1.0 PURPOSE

This plan sets forth the procedures for evaluation and control of employee occupational exposure to bloodborne pathogens and other potentially infectious materials.

2.0 SCOPE

Employees are included in this plan if they fall under one of the following categories:

Category One – Job classifications in which all employees have reasonably anticipated occupational exposure to bloodborne pathogens. (Appendix A)

Category Two – Designated groups in which some employees have reasonably anticipated occupational exposure to bloodborne pathogens and have received Marathon-provided first aid/CPR training. (Appendix B)

Employees who experience an exposure incident, regardless of whether they are a Category One or Two Employee.

3.0 PROCEDURE

3.1 Exposure Determination

3.1.1 Tasks in which occupational exposures to bloodborne pathogens would be reasonably anticipated and for which personal protective equipment is used include:

3.1.1.1 Administering First Aid

3.1.1.2 Responding to Medical Emergencies

3.1.1.3 Cleaning, Decontaminating, Disposing of/packaging Potentially Infectious Materials

3.2 Universal Precautions

3.2.1 Universal precautions are to be observed at all times to prevent contact with blood and all other potentially infectious body fluids. When differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials.

3.3 Engineering Controls

3.3.1 Engineering controls are examined at least annually and maintained or replaced to ensure their effectiveness.

3.3.2 Hand Washing Facilities—Hand washing facilities are readily accessible to employees. When hand washing facilities are not feasible, antiseptic towelettes or antiseptic hand cleaner is provided, however, hands are washed with soap and running water as soon as feasible.

3.3.3 Sharps Disposal Containers shall be:

3.3.3.1 Located in the immediate area of use (i.e. the Medical Office/Station)
3.3.3.2 Closable
3.3.3.3 Puncture resistant
3.3.3.4 Leak proof on sides and bottom
3.3.3.5 Maintained upright throughout use
3.3.3.6 Labeled and color-coded
3.3.3.7 Replaced routinely and not allowed to overfill.

3.4 Work Practices

3.4.1 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contacts are not permitted in areas where medical services are rendered, i.e. the Medical Office/Station.

3.4.2 Food and drinks are not to be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or potentially infectious materials are present. These areas are labeled as such.

3.4.3 All medical or first aid procedures involving blood or other potentially infectious materials are to be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

3.4.4 Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

3.4.5 Employees must wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or soon as feasible following contact with blood or potentially infectious materials or after removal of gloves and other personal protective equipment.

3.4.6 All personal protective equipment is to be removed before leaving the work area and is to be placed in a biohazard bag or container labeled with a biohazard label for storage, washing, decontamination, or disposal, if potentially contaminated.

3.4.7 If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as possible and placed in a biohazard bag for washing or disposal.

3.4.8 Containers used for storage, transport, or shipping of blood or other potentially infectious materials are to be labeled or color coded as biohazardous. See 3.11.1 Labels & Signs

3.4.9 When moving containers of contaminated sharps from the area of use, containers shall be:

3.4.9.1 Closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping

3.4.9.2 Placed in a secondary container if leakage is possible. The secondary container must meet all criteria mentioned in section 3.3.3.

3.4.10 When needles are used in a medical procedure, they are to be disposed of immediately or as soon as possible after use in an appropriate container. Contaminated needles are not bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

3.4.11 Reusable sharps (i.e., sharp objects) are not to be used in any medical procedure.

3.4.12 When using non-reusable sharps, they are to be disposed of immediately or as soon as possible after use in an appropriate container. See 3.3.3 Sharps Disposal Containers

3.5 Personal Protective Equipment (PPE)

3.5.1 PPE must be used by employees when administering medical assistance or first aid and other tasks which may involve exposure to potentially infectious material.

3.5.2 The personal protective equipment provided includes: gloves (in multiple sizes), gowns, face masks, goggles, CPR mouth barriers, and resuscitation bags.

