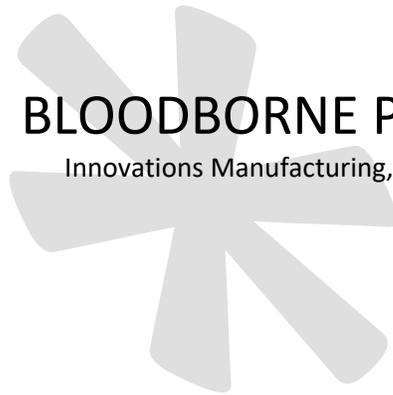




BLOODBORNE PATHOGENS

Innovations Manufacturing, Inc. (the Company)



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Purpose

This Bloodborne Pathogen Exposure Control Plan has been established to ensure a safe and healthful working environment and act as a performance standard for all employees. This program applies to all occupational exposure to blood or other potentially infectious materials. The content of this plan complies with OSHA Standard 29 CFR 1910.1030 (Occupational Exposure to Bloodborne Pathogens).

Scope

This program addresses all occupational exposure to blood or other potentially infectious materials. OSHA requires that all employers that can "reasonably anticipate exposure" to infectious material must have access to and training on a written exposure control plan. This procedure applies to all Company employees.

Key Responsibilities

Exposure Control Officer (Safety Director)

Has overall responsibility for developing and implementing the Exposure Control Procedure for all facilities.

Site Manager and Supervisors

Site manager and supervisors are responsible for exposure control in their respective areas.

Employees

- Know what tasks they perform that have occupational exposure.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

Procedure

Training

Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place, and at least annually thereafter. Annual training for all employees shall be provided within one year of their previous training. Training shall include:

- What bloodborne pathogens are; how to protect themselves from exposure
- Methods of warnings (signs, labels, etc.)
- The OSHA requirements of bloodborne pathogens
- The Hepatitis B vaccine shall be made available to all employees that have occupational exposure at no cost to the employee(s).



Biohazard Label

Availability of Procedure to Employees

All employees have access to a copy of this exposure control plan at www.im-inc.com in the Procedures tab.

Reviews and Update of the Procedure

This procedure is reviewed at minimum on an annual basis, and is updated when changes in Company operations necessitate an update.

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Exposure Determination

- There are no job classifications in which some or all employees have occupational exposure to bloodborne pathogens that may result from the performance of their routine duties.
- Designated employees are trained to render first aid and basic life support. Rendering first aid or basic life support may expose employees to bloodborne pathogens and will require them to adhere to this program.
- In addition, no medical sharps or similar equipment is provided to, or used by, employees rendering first aid or basic life support.
- This exposure determination has been made without regards to the Personal Protective Equipment that may be used by employees.
- A listing of all first aid and basic life support trained employees shall be maintained on the company solution center.

Methods of Compliance

Universal Precautions

Under circumstances in which the difference between body fluids and other non-hazardous fluid is difficult or impossible to determine, all fluids will be considered potentially infectious. This rule only applies in situations where there is a reasonable expectation that a bodily fluid has contaminated the work area. Examples include: urine; feces;

Engineering Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Engineering controls should be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Hand washing facilities shall be readily available at all Company facilities. If provision of hand washing facilities is not feasible, then an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes shall be provided by the Company.

The Company does not provide sharps containers for the employees. If an employee's personal medical situation requires the use of sharps, that employee is required to dispose of their own sharps. No employee is allowed to leave an unsecured sharps medical device on company property. All sharps medical devices must be stored in a secure location away from other employees. Failure to meet the requirements of this policy may result in disciplinary action up to and including termination of employment.

Work Practice Controls

- Employees shall wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible.
- Hand washing facilities shall be available. If hand washing facilities are not feasible, the Company will provide either an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes.
- Contaminated needles and other contaminated sharps should not be handled if you are not authorized or trained to do so.
- All surfaces shall be cleaned and decontaminated after contact with blood or other infectious materials.
- Bloodborne pathogens kits are located near the first aid kits and are to be used in emergency situations by qualified and trained employees. Employees are not allowed to provide first aid services to another employee that is able to self-render first aid.

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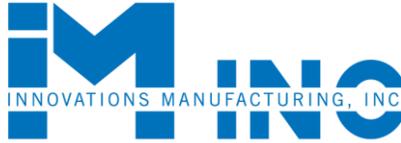
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Personal Protective Equipment

When the possibility of occupational exposure is present, PPE is to be provided at no cost to the employees such as gloves, gowns, etc. PPE shall be used unless employees temporarily declined to use under rare circumstances. PPE shall be repaired and replaced as needed to maintain its effectiveness. All PPE shall be of the proper size and made readily accessible.

