

## **POLICY**

E & B Oilfield Services Inc. is committed to the safety and health of our employees and to preventing the spread of bloodborne pathogens by eliminating occupational exposure to blood and other potentially infectious materials (OPIM). Therefore, E & B Oilfield Services Inc. adheres to the following bloodborne pathogen policy and Exposure Control Plan (ECP).

To eliminate occupational exposure to OPIM, all employees will follow the policy of universal precautions, which is assuming all blood and body fluids are infectious and taking the necessary precautions to not contact them without the proper personal protective equipment (PPE). Employees will also properly disinfect themselves and the environment afterwards. E & B Oilfield Services Inc. will communicate the location of the ECP to all employees and inform them it is readily available upon request.

If employees, such as those designated as responsible for first aid and medical assistance or those doing work in certain medical or sanitation facilities are exposed to bloodborne pathogens, all measures within this program will be taken to prevent the spread of disease. Kirk Duncan is responsible for evaluating the effectiveness of the program and maintaining all records.

## **RESPONSIBILITIES**

### **Employer Responsibilities**

- Enact and enforce an ECP to prevent occupational exposure to OPIM
- Identify employees who may reasonably be anticipated to come into contact with blood and other OPIM
- Provide for post-exposure evaluation and follow-up should an employee be exposed to OPIM
- Ensure employees receive appropriate bloodborne pathogens training
- Ensure an adequate supply of PPE
- Ensure that all records required by this section shall be made available upon request of employees, Assistant Secretary, and the Director for examination and copying. Medical records must have written consent of employee before being released

### **Safety Committee Responsibilities**

- Develop and implement a site-specific ECP
- Identify employees who may reasonably be anticipated to come into contact with blood and other OPIM
- Develop, conduct, and document training for bloodborne pathogens safety
- Investigate exposure incidents and recommend work-practice changes
- Make exposure determinations without regards to the use of PPE
- Recommend PPE if necessary

### **Employee Responsibilities**

- Offer input on ECP as appropriate, including identification, evaluation and selection of new control methods
- Follow all elements of the bloodborne pathogens policy and training
- Notify a supervisor if they encounter any problems or concerns related to this policy

## **TRAINING**

E & B Oilfield Services Inc. shall provide training to all employees who are exposed, or potentially exposed, to infectious materials and assures employee participation in the BBP training program. E & B Oilfield Services Inc. will provide this training at no cost to the employee during working hours.

Training will be provided upon hire, at the time of assignment to or before working on tasks where occupational exposure may take place, and annually thereafter. E & B Oilfield Services Inc. will provide additional training when tasks or procedures are added or changed that affect the employee's occupational exposure. It is acceptable for additional training to be limited to addressing only the changes or additions to the employees' exposure. E & B Oilfield Services Inc. will use only training material that is appropriate in content and vocabulary to educational level, literacy, and language of employees. Training records shall be documented and retained for a minimum of three (3) years.

### **Training Components**

The training program will contain, at a minimum, the following elements:

- An accessible copy of the regulatory text of CFR 1910.1030, this bloodborne pathogen policy and ECP, and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other OPIM.
- An explanation of the use and limitations of methods to prevent or reduce exposure, including engineering controls, work practices, and PPE.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for selection of PPE.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge to employees who face occupational exposure.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other OPIM.
- An explanation of the procedures 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 applicable signs, labels, and/or color coding.
- An opportunity for interactive questions and answers with the person conducting the training session.
- The person conducting the training will be knowledgeable in the subject matter of the training program as it relates to the workplace.

### **Training Records**

Kirk Duncan is responsible for maintaining all E & B Oilfield Services Inc. training records. Training records will include the following information:

- Dates of the training sessions.
- Contents or a summary of the training sessions.
- Names and qualifications of persons conducting the training.
- Names and job titles of all persons attending the training sessions.
- Employee training records will be maintained for three (3) years from the date on which the training occurred.

### **SAFE PRACTICES**

#### **Exposure Determination**

It is crucial to determine which jobs expose an employee to blood and other OPIM, as well as the means by which that exposure might occur. Accordingly, the E & B Oilfield Services Inc. safety committee or management will determine which job classifications can reasonably expect occupational exposure to OPIM. The following will be determined and documented:

- Job classifications in which all employees have occupational exposure.
- Job classifications in which some employees have occupational exposure.
- Tasks and procedures in which occupational exposure occurs.
- Further, input from non-managerial employees exposed to contaminated sharps and infectious material is vital to the success of this ECP, and every employee is encouraged to offer suggestions that will help the effectiveness of the ECP.

