SCHMALZ CUSTOM LANDSCAPING
SAFETY PLAN

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_____ _____

Signature of CEO/President Date

1 SAFETY COMMITTEE

1.1 SAFETY COMMITTEE ORGANIZATION

A safety coordinator or a safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of an “equal” representation of supervisory and nonsupervisory members of our organization.

Safety Program Coordinator Andy Christenson	Nonsupervisory Employee Member
Supervisory Employee Member Andy Johnson	Nonsupervisory Employee Member

1.2 RESPONSIBILITIES

A Safety Coordinator can be appointed as the responsible party to satisfy the committee requirements for the credit.

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident-and illness-prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

1.3 MEETINGS

Safety committee meetings are held quarterly, or more often if needed. The safety program coordinator will post the minutes of each meeting (see following page) within one week after each meeting.

1.4 SAFETY COMMITTEE MEETING MINUTES

Date of Committee Meeting: _____ Time: _____
Minutes Prepared by: _____ Location: _____

Names of Members in Attendance:

Previous Action Items:_____

Review of Accidents Since Previous Meeting: _____

Recommendations for Prevention: _____

Recommendations from Anonymous Employees: _____

Suggestions from Employees: _____

Recommended Updates to Safety Program: _____

Recommendations from Accident Investigation Reports: _____

Safety Training Recommendations: _____

Comments: _____

2 SAFETY AND HEALTH TRAINING

2.1 SAFETY AND HEALTH ORIENTATION

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference, and each employee will be given a personal copy of the safety rules, policies and procedures pertaining to his or her job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies and job-specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

All training should be documented and records should be maintained throughout employment

2.2 JOB-SPECIFIC TRAINING

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, nonroutine or specialized procedures.

2.3 PERIODIC RETRAINING OF EMPLOYEES

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices or behaviors.

2.4 SAFETY TRAINING DOCUMENTATION

EMPLOYEE:

DATE:

SUPERVISOR:

TRAINER:

RULES AND REGULATIONS REVIEWED DATE:_____

General Review Of Old/New (Circle One) Safety Rules For All Employees ☐

Specific Safety Procedures for Employees Position ☐

General Maintenance ☐

First Aid ☐

Lifting Procedures ☐

Office Safety ☐

Furniture Use ☐

Equipment Use ☐

Climbing a Step Ladder ☐

Sanitation / Health ☐

All categories have been reviewed with employee.
Supervisor Name, Printed:
Signature:_____

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.
Employee Name, Printed:
Signature:_____

3 SAFETY INSPECTIONS

It is up to all employees to maintain safe working conditions for safety inspections ensure that important items are not overlooked. Inspections identify areas of risk. (accident and/or injury)

Supervisors should continually monitor work areas but scheduled inspections should be documented and done on a regular basis. Written reports of these inspections should be made and kept on file.

Management should make periodic inspections, announced and unannounced.

The following inspections will be completed on a annual basis unless designated by federal and state requirements. Be sure to mention the date, time, facility, and inspector and giving satisfactory, unsatisfactory, and "not applicable" columns. Actions and future plans to resolve the issues identified for each inspection/ audit will be evaluated to incorporate procedures.

Doors	Personnel Training
Windows	Stairs
Walking – Working Surfaces	Personal Protective Equipment
Lighting	Flammable & Combustible Materials
Fire Hazards	Hand and Portable Powered Tools
Electrical Boxes	Lockout/Tagout Procedures
Flammable Liquids	Confined Spaces
Emergency Exits:	Hazard Communication
Marked Properly	Electrical
Unobstructed	Building and Grounds Conditions
First Aid Kits, Supplies	Housekeeping Program
Fire Extinguishers	Heating and Ventilation
Accessible	Required OSHA Recordkeeping
Charged	Safety & Health Programs
Required Posters	Your Specific Work Environment

4 PREVENTIVE MAINTENANCE

Preventive maintenance programs will avoid most equipment failures. Provide regular equipment maintenance to prevent breakdowns that can create hazards.