3.5.2.1 Non-latex or other material gloves will be provided as necessary for employees with allergies.

3.5.3 Table 1 identifies recommended PPE use for various first aid and health care tasks:

Table 1 – Recommended PPE

Task	Gloves	Gown	Mask	Goggles
Bleeding control/spurting blood	Yes	Yes	Yes	Yes
Bleeding control/Wound care / no spurting blood (abrasions, lacerations, burns)	Yes	No	No	No
Cleaning Spills (blood, body fluids)	Yes	No*	No	No
Dressing Changes	Yes	No	No	No
Finger sticks	Yes	No	No	No
Collection of urine specimens	Yes	No	No	No
Mouth to Mouth resuscitation**	Yes	No	No	No
Cleaning Medical unit or accident scene	Yes	No	No	no
Eye Irrigations	Yes	No	No	No
Giving an injection	Yes	No	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No

*unless soiling is likely
** CPR mouth barriers are to be used

3.5.3.1 Gloves - Disposable single-use gloves are to be worn when it can be reasonably anticipated that an employee may have hand contact with blood or other potentially infectious material, mucous membranes, or non-intact skin, and when handling, touching, or cleaning contaminated items or surfaces.

3.5.3.1.1 Gloves are to be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured or when their ability to function as a barrier is compromised.

3.5.3.1.2 Gloves are to be changed between patient contacts.

3.5.3.1.3 Disposable single use gloves are to be properly disposed of, not washed or decontaminated for reuse. See 3.7 Waste Disposal

3.5.3.2 Masks and Eye Protection—Masks in combination with goggles are to be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination may reasonably be anticipated.

3.5.3.3 Protective Body Clothing—Fluid-proof gowns are to be worn whenever it is reasonably anticipated that splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated.

3.5.4 PPE is available in red “biohazard bags” in each control room, maintenance area, the Medical office, and with each AED.

3.5.4.1 The equipment is checked monthly by the Owning Department and repaired or replaced as needed to maintain its effectiveness.

3.5.4.2 Used PPE, which is supplied and replenished by MRD Medical Personnel, is to be replaced immediately or as soon as feasible by the area supervisor.

3.5.5 PPE must be properly disposed of after use. See 3.7 Waste Disposal

3.6 Housekeeping

3.6.1 The onsite Medical Office at the worksite is specifically designated for medical services and must be maintained in a clean and sanitary condition.

3.6.2 All equipment, working surfaces, and environmental surfaces that have been contaminated with blood or potentially infectious materials are to be cleaned and decontaminated using a 10% sodium hypochlorite (household bleach) solution or other approved solution.

3.6.2.1 Work surfaces must be cleaned after completion of procedures, when the surfaces are overtly contaminated, immediately when blood or other potentially infectious material is spilled, and at the end of the work shift if the surface may have been contaminated since the last cleaning.

3.6.2.2 The cleanup shall be conducted only by personnel who have received the training and protection provided by this plan, such as MRD Medical Personnel or designated first responders.

3.6.3 When protective coverings, such as plastic wrap or imperviously-backed absorbent paper, are used to cover equipment or surfaces in the onsite Medical Office, they are to be removed or replaced as soon as feasible when they become contaminated and at the end of the work shift if possibly contaminated since the last cleaning.

3.6.4 Biohazard Receptacles intended for reuse which have been designated or have a reasonable likelihood for holding refuse that has been contaminated with blood or other potentially infectious materials are lined with red biohazard trash bags.

3.6.4.1 When bags are changed, the receptacles are to be inspected and if visually contaminated, cleaned and decontaminated immediately, or as soon as feasible.

3.6.4.2 Reusable containers are not to be opened, emptied, or cleaned manually or in any manner which would expose employees to the risk of percutaneous injury.

3.6.5 Broken glassware or other sharps that may be contaminated shall not be picked up directly by the hands. It shall be cleaned up using mechanical means, such as a brush or dust pan, tongs, cotton swabs, or forceps.

3.6.6 Specimens of blood or other potentially infectious materials are to be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping. If outside contamination of the primary container occurs, the primary container is placed in a secondary container which meets the same criteria as a primary container.

3.6.7 Reusable items that have been contaminated with blood or other potentially infectious material shall be washed and decontaminated before reuse.

3.6.7.1 When equipment cannot be decontaminated immediately, it must be stored in a biohazard bag and labeled “biohazard” stating the portions that are contaminated.

3.7 Waste Disposal

3.7.1 Red biohazard trash bags are provided at the Medical Office and in AED bags and “biohazard bags” for the containment or disposal of contaminated materials, such as medical supplies, personal protective equipment, or clothing.

