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Trident Building Maintenance Safety Manual

All Locations
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THE SAFETY PROGRAM

Introduction

Under federal regulations listed with the Occupational Health and Safety Administration (OSHA), every employer is required to assure safe and healthy working conditions for employees.

A safety program is an organized effort to recognize and control potentially hazardous situations in the workplace. Information on accident prevention and emergency procedures is routinely collected, updated, posted, distributed, and communicated to employees.

Preventing accidents and increasing safety awareness will result in a variety of benefits such as healthy employees, reduced absenteeism, improved productivity, fewer repairs, and improved insurance ratings for the company. Management realizes that having a safety program is an important personnel and resource management tool.

Inspections

Trident Building Maintenance (TBM) safety inspections are designed to uncover physical hazards and identify unsafe work behaviors. Supervisors and the TBM Safety and Training Manager should inspect all work areas at regularly scheduled times and use a checklist so that inspections are uniform and comprehensive. Employees are expected to identify hazardous conditions and report them immediately to the head porter or supervisor for correction. Inspections are a team effort to protect all TBM staff working in the building environment.

After the inspection, or any report of a hazardous condition, supervisors should follow-up on inspection results. Physical hazards and unsafe procedures should be corrected immediately.

Employee Safety Training

Employee safety training is a direct, comprehensive approach to involving employees in the company safety program. Employees must realize that safety involves a set of rules and regulations that are to be taken very seriously by everyone: employees, head porters, supervisors and management.

All employees will receive safety orientation training and will be evaluated by their staff supervisor as to their understanding of these safety procedures. The TBM Safety and Training Manager, will schedule training monthly on specific safety topics.

The staff supervisor will schedule routine safety meetings to discuss possible safety hazards in the workplace and will write up procedures to rectify any possible safety risk.

Safety Station

Each building shall be equipped with a clearly marked safety station. The safety station will provide one centralized location for all staff to access personal protective equipment, the SDS binder for all products used on-site, general safety procedures, eye wash station, the bloodborne pathogens kit, and the regulation sharps container.

COMPANY SAFETY RULES

- Each employee should report all unsafe acts or conditions in the workplace to their supervisor immediately.
- Immediately report all injuries or incidents to the supervisor.
- Do not use damaged or unsafe equipment.
- Employees are not to utilize any equipment or supplies for which he or she has not been trained.
- Employees should not attempt to repair equipment, tamper with equipment, or remove parts from equipment.

- All equipment must be kept clean and in good repair.
- All equipment rooms must be kept clean and free from hazardous debris.
- Mix cleaning chemicals and preparations only as directed by your supervisor.
- Report frayed cords and worn plugs to the supervisor.
- Only extension cords approved or supplied by TBM will be used.
- All equipment will be turned off, de-energizing the power source before performing any maintenance function. Lockout/Tagout procedures will be employed for safe maintenance practices.
- Wet or slippery floor conditions must always be posted by signs and barricaded whenever possible. Spills should be cleaned up immediately.
- All employees are required to wear protective equipment for eyes, ears, hands, feet, etc., as directed on the product SDS when performing maintenance functions requiring such equipment.
- All employees should be aware of electrical shock hazards and moisture problems.
- All employees should exercise caution when handling sharp objects and dispose of sharps in a regulation sharps container.
- All employees should recognize possible lifting and fall hazards.
- All employees should use ladders in a safe manner and recognize their use with electrical equipment.
- All employees should know the evacuation plan for their work area and where fire exits are located.

TRAINING PROCEDURES

Safety training begins during employee orientation. Supervisors and head porters are responsible for job training. The supervisor or head porter demonstrates to employees how to perform cleaning tasks safely. Supervisors should point out job safety hazards such as frayed electrical cords, educate employees how to look for potential problems such as sharp objects in the trash, and demonstrate proper, safe work techniques such as lifting heavy objects correctly. OSHA safety training is conducted regularly on site by the TBM Safety and Training Manager. Topics include, but are not limited to, back safety, electrical safety, sexual harassment, PPE, bloodborne pathogens, HAZCOM and more. Training materials may consist of a hazard assessment exercise, video, demonstration and quiz.

Employees are informed of emergency contacts and are trained on the proper procedures for reporting an accident. Each building is equipped with an emergency action plan, which is reviewed with staff by the supervisor.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Policy

All PPE is provided to the employee free of charge. The employee is responsible for maintaining the equipment in a reliable and sanitary condition and wearing the equipment when it is necessary. PPE includes protective clothing, gloves, glasses, goggles, respiratory devices and ear plugs. PPE is intended to prevent injury to the eyes, face, head, and extremities. PPE is required to be used when necessary and is located at the safety station.

Training

All TBM employees will receive training on PPE. The minimum training includes the following:

- How to identify the appropriate PPE for each task
- How to properly adjust and wear PPE
- The limitations of PPE
- The proper care, maintenance, useful life, and disposal of PPE

Eye and Face Protection

Eye and face protection must be used where a hazard exists due to any of the following:

- Flying objects or particles
- Liquid chemicals
- Acids or caustic chemicals
- Chemical gases or vapors
- Glare
- Air contaminants

TBM PPE to protect eyes and face includes:

- Googles
- Glasses
- Eye wash station
- Masks

Head Protection

Head protection must be used when a hazard exists due to any of the following:

- Impact and penetration of falling objects
- Impact when working in low clearance areas
- Impact from hanging objects such as hooks and chains
- High voltage electric shock and burns
- Flying objects
- Electric shock
- Hair entanglement

- Temperature extremes.

