning up of blood or OPIM is a collateral duty, responding solely to injuries resulting from workplace incidents.
2. The full hepatitis B vaccination series will be made available as soon as possible, but in no event later than 24 hours after the first aid incident, to all unvaccinated employees who have assisted in any situation involving blood or OPIM, regardless of whether a specific exposure incident has occurred. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's first aid and cleaning-up duties.
3. Immediate post-exposure evaluation, prophylaxis, and follow-up will be provided for those employees who experience an exposure incident.
4. A first aid and cleaning up incident reporting procedure that ensures all incidents involving the presence of blood or OPIM, regardless of whether they are exposure incidents, are reported to **[Name of individual or job title]** before the end of the shift during which the incident occurred. The **First Aid Incident Report** form (Appendix A) will be used to document this information, and the incident will be recorded on a list that will be made available to all employees.

**[Describe how the reporting procedure will be implemented in the workplace, and how it will include the provisions of the T8CCR section 5193(f)(1)(A) Exception, including:**

**The names of all first aid providers who provided assistance – including the cleanup of blood or OPIM - regardless of whether personal protective equipment was used; and a description of the first aid incident, including time and date. The description must include a determination of whether, in addition to the presence of blood or OPIM, an exposure incident occurred.]**

1. A list of all incidents that are readily available, upon request, to all employees.
2. A bloodborne pathogens training program is established for first aid providers that includes the specifics of these provisions and this reporting procedure.
3. **[Describe the procedures that will be implemented that ensure all the above conditions and provisions are effectively implemented]**.

Employees are not expected to participate in a prescreening program as a prerequisite for receiving hepatitis B vaccinations.

Employees who decline the hepatitis B vaccine will sign a **Hepatitis B Vaccine Declination** (Appendix B). This documentation is kept by **[Enter the name or job title]**.

Employees who initially decline the vaccine, but who later wish to be vaccinated, will be provided the vaccine at that time.

Vaccinations will be provided by **[identify the health care provider and location. Also provide details on how employees can request and receive the vaccinations]**.

#### Post-Exposure Evaluation and Follow-up

An employee that has an exposure incident must complete the **First Aid Incident Report** form (Appendix A) and provide it to **[identify who has the responsibility to maintain records of exposure incidents]** before the end of the shift**.** The route of exposure and the circumstances related to the incident will be documented. **[Describe where this information will be kept and how it will be evaluated for follow-up control measures, if warranted. When contaminated broken glass or sharp object (‘sharp’) is involved, also describe how the information required by T8CCR section 5193(c)(2) for the sharps injury log will be collected and documented within 14 days.]**

**Post-Exposure Evaluation and Follow-Up**

In the event of an exposure incident:

1. **Immediate Action:**
	* The affected area should be washed thoroughly with soap and water. If eyes or mucous membranes are involved, flush with water for at least 15 minutes.
2. **Reporting:**
	* The incident must be reported immediately to a supervisor or designated safety officer, and an **incident report** will be completed.
3. **Medical Evaluation:**
	* A confidential medical evaluation and follow-up will be provided at no cost to the employee.
	* This includes documentation of the exposure route, circumstances of the incident, and testing of the source individual (if consent is obtained).
4. **Post-Exposure Prophylaxis:**
	* If indicated, post-exposure prophylaxis (PEP) will be provided following the **current U.S. Public Health Service recommendations**.
5. **Employee Counseling:**
	* Counseling and further evaluation of reported illnesses will be made available to the exposed employee.

Follow-up will include the following elements:

* The identification of the source individual and, if possible, the person’s HIV/HBV/HCV status.
* As soon as feasible, and after consent is obtained, the source individual will be tested for HIV/HBV/HCV infectivity, if not already established.
* Results of testing of the source individual will be made available to the exposed employee, along with information about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

The employee will be offered, as soon as possible, the option of having their blood collected for testing to determine HIV/HBV/HCV serological status. If the employee initially declines HIV testing, the blood sample will be preserved for at least **90 days** to allow the employee to have the blood tested at a later date.

The information required by T8CCR section 5193(f)(4) will be provided to the healthcare professional. The healthcare professional’s written opinion will be obtained and provided to the exposed employee within 15 days of completion of the evaluation, according to T8CCR section 5193(f)(5) requirements.

The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. Counseling and evaluation of reported illnesses will be provided to the employee.