3.7.1.1 Once contaminated items are placed in a biohazard bag the bag must be closed immediately or as soon as feasible.

3.7.1.2 If the outside of the bag becomes contaminated, it must be placed in another biohazard bag and closed.

3.7.2 Contaminated sharps are to be disposed of in approved, labeled sharps containers. See 3.3.3 Sharps Disposal Containers

3.7.3 Contaminated materials are removed from the facility by an approved hazardous waste management company, and disposed of in accordance with Local, State, and Federal regulations.

3.8 Laundry

3.8.1 Clothing that becomes contaminated while assisting an injured employee or while handling potentially infectious materials is to be removed immediately or as soon as feasible.

3.8.2 The contaminated clothing shall be handled as little as possible with a minimum of agitation and be placed in red biohazard bags at the location where it was used.

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

3.8.4 The laundry will be transported to an off-site laundry to be cleaned and decontaminated at no cost to employees.

3.9 Schedule and Method of Implementation for Hepatitis B Vaccination

3.9.1 The Hepatitis B vaccination is made available to all employees covered under this plan.

3.9.2 The vaccination is made available within 10 working days of their assignment and at no cost.

3.9.3 Vaccinations are administered at a reasonable time and place under the supervision of a licensed physician or other health care professional.

3.9.4 Employees must sign the appropriate section of the form found in Appendix D before they accept or after they decline the vaccine. If they decline, they may later opt to receive the vaccine at no cost as long as they remain a Category One or Category Two employee.

3.9.5 Before receiving the Hepatitis B vaccine, information concerning its efficacy, safety, method of administration, the benefits being vaccinated, and the fact that it will be offered free of charge is conveyed to employees. (Appendix E)

3.9.5.1 The MRD Medical Personnel are responsible for the dissemination of this information, and the documentation that the employee has been given the information which is kept on file in the employee’s medical records.

3.9.6 Employees covered under this plan who have already completed the Hepatitis B vaccination series, whose antibody testing has revealed that they are already immune

to Hepatitis B, or who have a contraindication for medical reasons to receiving the vaccination should not receive it.

3.9.6.1 Prescreening program participation is not a prerequisite to vaccination

3.10 Post-Exposure Evaluation and Follow-Up

3.10.1 All individuals, whether covered under this plan or not, who are involved in an occupational exposure which results in an exposure incident with a potential bloodborne pathogen receive a confidential medical evaluation with follow-up.

3.10.1.1 This evaluation and the follow-up are performed by a licensed physician.

3.10.2 If an exposure to blood or body fluids occurs, the employee must notify his/her immediate supervisor and MRD Medical Personnel.

3.10.2.1 First aid will be administered promptly by MRD Medical Personnel and will include a thorough cleansing of the exposure site with soap and water, and, if warranted, the administration of tetanus toxoid. A booster shot of tetanus toxoid should be administered at least every seven years.

3.10.3 The immediate supervisor is responsible for conducting a site accident investigation immediately, or as soon as feasible, following an exposure incident.

3.10.3.1 The investigation must determine and document the route(s) of exposure and the circumstances of the exposure incident. (Appendix J)

3.10.3.2 The report is filed with the Occupational Injury and Illness report.

3.10.4 MRD Medical Personnel are responsible for requesting that the source individual's blood be tested as soon as feasible to determine HBV and HIV infectivity.

3.10.4.1 Blood testing requires the consent of the source individual (Appendix G).

3.10.4.2 Once the results of the source individual's blood testing are known, the MRD Medical Personnel will make this information immediately available (within two days after the test results are obtained) to the exposed employee.

3.10.4.3 The exposed employee is informed of the Michigan Confidentiality Act. The results of the individual's tests are made known only after the exposed individual has signed the confidentiality agreement (Appendix G), not to disclosed the identity, if known, or the infectious status of the source individual.

3.10.5 MRD Medical Personnel are responsible for scheduling the appropriate post-exposure evaluation (Appendix H) and all subsequent follow-up visits as needed with a physician.

