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1.0 INTRODUCTION

1.1 Purpose

This plan is essential in implementing and ensuring compliance with the Bloodborne Pathogens (BBP) Standard.

1.2 Scope

This plan applies to all work conducted on Marathon Petroleum Company (MPC) Anacortes Refinery property.

2.0 REFERENCES

2.1 Government Regulations

- OSHA 29 CFR 1910.1030, Bloodborne Pathogens
- OSHA 29 CFR 1910.1020, Access to Employee Exposure & Medical Records
- OSHA 29 CFR 1904, Recording & Reporting Occupational Injuries & Illnesses
- WAC 296-823, Occupational exposure to bloodborne pathogens

3.0 DEFINITIONS

The following definitions are applicable to this procedure.

Table 1 Acronyms

Term	Description
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus.

Table 2 Definitions

Term	Description
Blood	Human blood, human blood components, and products made from human blood.
Bloodborne Pathogens (BBP)	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
Contaminated	The presence, or reasonably anticipated presence of, blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Table 2 Definitions

Term	Description
Contaminated Sharps	Any contaminated object that can penetrate the skin; including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item, to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.
Engineering Controls	Controls that isolate or remove the bloodborne pathogens hazard from the workplace (Ex: sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems).
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Hand Washing Facilities	A facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.
Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Other Potentially Infectious Materials	(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV or HCV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Personal Protective Equipment	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes not intended to function as protection against a hazard are not considered to be personal protective equipment (Ex: uniforms, pants, shirts or blouses).
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Table 2 Definitions

Term	Description
Universal Precautions	An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

4.0 POLICY

MPC Health Services is committed to providing a safe and healthful work environment for all personnel. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens (BBP), in accordance with OSHA standard 29 CFR 1910.1030 and WAC 296-823.

The Exposure Control Plan (ECP) is a key document for implementing and ensuring compliance with the BBP Standard and protecting personnel. This ECP includes the following:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls: Including the solicitation of employee input and a process for implementing new developments in control technology, on an annual basis.
  - Personal protective equipment (PPE)
  - Housekeeping
  - Hepatitis B Vaccination
  - Post-exposure evaluation and follow-up
  - Communication of hazards to employees and training
  - Recordkeeping
  - Procedures for evaluation of circumstances surrounding an exposure incident

The methods for implementation of these standard elements are discussed in the subsequent pages of this plan.

5.0 PROGRAM ADMINISTRATION

The refinery physician or licensed health care professional (PLHCP) is responsible for the implementation of the Exposure Control Plan (ECP). The PLHCP maintains, reviews and updates the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. 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 plan.

Health Services will maintain and provide all necessary personal protective equipment (PPE), engineering controls (Ex: sharps containers), labels and red bags, as required. The PLHCP ensures that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The PLHCP is responsible for ensuring that all required medical actions are performed and maintaining appropriate employee health and OSHA records.

The PLHCP is also responsible for having the written ECP available to employees, OSHA, and NIOSH Representatives. Annual Bloodborne Pathogen training is reviewed and approved by the PLHCP and is conducted by the Training Department. Bloodborne Pathogen training is delivered via computer-based training modules through the Learning Management System (LMS). The PLHCP may be contacted at (360)293-9142 for all issues related to the ECP.

Table 3 Contact List

Topic	Contact
Medical Waste Manager	Sheila Fluetsch, MS PA-C & Clinic Nursing Staff (360) 293-9142
PLHCP	
Order & Supply Coordinator	
Medical Records	
Safety	Darick Brewer (360)-293- 1647
Island Hospital	(360) 299-1300

6.0 JOB EXPOSURE DETERMINATION

Anacortes Refinery job classifications in which employees have occupational exposure are listed below:

