



Airswift Holdings Ltd.

HSE Management System

Bloodborne Pathogens

Important Notice:

1. This procedure is a Controlled Document and shall not be amended without the authority of the Operations Manager – North America.
2. Any queries or feedback concerning the contents of this Procedure should be addressed to the Operations Manager – North America.

Document Control – Revisions and Amendments

Version Number	Effective Date	Author	Amendments	Reason for Amendments
3	2/23/2018	Julia Arevalo		Annual review
4	06/19/2019	Carol Stallworth	Build out policy to include Exposure	Annual Review
5	05.07.2021	Carol Stallworth		Annual Review
6	11.30.2022	Kellie Tetley		Annual Review
7	03.20.2023	Kellie Tetley	Update bodily fluids list.	Policy required to include OPIMS

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Owner: Operations Manager – North America



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1.0 PURPOSE

The purpose of this Bloodborne Pathogens Exposure Control Plan is to protect the health and safety of all employees who can be reasonably expected, as the result of performing their job duties, to be exposed to blood or potentially infectious materials and comply with the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens Exposure Control. Definitions of terms relating to this exposure control plan are found in Appendix A.

2.0 SCOPE

The policy will apply to all Airswift Employees potentially exposed to infectious hazards within our facility(s) or client worksites. This document is intended to address comprehensively the issues of; evaluating and identifying potential infectious hazards, evaluating engineering controls, work practices, administrative controls, medical management, training, and establishing appropriate procedures. This program and its requirements will be communicated and made available to all affected employees their designated representatives upon request.

3.0 RESPONSIBILITY

The Operations Department is responsible for implementation of the Bloodborne Pathogen Plan. The Safety Specialist will maintain, review, and update the Bloodborne Pathogen Plan at least annually, and whenever necessary to include new or modified tasks and procedures. The responsibilities will include:

3.1.1 Determination of Employee exposure

3.1.2 Implementation of various methods of exposure control; including

3.1.2.1 Universal precautions

3.1.2.2 Engineering and work practice controls

3.1.2.3 Personal Protective Equipment

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3.1.5 Communication of hazards to employees and training

3.1.6 Recordkeeping

3.1.7 Procedures for evaluation circumstances surrounding exposure incidents

3.1.8 Ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

3.1.9 Ensuring Engineering Controls, PPE and work practices are in place to reduce/maintain bloodborne pathogen exposure in accordance with local jurisdiction.



4.0 EXPOSURE DETERMINATION

All Airswift employees must comply with the procedures and work practices outlined in this plan. This written program will be communicated to all employees. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals, and objectives.

5.0 UNIVERSAL PRECAUTIONS

All Airswift employees will treat all human blood and other potentially infectious materials (OPIMs) such as vomit, saliva and mucous as if they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens regardless of the perceived status of the source individual. Universal precautions involve the use of PPE and sanitary procedures (such as handwashing and cleaning work surfaces) to limit potential for exposure.

6.0 ENGINEERING CONTROLS

Responsibility. Department managers and supervisors of the employees in the positions identified in this plan will review tasks, procedures, and equipment annually.

6.1 CONTROLS

- 6.1.1** A spill clean-up procedure for cleaning maintenance equipment and hand tools which have had contact with blood or other potentially infectious materials;
- 6.1.2** Hand washing facilities, towels, antiseptic hand cleansers, or antiseptic towelettes are readily accessible;
- 6.1.3** First aid kits;
- 6.1.4** Personal protection

6.2 WORK PRACTICE CONTROLS

- 6.2.1** Supervisors/Managers are responsible for overseeing implementation of Work Practice Controls.
- 6.2.2** Employees must observe the following rules for controlling exposure in the workplace:
 - 6.2.2.1** Wash hands immediately, or as soon as possible after removal of potentially contaminated gloves or other personal protective equipment
 - 6.2.2.2** Minimize or eliminate splashing, spraying, or other actions which generate droplets of infectious materials.



6.2.3 Following any contact of body areas with any body fluids, wash hands and any other exposed skin with soap and water as soon as possible. Flushed exposed mucous membrane with water.

6.2.4 Eating, drinking, storage of food and drink, applying cosmetics or lip balm, and handling of contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

6.3 HAND WASHING

Handwashing facilities are available to employees who may incur exposure to blood or other potentially infectious materials. If handwashing facilities are not available, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towel, antiseptic towelettes or waterless disinfectant. If this alternative is use, then the hands are to be washed with soap and running water as soon as possible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

7.0 EQUIPMENT

All equipment which may have been exposed will be examined and decontaminated as necessary, unless it can be determined the equipment cannot be decontaminated then it will be disposed of as contaminated waste.