TBM PPE to protect the head includes:

- Hard hat

Foot Protection

Select protective footwear when employees work in areas where there is a danger of foot injuries due to falling and rolling objects, objects piercing the sole, and where employees' feet are exposed to electrical hazards. Examples of situations that may require the use of protective footwear include:

- Handling heavy objects and/or tools that could be dropped
- Work activities involving manual material handling carts, heavy pipes, or bulk rolls, all of which could potentially roll over an employee's feet
- Work involving sharp objects such as nails, tacks, large staples, scrap metal, etc., which could penetrate the sole of the shoe
- Work with electrical hazards
- Work with electronic components

TBM PPE to protect the feet includes:

- Steel toe overshoes

Hearing Protection

Signs should be posted in areas of high noise levels (85 dBA or higher). Employees required to work in these areas should wear ear plugs, earmuffs or both. Working in a area of high noise levels can cause both temporary and permanent hearing loss. Hearing loss can occur with no physical pain or other obvious warning signs.

TBM PPE to protect hearing includes:

- Earplugs
- Earmuffs

Hand Protection

Select and use the appropriate hand protection when employees' hands may be potentially exposed to the following hazard sources:

- Skin absorption of harmful substances
- Severe cuts or lacerations
- Punctures
- Chemical burns
- Irritating materials
- Thermal burns
- Harmful temperature extremes

TBM PPE to protect the hands includes:

- Disposable gloves
- Sharps gloves
- Winter gloves

FIRST AID

While waiting for medical help to arrive, help the victim in as many ways as you can. If you are not trained in emergency response or first aid, seek a trained individual on the job. However, if the injury is serious, or the injured person appears to be in imminent danger, the following are basic first aid procedures.

Cardiopulmonary Resuscitation (CPR)

If the person has stopped breathing, give artificial respiration. Act fast – a person who has stopped breathing for more than three to four minutes can sustain permanent brain damage.

The following is in accordance with the American Heart Association (AHA) and American Red Cross guidelines for CPR.

CPR has two main skills:

- Providing compressions
- Giving breaths

A compression is the act of pushing hard and fast on the chest. When you push on the chest, you pump blood to the brain and heart.

To provide high-quality compressions, make sure that you:

- Provide compressions that are deep enough
- Provide compressions that are fast enough
- Let the chest come back up to its normal position after each compression
- Try not to interrupt the compressions for more than 10 seconds, even when you give breaths

Follow these steps when providing compressions for an adult during CPR:

- Make sure the person is lying on their back on a firm, flat surface.
- Quickly move clothes out of the way.
- Put the heel of one hand on the center of the chest (over the lower half of the breastbone). Put the other hand on top of the first hand.
- Push straight down at least 2 inches.
- Push at a rate of 100 to 120 compressions per minute. Count the compressions out loud.
- Let the chest come back up to its normal position after each compression.

- Try not to interrupt the compressions for more than 10 seconds, even when you give breaths.

The second skill of CPR is giving breaths. After each set of 30 compressions, you will need to give two breaths. When you give breaths, the breaths need to make the chest rise visibly. When you can see the chest rise, you know you have delivered an effective breath.

Before giving breaths, open the airway. This lifts the tongue from the back of the throat to make sure your breaths get air into the lungs.

Follow these steps to open the airway and administer breaths:

- Put one hand on the forehead and the fingers of your other hand on the bony part of the chin.
- Tilt the head back and lift the chin.
- Once the chin is lifted, pinch the nose shut and place your mouth over the victims mouth to make a complete seal.
- Blow into the persons mouth to make the chest rise.
- Deliver two rescue breaths, then continue compressions.
- Avoid pressing into the soft part of the neck or under the chin because this might block the airway.

If someone else knows CPR, you should alternate to avoid fatigue. Switch rescuers about every 2 minutes, or sooner if you get tired. Move quickly to keep any pauses in compressions as short as possible.

Cuts

If a person has been ***badly cut***, act fast. To determine how seriously the person has been injured, remember this:

- When blood oozes, generally a capillary has been cut.
- When blood flows, generally a vein has been cut.
- When blood spurts from the wound, an artery has been cut.

When blood spurts or flows, act fast. Make a pad of the cleanest material you can find. Place this over the wound and hold it there with firm pressure. If possible, tie the material down with cloth strips. Use a tourniquet only as a last resort and only if trained.

Shock

A victim with any type of injury might also be in shock from the trauma. Shock can be a serious condition and should be watched. Shock symptoms include:

- Rapid, weak pulse
- Cool, pale skin
- Shallow breathing

Treatment for shock should be simultaneous with the treatment of the injury if possible. Have the victim lay down. If they are on the floor or ground, put a blanket or mat underneath them. Cover the person but do not cause the person to sweat. It is better if the victim is slightly cool rather than too warm.