Table 4 Job Classification - Exposure

Job Tasks	Physician & PLHCP	Other Clinic Staff	EMT/ERT First Responder, Safety Personnel	Janitorial Personnel
Treatment of Non-intact Skin	X	X	X	
Suture Placement	X			
IV Placement	X	X		
Administering Injections	X	X		
Cleaning up Body Fluids	X	X	X	X
Performing Phlebotomy	X	X		
Analyzing Body Fluids/Waste	X	X		
Removing Biohazard Waste	X	X	X	X
Treatment of Phlebotomy Sites	X	X		
CPR	X	X	X	

The following table lists Anacortes Refinery contract employees and how the provisions of the standard are met for these personnel:

Table 5 Contractor Occupational Exposures

Job Title	Company	Service	Training
Contract PLHCP (for Turnaround Medical Support)	Remote Medical	Temporary Clinic	Each contractor is responsible for ensuring the provisions of the standard are met.
Janitorial Personnel	Brinderson	Janitorial	

7.0 METHODS OF IMPLEMENTATION AND CONTROL

7.1 Universal Precautions

All employees will utilize universal precautions (see Section 14.0).

7.2 Exposure Control Plan

Employees covered by the Bloodborne Pathogens and Other Infectious Bodily Fluids Standard receive an explanation of this plan during their initial training session. The ECP will also be reviewed during annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts on the Anacortes Refinery SharePoint Site. Paper copies can be printed from this facility free of charge.

The PLHCP is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures which affect potential occupational exposure; and to reflect new or revised employee positions with potential occupational exposure.

7.3 Engineering Controls & Work Practices

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

- Safer medical devices, where appropriate.
- Personal Protective Equipment (PPE)
- Barrier shields
- Moore Medical Pressure-Activated Safety Lancets or equivalent, to obtain capillary blood specimen.
- Vacutainer Safety-Lok® devices for phlebotomy.
- BD SafetyGlide® shielding hypodermic needles or equivalent for intramuscular, subcutaneous, and intradermal injections
- Broom and dustpan for clean-up of potentially contaminated sharps (Ex: broken glass, dropped sharps).
- Bloodborne Pathogens Infection Control Kits for cleanup of spilled blood or body fluids.

Sharps disposal containers are inspected and maintained or replaced by Health Services staff monthly, or when necessary to prevent overfilling.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonably likelihood of occupational exposure.

The process for evaluating new developments in control procedures, and new products in control technology are described below.

Annually, employee input is obtained from non-managerial employees responsible for direct patient care, who are potentially exposed to injuries from contaminated sharps. Their input is solicited in the identification, evaluation and selection of effective engineering and work practice controls. This is completed annually during Bloodborne Pathogens training, and throughout the year. The form within Attachment 3 is used to solicit input on blood collection systems.

The PLHCP is responsible for documenting this input on an annual basis during Bloodborne Pathogens Training. The PLHCP is also responsible for implementing new developments in control technology, if after evaluation, these developments would improve protection of the employee. Recommendations from the staff on effective engineering and work practice controls shall be implemented.

The Anacortes Refinery also identifies the need for changes in engineering controls and work practices through root cause investigations and safety meetings. Root cause investigations are conducted according to R-12-007 (PS-07) and include the Refinery PLHCP on the Investigation Team as appropriate.

7.4 Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is provided to Anacortes Refinery employees at no cost. The PLHCP provides training in the use of appropriate PPE for the tasks or procedures employees will perform.

Each individual Health Care Professional is responsible for the examination, proper maintenance, and replacement of PPE or other engineering controls, as needed, to ensure safety and effectiveness.

The types of PPE available to employees are as follows:

- Gloves
- Masks
- Protective eyewear or face shields
- Gowns
- Shoe and head covers
- Respirators

PPE is located in the Health Services Clinic and may be obtained through the PLHCP.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.

- Dispose of contaminated PPE using biohazard labeled trash bags. Contaminated laundry shall be disposed in a marked biohazard trash container.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM (other potentially infectious materials), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, 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 any garment contaminated by blood or OPIM immediately or as soon as feasible, in such a way as to avoid contact with the outer surface.