3.10.5.1 MRD Medical Personnel provide the evaluating physician with:

3.10.5.1.1 a copy of MIOSHA Part 554,
3.10.5.1.2 a description of the exposed employee's duties as they relate to the exposure incident,
3.10.5.1.3 documentation of the routes of exposure and the circumstances under which the exposure occurred,
3.10.5.1.4 a copy of the "examining physician's written opinion" form (Appendix F),
3.10.5.1.5 results of the source individual's blood testing, if available, and
3.10.5.1.6 all medical records relevant to the appropriate treatment of the employee, including vaccination status with Hepatitis B vaccine.

3.10.5.2 The evaluating physician completes and returns the "examining physician's

written opinion" form, which is found in Appendix F of this plan, directly to the MRD Medical Personnel.

3.10.5.2.1 MRD Medical Personnel then provide a copy of the examining physician's written opinion to the employee within fifteen days of completion of the evaluation.

3.10.5.3 Post-exposure Medical evaluation and follow-up should include testing for Hepatitis C and Human immunodeficiency virus.

3.10.5.4 Except for the information contained in the sample physician's written opinion, all other findings or diagnoses remain confidential and are not included in the written report.

3.11 Communication of Hazards to Employees

3.11.1 Labels and Signs

3.11.1.1 Contaminated and potentially contaminated materials and equipment must be properly labeled.

3.11.1.2 Biohazard labels are fluorescent orange on a contrasting color and include the biohazard legend. Labels are to be affixed to containers or equipment so to prevent their loss or unintentional removal.

3.11.1.3 Warning labels are to be affixed to containers and to refrigerators and freezers containing blood or other potentially infectious material.

3.11.1.4 Red biohazard bags with the biohazard legend are provided for disposal.

3.11.1.5 Contaminated equipment that is too large for a biohazard bag will be barricaded using biohazard tape.

3.11.2 Information and Training.

3.11.2.1 All category one and two employees participate in a bloodborne pathogens exposure control training program.

3.11.2.2 Training is provided at the time of initial assignment and annually thereafter.

3.11.2.3 Additional training is provided when procedural changes are made which may affect employee' occupational exposure to blood or other potentially infectious materials. The training program is conducted during working hours at no cost to employees.

3.11.2.4 The training will include:

3.11.2.4.1 An accessible copy of the regulatory text and an explanation of its contents.

3.11.2.4.2 An explanation of the epidemiology and symptoms of bloodborne diseases.

3.11.2.4.3 An explanation of the modes of transmission of bloodborne pathogens.

3.11.2.4.4 An explanation of the exposure control plan and the means by which an employee can obtain a written copy of the plan.

3.11.2.4.5 An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.

3.11.2.4.6 An explanation of the use and limitations of the methods to be used to prevent or reduce exposure, including the engineering controls and work practices and the use of personal protective equipment. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

3.11.2.4.7 An explanation of the basis for selection of personal protective equipment, including opportunities for supervised use of PPE.

3.11.2.4.8 Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits and free cost of being vaccinated (see Appendix E).

3.11.2.4.9 Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

3.11.2.4.10 An explanation of procedures to follow if an exposure incident occurs, including the method of reporting an incident and the medical follow-up that will be made available Information on the post-exposure evaluation and follow-up that will be provided following an incident.

3.11.2.4.11 An explanation of the signs, labels, and color-coding used to warn employees of biohazards.

3.11.2.4.12 An opportunity for interactive questions and answers with the person conducting the training.

3.11.2.4.13 An explanation to all **voluntary** participants (those not required to be trained or immunized) of the potential risks of contracting HBV or HIV infection arising out of the performance of a "Good Samaritan Act" and their documented consent that they understand these risks, and that their response to all medical emergencies is purely voluntary.

3.11.2.5 Employees who offer regulated medical waste including sharp containers for transportation and who perform any functions including packaging, labeling, and signing the manifest are required to meet the training requirements of DOT Hazmat 49 CFR 172.104.

3.11.2.6 The person conducting the training is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

3.11.2.6.1 These persons include MRD Medical Personnel and the safety personnel.

3.11.2.7 The training material is understandable to the trainees.

3.11.2.8 Training may be computer based but must allow for the opportunity for interactive questions and answers with the personal responsible for the administration of the training.

