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## Policy & Purpose

Production Safety is committed to providing a safe and healthy work environment for all cast and crew members. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to biological agents.

This plan outlines the Biological Agents: Exposure Control Plan and applies to all cast and crew members who work for \_\_\_\_\_ (Name of Production) and any of their subsidiaries.

## Definitions

### Blood

Human blood, human blood components, and products made from human blood.

### Biological Agents / Bloodborne Pathogens

Pathogenic microorganisms present in the human blood and OPIMs that can cause disease in humans. These pathogens include but are not limited to the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

### Cast and Crew Member (non-medical)

Those individuals hired by production and work directly for the production who have little risk of occupational exposure in their normal course of duties. This definition does not include 3rd party vendors or contractors.

### Contaminated

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

### Decontamination

Use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

### Exposure Incident

Skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

### Harmful Contact

An exposure incident to blood or OPIMs through:

- Percutaneous injury (injury through the skin from a contaminated sharp item, such as a needle)
- Contact with the mucous membranes of the eyes, nose, or mouth
- Contact with non-intact skin (healing wound less than three days old or lesion causing disruption of outer skin layer)
- Bites

## Occupational Exposure

Reasonably anticipated harmful contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of a worker's duties.

## Occupational First Aid Attendant(s) (OFAA)

An individual or group, hired by production that are permitted by license and scope of practice to manage the duties of first and emergency support for that production. They must meet the standard set by provincial regulatory training requirements.

## Other potentially infectious materials (OPIM)

1. Any bodily fluid that is visibly contaminated with blood.
2. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
3. OPIM may include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood.

## Personal Protective Equipment (PPE)

Equipment or clothing designed to protect you from workplace hazards including disposable gloves, gowns, face shields or masks, high visibility vests, ear, and eye protection.

## Sharps Injury

Wounds caused by needles, broken glass, wires, and any sharp object that may result in exposure to blood or OPIM. This type of injury should be reported to production safety immediately.

## Universal Precautions

Is an approach to infection control. The premise that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other biological agents. The basis of these precautions is hand hygiene, PPE, respiratory hygiene (cough etiquette), and sharps safety.

## Risk identification

All OFAAs have the potential for occupational exposure to biological agents. OFAAs may have contact with blood or OPIMs via the following:

- Percutaneous injury
- Mucous membrane contact
- Non-intact skin contact

It is reasonably anticipated that such contact may occur when attendants are providing occupational first aid to cast and crew members, including rendering first aid, wound care, and performing post-treatment and scene clean up.

## Responsibilities

### Production

1. Review the risk identification and assessment of the OFAA's potential occupational exposure to biological agents (see "Risk Identification" above).
2. Implement engineering controls, safe work practices, and work procedures to eliminate or reduce the OFAA's potential exposure to biological agents (see the "Risk Control Assessment" section below)
3. Ensure that investigations of the OFAAs' exposure incidents to blood or OPIM are conducted, and corrective actions taken to prevent similar events from occurring.
4. Provide OFAAs with appropriate personal protective equipment.
5. Ensure OFAAs are provided with education and training on biological agents and the exposure control plan (see the "Education and Training" section below).
6. Provide OFAAs with a medical evaluation made available upon request and to cast and crew following an exposure incident.
7. Ensure that all pertinent injury reports are completed and maintained (see "Recordkeeping" below).
8. Follow the Post-Exposure Incident Response (PEIR) Checklist to ensure that OFAAs who have had an exposure are medically evaluated appropriately. See Form 1 at the end of this document for the PEIR checklist.
9. Verify that OFAAs have received their biannual training.

### Occupational First Aid Attendants (OFAAs)

1. Follow universal precautions, safe work practices, and wear appropriate PPE.
2. Complete education and biannual training as required by licensure and higher authorities.
3. Report the injury in the official injury reporting system and follow up with cast and crew regarding appropriate care.
4. Follow the exposure control program and fill out the Post-Exposure Incident Response checklist in the event of an exposure and provide resources from this document to the affected individual.
5. Participate in injury and illness investigations.

## Hazard Recognition

The most common diseases transmitted occupationally as biological agents are HIV and viral hepatitis:

1. Human immunodeficiency virus (HIV) attacks the immune system leading to the disease known as acquired immunodeficiency syndrome (AIDS). HIV is transmitted primarily through sexual contact, but also may be transmitted through contact with blood and some body fluids. HIV is not transmitted by touching, or working with or around people who carry the disease.
2. Viral hepatitis, such as hepatitis B (HBV) or hepatitis C (HCV), infects a much larger portion of the general public and is more readily transmitted than HIV. Hepatitis means inflammation of the liver. The primary mode of occupational transmission for HBV and HCV is primarily through exposure to infected blood via open wound or contaminated needlestick.