All Anacortes Refinery PPE is disposable. The procedure for handling used PPE is described below.

7.5 Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal (i.e., to prevent spillage or protrusion of contents during handling). Regulated waste is picked up monthly and disposed of by a licensed medical waste disposal company.

Listed below is the procedure for handling sharps containers. Contaminated sharps (Ex.: needles, scalpels) are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded as biohazard. Sharps disposal containers are available in every area of the Clinic where sharps are utilized. These containers shall be easily accessible and as close as feasible to the immediate area where sharps are used.

The procedure for handling other regulated waste is the following:

- Bins and pails (Ex: wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware which may be contaminated, is picked up using mechanical means (such as a brush and dust pan).

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant:

- After completion of procedures.
- Immediately or as soon as feasible, when surfaces are overtly contaminated.
- After any spill of blood or other potentially infectious materials.
- At the end of the work shift, if the surface may have become contaminated since the last cleaning.

Documentation of work surface decontamination is within the Treatment Room.

Note: OSHA defines "appropriate disinfectant" as including a diluted bleach solution and EPA-registered tuberculocides (List B), sterilants (List A), or products registered against HIV/HBV (List D). The lists of these EPA Registered Products are available from the National Antimicrobial Information Network at (800)447-6349 or via the web site at http://ace.orst.edu/inf/nain/lists.html. List D includes primarily quaternary ammonia products that EPA has approved as effective against HIV and HBV. OSHA allows the use of these products, provided the surfaces have not become contaminated with agents, or volumes of or concentrations of agents, for which higher level disinfection is recommended. Look for the EPA registration number on the label. The name of the product may not be the same as the original product.

7.6 Laundry

All contaminated laundry shall be discarded in a biohazard waste receptacle. The laundry will then be picked up and disposed of by a licensed medical waste disposal company.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, biohazard labeled or color-coded containers before transport.
- Wear the following PPE when handling contaminated laundry: gloves at minimum, and other PPE that the employee deems appropriate with the degree of potential exposure.

7.7 Labels

Health Services staff will ensure 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 the PLHCP if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, or other medical wastes without proper labels.

8.0 HEPATITIS B VACCINATION

Any employee who performs tasks involving contact with blood, blood contaminated body fluids, other body fluids, or sharps should receive the Hepatitis B Vaccine. A Health Care Professional will provide training to employees on Hepatitis B Vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The Hepatitis B Vaccination series is available at no cost after training and within 10 days of initial assignment, to employees identified during the exposure determination. 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.

Vaccination shall be provided by the Anacortes Health Services Department. Following the medical evaluation, a copy of the licensed Health Care Professional's written opinion shall be obtained and provided to the employee. It shall be limited to whether the employee requires the Hepatitis Vaccine, and whether the vaccine was administered.

Hepatitis B surface antibody testing should be done 1-2 months after the original vaccination series. If no antibody is detected, the three-shot series should be repeated. If any surface antibody is detected, no further vaccination needs to be given. The antibody status should be rechecked. If still no antibody is detected, the employee shall be referred for further medical evaluation.

If an employee chooses to decline the vaccination series, the employee must sign a Declination Form (see Attachment 5). Employees who decline may request and obtain the vaccination at a later date, at no cost. Documentation of vaccination refusal is retained in the employee's occupational medical record. Attachment 4 contains additional Hepatitis B information.

9.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the PLHCP at (360)293-9142. An immediately available confidential medical evaluation and follow-up shall be conducted by Island Hospital Emergency Department. The Health Services Department shall complete the initial first aid (such as wound cleaning, flushing eyes or other mucous membranes), and a report of the incident.