8.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

8.1 DISTRIBUTION

Departmental supervisors are responsible for ensuring that appropriate and effective personal protective equipment is available at no cost to employees. Such PPE includes, but is not limited to:

8.1.1 Disposable Gloves; not to be washed or decontaminated for re-use

8.1.2 Safety glasses o goggles.

8.1.3 Face Shield, Mask

8.1.4 Gown

8.1.5 Hypo allergenic gloves, and similar alternative available for employee's allergy to gloves that contain latex.

8.2 General Rules for Use.

8.2.1 Gloves are worn when hand contact with potentially infectious materials is anticipated, or when handling or touching contaminated items or surfaces.



- 8.2.2** Masks and eye protection, such as goggles and face shields, are used whenever splashes or sprays may generate droplets of infectious materials.

9.0 EXPOSURE CONTROL PLAN

- 9.1** The Exposure Control Plan will be easily accessible to all employees. Airswift employees will be able to find the plan located on our Airswift safety website, and or, displayed alongside the First Aid kit location. Client sites have the responsibility to ensure that all affected employees have access to their site-specific Exposure Control Plan.
- 9.2**
- 9.3** Job Classifications in Which All Employees in Those Classifications Have Occupational Exposure.
 - 9.3.1** First Aid Response Teams
- 9.4** Job Classifications in Which Some Employees Have Occupational Exposure
 - 9.4.1** General Work Activities
- 9.5** Tasks and procedures or groups of closely related tasks and procedures. Procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of 29 CFR 1910.1030.
 - 9.5.1** CPR
 - 9.5.2** Treatment for wounds to skin involving tears of skin tissue
 - 9.5.3** Removal of foreign bodies from eyes or skin tissue
- 9.6** Methods of Compliance
 - 9.6.1** General-Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- 9.7** Engineering and Work Practice Controls
 - 9.7.1** Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
 - 9.7.2** Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. This schedule will be posted and documented.
 - 9.7.3** This employer will ensure hand-washing facilities are readily accessible to employees.



- 9.7.4** When provision of hand washing facilities is not feasible, this employer shall make available an appropriate hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelette. When antiseptic cleansers or towelette are used, hands shall be washed with soap and running water as soon as feasible.
- 9.7.5** This employer shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 9.7.6** This employer shall ensure that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 9.7.7** Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in first-aid and restroom areas where there is reasonable likelihood of occupational exposure.
- 9.7.8** Food and drink shall not be kept in refrigerator, freezer, shelves, cabinets, or on countertops where blood or other infectious materials are present.
- 9.7.9** All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

9.8 Personal Protective Equipment

- 9.8.1** When there is occupational exposure, the First-Aid Department shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gowns, gloves, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal Protective Equipment shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through, to, or reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.
- 9.8.2** This employer shall ensure that employees use appropriate Personal Protective Equipment unless the employer shows that the employee temporarily and briefly declined to use Personal Protective Equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use should have prevented the delivery of health care or safety services or would have posed an increased hazard to the safety of the worker. When the employee makes this judgment, the circumstances shall be investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.
- 9.8.3** This employer shall ensure that appropriate protective equipment in the appropriate sizes is readily accessible at the client work site or issued to employees. Hypoallergenic gloves or alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

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- 9.8.4** This employer, at the client work site, shall make available services to clean, launder, and dispose of Personal Protective Equipment required by 29 CFR 1910.1030 at no cost to the employee.
- 9.8.5** This employer shall repair or replace Personal Protective Equipment as needed to maintain its effectiveness at no cost to the employee.
- 9.8.6** If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed as soon as feasible.
- 9.8.7** All Personal Protective Equipment shall be removed prior to leaving the facility.
- 9.8.8** When Personal Protective Equipment is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.
- 9.8.9** Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, when performing vascular access procedures such as removing foreign bodies, and when handling or touching contaminated items or surfaces.
 - 9.8.9.1** Disposable (single use) gloves shall be replaced as soon as feasible if they tear, are punctured, or when their ability to function as a barrier is compromised.
 - 9.8.9.2** Disposable (single use) gloves shall not be washed or decontaminated for reuse.
- 9.8.10** Masks, eye protection, and face shields, masks in combination with eye protective devices such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, sprays, splatters, or droplets of blood or potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be expected.
- 9.8.11** Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of occupational exposure anticipated.

9.9 General Housekeeping

- 9.9.1** AIRSWIFT will work with the client to ensure that the work site is maintained in a clean and sanitary condition. An appropriate schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- 9.9.2** All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.
 - 9.9.2.1** Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of any other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.