## Exposure Response

For members with possible exposure to biological agents, the following basic guidelines should be followed:

### Initial Exposure Response

1. Seek immediate care and perform first aid measures.
  - a. Treat all body fluids as infectious.
  - b. Flood exposed area with soap and water, or flush mucous membranes with water as soon as feasible after contact with blood or OPIM. Even if you were wearing PPE in that area.
    - i. If handwashing facilities are not available, then antiseptic cleanser or towelettes must be used and hands will be washed with soap and water as soon as feasible.
2. The potential exposure incident involving the presence of blood or OPIM should be reported immediately to the OFAA, production management, and production safety.
3. Ensure clean up and proper disposal.
  - a. Isolate the contaminated area and do not move tools or work materials from the incident site.
  - b. Secure the area to allow for a possible investigation by supervisor and/or production safety.
  - c. All spills shall be contained and cleaned up by OFAAs or others properly trained and equipped to work with blood and OPIM.
    - i. Never clean blood or OPIM without proper PPE.
  - d. Only authorized and trained personnel may clean the area and dispose of any onsite contaminated waste.
4. Ensure medical care is not delayed.
  - a. Production shall provide immediate access to medical care.
  - b. Medical care is provided at no cost to anyone with possible exposure. A confidential medical evaluation and follow-up with a healthcare provider will be offered.

### Exposure Reporting

1. Complete the Post Exposure Incident Response Checklist (PEIR Checklist) Form 1.
2. Production will report and maintain the following as appropriate:
  - a. Immediately report the potential exposure injury in the injury reporting system.
  - b. The Post-Exposure Checklist and injury report must be completed within 14 working days. This includes all sharps exposure for non-needle injuries as well (glass, blades, knives, etc.) that involve contamination with another person's blood or OPIM.
  - c. Affected supervisor or manager will immediately alert production safety of possible exposure incidents and notify trained individuals responsible for clean-up.
3. Injury Investigation will be conducted by the supervisor or department head with assistance and consultation from the production safety representative.

## Health Monitoring

1. Pre-exposure
  - a. Hepatitis B vaccinations series will be offered at no cost to the individual within 10 days of initial assignment to production as the OFAA, upon request.
2. Post-exposure
  - a. The hepatitis B vaccination will be offered after any potential or confirmed exposure. It is highly effective if received prior to or as soon as possible after being exposed to HBV.
  - b. Anyone who initially declines the Hepatitis B vaccination after potential exposure, must sign the Hepatitis B Declination Statement (Form 2) or the Refusal of Medical Treatment Form (Form 3). The hepatitis B vaccination can be made available again after an initial refusal, per medical guidance.

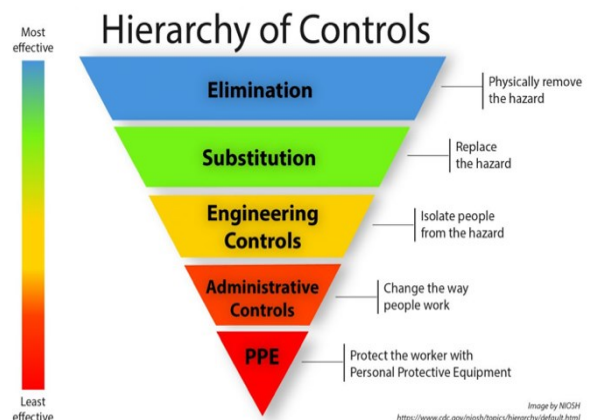
## Risk Control Assessment

### Control procedures

Engineering and safe work practice controls are the preferred means to eliminate or minimize OFAAs' exposure to biological agents during work. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be used.

### Engineering Controls

- Engineering controls include sharps containers, retractable needles, and forceps for cleaning up sharps/glass.
- OFAAs must always watch out for sharp objects that may have been infected and pose a risk of percutaneous injury (e.g., contaminated broken glass at an accident site).
- Equipment contaminated with blood or OPIM, shall be examined prior to servicing or use and shall be decontaminated or disposed of, before continuing usage.



<https://www.cdc.gov/niosh/topics/hierarchy/default.html>

### Universal Precautions

- OFAAs will treat all blood and OPIMs as though they are known to be infected with biological agents and will follow infection-control precaution and procedures as specified in the manual and training guides. To include the following:
  - Following precautions to prevent sharps injuries
  - Using resuscitation devices
  - Wearing personal protective equipment
  - Following handwashing procedures
- Work areas shall be maintained in a clean and sanitary condition.
- When performing emergency procedures where blood or OPIM are present, minimize splashing, spraying, or generation of droplets of these substances.