Responsibilities of Anacortes Health Services are the following:

- Immediate first aid
- Report of the incident, including:
- Routes of exposure
- How the exposure occurred
- Identify and document the source individual, unless the employee can establish that identification is infeasible or prohibited by state or local law.
- Arrange to have the employee and source individual taken to Island Hospital Emergency Department as soon as feasible after exposure incident, for evaluation and post exposure follow up.
- The evaluating Physician at Island Hospital Emergency Department should receive medical records pertaining to Hepatitis B Vaccination of the employee and source individual.
- Follow up with employee for evaluation of any reported illness after exposure.

The following responsibilities shall be completed by the Island Hospital Emergency Department:

- Test the source individual as soon as possible to determine HIV, HCV or HBV infectivity; document that the source individual's test results were conveyed to the employee's Health Care Provider, with their consent (i.e. unless the employee can establish that identification is infeasible or prohibited by state or local law).
- If the source individual is already known to be HIV, HCV and/or HBV positive, a new test need not be performed.
- If the source individual refuses testing for HIV, HCV and/or HBV, the exposed employee should be evaluated and counseled per the recommended post-exposure follow-up by the U.S. Public Health Service.
- 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 (i.e. laws protecting confidentiality).

- Assure that the exposed employee has made available to them, as soon as feasible after the exposure incident, evaluation for and testing of blood for HBV and HIV serological status.
- If the exposed 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.
- Post exposure prophylaxis shall be prescribed by a Physician at Island Hospital Emergency Department when medically indicated as recommended by the U.S. Public Health Service.
- Counseling is provided by Island Hospital Emergency Department.

10.0 ADMINISTRATION OF POST EXPOSURE EVALUATION AN FOLLOW-UP

The PLHCP ensures that Health Care Professional(s) who are responsible for employees' Hepatitis B Vaccination, post-exposure evaluation, counseling, any appropriate prophylactic treatment, and evaluation of reported illness, have available a copy of OSHA's Bloodborne Pathogens Standard.

The PLHCP ensures that the Health Care Professional evaluating an employee after an exposure incident receives the following:

- Description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- Results of the source individual's blood test, if possible.
- Relevant employee medical records, including vaccination status.

A Health Care Professional provides the employee with a copy of the evaluating Health Care Professional's written opinion within 15 days, after completion of the evaluation.

11.0 EVALUATING EXPOSURE INCIDENT CIRCUMSTANCES

The PLHCP will conduct or participate in a root cause investigation to review the circumstances of all exposure incidents to determine the following:

- Engineering controls in use at the time.
- Work practices followed.
- A description of the device being used (i.e., type and brand of device).
- Protective equipment or clothing that was used at the time of the exposure incident (Ex: gloves, eye shields).
- Location of the incident (i.e., department or work area where exposure occurred).
- Procedure being performed when the incident occurred.
- An explanation of how the incident occurred.
- Employee's training.
- Complete Occupational Bloodborne Pathogens Exposure Incident Log (see Attachment 1).

The PLHCP shall record all percutaneous injuries from contaminated sharps into the Sharps Injury Log.

If it is determined that plan revisions are needed, the PLHCP shall ensure that the appropriate changes are made. Changes may include revisions such as an evaluation of safer devices or adding employees to the exposure determination list.

12.0 RECORDKEEPING

12.1 Training Records

Training records are developed for each employee upon completion of training. These documents shall be retained for at least three years in the Training Department.

The training records include:

- Dates of the training sessions
- Contents, or a summary of the training sessions
- Names and qualifications of Trainer(s)
- Names and job titles of Trainee(s)

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 the Training Department.

12.2 Medical Records

Medical records are maintained for each employee with occupational exposure, in accordance with regulations. The Anacortes Refinery Health Services Department is responsible for maintenance of the required medical records. The confidential records are retained by the Anacortes Refinery Health Services Clinic 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:

Tesoro Refining & Marketing Co., LLC
Attention: Health Services Department
P.O. Box 700/10200 West March Point Road
Anacortes, WA 98221

12.3 OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's recordkeeping requirements. This determination, including recording activities, is completed by the following committee: Health Services Department, Safety Department, and EHS Manager.