## Employee Training

All employees assigned to provide first aid and clean up blood or OPIM will participate in a training program, at no cost to the employees and during working hours. The trainings will be provided as follows:

* At the time of initial assignment to provide first aid.
* At least annually.
* As needed when there are changes in procedures, or when new exposure hazards are identified.
* By trainers who are knowledgeable in the subject matter covered by the training as it relates to the workplace.

The training material used will be appropriate in content and vocabulary to the educational level, literacy, and language of the employees and contain, at a minimum, the following elements:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the ECP and how the employee can obtain a copy of the written plan.
5. An explanation of how to recognize tasks and other activities that may involve exposure to blood and OPIM.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for the selection of personal protective equipment.
9. Information on the hepatitis B vaccine, including its efficacy, safety, and method of administration; the benefits of being vaccinated; and that the vaccine and vaccination is provided free of charge**. [If Option B is chosen for the provision of hepatitis B vaccination, also include training on the provision of the vaccine as required by T8CCR section 5193(f)(1)(A) EXCEPTION training requirements.]**
10. Information on the appropriate actions to take, and persons to contact, in an emergency involving blood or OPIM.
11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and the procedure for recording the incident on the SharpsInjury Log. **[If Option B is chosen for the provision of hepatitis B vaccination, also include training on the required reporting procedures for first aid incidents as required by T8CCR, section 5193(f)(1)(A) EXCEPTION.]**
12. **I**nformation on the post-exposure evaluation and follow-up required to be provided for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color coding required by subsection T8CCR section 5193(g)(1).
14. An opportunity for interactive questions and answers with the person conducting the training session.

## Recordkeeping

Medical, Training, and Sharps Injury Log information will be maintained by **Lori Bradley** in accordance with T8CCR section 5193(h) requirements. This will be done by **end of 2025.**

All records will be made available in accordance with T8CCR section 5193(h)(4) requirements.

## Accessing Compliance Documentation via the Boho Manor Portal

All employees can access compliance documentation securely through the Boho Manor Portal by following these steps:

1. Log In to the Portal:
	* Visit the Boho Manor portal at <https://bohomanor.com/my-account/>.
	* Enter your unique login credentials (username and password) provided during onboarding.
2. Accessing Compliance Documentation:
	* After logging in, navigate to the Compliance Documentation section.
	* This section contains all necessary materials, including:
		+ Workplace safety guidelines.
		+ PPE usage and disposal protocols.
		+ Cleaning and decontamination procedures.
		+ Hepatitis B vaccination policies.
		+ Training resources and other relevant compliance materials.
3. Viewing Incident Reports:
	* Incident reports related to a specific employee will only be accessible to:
		+ The employee involved in the incident.
		+ The manager or representative responsible for oversight.
	* To view incident reports:
		+ Go to the Incident Reports section within your account.
		+ Employees will only see reports associated with their user account.
		+ Managers or representatives will have access to reports for employees they manage.
4. Privacy and Security:
	* All documentation and incident reports are stored securely within the portal, adhering to strict privacy protocols.
	* Access is role-based, ensuring that only authorized individuals can view specific reports or documents.
5. Support for Access Issues:
	* If employees experience any issues accessing the portal or specific documentation, they can contact IT Support at info@bohomanor.com or speak with their manager for assistance.

Boho Manor is committed to ensuring all employees have easy, secure access to compliance documentation to promote a safe and informed workplace.

## [Title of the owner or top management representative formally approving the plan, along with the name, signature, and date]

## Appendix A – First Aid Incident Report

To be prepared and submitted prior to the end of the shift during which the first aid incident occurred, regardless of whether it was an exposure incident.

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

Sharp: Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident.

The following measures will be used to maintain the confidentiality of the employee(s) involved: **[Describe measures to be used]**

|  |  |
| --- | --- |
| Name(s) and job title(s) of first aid provider(s) |  |
| Location of Incident (i.e., department, unit, floor, etc.) |  |
| Supervisor |  |
| Incident date and time |  |
| Name(s) and job title(s) of injured employee(s) |  |
| Injury description |  |
| Describe details of the first aid provided |  |
| PPE used |  |
| Exposure incident (Yes/No) If yes: describe detailed circumstances, including if a sharp was involved |  |

Additional Information for the Sharps Injury Log:

|  |  |
| --- | --- |
| Type and brand of sharp (i.e., broken glass, type of object or device, etc.) |  |
| Task or procedure employee was performing at the time of the incident |  |
| Description of how the injury occurred |  |
| Body part involved |  |
| The employee’s opinion about whether any engineering, administrative or work practice control could have prevented the injury |  |

Preparer’s Name and Signature

Date

## Appendix B - Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**Signature**  \_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_