## Personal Protective Equipment (PPE)

- Shall be provided by the production at no cost and shall be readily accessible at the worksite.
- Production shall replace or properly dispose of broken or contaminated PPE.
- Appropriate PPE
  - Gloves
    - Shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood or OPIM, mucous membranes, and non-intact skin or when handling or touching contaminated items or surfaces.
    - Disposable gloves shall be disposed of when contaminated and shall not be reused or decontaminated for re-use.
- Masks, Eye Protection, and Face Shields
  - Masks in combination with eye protection devices such as goggles or glasses with side shields, or chin length face shields shall be worn whenever splashes, spray, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- PPE Disposal
  - Members shall remove all PPE prior to leaving the affected work area. All blood or OPIM must be properly cleaned up and disposed of in approved containers and only by OFAAs or those with proper training.

## Waste Disposal

### Contaminated Sharps

- Contaminated sharps shall be discarded immediately or as soon as feasible in an appropriately labeled, color coded container that is closable, puncture resistant and leak-proof on sides and bottom.
- Containers for contained sharps shall be readily accessible and maintained in an upright position, replaced routinely, and not become overfilled.

### Contaminated Waste

- Sharps disposal containers will be securely closed and replaced when they are two-thirds full.
- First aid waste items (e.g., disposable gloves, pads, and dressings) that are not dripping, saturated, or grossly contaminated with blood or OPIMs are considered general waste. They will be discarded in waterproof waste bags for disposal at a landfill.
- Items that are grossly contaminated with blood or OPIMs are considered biomedical waste. They must be appropriately bagged and disposed of in accordance with provincial and local regulatory agencies.

## Education & Training

- All OFAAs shall receive biannual refresher training regarding biological agents and the exposure control plan at the time of renewal of their occupational first aid certificate.
- Productions shall hire OFAAs with up-to-date training requirements and verify that contracted or 3rd party personnel have provided proof of certification.

## Record keeping

Exposure incident records (first aid records, accident reports, incident investigation reports, claim forms, and health records) will be kept for all specific OFAA exposure incidents to blood or OPIMs.

**If there are any questions regarding this document, training, or attachments, please reach out to your production safety representative for further guidance. The Safety Hotline (818) 560-7391 is available 24/7/365 for reporting of all unsafe conditions or work practices.**



## Post-Exposure Incident Response (PEIR) Checklist (Form 1)

Affected Employee's Name	Incident Date / Time
Nature of Incident	Location of Incident (address)

### Potentially Infectious Materials Involved

Type (blood/OPIM)	Source (Name of individual)
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Circumstances under which the exposure incident occurred (general description of what happened):

Describe how incident was caused (accident, equipment malfunction, etc.):

Routes of exposure (cut, puncture, needle, etc.)	_____
Employee's job duties at time of exposure	_____
Personal protective equipment used	_____
Actions taken	_____
(First aid, isolation of area, reporting, etc.)	_____

Recommendations for avoiding future injury or exposure:

<p>The following information has been provided to you by the production or or OFAA:</p> <p>(Check box as applicable)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to the provincial Biological Agents Exposure regulation (paper or electronic)</li> <li><input type="checkbox"/> A copy of the production's Biological Agents: Exposure Control Program (ECP)</li> <li><input type="checkbox"/> A copy of this document, filled out in full, for the individual and production manager to retain for record</li> <li><input type="checkbox"/> A refusal of medical treatment or Hepatitis B vaccination declination form (as applicable)</li> <li><input type="checkbox"/> Follow up with affected members regarding source individual and affected member treatment rights</li> </ul>
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## Acknowledgement of Hepatitis B Vaccination Declination (Form 2)

Employee Name		Date	
Position		Department	

I, \_\_\_\_\_(employee's Full Name), hereby acknowledge that I have been informed of the potential occupational exposure to biological agents, particularly of hepatitis B virus (HBV), as a part of my duties and responsibilities within \_\_\_\_\_(production). I further acknowledge that I have been offered the hepatitis B vaccination series. I understand that the hepatitis B vaccination is provided at no cost to me and is available at the company's expense.

Despite being fully informed about the potential risks and benefits associated with the hepatitis B vaccination, I have chosen to refuse the vaccination series offered to me.

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this acknowledgement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

**A copy of this completed document must be sent to Production Safety.**

## Refusal of Medical Treatment (Form 3)

I have been advised by my supervisor and/or production management that I may seek medical treatment for the injury that may have occurred on the job per the below listed information. By signing this document, I acknowledge and accept full responsibility for consequences that may arise due to this refusal of medical treatment. I will inform my supervisor and/or Unit Production Manager immediately should I chose to seek care at a later date.

Employee Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Time of Injury per Employee \_\_\_\_\_

Employee list specific body part(s): *Example: Right hand, index finger*

\_\_\_\_\_

Employee list specific injury type: *Example: Scratch, burn, cut*

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Supervisor / OFAA Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Supervisor/OFAA Comments:

\_\_\_\_\_

**A copy of this completed document must be sent to Production Safety.**