12.4 Sharps Injury Log

In addition to the OSHA's recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least the following:

- Date of the injury
- Type and brand of the device involved
- Department or work area where the incident occurred
- Explanation of how the incident occurred

This log is reviewed at least annually, as part of the annual program evaluation, and is maintained for at least five years following the end of the calendar year that is covered. If a copy of the Sharps Injury Log is required to be furnished, it shall have any personal identifiers removed from the report.

13.0 UNIVERSAL PRECAUTIONS

The Universal Precautions concept is a method of infection control in which all human blood, patients and potentially infectious materials are considered to be infectious for HIV, HBV or other bloodborne pathogens. Universal Precautions are implemented by utilizing systems of barrier protection, hand washing, and proper handling of sharps, followed by adequate disposal.

13.1 Potentially Infectious Material

Universal Precautions apply to the following:

- Blood
- Tissues
- Body fluids containing visible blood
- Semen
- Vaginal secretions
- The following fluids, regardless of visible blood contamination:
    - Cerebrospinal
    - Synovial
    - Pleural
    - Peritoneal
    - Pericardial
    - Amniotic

Universal Precautions do not apply to the following, unless they contain visible blood:

- Feces
- Nasal secretions
- Sputum

- Sweat
- Tears
- Urine
- Vomitus
- Saliva
- Breast Milk

13.2 Universal Precaution Protection

Universal Precautions consist of a combination of barrier protections, safe work practices, and proper disposal of contaminated supplies.

Barrier protections must be used to prevent skin and mucous membrane contamination with blood, or other body fluids to which Universal Precautions apply. The type of barrier protection used shall be appropriate for the type of procedure being performed, and the type of exposure anticipated. Available protective equipment includes the following:

- Gloves
- Gowns
- Lab coats
- Head and foot coverings
- Face shields or masks and eye protections
- Mechanical respirator assist devices (Ex: bag-valve masks, oxygen demand valve resuscitators) are available to all emergency response personnel.
- Pocket mouth-to-mouth resuscitation masks for immediate CPR.

Hand washing and irrigation of exposed areas:

- Wash hands immediately and thoroughly with soap and water if contaminated with blood or other body fluids.
- Hand washing is recommended immediately after gloves are removed.
- Any body surface contaminated with blood or body fluids must also be washed with soap and water immediately. If eye contamination occurs, rinse immediately with normal saline solution.
- When hand washing facilities are not available, a waterless antiseptic hand cleanser shall be used.

Sharps handling and disposal:

- "Sharps" refers to needles, scalpels, broken glass, etc.
- To prevent needlestick injuries, needles shall not be recapped, bent, removed from disposable syringes, or otherwise manipulated by hand.
- After use, disposable needles, syringes, scalpel blades and other sharp items are placed in puncture resistant biohazard containers for incineration.

- Sharps disposal units marked biohazard are to be placed in all work areas or units where sharps may be used.
- When the individual sharp containers are full and sealed, they are placed into the large licensed medical waste disposal company Biohazard Waste Collection Bin.
- If any item to be disposed of has a potential to leak fluid, it must first be placed into a leak proof container.

13.3 Barrier Protection

Wear a mask and eye covering when performing procedures that are likely to generate droplets of blood or body fluids.

Wear a gown, apron, or other covering when there is a potential for splashing or spraying blood or other body fluids.

Wear gloves when:

- Touching blood &/or body fluids, including during routine Laboratory work.
- Touching any Laboratory specimens or tissues.
- Touching mucous membranes or non-intact skin of all patients.
- Handling items contaminated with blood or body fluids.
- Performing phlebotomy, arterial puncture, skin puncture, or other vascular access procedures.

Change gloves after contact with each patient. Hand washing is mandatory after each glove change.