Elevate the feet to increase blood flow to the brain but not if the movement will interfere with the injury. If the patient has difficulty breathing, elevate the victim's head and chest. If the person is conscious, give the person sips of lukewarm water.

Heart Attacks

There are some first aid procedures you can do when a person has the symptoms of a heart attack. Send for a doctor and ambulance right away. Try to make the victim as comfortable as possible while waiting for help. Keep victim warm and loosen any tight clothing to make breathing easier. If a person has stopped breathing, try to revive with mouth-to-mouth resuscitation, if trained.

Burns

Any kind of burn, whether it was caused by fire or chemicals, requires attention. First-degree burns, the kind that do not cause blisters or sear skin are the least serious. Reduce pain and swelling by immersing the burn in cold water or covering with towels soaked in ice water. Even first-degree burns should be evaluated by a trained medical professional.

Second- and third-degree burns, when blisters form or skin and tissue are destroyed, should be treated only by a medical professional. Do not attempt any kind of treatment yourself. Simply cover the burn lightly with the cleanest material you can find and get help fast. In the case of chemical burns, immediately flood the burned area with water. Continue flooding for fifteen minutes or longer.

Fractures

Bone fractures must be handled with extreme care. Do not move a fracture victim unless there is no other way to get help or if there is danger of further injury. If you must move the victim, immobilize the area with splints or by strapping it to the body. Any rigid material will do – a board or stick will suffice if it is long enough to extend beyond the joints above and below the fracture. To strap the injured area to the body, use ties and belts.

For a compound fracture where the bone has pierced the skin or other soft tissue, control the bleeding first with a pressure pad. Then tie the splints in position with bandages or cloth strips in several places. Never try to push a protruding bone back. When you apply the splints, leave the pressure bandage in place over the wound in case bleeding recurs.

A fractured neck or spine is marked by back pain and numbness or paralysis in the limbs. Only a medical professional should help the victim. Do not move them unless there is danger of further

injury. Keep the victim flat on the back with the head immobilized in a straight position until help arrives. To move or not move an injured person is a matter that may require quick judgment.

If the injury is obviously minor, you may help the victim by placing their arm around your neck and your arm around their waist. Carry as much of the weight as possible. If the injury is serious, the victim unconscious, or if there is any doubt in your mind, do not risk moving the person. You could do more harm than good.

ELECTRICAL SAFETY GUIDELINES

Policy

Electrical safety is the personal responsibility of each worker.

Wherever there are possible electrical hazards to people, equipment and property, your personal safety depends on understanding and practicing three things:

- Basic principles of electricity
- Safe work conditions and procedures
- Correct response to emergencies

Learn to recognize and correct ***unsafe conditions*** in your work environment. Your work environment is everything that surrounds you - your work area, your tools and protective equipment, even the clothes you wear on your job.

PPE

Be sure you properly fit, clean and store personal protective items such as:

- Hard hats
- Safety glasses
- Rubber gloves
- Insulated boots
- Climbing devices or safety belts

Guidelines

- Never use defective, ungrounded equipment.
- Do not pull electrical plugs from the outlets by the cord; always pull the plug.
- Make sure that the equipment and cords used in the workplace are listed by Underwriters Laboratory (UL).
- Only use electrically operated equipment grounded through a three - prong plug.
- Avoid touching parts of portable electrical equipment that are not insulated.
- Do not yank a cord around sharp corners or place it where it can be run over by vehicles or equipment.
- Check electrical equipment before using it, inspect wire and plug insulation for defects, and use electrical equipment which is insulated and grounded.

What to do if a worker receives an electrical shock?

- First, **do not** touch the person. Do turn off the power and/or pull the plug immediately.
- Second, if the person has stopped breathing and you are trained in CPR d*o* give artificial respiration right away. Act quickly and stay with it.
- Third, d*o* call for medical help.

HANDLING SHARP OBJECTS

Policy

Always report the presence of sharps to your supervisor before handling. Always utilize the correct PPE when handling sharps. Always place sharps in the red, regulation sharps container located at the TBM Safety Station.

PPE

- Specialized sharps gloves
- Forceps
- Safety glasses
- Sharps container

Guidelines

- Be aware of your work area and the condition of your cleaning tools.
- Wear the proper hand and eye protection when you work.
- Do not use your hand to push waste down into the receptacles.
- Do not reach into waste baskets. Items commonly referred to as “sharps” such as lids, razor blades, broken glass, hypodermic needles and other such objects may be present.
- Dispose of sharp items in a regulation sharps container. Never place sharps into a plastic bag.
- Do not place your hands or head where you cannot see.
- Do not pull apart steel wool with bare hands. Use scissors and wear gloves.
- Be aware of the sharp edges on furniture and equipment; be careful around glass cabinets.

MATERIAL HANDLING POLICY

Policy

Supervisors shall analyze tasks and determine safe manual material handling procedures with their employees. Where the weight, size, shape, toxicity, containment, or other characteristics of the load, or the nature of the lift may endanger an employee, the load shall be moved by a work team (e.g. professional material handlers) or by mechanical means. Supervisors shall provide information to employees on proper lifting techniques, exercise conditioning, back care, and injury prevention. Supervisors shall investigate reported incidents of repetitive strain, static or awkward postures, overhead work, vibration, etc. and shall intervene to reduce ergonomic hazards.