Our employees adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed and disposed of immediately.
- All potentially contaminated personal protective equipment is removed prior to leaving a work area.
- Gloves are worn whenever employees anticipate hand contact with potentially infectious materials or when handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Any PPE exposed to bloodborne pathogens shall be disposed of properly.
- PPE should be cleaned, laundered and/or properly disposed of if contaminated.
- The Company will repair and replace PPE as needed to maintain its effectiveness.

Housekeeping

Our staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
- All trash containers, pails, bins, and other receptacles that held contaminated material are cleaned and decontaminated as soon as possible following the contamination event.

Post-Exposure and Follow Up

Post-Exposure Evaluation & Follow-Up

If there is an incident where exposure to bloodborne pathogens occurred, we immediately focus our efforts on investigating the circumstances surrounding the exposure incident and making sure that our employees receive medical consultation and immediate treatment.

The Company Safety Director investigates every reported exposure incident and a written summary of the incident, and its causes is prepared, and recommendations are made for avoiding similar incidents in the future. We provide an exposed employee with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless not feasible or prohibited by law).

Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

Information Provided to the Healthcare Professional. We forward the following:

- A copy of this procedure.
- A description of the exposure incident.

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- Other pertinent information.

Healthcare Professional's Written Opinion

After the consultation, the healthcare professional provides the Company with a written opinion evaluating the exposed employee's situation. We, in turn, furnish a copy of this opinion to the exposed employee. The written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the employee.
- Whether the employee has received the Hepatitis B Vaccination.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.
- All other findings or diagnoses will remain confidential and will not be included in the written report.

Record Keeping

All records shall be made available upon request of employees, OSHA's Assistant Secretary and the Director of OSHA for examination and copying. Medical records must have written consent of employee before released. The Company shall meet the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

The respective Human Resources representative shall maintain Bloodborne Pathogen exposure records.

Employee medical records shall be kept confidential and are not to be disclosed without the employee's written consent, except as required by 29 CFR 1910.1030 or other law.

Accurate medical records for each employee with occupational exposure must be maintained for at least the duration of employment plus 30 years and shall include at least the following:

- Employee's name and Social Security number.
- Employee's Hepatitis B vaccination status, including vaccination dates.
- All results from examinations, medical testing and follow-up procedures, including all health care professional's written opinions.
- Information provided to the health care professional.
- Any Hepatitis B Vaccine Declinations.

Training records shall be maintained for 3 years from the date on which the training occurred and shall include at least the following:

- Outline of training program contents.
- Name of person conducting the training.
- Names and job titles of all persons attending the training.
- Date of training.

Labels and Signs

Biohazard warning labeling shall be used on containers of regulated waste; Sharps disposal containers; contaminated laundry bags and containers; contaminated equipment.

Information

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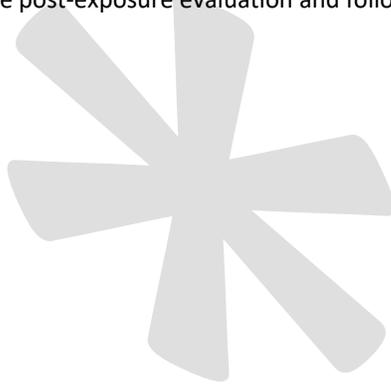
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- This Bloodborne Pathogens procedure.
- The modes of transmission of bloodborne pathogens.
- Our facility's Exposure Control Procedure (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve exposure.
- A review of the use and limitations of methods that will prevent or reduce exposure.
- Selection and use of personal protective equipment.
- Actions to take and persons to contact in an emergency involving potentially infectious material.
- The procedure to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation.





VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

Employee ID#: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the 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 other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Facility Representative Signature

Date

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POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to bloodborne pathogens:

ACTIVITY

COMPLETION DATE

Employee furnished with documentation regarding exposure incident.

Source individual identified.

(_____) Source individual

Appointment arranged for employee with healthcare professional.

(_____) Professional's name

Documentation forwarded to healthcare professional

_____ Bloodborne Pathogens Standard

_____ Description of exposed employee's duties

_____ Description of exposure incident, including routes of exposure

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