14.0 TRAINING

All employees who have potential occupational exposure to bloodborne pathogens receive training. This training is approved by the site PLHCP and conducted in person, in conjunction with CPR training. Employees who are not required to have CPR training take an awareness level BBP training via the LMS computer-based system. Subject employees will have demonstrated knowledge of training materials, including who to contact with questions. Training topics include epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers the following elements, at a minimum:

- Explanation of the standard, with a copy provided.
- Description of this plan, and how to obtain a copy.
- Methods to recognize tasks and other activities that may involve exposure to blood and OPIM (other potentially infectious materials), including what constitutes an exposure incident.
- Use and limitations of engineering controls, work practices and PPE.
- Types, uses, location, removal, handling, decontamination and disposal of PPE.
- Basis for PPE selection.
- Hepatitis B Vaccine, including data on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine shall be offered free of charge.

- Hepatitis C and its risk to Health Care Professionals.
- Training on the use of new medical devices.
- HIV and prophylactic treatment available after an exposure.
- Appropriate actions to take, and persons to contact in an emergency involving blood or OPIM.
- The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that shall be made available.
- Post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- Signs and labels and/or color coding required by the standard and used at the Anacortes Refinery.

In addition, there will be an opportunity for interactive questions and answers with the person conducting the training session, or to consult with after completion of a computer-based training module. Anacortes Refinery training materials are available in the Training Department.

Solicitation of employee input regarding identification, evaluation and selection of effective engineering and work practice controls shall occur during annual training.

15.0 REVIEW AND REVISION HISTORY

Revision #	Preparer	Date	Description
0	Mark Willand	12/15/2021	Reformatted and Numbered per Document Control Policy, R-63-001.

16.0 ATTACHMENT 1 – OCCUPATIONAL BLOODBORNE PATHOGENS EXPOSURE INCIDENT LOG SAMPLE (R-11-020-F01)

Marathon Petroleum Company LP	REFINERY-WIDE	R-11-020-F01
ANACORTES REFINERY	Occupational Bloodborne Pathogens Exposure Incident Log	Page 1 of 2
		REVISION: 0

Please complete a log for each employee exposure incident involving exposure to blood or other potentially infectious material (OPIM).

Department:	Job Classification:
Date Incident Log completed:	By:
Phone #:	Date of Incident: MM/DD/YY
Time of Incident: AM/PM	Department/Location of Incident:

Description of the exposure incident:

Was this an "exposure incident," as defined by the standard (i.e. non-intact skin)? This includes skin with dermatitis, hangnail, cuts, abrasion, chafing, acne, etc.

- ☐ Yes
- ☐ No

*If "Yes" - **Immediate** (as soon as possible after the exposure) confidential medical evaluation and follow-up for employee is required.*

If "No" - Full Hepatitis B Vaccination series is to be made available as soon as possible (never later than 24 hours) to all unvaccinated exposed individuals.

Was personal protective equipment (PPE) used:

- ☐ Yes
- ☐ No

What types of PPE were used?

Procedure:

- ☐ Draw venous blood
- ☐ Injection, through skin
- ☐ Other

How did the exposure incident occur?

- ☐ During use of sharp
- ☐ Disassembling
- ☐ Between steps of multi-step procedure
- ☐ After use and before disposal of sharp
- ☐ While putting sharp into disposal container
- ☐ Sharp left in inappropriate place (table, bed, etc.)
- ☐ Other

Marathon Petroleum Company LP	REFINERY-WIDE	R-11-020-F01
ANACORTES REFINERY	Occupational Bloodborne Pathogens Exposure Incident Log	Page 2 of 2
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Body part (check all that apply):
- ❑ Finger
- ❑ Face/Head
- ❑ Hand
- ❑ Torso
- ❑ Arm
- ❑ Leg
- ❑ Other

Identify sharp involved (if known):
Type:
Brand:
Model:
(Ex: 18g needle/ABC Medical/"no stick" syringe)

Did the device being used have engineered sharps injury protection?
- ❑ Yes
- ❑ No
- ❑ Don't Know