Guidelines

The matching of physical demand with physical ability in manual material handling becomes essential when loads exceed 20 - 30 pounds. Manual material handling tasks, if not done carefully, can result in injuries to the back, sprains, and musculoskeletal conditions.

Risk factors that may increase the chance of injury include:

- Force expended to perform the task
- Direction that the force is applied
- Repetition of the motion
- Posture
- Load characteristics
- Grip on the load
- Workplace conditions
- Lighting and visibility
- Environmental conditions

Risk factors in manual material handling can be mitigated through identification, reduction or elimination. Strategies include:

- Job planning to reduce unnecessary material handling
- Mechanize (e.g. use of lifting devices)
- Reduce re-handling
- Reduce weight
- Improved ergonomics
- Container or package design

- Reduce the distance travelled with a load
- Eliminate risky postures (bending, twisting, extreme reaches)
- Discuss the material handling tasks with co-workers and supervisors to decide upon the safest handling procedures (e.g. frequent short breaks, job rotation)

Lifting

There are six steps to proper lifting:

1. Keep feet parted–one alongside the object and one behind the object. Comfortably spread feet to provide greater stability; the rear foot is in position for the upward thrust of the lift.

2. Keep back straight, nearly vertical. Use the sit-down position to do so but remember that "straight" does not mean absolutely "vertical". A straight back keeps the spine, back muscles, and organs of the body in correct alignment. It minimizes the compression of the abdomen which can cause hernia.

3. Tuck in chin so the neck and head continue the straight back line. Keep spine straight and firm.

4. Grasp the object with the whole hand. The palm grip is one of the most important elements of correct lifting. The fingers and hand are extended around the object to be lifted. Use the full palm; fingers alone have very little power. Wearing gloves is recommended.

5. Tuck elbows and arms in and hold load close to the body. When the arms are held away from the body, they lose much of their strength and power. Keeping the arms tucked in also helps keep body weight centered. See diagram below.

6. Keep body weight directly over feet. This provides a more powerful line of thrust and ensures better balance. Start the lift with a thrust of the rear foot.

Team Lifting

1. When two or more people carry one object, they shall adjust the load so that it rides level.

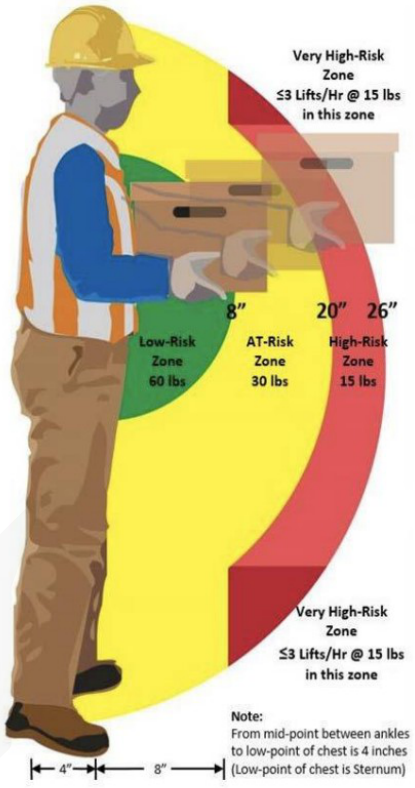
2. When long sections of material are carried, the load shall be carried on the same shoulder and both persons shall walk in step.

3. When team lifting, one person shall be designated to give the signal when to lift.

Lifting Evaluation

For workers who perform routine lifting, supervisors must evaluate associated risk using the *image below.* If activities are determined to be near a threshold in the threshold limit values (TLV) for lifting, the supervisor must document mitigations in a job safety analysis (JSA), activity and training authorization, and/or work procedure. If activities are determined to exceed the thresholds in the TLVs for lifting, and cannot be mitigated, the supervisor must engage the BMS Safety and Training Manager, who will determine the need for a formal evaluation by an ergonomic specialist.

Workers performing such lifts are to observe these thresholds.



CHEMICAL SAFETY

Policy

Safety Data Sheets (SDS), for every product and chemical used on-site, are made available to all employees. An SDS describes the physical and chemical properties of products, health hazards and routes of exposure, precautions for safe handling and use, emergency and first aid procedures, reactivity data, and control measures. Information on an SDS aids in the selection of safe products, and their safe handling and use, and helps employees to respond effectively to emergencies. All employees should familiarize themselves with the SDS binder at their location.

PPE

- Wear appropriate gloves when the potential for contact with hazardous materials exists. Inspect the gloves before each use; wash before removal and replace as necessary. Do not reuse disposable gloves; discard when damaged or at the end of your shift.
- Splash-proof chemical goggles and face shields should be worn when handling hazardous chemicals, liquids, powders or vapors.