3.11.3 Recordkeeping

3.11.3.1 The Medical Department maintains the medical records for the duration of the employee’s employment plus 30 yrs.

3.11.3.2 The Medical Department ensures the following information for each employee covered under this plan is placed in the employee's medical records:

3.11.3.2.1 name and social security number of the employee;
3.11.3.2.2 a copy of the employee's Hepatitis B vaccination status, including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination;
3.11.3.2.3 results of all examinations, medical testing, and follow-up procedures required after an occupational exposure to a blood borne pathogen (this should be sent directly from the examining physician to Corporate Health Services);
3.11.3.2.4 the employer's copy of the examining physician's written opinion;
3.11.3.2.5 a copy of the information provided to the examining physician that is required after an occupational exposure to a bloodborne pathogen.

3.11.3.3 The Medical Department will ensure that the medical records are kept confidential and are not disclosed or reported, without the employee's express written consent, to any person within or outside the workplace except as specified by this plan.

3.11.3.4 Employee medical records as described above are provided upon request for examination and copying to the subject employee, to anyone having his written consent, to the Director, and to the Assistant Secretary in accordance with MIOSHA Part 470 Employee Medical Records and Trade Secrets.

3.11.3.5 OSHA log entries made as a result of an exposure should be considered a privacy concern case and the person's name withheld from the log and any publicly distributed reports.

3.11.4 Training Records

3.11.4.1 Training records include the following information:

3.11.4.1.1 the dates of the training sessions
3.11.4.1.2 the contents or a summary of the training sessions
3.11.4.1.3 the names and qualifications of the persons conduction the training
3.11.4.1.4 the names and job titles of all persons attending the training sessions

3.11.4.2 The training records are maintained by the Training Department for three years from the date on which the training occurred.

3.11.4.3 Training records are provided upon request for examination and copying to employees, to employee representatives, to the Director and the Assistant Secretary in accordance with MIOSHA Part 470 Employee Medical Records and Trade Secrets.

4.0 DEFINITIONS

Bloodborne Pathogens – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Contaminated Sharps – Any object, including but not limited to needles, scalpels, broken glass, and broken capillary tubes that can penetrate the skin and is known to be contaminated or has the potential to be contaminated with bloodborne pathogens or other potentially infectious body fluids or materials.

Engineering Controls – controls such as sharps disposal containers, self sheathing needles, or safer medical devices, sharps with engineered sharps injury protections and needleless systems, that isolate or remove the bloodborne pathogen hazard from the workplace.

Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties. A medical follow-up is required pursuant to an exposure incident.

Occupational Exposure – Reasonably anticipated skin, eye, mucous membrane, or parenteral (i.e., puncture) contact with blood or other potentially infectious body fluids or materials that may result from the performance of an employee's duties. Personal protective equipment is required to be worn when a potential occupational exposure exists.
Percutaneous: Passed, done, or effected through the unbroken skin

Potentially infectious material: Any human body fluids, i.e. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid or saliva, including any body fluid that is contaminated with blood and any unfixed tissue or organ, other than intact skin.

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 material during handling; contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal precautions - An approach to infection control that classifies all human blood and certain human body fluids as infectious for HIV, HBV and other bloodborne pathogens.

Work Practices – controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed.

5.0 REFERENCES

MIOSHA Part 554 Bloodborne Infectious Diseases

MIOSHA Part 470 Employee Medical Records and Trade Secrets.

HES Standard 401 Bloodborne Pathogens and Other Infectious Bodily Fluids

6.0 ATTACHMENTS

Appendix A – Category A Employees

Appendix B – Category B Employees

Appendix C – Tasks and procedures with reasonably anticipated potential for exposure

Appendix D – Hepatitis B Vaccination Declination and Consent Form

Appendix E – Information Concerning Hepatitis B Vaccine

Appendix F – Cover Letter to Physician and Examining Physician's Written Opinion Form

Appendix H – HBV/HCV/HIV Infectivity Blood Test Consent Form

Appendix I – Sharp's Log

Appendix J – Exposure Incident Form

7.0 REVISION HISTORY

Revision number	Description of change	Written by	Approved by	Effective date
13	Annual review – no changes	E. Neubauer, P. Gurczynski	J. Rabideau	12/21/16
14	Annual review – no changes	E. Neubauer, P. Gurczynski	J. Rabideau	11/13/17
15	Annual Review – no changes	E. Neubauer, S. Pennington	J. Rabideau	08/17/18
16	Scheduled annual review, no changes	Al Morales	H. Sheard	08/29/19
17	Added 3.10.5.3 for post-exposure requirements to test for Hepatitis C and HIV. Added Hepatitis C to Appendix H consent form. Changed	M. Styes	Al Morales	08/26/20

APPENDIX A

CATEGORY ONE EMPLOYEES: Job classifications in which all employees have occupational exposure.