Preventive maintenance is a schedule of planned inspections to prevent breakdowns and failures before they happen. Inspections should be performed at regularly scheduled times.

Preventive and regular maintenance should be documented, and tracked to completion.

During preventive maintenance, workers can document damage or wearing of parts or equipment so as to repair or replace parts *before* they cause a failure or injuries.

Without a preventive maintenance program, you will lose productivity, and costs will escalate.

Programs:

1. Daily Vehicle Logs
2. Lockout Tag Out
3. Chemical/ Oil Spills
4. End of Day house keeping
5. Storage of products

5 FIRST-AID PROCEDURES

Emergency Phone Numbers

Safety Coordinator: _____
First Aid Response: _____
Ambulance: _____
Medical Clinic: _____
Clinic Name/Address: _____

Poison Control: _____
Fire Department: _____
Police: _____

5.1 MINOR FIRST-AID TREATMENT

First-aid kits are kept in the front office and in the service vehicles. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- Inform your supervisor.
- Administer first-aid treatment to the injury or wound.
- If a first-aid kit is used, indicate usage on the accident investigation report.
- Access to a first-aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

5.2 NONEMERGENCY MEDICAL TREATMENT

For nonemergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

5.3 EMERGENCY MEDICAL TREATMENT

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted on the first-aid kit to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

5.4 FIRST-AID TRAINING

Each employee will receive training and instructions from his or her supervisor regarding our first-aid procedures.

5.5 FIRST-AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Use required bloodborne pathogen procedures while administering first aid.

Wounds:

Minor: *Cuts, lacerations, abrasions or punctures*

- Wash the wound using soap and water; rinse it well.
- Cover the wound using a clean dressing.

Major: *Large, deep and bleeding wounds*

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

Broken Bones:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard or rolled newspaper as a splint.

Burns:

Thermal (Heat)

- Rinse the burned area without scrubbing it, and immerse it in cold water. *Do not use ice water.*
- Blot dry the area and cover it using sterile gauze or a clean cloth.

Chemical

- Immediately flush the exposed area with cool water for 15 to 20 minutes.

Eye Injury:

Small particles

- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with a bandage.

Chemical

- Immediately irrigate the eyes and under the eyelids with water for 30 minutes.

Neck or Spine Injury:

- If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

Heat Exhaustion:

- Loosen the victim's tight clothing.
- Give the victim *sips* of cool water.
- Make the victim lie down in a cooler place with the feet raised.

6 ACCIDENT INVESTIGATION

6.1 ACCIDENT INVESTIGATION PROCEDURES

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

OSHA requires employers to report any/all of the following within 8 hours of the incident:

- Fatalities
- A single incident which requires hospitalization of 3 or more employees

OSHA CENTRAL TELEPHONE NUMBER: 1-800-321-6742

6.2 ACCIDENT INVESTIGATION REPORT

Report No.: _____

Company:

Address: _____

1. Name of injured: _____ S.S. No.: _____
2. Sex: ☐ M ☐ F Age: _____ Date of accident: _____
3. Time of accident: _____a.m. _____p.m. Day of accident: _____
4. Employee's job title: _____
5. Length of experience on job: _____years: _____months
6. Address of location where the accident occurred: _____
7. Nature of injury, injury type, and part of the body affected: _____
8. Describe the accident and how it occurred: _____
9. Cause of the accident: _____
10. Was personal protective equipment required? ☐yes ☐no
    Was it provided? ☐yes ☐no
    Was it being used? ☐yes ☐no
    If "no," explain: _____
    Was it being used as trained by supervisor or designated trainer? ☐yes ☐no
    If "no," explain: _____
11. Witness(es): _____
12. Was safety training provided to the injured? ☐yes ☐no
    If "no," explain: _____
13. Interim corrective actions taken to prevent recurrence: _____
14. Permanent corrective action recommended to prevent recurrence: _____
15. Date of report: _____ , _____ 20_____
    Prepared by: _____

    Supervisor **(Signature)**: _____ Date:_____
16. Status and follow-up action taken by safety coordinator: _____

    Safety Coordinator **(Signature)** _____ Date_____

6.3 INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame, but it is an analysis of the accident to determine causes that can be controlled or eliminated.