Guidelines

- Only use chemicals that have been approved for your location.
- Only use chemicals that you have been trained to use.
- Always wear PPE when required.
- Always know the location of the SDS book.
- Never mix chemicals.
- Always verify that secondary containers, such as spray bottles and buckets, are properly labeled.
- Educate yourself about the hazardous materials you work with. Be aware of the reactivity of various chemicals by reading the label.
- Know where the eye wash stations are located and know how to use them.

SLIPS, TRIPS AND FALLS

Guidelines

- Clean up spills immediately. If a spill cannot be cleaned up right away, display “wet floor” warning signs.
- Keep walkways and hallways free of debris, clutter and obstacles.
- Cover cables or cords in walkways.
- Replace burned-out light bulbs promptly.
- Consider installing abrasive floor mats or replacing worn flooring.
- Keep filing cabinets and desk drawers shut when not in use.
- Workers must wear comfortable, properly fitted shoes.
- Do not block your view when carrying an item
- Report holes or protruding objects on walking surfaces for repair

LADDER SAFETY

Safe ladder usage is the responsibility of each employee. This includes selection, inspection, and correct use, as well as reporting unsafe conditions to a supervisor. Supervisors must ensure their employees are provided safe, serviceable, and appropriate types of ladders, and the necessary training to use them correctly.

Ladder Selection

Different ladders are made for specific uses. For a given task, you must select the right ladder to ensure your safety. Consideration must be given to the working height, capacity, type, placement and condition of ladder for your work.

Step Ladders
These are self-supporting ladders with flat steps and hinged backs. They may be constructed of aluminum, fiberglass, or wood, and they must have a metal spreader that locks the ladder open. They should only be used on firm and level surfaces. The maximum allowable length for a step ladder is 20 feet. These must never be used as a straight-type ladder (leaned up against a wall for use), as the footing was not designed for safe use in this manner. Never stand or sit on the top two steps of a step ladder. A longer ladder may be required to safely perform a given task.

Straight Type Ladders
These are not self-supporting ladders. An employee must lean them up against a stable surface, with a 1:4 scope (1 foot away from the wall for every 4 feet in height). They may be constructed of aluminum, fiberglass, or wood, in either single or extendable lengths. The maximum allowable length for a single ladder is 30 feet, while extension ladders may reach up to 72 feet. Both should be placed on firm, stable footings, or utilize leg extensions or non-slip feet.

Straight-type ladders should extend at least 3 feet above the accessed area, and they must be tied off to a secure anchor point if they are to be used repeatedly in the same spot.

Use

- Never use a ladder unless you have been trained.
- Always use three points of contact when using ladders (e.g.: two feet and one hand in contact with the ladder).
- Portable ladders are to be used by only one person at a time, unless specifically designed otherwise.
- Protect the base of ladders in high traffic areas. If you must close an area due to safety concerns, barricade access routes and post alternatives, as appropriate. If you cannot close an area, you must have another employee guard the ladder base.
- Make sure ladder treads are clear of mud and debris before using.

Do not do the following:
- Carry awkward loads while using a ladder. Use ropes to haul heavy items up once you have reached your working height or surface.
- Place tools or supplies on ladders steps if they could fall. Many injuries are caused by falling objects.
- Use wood or metal ladders around exposed, energized electrical equipment. Ladders can provide energy an easy path to ground.
- Paint a ladder. Paint conceals defects and can cover rating labels.
- Reach far out from or turn excessively while on a ladder. These actions risk destabilizing the ladder.
- Store a ladder in the rain or direct sun. These shorten a ladders service life.
- Lean a ladder on windows, unsecured surfaces, or other unstable support. Your support point must be as stable as your base.

- Use a defective ladder.

Inspection

The safety of ladders must be assessed by the user prior to each use. Only ladders in good condition are to be used.

OSHA HAZARD COMMUNICATION PROGRAM

Policy

Provide employees with training and information that covers the hazards of chemical substances in the workplace, protective measures they are expected to take, and the elements of the written hazard communication program.

Maintain a compliant hazard communication program according to 29 CFR 1910.1200, which includes a written program, list of hazardous chemicals, a system to manage SDS, labeling procedures, and employee training.

Basic Procedures

1. **BMS management at each location will:**
    - Customize and complete the written hazard communication program contained in Appendix A of this Safety Policy to ensure it is location specific. This program serves as the Written Hazard Communication program for the location. Keep a copy of the training materials with this written program. Keep a list of hazardous chemicals with the written program.
    - Establish a procedure to obtain and file SDS for hazardous substance in the workplace. This includes requesting SDS from suppliers when they are not available or outdated (outdated means older than 3 years). In addition to the SDS binder at the safety station, BMS will utilize a cloud-based platform, MSDS Online. In this platform, each building has a specific folder, unique to their location, with SDS for all products used.
    - Ensure employees are trained in the written HazCom program, the hazards of substances in the workplace, how they can recognize chemical substances, protective measures, SDS content and location, and the labeling system. Ensure that a training record is prepared and retained as a permanent record.