- 9.9.2.2** Protective covering, such as imperviously-backed absorbent paper used to cover equipment and surfaces shall be removed and replaced as soon as feasible when they have been contaminated or at the end of the work shift if they have become contaminated during the shift.
- 9.9.2.3** All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for contamination with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated or, as feasible, upon visible contamination.
- 9.9.2.4** Broken glassware which may have been contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
- 9.9.3** Regulated waste and contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 - 9.9.3.1** Closable
 - 9.9.3.2** Puncture resistant
 - 9.9.3.3** Leak-proof on sides and bottom.
 - 9.9.3.4** Labeled or color-coded in accordance with 29 CFR 1910.1030.
- 9.9.4** During use, containers for contaminated sharps shall be:
 - 9.9.4.1** Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.
 - 9.9.4.2** Maintained upright throughout use.
 - 9.9.4.3** Replaced routinely and not allowed to overfill.
- 9.9.5** When moving containers of contaminated sharps from the area of use, the containers shall be:
 - 9.9.5.1** Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 9.9.5.2** Placed in a secondary container if leakage is possible. The second container shall be:
 - I. Closable
 - II. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
 - III. Labeled or color-coded according to 29 CFR 1910.1030.
- 9.9.6** Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- 9.9.7** Other regulated waste shall be placed in containers which are:
 - 9.9.7.1** Closable
 - 9.9.7.2** Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
 - 9.9.7.3** Labeled or color-coded in accordance with 29 CFR 1910.1030.

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9.9.7.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

9.9.8 If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

9.9.8.1 Closable

9.9.8.2 Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

9.9.8.3 Labeled or color-coded in accordance with 29 CFR 1910.1030.

9.9.8.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

9.9.8.5 Disposal of all regulated waste shall be in accordance with applicable regulations of the United States and its Territories, The State of Texas and Harris County.

9.9.9 Contaminated laundry shall be handled as little as possible with a minimum of agitation.

9.9.9.1 Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be rinsed or sorted in the location of use.

9.9.9.2 Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with 29 CFR 1910.1030.

9.9.9.3 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

9.9.9.4 Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate Personal Protective Equipment.

9.9.9.5 If contaminated laundry is shipped off-site to a second facility owned by this company which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry will place such laundry in bags or containers which are labeled or color-coded.

9.10 Hepatitis B Vaccination and Post-Exposure Evaluation and follow-up

9.10.1 General guidelines

9.10.1.1 This employer shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

9.10.1.2 This employer shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, are:

- I. Made available at no cost to the employee.
- II. Made available to the employee at a reasonable time and place.
- III. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- IV. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.



9.10.1.3 This employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

9.10.2 Hepatitis B Vaccination

9.10.2.1 Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

9.10.2.2 This employer shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

9.10.2.3 employee initially declines Hepatitis B vaccination but at a later date while still covered under 29 CFR 1910.1030 decides to accept the vaccination, this employer shall make available Hepatitis vaccination at that time.

9.10.2.4 This employer shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the statement shown in Exhibit #1.

9.10.2.5 If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with 29 CFR 1910.1030.

9.10.3 Post-Evaluation and follow-up

9.10.3.1 Following a report of an exposure incident the employer shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- I. Documentation of the route(s) of exposure(s), and the circumstances under which the exposure incident occurred
- II. Identification and documentation of the source individual, unless the employer can establish that identification is unfeasible or prohibited by state or local law.

9.10.3.2 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, this 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.

9.10.3.3 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.

9.10.3.4 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.

9.10.3.5 Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service:

- I. Counseling.



II. Evaluation of reported illness.

9.10.3.6 This employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

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

9.10.3.7 Healthcare Professional's Written Opinion.

- I. This employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
 - a. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
- II. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. That the employee has been informed of the results of the evaluation
 - b. That the employee has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment.
 - c. All other findings or diagnosis shall remain confidential and shall not be included in the written report.
- III. Medical Recordkeeping
 - a. Medical records required shall be maintained in accordance with standard medical practice.

9.11 Communication of Hazard to Employees

9.11.1 Labels and Signs

9.11.1.1 Warning labels shall be affixed to containers of regulated waste, refrigerators, and other containers used to store, transport, or ship blood or other potentially infectious materials.

9.11.1.2 Labels required by this section shall be as standard biohazard symbols. (See Exhibit 3)

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- 9.11.1.3** These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- 9.11.1.4** Labels required shall be affixed as close as feasible to the container by wire, adhesive, or other method that prevents their loss or unintentional removal.
- 9.11.1.5** Red bags or red containers may be substituted for labels.
- 9.11.1.6** Labels required for contaminated equipment shall be in accordance with 29 CFR 1910.1030 and shall also state which portions of the equipment remain uncontaminated.

9.11.2 Signs

9.11.2.1 The client facility shall post signs at the entrance to the work areas which shall bear standard warning sign format and contain:

- I. Name of infectious agent.
- II. Name, telephone number for person responsible.