(Items 1-6) Identification: Answer the questions provided.

(Item 7) **Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture.
Injury Type: First aid—injury resulted in minor injury/treated on premises; Medical—injury treated off premises by physician; Lost time—injured missed more than one day of work; No Injury—no injury, near-miss type of incident.
Part of the Body: Part of the body directly affected, e.g., foot, arm, hand, head.

(Item 8) **Describe the accident**: Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

(Item 9) **Cause of the accident:** Describe all conditions or acts which contributed to the accident, e.g.—

a. unsafe conditions (spills, grease on the floor, poor housekeeping or other physical conditions).
b. unsafe acts (unsafe work practices such as failure to warn, failure to use required personal protective equipment).

(Item 10) **Personal protective equipment:**

(Item 11) **Witness(es):** List name(s), address(es), and phone number(s).

(Item 12) **Safety training provided:** Was any safety training provided to the injured relating to the work activity being performed?

(Item 13) **Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, e.g., barricading accident area, posting warning signs, shutting down operations.

(Item 14): **Additional notes:**

(Item 16) **Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken and that control measures have been implemented.

7 RECORDKEEPING PROCEDURES

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of five (5) years and include:

- Accident Investigation Reports, see Section 7, page 17
- Workers' Compensation First Report of Injury or Illness
- Log and Summary of Occupational Injuries and Illnesses as required by OSHA'a Recordkeeping Regulation, 29 CRF 1904.2:
  - OSHA Form 300 (Rev. 1-2004): Log of Work Related Injuries and Illnesses
  - OSHA Form 300A (Rev. 1-2004): Summary of Work Related Injuries and Illnesses
  - OSHA Form 301: Injury and Illness Incident Report

8 SAFETY RULES, POLICIES AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules, review them often and use good common sense in carrying out assigned duties.

These safety rules shall include both general workplace safety rules and job-specific safety rules.

General Rules:

All Employees

Job-Specific Rules:

By Occupational Class, Chemical application, Mechanic, Foreman,

ALL EMPLOYEES

8.1.1 HOUSEKEEPING

1. Use caution signs/cones to barricade hazard areas.
2. Do not store or leave items on stairways.
3. Return tools to their storage places after using them.
4. Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguishers or fire alarms.
5. Do not place materials such as boxes or trash in walkways and passageways.
6. Do not use gasoline for cleaning purposes.
7. Mop up water around water fountains, drink machines and ice machines.

8.1.2 LIFTING PROCEDURES

General

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

8.1.3 WHEN LIFTING—

1. Face the load.
2. Position your feet 6"-12" apart with one foot slightly in front of the other.
3. Bend at the knees, not at the back.
4. Keep your back straight.
5. Get a firm grip on the object using your hands and fingers. Use handles when they are present.
6. Hold the object as close to your body as possible.
7. Perform lifting movements smoothly and gradually; do not jerk the load.
8. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
9. Set down objects in the same manner as you picked them up, except in reverse.
10. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

8.2 ALL EMPLOYEES

8.2.1 LADDERS AND STEPLADDERS

1. Read and follow the manufacturer's instruction label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or other visible damage.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
5. Allow only one person on the ladder at a time.
6. Do not stand on the top two rungs of any ladder.
7. Do not stand on a ladder that wobbles or leans to the left or right of center or is crooked.
8. Do not try to "walk" a ladder by rocking it. Climb down the ladder and then move it.

8.2.2 CLIMBING A LADDER

1. Face the ladder when climbing up or down it.
2. Do not carry items in your hands while climbing up or down a ladder.
3. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.

8.2.3 DRIVING/VEHICLE SAFETY

Fueling Vehicles

1. Turn the vehicle off before fueling.
2. Do not smoke while fueling a vehicle.
3. Wash hands with soap and water if you spill gasoline on them.