2. **Employees at each location will:**
    - Participate in training.
    - Actively participate in updating MSDS Online and report any new chemical usage to management.
    - Follow safe work practices and use proper precautions required based on instructions given by supervisors during formal training, information given during on-the-job training, and contained in this written program, SDS, and labels.
    - Inform the supervisor when an SDS is not available for a product.
    - Ensure that container labels remain on containers and are not removed, obscured, or defaced. Inform the supervisor when secondary containers of hazardous chemicals will be prepared so that labels can be provided on these containers before transfer.
    - Bring any problems or discrepancies to the attention of the supervisor for action.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Purpose

This is the written Bloodborne Exposure Control Plan (ECP) for Trident Building Maintenance (TBM). These guidelines provide policies and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29CFR 1910.1030. The purpose of this ECP includes:

- Eliminating or minimizing occupational exposure to blood or body fluids.
- Complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

All employees are covered by this policy. If after reading this program, you have suggestions or improvements please contact your supervisor.

Exposure Determination

We have determined which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment.

Job Classes:

- Janitorial
- Maintenance

Janitorial staff may encounter sharps (hypodermic needles, straight edge blades) in restrooms and in outdoor environments such as sweeping sidewalks and plazas, and in landscaping.

Maintenance staff may encounter contaminated items and sharps when cleaning waste lines.

Compliance Strategies

Universal precaution techniques developed by the Centers for Disease Control and Prevention (CDC) are observed at this facility to prevent contact with blood or OPIM. All blood or OPIM is considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, employees are required to wear personal protective equipment. At this facility, the following engineering controls are used:

- Place sharp items (e.g., needles, razor blades, etc.) in puncture–resistant, leak-proof, labeled containers.
- Clean and disinfect all equipment and work surfaces potentially contaminated with blood or OPIM.

Note: All contaminated surfaces and equipment shall be decontaminated immediately. When decontamination is required as part of housekeeping activities, an EPA registered disinfectant shall be used that complies with OSHA Bloodborne Pathogens standards for decontaminating blood and body fluids. Disinfectant shall be applied for the required contact time.

- Thoroughly wash hands with soap and water immediately after removing gloves.
- Prohibition of eating, drinking, smoking, applying cosmetics, handling contact lenses in work areas where exposure to infectious materials may occur.
- Surgical Masks/Eye Protection/Gloves are to be worn when appropriate.
- Practice the correct donning and doffing procedures for all PPE according to CDC guidelines.

When grossly contaminated surfaces are found, the employee shall call the supervisor who will issue appropriate cleaning solution and supplies.

The above controls are maintained and reviewed on a regular schedule.

Handwashing Facilities

Handwashing facilities are available to employees who have exposure to blood or OPIM. Supervisors shall ensure that employees wash their hands and any other contaminated skin after

removing personal protective gloves, or as soon as feasible, with soap and water. Supervisors also ensure that if employees' skin or mucous membranes become contaminated with blood or OPIM, then those areas are washed or flushed with water as soon as feasible following contact.

Sharps and Contaminated Item Retrieval

NOTE: This procedure is to be followed by employees authorized to handle sharps and contaminated items.

- Employees may not bend, recap, remove, shear, or purposely break contaminated needles or other sharps. If a procedure requires that the contaminated needle be recapped or removed and no alternative is feasible, then that employee must recap or remove the needle by using a mechanical device or a one–hand technique. When responding to a call concerning sharps or contaminated items, the supervisor must bring a collection tool and sharps container to the area.
- Contaminated sharps are discarded immediately, or as soon as possible, in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
- Sharps containers are sealable, puncture resistant, leak-proof, and labeled with a biohazard symbol.
- The sharp containers are stored in the supervisor's office, kept upright throughout use and not overfilled.
- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.
- The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container shall be labeled to identify its contents.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- All contaminated sharps must be removed by using appropriate personal protective equipment.

Personal Protective Equipment

- Supervisors ensure that appropriate PPE, in the appropriate sizes, is readily accessible at the work site and is issued without cost to employees.
- Employees must wear gloves when they anticipate hand contact with blood, OPIM, non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Hypoallergenic gloves, glove liners, powderless gloves, or other similar

alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

- Disposable gloves used at this facility are not to be washed or decontaminated for re–use. Gloves are to be replaced, as soon as practical, when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re–use if the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Information and Training

BMS ensures that bloodborne pathogens (BBP) trainers are knowledgeable in the required subject matter. We make sure that employees covered by the bloodborne pathogens standard are trained at the time of initial assignment to tasks where occupational exposure may occur, and every year thereafter. Supervisors are responsible for training.

The training will be interactive and cover the following:

- BBP standard and its contents
- Epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- Bloodborne Pathogen ECP, and a method for obtaining a copy
- Recognition of tasks that may involve exposure
- Use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE)
- Types, use, location, removal, handling, decontamination, and disposal of PPE
- Proper selection of PPE
- Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge
- Appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including the method of reporting and medical follow–up
- Evaluation and follow–up required after an employee exposure incident
- Signs, labels, and color- coding systems

Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure. Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan will only receive training in provisions of the plan that were not covered.