The various types of bodily fluid that an affected employee may reasonably be exposed to, such as blood, mucus, and saliva, must be included in the ECP.

#### **Engineering and Work Practice Controls**

As part of this ECP, E & B Oilfield Services Inc. will seek methods to eliminate occupational exposure to the greatest extent possible and will examine, regularly maintain, or replace engineering controls to ensure their effectiveness.

#### **Handwashing**

- E & B Oilfield Services Inc. will provide accessible handwashing facilities to every employee. If providing handwashing facilities is not feasible, E & B Oilfield Services Inc. will provide antiseptic towelettes or an appropriate antiseptic hand cleanser in conjunction with clean cloth or paper towels.
- For construction projects, employers must: provide onsite general washing facilities (one per 20 employees), keep them in sanitary condition, and provide suitable cleaning agents/towels for the removal of hazardous and other substances.

- In addition to basic workplace hygiene requirements, employees will wash their hands as soon as possible after removing gloves or other PPE.
- If an employee's skin or mucous membrane is exposed to OPIM, the employee will immediately wash their skin with soap and water or flush their mucous membranes with water.

### Sharps

- Employees will handle and dispose of contaminated sharps in a way that prevents unnecessary exposure to hazards. Employees will not bend, recap, or remove contaminated sharps unless no alternative is feasible, and it can be done using a mechanical device or one-handed technique.
- As soon as possible after use, contaminated reusable sharps will be placed in a container that is puncture-resistant, labeled or color-coded appropriately, leak-proof on the sides and bottom, and made so employees cannot reach into it.

### Other Engineering and Work-Practice Controls

- Do not store food or drink, eat, drink, smoke, apply cosmetics or handle contact lenses near possible exposures.
- Employees may not use their mouths to suck up OPIM.
- Containers used to store, or transport OPIM will be closable, prevent leaks, be appropriately labeled or color-coded, and puncture-resistant.
- Employees will examine any equipment that may be contaminated before servicing or shipping and will decontaminate it as necessary and feasible. If decontamination is impossible, the employee will attach a label to the equipment, and inform all appropriate employees of the contamination to ensure they take proper precautions.

### PPE

Employees must be provided with properly fitting PPE, including gloves, masks, gowns, etc. Specifically:

- When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment. The employer shall ensure that PPE is used, unless the employee temporarily and briefly declined to use PPE in rare circumstances. The employer shall repair or replace PPE as needed to maintain its effectiveness.
- Appropriate PPE is impermeable to blood or OPIM under normal conditions and durations.
- PPE will be provided and maintained free to employees in appropriate sizes, and provisions will be made should an employee be allergic to gloves normally provided.
- An employee may decline using appropriate PPE under "rare and extraordinary circumstances" when PPE use might prevent the delivery of health care or public safety services. These exceptions will be investigated and documented to prevent future occurrences.
- PPE will be removed as soon as feasible before leaving the general work area. After removal, the employee will place contaminated PPE in an appropriate area or container to be stored, washed, decontaminated, or disposed of.

## **Gloves**

Employees must wear gloves if they anticipate hand contact with OPIM. Do not reuse single-use gloves, and replace them as quickly as possible if they are torn, punctured, or compromised. Utility gloves can be reused if intact. Gloves will also be used during phlebotomy in specific situations, such as cuts, potential contaminations, and during training.

## **Masks, Eye Protection, and Face Shields**

Employees will wear masks, together with proper eye-protection devices, whenever splashes, sprays, spatters, or droplets of blood or other OPIM may be generated, and there is a reasonable anticipation of contamination of the eyes, nose, or mouth.

## **Gowns, Aprons, etc.**

Employees will wear appropriate protective clothing, such as gowns or clinic jackets, when necessary; the type of protective clothing is determined by the nature of exposure and will be sufficient to protect against occupational exposure.

For situations with a risk of gross contamination, employees must also wear surgical caps or hoods and shoe covers or boots to ensure comprehensive protection.

## **Housekeeping**

All equipment shall be cleaned and decontaminated after contact with blood or other OPIM.

Employees will use an appropriate disinfectant to clean and decontaminate contaminated or potentially contaminated work surfaces after any spill of infectious materials and at the end of the work shift. E & B Oilfield Services Inc. will replace protective surface coverings as soon as possible if they are contaminated. Bins, cans, pails, or other receptacles that may become contaminated will be inspected and decontaminated regularly, in addition to being decontaminated as soon as feasible after visible contamination. Employees must not pick up any broken glassware that may be contaminated by hand; they will use a brush, dustpan, or tongs instead.