Driving Rules

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey traffic patterns and signs at all times.
3. Maintain a three-point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
4. Do not leave keys in an unattended vehicle.
5. Do not smoke while in a Vehicle
6. Do not rush yourself – you are a representative of Schmalz current and future customers.

Vehicle Safety

1. Safety Cones to be placed around the vehicle/ trailer when parked to identify potential hazards to pedestrians, bikers, other vehicles etc.
    a. Parking lots
    b. Road access
    c. When completing deliveries

8.3 OFFICE PERSONNEL

8.3.1 OFFICE SAFETY

General

1. Do not place material such as boxes or trash in walkways and passageways.
2. Do not throw matches, cigarettes or other smoking materials into trash baskets.
3. Do not kick objects out of your pathway; pick them up or push them out of the way.
4. Keep floors clear of items such as paper clips, pencils, tacks or staples.
5. Straighten or remove rugs and mats that do not lie flat on the floor.
6. Mop up water around water fountains and drink machines.
7. Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
8. Store sharp objects, such as pens, pencils, letter openers or scissors, in drawers or with the points down in a container.
9. Carry pencils, scissors and other sharp objects with the tips pointing down.
10. Use the ladder or step stool to retrieve or store items that are located above your head.
11. Do not run on stairs or take more than one step at a time.
12. Keep doors in hallways fully open or fully closed.
13. Use handrails when ascending or descending stairs or ramps.
14. Obey all posted safety and danger signs.

8.3.2 FURNITURE USE

1. Open only one file cabinet drawer at a time. Close the filing cabinet drawer you were working in before opening another filing drawer in the same cabinet.
2. Use the handle when closing doors, drawers and files.
3. Put heavy files in the bottom drawers of file cabinets.
4. Do not tilt your chair on its back two legs while you are sitting in it.
5. Do not stand on furniture to reach high places.

8.3.3 EQUIPMENT USE

1. Do not use fans that have excessive vibration, frayed cords or missing guards.
2. Do not place floor-type fans in walkways, aisles or doorways.
3. Do not plug multiple electrical cords into a single outlet.
4. Do not use extension or power cords that have the ground prong removed or broken off.
5. Do not use frayed, cut or cracked electrical cords.
6. Use a cord cover or tape down cords when running them across aisles, between desks or across entrances or exits.
7. Turn the power switch of the local exhaust fans to "ON" when operating the blueprint machine.
8. Do not use lighting fluid to clean drafting equipment; use soap and water.

9.1 CHEMICAL APPLICATION

1. Apply all PPE
   a. Rubber Boots
   b. Tyvek suit

c. Safety glasses,
d. Hearing protection
e. Gloves
f. Safety glasses
g. Respirator

2. Procedure
3. Mix/ apply
4. Access chemicals for mixing
5. Mix chemicals
6. Apply Chemicals
7. Washdown gloves, boots prior to exiting the area or in an outside space with air flow. (Do not wear chemical Tyvek suits, boots, gloves, respirator inside a building).
8. Load product into a soapy bath following chemical applications including all products which will not be discarded.
9. Allow all equipment to dry in the irrigation shed or alternative location with proper ventilation.

9.2 HAND PROTECTION

Pruning

1. Wear cut resistive gloves on (non pruning hand at all times when pruning).

Planting

1. Wear glove to protect from insect bites and ground/ hazards, moisture, chemicals, sharp objects.

Chemical application

1. Wear chemical resistant gloves to protect against burns, irritants and skin exposure

Shop work

1. Wear gloves while working in the mechanic shop, around fluids, sharp edges, while utilizing equipment including grinders, welding equipment, hot work, oils, rust, dust hazards – Wheel wells, brakes, shafts, bearings and glues.
2. Water hazards including: temperature, force and chemical mixtures.