Recordkeeping

All training records will be kept by the supervisors. Training records shall be maintained for three years from the date of training. The following information shall be documented:

- Date of training sessions
- Outline describing the material presented
- Name and qualifications of person conducting the training
- Names and job titles of all persons attending the training sessions

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20 by the Personnel Office. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee
- A copy of the employee's HBV vaccination status, including the dates of vaccination
- A copy of all results of examinations, medical testing, and follow–up procedures
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure

Availability of Records

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request.

Transfer of Records

If this facility is closed, or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

Hepatitis B Vaccination Program

BMS offers the Hepatitis B vaccine and vaccination series to all employees who have had an exposure incident. All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post–exposure follow–up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician.
- Provided according to the recommendations of the U.S. Public Health Service.

- All exposures are treated as contaminated. Vaccination is offered at no cost to employee who may have been exposed.

Post–Exposure Evaluation and Follow–Up

All exposure incidents are reported, investigated, and documented. When the employee is exposed to blood, contaminated or cut by a contaminated item the incident is reported to the supervisor. The employee will receive a confidential medical evaluation and follow–up, including at least the following elements:

- The documentation of the route of exposure, and the circumstances under which the exposure occurred
- The identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. State or local laws affecting the investigation or documentation of exposure incidents are N.Y. laws and are the same as OSHA Federal Regulations Section 1910 1030. New York State runs an OSHA approved state plan.
- The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV infectivity. If consent is not obtained, the supervisor establishes that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
- When the source individual is known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing are made available to the exposed employee, and the employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood is collected as soon as possible and tested after consent is obtained.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post–exposure evaluation and follow–up according to the OSHA standard. All post exposure follow–up will be performed by the healthcare professional responsible for the employee's Hepatitis B vaccination. The employee is provided with the following:

- A copy of 29 CFR 1910.1030
- A written description of the exposed employee's duties as they relate to the exposure incident
- Written documentation of the route of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee including vaccination status

BMS will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for HBV vaccination must be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post–exposure follow–up is limited to the following information:

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

Note: All other findings or diagnosis shall remain confidential and will not be included in the written report.

OSHA RECORDING AND REPORTING

Policy

BMS requires timely and uniform reporting, recording, and notification of work-related accidents. We strive to improve safety performance through incident investigations that includes identifying root causes and implementing corrective actions to prevent recurrence. BMS is responsible for creating and maintaining records as required by OSHA under 29 CFR 1904, as they relate to OSHA 300 logs, 300A summaries, and 301 incident records.

Basic Procedures

- The TBM supervisor is responsible for ensuring incident records are kept per these procedures.
- Immediately after an employee accident, and after the employee has been properly attended to, complete the Work-Related Injury Incident Report and send a copy to Human Resources at the fax/address/email on the form.
- Note: In no case shall a record be created later than 7 calendar days from the accident.
- BMS HR will complete the OSHA 300 log information and file it in the corporate office.
- Keep all OSHA accident records for 5 years.
- For any accident that results in hospitalization (i.e., in-patient admission) or death, the Vice President of Human Resources and the Director of Risk Management shall be contacted by telephone as soon as possible, but no later than 8 hours after the incident.
- For any accident involving hospitalization of 3 or more employees or a fatality, OSHA shall be contacted by telephone at 800-321-6742 within 8 hours of the incident.
- At the end of each calendar year, HR will review the OSHA 300 log, sum the columns, and certify the form.
    - The OSHA 300A summary for the previous year shall be posted on each employee bulletin board from February 1 until April 30, i.e., use the same location where other employee notices are posted.
    - A copy of the OSHA 300 log and the 300A summary shall be sent to the Director of Risk Management by February 1 of each year.
- For all accidents, an investigation shall be conducted by the BMS Safety and Training Manager. An action plan will be developed, and corrective actions shall be implemented to prevent recurrence of the circumstances that led to the accident.
    - The investigation form shall be sent to Human Resources with the Work-Related Injury Incident Report.

Definitions

Days away from work case

An injury where the employee is unable to report to work the day after the injury or any subsequent days due to medical reasons related to the injury. Days away from work are counted on a calendar basis beginning with the day after the injury.

First-aid treatment

Any of the following procedures regardless of who administers them:

- Use of non-prescription medicine at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, etc., but not sutures or staples
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters/foreign material from the skin by irrigation, tweezers, cotton swabs, etc.
- Using finger guards
- Using massages except physical therapy or chiropractic treatment
- Drinking fluids for relief of heat stress

Medical treatment

The management and care of an injured patient but it does not include:

- Visits to a physician or other licensed health care professional for observation or counseling;
- Diagnostic procedures, such as x-rays, blood tests, or prescription medicine for diagnostic purposes
- First aid treatment

OSHA recordable accident

Work-related injury or illness that results in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or significant injury or illness diagnosed by a physician or other licensed health care professional.

Restricted or job transfer case

Injury where the employee is able to report to work but is unable to perform one or more of the routine job functions, cannot work the full workday, or is transferred to a new job due to medical reasons related to the injury. Days are counted on a calendar basis beginning with the day after the injury.

Travel status

The period of time, other than commuting, when an employee is directly engaged in work activities in the interest of the company such as traveling from one job site to another, direct travel to meet a customer, conducting job tasks, and activities that directly promote business. Travel status does not include checking into a hotel, side trips not in the interest of the company, or working from home. Accidents that occur during travel status are considered work-related.