- MRD Medical Personnel
- ERT Personnel

APPENDIX B

Category Two Employees: Job classifications in which some employees have occupational exposure (Marathon First Aid/CPR trained individuals)

- Designated Foreman
- Electricians
- Safety Personnel

Not all employees in category two job classifications should be considered to have occupational exposure. Only those designated employees in the designated groups listed above whose job duties require them to respond to medical emergencies or to administer first aid are covered under this plan. For instance, employees trained in CPR but not required to respond to medical emergencies would do so as "Good Samaritans" only. "Good Samaritans," however, would require post-exposure follow-up as specified by this plan.

APPENDIX C

Tasks and procedures for those employees in Appendix B in which occupational exposures to bloodborne pathogens is reasonably anticipated to occur.

- Administering First Aid
- Responding to Medical Emergencies
- Cleaning, Decontaminating, Disposing of/packaging Potentially Infectious Materials

APPENDIX D

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.

Date_____ Employee Name (print): _____

Employee Signature _____

Date_____ MRD Medical Personnel /
Safety Supervisor_____

Hepatitis B Informed Consent Form

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 informed about the efficacy, safety, method of administration, and benefits as well as the risks of receiving the Hepatitis B vaccine. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. I understand all of the above and consent to receiving the Hepatitis B vaccine at this time.

Date_____ Employee Name (print): _____

Employee Signature_____

Date _____ MRD Medical Personnel /
Safety Supervisor_____

APPENDIX E

Information Concerning Hepatitis B Vaccine

The Hepatitis B vaccine is administered to individuals who are suspected to be at risk for contracting Hepatitis B, a potentially serious disease of the liver. The vaccine generally confers immunity on those people receiving it, preventing them from contracting this disease.

There are two types of Hepatitis B vaccines currently licensed in the United States. The vaccine produced from plasma of Hepatitis B virus carriers is no longer being produced in the United States and its use is now limited to very few people, including those who have a known allergy to yeast. The second type, recombinant Hepatitis B vaccine is produced through recombinant DNA technology.

Primary vaccination series for Hepatitis B consists of three intramuscular doses of the recombinant vaccine. After the initial dose, the second dose should be given one month later and the third dose six months after the first.

Clinical studies have established that the recombinant Hepatitis B vaccine when injected into the deltoid muscle (arm) induced protective levels of antibody in greater than 90% of healthy adults and teenagers who received the recommended three-dose regimen. Data suggests that injections given into the buttocks frequently are given into fatty tissue instead of a muscle, and such injections may result in lower levels of protective antibodies.

The major side effects observed by Hepatitis B vaccines have been soreness and redness at the site of the injection. Other potential minor side effects may include: body aches and pains, nausea and diarrhea, sore throat and cough, dizziness, painful urination, disturbed sleep patterns, and a nonspecific rash. Potentially serious adverse reactions are rare and include both neuralgic (nervous system) and hematologic (blood system) complications. Also, contraindications for receiving the Hepatitis B vaccine include hypersensitivity to yeast or any other component of the vaccine. In general, however, the recombinant Hepatitis B vaccine is well-tolerated and safe to administer.

This vaccination will be offered free of charge to you if you decide to accept it.

APPENDIX F

Click here for Cover Letter to Health Care Provider

Click Here for Examining Health Care Providers' Written Opinion Form

APPENDIX G

HBV/HCV/HIV INFECTIVITY BLOOD TEST CONSENT FORM

SOURCE INDIVIDUAL'S CONSENT

I understand that Marathon Petroleum Company LLC may perform an HBV/HCV/HIV infectivity test (for the presence of Hepatitis B, Hepatitis C, and/or the human immunodeficiency virus) upon me with my written consent if an employee has a specific exposure to the eye, mouth, other mucous membrane, not-intact skin or parenteral exposure to my blood or other body fluids. Prior to the performance of the test, I will be informed of its purpose. The results of the test (s) shall be treated confidentially, but may be disclosed as necessary to personnel that rendered care and services to me.