HAZARD COMMUNICATION PROGRAM

1. Company Policy:
To ensure that information about the dangers of all hazardous chemicals used by Schmalz Custom Landscaping is known by all affected workers, the following hazard communication program has been implemented. Under this program, workers will be informed of the requirements of the OSHA Hazard Communication Standard, the operations where exposure to hazardous chemicals may occur, and how workers can access this program, as well as labels and SDSs. This program applies to any chemical which is known to be present in the workplace in such a manner that workers may be exposed under normal conditions of use or in a foreseeable emergency. All work areas that involve potential exposure to chemicals are part of the hazard communication program. Copies of the hazard communication program are available at the front desk for review by any interested worker. Your supervisor is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

2. Container Labeling:
Your Supervisor will verify that all containers received for use will be clearly labeled in accord with the requirements of HazCom 2012, including a product identifier, pictogram, hazard statement, signal word, and precautionary statements, Schmalz Custom Landscaping as well as the supplier's contact information (name and address). The (name of responsible person and/or position) in each work area will ensure that all secondary containers are labeled with the original supplier's label or with an alternative workplace label. For help with labeling, see Andy Johnson. On the following individual stationary process containers, we are using symbols rather than a label to convey the required information: (List containers here) We are using an in-house labeling system (describe any in-house system which conveys required workplace label information). The (Andy Johnson) will review the company labeling procedures every 6 months and will update labels as required.

3. Safety Data Sheets (SDSs)
The (name of responsible person and/or position) is responsible for establishing and monitoring the company SDS program. The procedure below will be followed when an SDS is not received at the time of initial shipment: (Describe procedure to be followed here) Copies of SDSs for all hazardous chemicals to which workers are exposed or are potentially exposed will be kept in (identify location). Workers can access SDSs by (insert procedure for access). Note: If alternatives to paper copies of SDSs are used, describe the format used and how workers can access the SDSs. Hazard Communication: Small Entity Compliance Guide for Employers That Use Hazardous Chemicals 31 SDSs will be readily available to all workers in each work area during each work shift. If an SDS is not available, contact (name of responsible person and/ or position). When revised SDSs are received, the following procedures will be followed to replace old SDSs: (Describe procedures) The (name of responsible person and/or position) is responsible for reviewing the SDSs received for safety and health implications, and initiating any needed changes in workplace practices.

4. Employee Information and Training
Andy Johnson is responsible for employee information and training. Every worker who will be potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication standard and this program before starting work. The training program for new workers is as follows (describe how the training will be presented, and what it will include). Prior to introducing a new chemical hazard into any work area, each worker in that work area will be given information and training as outlined above for the new chemical hazard. The training format will be as follows: (Describe training format, such as audiovisuals, interactive computer programs, classroom instruction, etc.)

5. Hazards of Non-routine Tasks:

Periodically, workers are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks are: confined space entry, cleaning and painting. Prior to starting work on such projects, each affected worker will be given information by (Name of responsible person and/or position) about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the worker should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another worker (buddy systems), and emergency procedures.

6. Informing Other Employers/Contractors

It is the responsibility of (Name of responsible person and/or position) to provide other employers and contractors with information about hazardous chemicals that their workers may be exposed to on this work site, and suggested precautions for workers. It is the responsibility of (Name of responsible person and/or position) to obtain information about hazardous chemicals used by other employers to which our workers may be exposed. Other employers and contractors will be provided with SDSs for hazardous chemicals generated by this company's operations in the following manner: (Describe company policy here) In addition to providing a copy of an SDS to other employers, other employers will be informed of necessary precautionary measures to protect workers exposed to operations performed by this company. Also, other employers will be informed of the hazard labels used by the company. If alternative workplace labeling systems are used, the other employers will be provided with information to understand the labels used for hazardous chemicals to which their workers may have exposure.

7. List of Hazardous Chemicals:

A list of all known hazardous chemicals in the workplace is attached to this program. This list includes the name of each chemical, and the work area(s) in which each of the chemicals is used. Further information on each chemical may be obtained from the SDSs, located in (identify location). When new chemicals are received, this list is updated within (x) days of introduction into the workplace. To ensure that any new chemical is added in a timely manner, the following procedures shall be followed: 3 2 Occupational Safety and Health Administration (Identify procedures to be followed) The hazardous chemical inventory is compiled and maintained by (Name of responsible person and/ or position and telephone number).