Was the protective mechanism activated?
- ❑ Yes - fully
- ❑ Yes - partially
- ❑ No

Did the exposure incident occur:
- ❑ Before activation
- ❑ During activation
- ❑ After activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?
- ❑ Yes
- ❑ No

Explain:

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?
- ❑ Yes
- ❑ No

Explain:

17.0 ATTACHMENT 2 – SAFETY SYRINGE EVALUATION SAMPLE (R-11-020-F02)

Marathon Petroleum Company LP	REFINERY-WIDE	R-11-020-F02
ANACORTES REFINERY	Safety Syringe Evaluation	Page 1 of 1
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Date: Job Title:

Product: Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

During Use:	**Agree**				**Disagree**	
The safety feature can be activated using a one-handed technique.	1	2	3	4	5	N/A
The safety feature **does not** obstruct vision of the tip of the sharp.	1	2	3	4	5	N/A
Use of this product requires you to use the safety feature.	1	2	3	4	5	N/A
This product **does not** require more time to use than a non-safety device.	1	2	3	4	5	N/A
The safety feature works well with a wide variety of hand sizes.	1	2	3	4	5	N/A
The device is easy to handle while wearing gloves.	1	2	3	4	5	N/A
This device **does not** interfere with uses that do not require a needle.	1	2	3	4	5	N/A
This device offers a good view of any aspirated fluid.	1	2	3	4	5	N/A
This device will work with all required syringe and needle sizes.	1	2	3	4	5	N/A
This device provides a better alternative to traditional recapping.	1	2	3	4	5	N/A
After Use:						
There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated.	1	2	3	4	5	N/A
The safety feature operates reliably.	1	2	3	4	5	N/A
The exposed sharp is permanently blunted or covered after use and prior to disposal.	1	2	3	4	5	N/A
This device is no more difficult to process after use than non-safety devices.	1	2	3	4	5	N/A
Training:						
The user **does not** need extensive training for correct operation.	1	2	3	4	5	N/A
The design of the device suggests proper use.	1	2	3	4	5	N/A
It is not easy to skip a crucial step in proper use of the device.	1	2	3	4	5	N/A

SAMPLE

Of the above questions, which 3 are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

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18.0 ATTACHMENT 3 – BLOOD COLLECTION SYSTEMS EVALUATION SAMPLE (R-11-020-F03)

Marathon Petroleum Company	REFINERY-WIDE	R-11-020-F03
ANACORTES REFINERY	Blood Collection Systems Evaluation	Page 1 of 1
		REVISION: 0

Date: Job Title:

Product: Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

During Use:	Agree				Disagree	
The safety feature can be activated using a one-handed technique.	1	2	3	4	5	N/A
The safety feature **does not** interfere with normal use of product.	1	2	3	4	5	N/A
Use of this product requires you to use the safety feature.	1	2	3	4	5	N/A
This product **does not** require more time to use than a non-safety device.	1	2	3	4	5	N/A
The safety feature works well with a wide variety of hand sizes.	1	2	3	4	5	N/A
The safety feature works with a butterfly.	1	2	3	4	5	N/A
There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated.	1	2	3	4	5	N/A
The safety feature operates reliably.	1	2	3	4	5	N/A
The exposed sharp is permanently blunted or covered after use and prior to disposal.	1	2	3	4	5	N/A
The inner vacuum tube needle (rubber sleeved needle) **does not** present a danger of exposure.	1	2	3	4	5	N/A
The product does not need extensive training to be operated correctly.	1	2	3	4	5	N/A

Of the above questions, which 3 are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

19.0 ATTACHMENT 4 – HEPATITIS B INFORMATION

Any Health Care Worker (HCW) who performs tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps should be vaccinated. Hepatitis B Vaccine should always be administered by the intramuscular route in the deltoid muscle with a needle 1 – 1.5 inches long.