Work-related injury

Work-related injury is defined as an injury or illness resulting from an event or exposure in the work environment or a pre-existing injury or illness that is significantly aggravated during work. Work-relatedness is presumed for events or exposures occurring in the work environment, except if any of the following conditions exist:

- The employee was in the work environment as a member of the general public.
- Symptoms surfaced at work solely from a non-work-related event.
- The injury involved voluntary participation in a wellness program or recreational activity.
- The injury involved eating, drinking, or preparing food or drink for personal consumption.
- The injury involved a personal task unrelated to work and outside of working hours.
- The injury is the result of personal grooming, self-medication, or is intentionally self-inflicted.
- The injury is caused by a motor vehicle on a company parking lot/access road while commuting.
- The illness is the common cold or flu.
- The illness is a mental illness unless a health care provider determines it to be work-related.

Work-Related Injury Incident Report

Work-Related Injury Incident Report

This report MUST be completed within 24 hours of accident

Company Information:

Today's Date: / /	Division:	Department:
Accident Address:		
Was accident on Employer's premises? ☐ Yes ☐ No If no, where:		

Employee Information:

Name:		Phone:
Street Address:		
City:	State:	Zip Code:
Gender: ☐ Male ☐ Female	SSN:	Date of Birth: / /
Job Title:	Date of Hire: / /	☐ Full-Time ☐ Part-Time
Supervisor's Name:	Supervisor's Phone Number:	Did Supervisor see injury happen? ☐ Yes ☐ No
Does employee have a second job? ☐ Yes ☐ No	If yes, is it ☐ Full-Time ☐ Part-Time	
If yes, employee must provide: Name, Address, Phone # of other job		

Incident Information:

Date of Injury: / /	Time of Injury: ☐ AM ☐ PM	Time employee began working: ☐ AM ☐ PM
Where did the incident occur:		
Has the employee given you notice of injury/illness? ☐ Yes ☐ No		
Claim Reported To:	☐ orally ☐ in writing	Date notice provided: / /
If not reported within 24 hours, provide explanation:		

Injury Information:

Body Part(s) Affected:				
☐ Bruise, Contusion	☐ Sprain, Strain	☐ Broken bone, fracture	☐ Eye irritation	☐ Cut, puncture
☐ Skin disorder	☐ Respiratory	☐ Hearing loss	☐ Poisoning	☐ Heat Stress
☐ Other injury/illness				
Did the employee lose consciousness? ☐ Yes ☐ No			Coherency? ☐ Yes ☐ No	
Weather conditions:		Area conditions:		
Clothing/PPE worn:				
What was employee doing just before the accident occurred?				
What happened when the injury occurred?				

Work-Related Injury Incident Report - Page 1 of 3

Work-Related Injury Incident Report

This report MUST be completed within 24 hours of accident

Describe the injury or illness?
What object/substance directly harmed the employee?
Corrective Actions:
Reason to Doubt Validity of Claim:

Medical Treatment Information:

Medical treatment requested? ☐ Yes ☐ No If yes, what was the date of employee's first treatment? / /	
Doctor's Name:	Doctor's Phone:
Doctor's Address:	
Name of Hospital:	Hospital Phone:
Hospital Address:	
Was employee treated in an emergency room? ☐ Yes ☐ No	Taken by ambulance? ☐ Yes ☐ No
Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No	Who authorized treatment?

Witness Information:

Witness Name:	Witness Phone:
Witness Address:	
Witness Name:	Witness Phone:
Witness Address:	

Supervisor (Print Name):	Date: / /
Signature:	
Work Phone:	Cell Phone:

Send to: Attn: Human Resources

OSHA Information:

Check One as it relates to the incident and update the OSHA 300 log based on the information below:
☐ Did not return to work next day: On OSHA 300 log check column (H) and enter the number of days away from work in (K)
☐ Returned to work the next day with restrictions: On OSHA 300 log check (I) and enter # of Restricted or Transferred Days in (L)
☐ First-aid treatment only (see definitions) and with no days away from work, restriction, or transfer: Do not record on OSHA 300
☐ Other medical treatment: On OSHA 300 log check (J) NOTE: On OSHA 300 log complete (M) if (H), (I) or (J) is also checked

Work-Related Injury Incident Report - Page 2 of 3

Work-Related Injury Incident Report

This report MUST be completed within 24 hours of accident

Maintain this form with your OSHA 300 logs
OSHA 300 case #: _____

ACKNOWLEDGEMENT OF RECEIPT

I have received a copy of the Trident Building Maintenance Safety Manual. I understand that it is my responsibility to adhere to the rules of safety as set forth by TBM and/or the Customer. I understand that it is my responsibility to ask my supervisor, or the TBM Safety and Training Manager, if there is anything I do not understand. Furthermore, I understand that it is my responsibility to report any workplace injury or accident immediately to my supervisor and to TBM HR.

By signing below, I acknowledge that I have read and understand the TBM Safety Manual and agree to obey the rules and programs as set forth.

Employee Signature	Date
Print Name	
Supervisor's Signature	Date
Print Name	