9.11.2.2 These signs shall be fluorescent orange-red with lettering in a contrasting color.

9.11.3 Information and Training

9.11.3.1 AIRSWIFT will contract with a training provider to ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

9.11.3.2 Training shall be as follows:

- I. At the time of initial assignment to tasks where occupational exposure may take place.
- II. Within 90 days after the effective date of 29 CFR 1910.1030.
- III. At least annually thereafter.

9.11.3.3 For employees who have received training on bloodborne pathogens in the year preceding the effective date of 29 CFR 1910.1030, only training with respect to the provisions of 29 CFR 1910.1030, which were not included, need to be provided.

9.11.3.4 Annual training for all employees shall be provided within one year of their previous training.

9.11.3.5 AIRSWIFT shall provide additional training when changes such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure. New training may be limited to addressing the new exposures created.

9.11.3.6 Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.

9.11.3.7 The training program shall contain at a minimum the following elements:



- I. An accessible copy of the text of 29 CFR 1910.1030 and an explanation of its contents.
- II. A general explanation of epidemiology and symptoms of bloodborne diseases.
- III. An explanation of the modes of transportation of bloodborne pathogens.
- IV. An explanation of this employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- V. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- VI. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and Personal Protective Equipment.
- VII. Information on the types, proper uses location, removal, handling, decontamination, and disposal of Personal Protective Equipment.
- VIII. An explanation of the basis for selection of Personal Protective Equipment.
- IX. Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination being offered free of charge.
- X. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- XI. 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.
- XII. Information on the post-exposure evaluation and follow-up that this employer is required to provide for the employee following an exposure incident.
- XIII. An explanation of the signs and color labels and/or color coding required by 29 CFR 1910.1030.
- XIV. An opportunity for interactive questions and answers with the person conducting the training session.

9.11.3.8 The person conducting the training session shall be knowledgeable in the subject matter covered by the elements contained.

9.11.4 Recordkeeping

9.11.4.1 Medical Records.

- I. AIRSWIFT shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.20.
- II. Records shall include:
 - a. Employee's name and Social Security Number.
 - b. A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by 29 CFR 1910.1030.

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- c. A copy of all results of examinations, medical testing, and follow-up procedures as required by 29 CFR 1910.1030.
 - d. This employer's copy of the healthcare professional's written opinion as required by 29 CFR 1910.1030.
 - e. A copy of the information provided to the healthcare professional as required by 29 CFR 1910.1030.
- III. Retention of OSHA medical records are to be held during the length of employment, plus 30 years.
- IV. AIRSWIFT shall ensure that employee medical records required by 29 CFR 1910.1030 are:
 - a. Kept confidential.
 - b. Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may be required by law.
- V. Training records shall include the following:
 - a. The dates of the training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of persons conducting the training session.
 - d. Training records shall be maintained for 3 years from the date on which the training occurred.
- VI. Availability of Records.
 - a. This employer shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
 - b. Employee training records required by 29 CFR 1910.1030 shall be provided upon request in accordance with 29 CFR 1910.20.
 - c. Employee medical records required by 29 CFR 1910.1030 shall be provided upon request in accordance with 29 CFR 1910.20.
- VII. Transfer of Records.
 - a. AIRSWIFT shall comply with the requirements set forth in 29 CFR 1910.20.
 - b. If AIRSWIFT ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, this employer shall notify the local OSHA Office, at least three months prior to their disposal and transmit them per their instructions, if required, within that three-month period.

10.0 HOUSEKEEPING SCHEDULES

10.1 Disposal of Biohazard Waste

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10.1.1 AIRSWIFT does not deal in biohazardous materials. In the event dangerous materials are discovered in the workplace, the appropriate government agents will be contacted to dispose of the materials safely and properly.

10.2 Cleaning Procedures. AIRSWIFT in cooperation with the client work site will ensure the following cleaning procedures are in place:

10.2.1 All working surfaces shall be cleaned with appropriate OSHA approved disinfectant after each contamination of potentially infectious materials and at the end of each shift.

10.2.2 All bins, pails, cans and similar receptacles intended for reuse in area's such as First-Aid or women's restrooms which have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated each day or as near to daily as practical upon visible contamination.

10.2.3 Floors in the First-Aid Department shall be mopped daily with a disinfectant soap solution.

10.2.4 Walls in the client First-Aid Treatment area shall be washed down on a weekly basis with a disinfectant soap solution.

11.0 EXHIBITS

11.1 Sample vaccination declination statement

11.2 Exposure Incident Report Form

11.3 Exposure Control – Job Classifications

11.4 Biohazard Warning Label