Employees will keep the workplace clean and sanitary. E & B Oilfield Services Inc. will implement a written schedule for cleaning and decontamination based on the demands of the site.

## **Laundry**

All equipment and laundry shall be cleaned and decontaminated after contact with blood or other OPIM.

Employees will handle any contaminated laundry as little as possible. They must put such laundry into a color-coded or labeled container at the site where it was used. Wet laundry will be placed into a leak-proof container. Employees handling contaminated laundry must use appropriate PPE. Employees must never take or wear contaminated clothing outside of the work site.

## **HEPATITIS B VACCINATION**

E & B Oilfield Services Inc. will make available the hepatitis B vaccination series at no cost to any E & B Oilfield Services Inc. employee who faces occupational exposure. If not vaccinated, employees will be informed of the opportunity to be vaccinated within 24 hours of an exposure incident.

An employee occupationally exposed to OPIM may decline the hepatitis B vaccine but must sign a declination statement to be kept on file. Anyone who declines vaccination may request and receive the vaccination later at no cost.

Medical records relating to employees' hepatitis B vaccination status and post-exposure evaluation and follow-up must be kept for 30 years plus the duration of employment.

## **POST-EXPOSURE EVALUATION AND FOLLOW UP**

Should an exposure incident occur, the employee will contact Kirk Duncan (or designate) immediately.

### **In Case of Exposure**

A licensed health care professional will conduct a confidential medical evaluation and follow-up and will provide a medical opinion on diagnosis/course of action, as soon as possible following an exposure incident. After administering initial first aid (cleaning the wound, flushing the eyes or other mucous membranes, etc.), follow the procedure below:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and arrange to have the source individual tested as soon as possible to determine human immunodeficiency virus (HIV), hepatitis C virus (HCV), and hepatitis B virus (HBV) infectivity; convey and document conveyance of the source individual's test results to the employee's health care provider. If the source individual is known to be HIV, HCV, and/or HBV positive, new testing is not necessary.
4. Provide the exposed employee with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
5. After obtaining consent, collect the exposed employee's blood as soon as feasible after an exposure incident, and test the blood for HBV and HIV serological status. This will establish a baseline for periodic testing over the next six months. Depending upon the circumstances of the exposure, post-exposure prophylaxis may be recommended to reduce the risk of infection from HIV or HBV.
6. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## **Administrative Responsibilities Following Exposure**

E & B Oilfield Services Inc. will ensure that the healthcare professional responsible for post-exposure evaluation and follow-up receives the following:

- That the employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from exposure to blood or other OPIM which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## **Counseling**

E & B Oilfield Services Inc. will ensure that post-exposure counseling is given to employees following an exposure incident. Counseling will include Centers for Disease Control and Prevention (CDC) recommendations for prevention and transmission of bloodborne infections, including HIV, HBV and HCV. Counseling must be made available regardless of the employee's decision to accept serological testing.

## **RECORDKEEPING**

### **Medical Records**

E & B Oilfield Services Inc. will maintain a confidential medical record for every employee with occupational exposure that will include at least the following:

- Name and social security number of the employee.
- Copy of the employee's HBV status (with dates of all hepatitis B vaccinations).
- Copy of all post-exposure documentation and healthcare professional's written opinion.
- Copy of the information provided to the healthcare professional.
- Do not share or report this record unless the employee provides written consent.

Is responsible for maintaining all E & B Oilfield Services Inc. medical records.

### **Sharps Injury/Exposure Incident Log**

A Sharps Injury Log is a record of each exposure incident involving a sharp. The purpose of the Sharps Injury Log is to generate a record of exposure incidents that will include enough information about the cause of the incidents to allow the Company to analyze them and take preventive action.

The Sharps Injury Log must include:

- The date and time of the sharps-related exposure incident.
- The type and brand of the sharp involved in the incident.
- A description of the incident including:
  - The job classification of the exposed employee.
  - The department or work area where the incident occurred.
  - The procedure being performed.
  - How the incident occurred.
  - The body part injured.
  - For sharps with engineered sharps injury protection (ESIP) if the safety mechanism was activated.
  - If the incident occurred before action, during activation, or after activation of the mechanism. For sharps without ESIP, include the employee's opinion on whether ESIP will have prevented the injury.

Sharps injuries/exposures must be recorded on the log within 14 working days of when the incident was reported to the employer.