8. Chemicals in Unlabeled Pipes:

Work activities may be performed by workers in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the worker shall be informed by (Name of responsible person and/or position) about the identity and hazards of the chemicals in the pipe, as well as required precautionary measures required to be followed.

9. Program Availability

A copy of this program will be made available, upon request, to workers, their designated representatives, and OSHA.

Bloodborne Pathogens Standard

The following model for an Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens standard (29 CFR 1910.1030). The intent of this model is to provide employers with an easy-to-use format that may be used as a template to develop a written exposure control plan tailored to the individual requirements of their establishments.

Model Exposure Control Plan

POLICY

The (Your facility name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including: Universal precautions, Engineering and work practice controls, Personal protective equipment,

Housekeeping

- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- (Name of responsible person or department) is (are) responsible for implementation of the ECP. (Name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number:
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- (Name of responsible person or department) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: .
- (Name of responsible person or department) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: .
- (Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: .

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure: Job Title Department/Location (Example: Phlebotomists), (Clinical Lab), (use as many lines as necessary). The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:
Example:

Job Title Department/Location Task/Procedure

Housekeeper Environmental Services Handling Regulated Waste (use as many lines as necessary) NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will bemet for these employees.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.
All employees can review this plan at any time during their work shifts by contacting (Name of responsible person or department). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. (Name of responsible person or department) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are
listed below:

- (For example: non-glass capillary tubes, SESIPs, needleless systems)
- _____
- _____

Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

We evaluate new procedures and new products regularly by
(Describe the process, literature reviewed, supplier info, products considered)
_____ .

Both front-line workers and management officials are involved in this process in the following manner: (Describe employees' involvement)
(Name of responsible person or department) is responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)
PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department). The types of PPE available to employees are as follows: (gloves, eye protection, etc.)_____
_____
_____
PPE is located (List location) and may be obtained through (Name of responsible person or department). (Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.) All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal.)
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: (may refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment)
_____
_____

Housekeeping
Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: (may refer to specific procedure by title or number and last date of review)
_____
_____
The procedure for handling other regulated waste is: (may refer to specific procedure by title or number and last date of review)
_____
_____

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or colorcoded. Sharps disposal containers are available at (must be easily accessible and as close as feasible to the immediate area where sharps are used). Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry
The following contaminated articles will be laundered by this company:
_____
_____
Laundering will be performed by (Name of responsible person or department) at (time and/or location).
The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labeled or colorcoded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE).

Labels
The following labeling methods are used in this facility: Equipment to be Labeled Label Type (size, color) (specimens, contaminated laundry, etc.) (red bag, biohazard label)
_____
_____
(Name of responsible person or department) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (Name of responsible person or department) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.
‘

HEPATITIS B VACCINATION

(Name of responsible person or department) will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at (List location).

Vaccination will be provided by (List health care professional responsible for this part of the plan) at (location). Following the medical evaluation, a copy of the health care professional’s written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact (Name of responsible person) at the following number _____ .

An immediately available confidential medical evaluation and follow-up will be conducted by (name of licensed health care professional). Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided 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).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- 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.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

(Name of responsible person or department) ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. (Name of responsible person or department) ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

(Name of responsible person or department) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department) will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)

- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

(Name of Responsible Person) will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary (Responsible person or department) will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by (Name of responsible person or department). (Attach a brief description of their qualifications.) All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

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

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (Location of records). The training records include:

- the dates of the training session
- the contents or a summary of the training sessions

- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to(Name of responsible person or department).

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to
Employee Exposure and Medical Records." (Name of Responsible person or department) is responsible for maintenance of the required medical records. These confidential records are kept in (List location) for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to (Name of responsible person or department and address)

OSHA Recordkeeping
An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department).

Sharps Injury Log
In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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

Signed: (Employee Name)_____ Date:_____