_____ _____

Date Employee Consent for HBV/HCV//HIV Blood Testing

_____ _____

Date MRD Medical Personnel or Safety Supervisor

EXPOSED INDIVIDUAL'S CONSENT

I understand that Marathon Petroleum Company LLC may collect a blood sample from me with my written consent if I have had a specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to another employee's blood or other body fluid. I further understand that Marathon Petroleum Company LLC may perform an HBV/HIV infectivity test on the blood within 90 days of the baseline blood collection with my written consent. Infectivity tests will not be conducted on baseline blood samples which have been preserved for more than 90 days. The results of the test (s) shall be treated confidentially, and I will be notified of the results by MRD Medical Personnel.

_____ _____

DATE EMPLOYEE CONSENT FOR BLOOD SAMPLE

_____ _____

DATE EMPLOYEE CONSENT FOR HCV/HBV/HIV TESTING

_____ _____

DATE MRD MEDICAL PERSONNEL OR SAFETY SUPERVISOR

EXPOSED INDIVIDUAL'S DISCLOSURE AGREEMENT (CONFIDENTIALITY)

I understand and agree not to disclose the identity and infectious status of the source individual involved in my exposure incident. I further understand that disclosing this information would violate Marathon Ashland Petroleum Company LLC policy and Michigan State Law and that by violating this agreement, I would be subject to criminal penalty and civil action under the provisions of the confidentiality sections of Act 488 of 1988.

_____ _____

DATE EMPLOYEE DISCLOSURE AGREEMENT

APPENDIX H

HEPATITIS B/HIV POST-EXPOSURE MANAGEMENT SCHEDULE

Source individual positive, exposed worker not previously vaccinated for Hepatitis B:

- single dose of Hepatitis B immune globulin (0.06ml/kg body weight) as soon as possible, but within seven days of exposure;
- initiate the Hepatitis B vaccine series and complete per the routine schedule.

Source individual positive, exposed worker previously vaccinated for Hepatitis B:

- if exposed individual has adequate antibody levels (10 SRU or more by EIA), no further treatment is necessary;
- if inadequate antibody levels, administer a single dose of Hepatitis B immune globulin (0.06ml/kg body weight) as soon as possible but within seven days of exposure, and administer one Hepatitis B vaccine booster dose.

Source individual negative, source individuals Hepatitis B infectivity status unknown, or source individual refuses testing:

- if the exposed individual has not previously received Hepatitis B vaccine,, administer first dose of the Hepatitis B vaccine as soon as possible but within seven days of the exposure, and complete the series as scheduled;
- if the exposed individual has been previously vaccinated and has inadequate antibody levels (less than 10 SRU by RIA or negative by EIA), administer one booster dose of the Hepatitis B vaccine as soon as possible but within seven days of the exposure;
- if the exposed individual has been previously vaccinated and has adequate antibody levels(greater than 10 SRU by RIA or positive by EIA), no further treatment is necessary;
- a single dose of Hepatitis B immune globulin should be administered to any individual who has not been previously vaccinated for Hepatitis B, it should also be administered on an individual basis in all cases listed above when the source is suspected to be at high risk for Hepatitis B virus infection.

Human immunodeficiency post-exposure management proceeds along the following schedule: All individuals who experience an exposure incident to bloodborne pathogens are tested for human immunodeficiency virus, after consent is obtained and documented, immediately after the exposure, at six weeks, three months, six months, and one year.

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample is preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing is done as soon as feasible.

APPENDIX I

SHARPS Injury Log
(Record of Percutaneous injury from Contaminated Sharps)

Date of Incident	Name	Empl. #/ SS #	Description of Incident	Type & Brand Of Device	Body Part Injured	Dept. where exposure occurred	Treatment	Form 191 Y/N

This Confidential Form must be maintained in a secured location for 5 years following the end of the year to which it relates.

References: 29CFR 1904.6
29CFR 1910.1030 (H)

APPENDIX J

Exposure Incident Form

The routes of exposure for this incident are determined to be:

1. _____

2. _____

3. _____

4. _____

5. _____

The circumstances under which this exposure incident occurred are:

_____

_____

_____

_____

_____

_____