The Sharps Injury Log must be maintained for five (5) years from the date of the exposure incident.

### HAZARD COMMUNICATION

Label containers of regulated biological waste, any container used to store or transport OPIM, as well as contaminated equipment, to prevent exposure. Labels for such containers will include the legend depicted in Figure 1.

All such labels will be fluorescent orange or orange-red and be attached on, or as close as feasible to, the container.



Figure 1

### REVIEW AND UPDATE OF ECP

The E & B Oilfield Services Inc. safety committee will review this ECP and update it at least annually, and whenever necessary, to reflect new or changed tasks and procedures that affect occupational exposure.

Reviews and updates will:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
- Document the annual consideration and implementation of effective medical, and commercially available, devices and services designed to eliminate or minimize occupational exposure.

E & B Oilfield Services Inc. will seek the input of non-managerial employees to identify, evaluate, and select controls to reduce occupational exposure. This input will be documented as part of this ECP.

### ATTACHMENTS

- ECP Documentation
- Declination Statement
- Exposure Incident Report
- Evaluating Physician's Written Opinion
- Sharps Injury Log

These forms may be reproduced for the purposes of implementing and maintaining a safety and health program.

ECP Document Form

| Exposure Determination                                                      |                                                |
|-----------------------------------------------------------------------------|------------------------------------------------|
| <b>Jobs in which all employees have occupational exposure to OPIM</b>       | <b>Task or procedure where exposure occurs</b> |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
| <b>Jobs in which some employees have occupational exposure to OPIM</b>      | <b>Task or procedure where exposure occurs</b> |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
| <b>Engineering controls and work practice controls:</b>                     |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
| <b>The following types of PPE are available in the following locations:</b> |                                                |
| <b>Personal Protective Equipment</b>                                        | <b>Location</b>                                |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |
|                                                                             |                                                |



**Hepatitis B Declination Statement Form**

| <b>Declination Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <p>I understand that, due to my occupational exposure to blood or other 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 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.</p> |       |
| Employee Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: |

| <b>Declination Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <p>I understand that, due to my occupational exposure to blood or other 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 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.</p> |       |
| Employee Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: |

| <b>Declination Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <p>I understand that, due to my occupational exposure to blood or other 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 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.</p> |       |
| Employee Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: |



**Exposure Incident Report Form**

|                                                                                                      |                  |         |
|------------------------------------------------------------------------------------------------------|------------------|---------|
| <b>(Routes and Circumstances of Exposure Incident)—Please Print</b>                                  |                  |         |
| Employee's Name                                                                                      |                  | Date    |
| Date of Birth                                                                                        | SS#              |         |
| Telephone (Business)                                                                                 |                  | (Home)  |
| Job Title                                                                                            |                  |         |
| Date of Exposure                                                                                     | Time of Exposure | AM   PM |
| Hepatitis B Vaccination Status                                                                       |                  |         |
| Location of Incident                                                                                 |                  |         |
| Describe job duties you were performing when the exposure incident occurred                          |                  |         |
| Describe the circumstances under which the exposure incident occurred                                |                  |         |
| What happened that resulted in the incident?                                                         |                  |         |
| What body fluid(s) were you exposed to?                                                              |                  |         |
| What was the route of exposure? (e.g., mucosal contact, contact with non-intact skin, percutaneous)? |                  |         |
| Describe any personal protective equipment in use at time of exposure incident                       |                  |         |
| Did PPE fail?                                                                                        | If yes, how?     |         |
| Identification of source individual(s) (names)                                                       |                  |         |
| Other pertinent information                                                                          |                  |         |



**Evaluating Physician's Written Opinion Form**

To the Evaluating Physician:

This employee may have suffered an exposure incident to a Bloodborne Pathogen. In accordance with OSHA standards covering post-exposure evaluation and follow up, the following documents are provided for you:

- A copy of OSHA regulations covering Occupational Exposure to Bloodborne Pathogens
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the routes of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to this employee's appropriate treatment, including vaccination status

After you have determined whether there are contra-indications to vaccination of this employee with Hepatitis B vaccine, please state in the space below if:

|                        |                       |
|------------------------|-----------------------|
| Vaccine was indicated: | Vaccine was received: |
|------------------------|-----------------------|

(All other findings are to remain confidential and are not to be included on this page.)

Please return this sheet to this employee.

Thank you for your evaluation of this employee.

|                             |       |
|-----------------------------|-------|
| Physician's Name (printed): | Date: |
| Physician's Signature:      |       |