Among Health Care Professionals, risks for percutaneous and permucosal exposures to blood vary during the training and working career of each person but are often highest during the professional training period. Therefore, vaccination should be completed during training in schools of medicine, dentistry, nursing, laboratory technology, and other allied health professions, before Trainees have contact with blood. In addition, the OSHA Federal Standard requires employers to offer Hepatitis B Vaccine free of charge to employees who are occupationally exposed to blood or other potentially infectious materials.

Pre-vaccination serologic screening for previous infection is not indicated for persons being vaccinated because of occupational risk unless the hospital or health care organization considers screening cost effective. Post exposure prophylaxis with Hepatitis B immune globulin (HBIG) (passive immunization) and/or vaccine (active immunization) should be used when indicated (Ex: after percutaneous or mucous membrane exposure to blood known or suspected to be HBsAg-positive (See Table).

Needlestick or other percutaneous exposures of unvaccinated persons should lead to initiation of the Hepatitis B Vaccine series. Post exposure prophylaxis should be considered for any percutaneous, ocular, or mucous membrane exposure to blood in the workplace and is determined by the HBsAg status of the source and the vaccination and vaccine response status of the exposed person (See Table).

If the source of exposure is HBsAg-positive and the exposed person is unvaccinated, HBIG also should be administered as soon as possible after exposure (preferable within 24 hours) and the vaccine series started. The effectiveness of HBIG when administered >7 days after percutaneous or permucosal exposures is unknown. If the exposed person had an adequate antibody response (>10 mIU/mL) documented after vaccination, no testing or treatment is needed, although administration of a booster dose of vaccine can be considered.

One to 2 months after completion of the 3-dose vaccination series, HCWs who have contact with patients or blood and are at ongoing risk for injuries with sharp instruments or needlesticks should be tested for antibody to Hepatitis B surface antigen (anti-HBs). Persons who do not respond to the primary vaccine series should complete a second three-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Re-vaccinated persons should be retested at the completion of the second vaccine series. Persons who prove to be HBsAg-positive should be counseled accordingly. Primary non-responders to vaccination who are HBsAg-negative should be considered susceptible to HVB infection and should be counseled regarding precautions to prevent HVB infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood (See Table). Booster doses of Hepatitis B Vaccine are not considered necessary, and periodic serologic testing to monitor antibody concentrations after completion of the vaccine series is not recommended.

Recommended post exposure prophylaxis for percutaneous or permucosal exposure to Hepatitis B Virus, United States

	Treatment when source is:		
Vaccination and antibody response status of exposed person	**HBsAG* positive**	**HBsAg negative**	**Source not tested or status unknown**
Unvaccinated	HBIG🖬 x 1; initiate HB vaccine series§	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder¶	No treatment	No treatment	No treatment
Known non-responder	HBIG x 2 or HBIG x 1 and initiate revaccination	No treatment	If known high-risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs** 1. If adequate¶, no treatment 2. If inadequate¶, HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate¶, no treatment 2. If inadequate¶, initiate revaccination

* Hepatitis B surface antigen.
🖬 Hepatitis B immune globulin; dose 0.06 mL/kg intramuscularly.
§ Hepatitis B Vaccine.
¶ Responder is defined as a person with adequate levels of serum antibody to antigen (i.e. anti-HBs > 10 mIU/mL); inadequate response to vaccination defined as serum anti-HBs < 10 mIU/mL.
** Antibody to Hepatitis B surface antigen.

(Hepatitis B information and table from MMWR Vol. 46/No. RR-18, pp. 22-23)

20.0 ATTACHMENT 5 – HEPATITIS B VACCINE DECLINATION (MANDATORY) SAMPLE (R-11-020-F04)

Marathon Petroleum Company LP	REFINERY-WIDE	R-11-020-F04
ANACORTES REFINERY	Hepatitis B Vaccine Declination (Mandatory)	Page 1 of 1
		REVISION: 0

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B (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:

Alternatively, complete the Hepatitis B consent/waiver document in Enterprise Health