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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 bloodborne pathogens.

This plan outlines the Bloodborne Pathogen: 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.

Bloodborne Pathogens

Pathogenic microorganisms that are present in human blood and can cause disease in humans.

Bloodborne Pathogen Program

A regulatory standard that prescribes safeguarding actions to protect workers against health hazards related to bloodborne pathogens, outlined in OSHA's federal and state Bloodborne Pathogen Standard.

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.

Designated Medical Personnel

An individual or group hired by production that are permitted by license and scope of practice to manage the duties of first aid and emergency support for that production. These individuals are subject to all pertinent training and injury reporting requirements.

Exposure Incident

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

Good Samaritan

Anyone who renders aid in an emergency to an injured or ill person as long as they are acting voluntarily, without expectation of reimbursement or compensation.

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. OSHA outlines OPIM to include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood.

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 may be an OSHA recordable injury and 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 bloodborne pathogens. The basis of these precautions is hand hygiene, PPE, respiratory hygiene (cough etiquette), and sharps safety.

Employee Exposure Determination

Members with a Reasonably Anticipated Occupational Exposure

Participants include members who could reasonably be anticipated, as a result of performing their job duties, to face contact with blood or other potentially infectious materials (OPIM) while at their place of employment. Those members may include the following job descriptions:

1. Designated medical personnel
 - a. Potential tasks include touching blood or OPIM and responding to emergency situations, that could result in occupational exposure while employed by production.

Members with an Unanticipated Occupational Exposure

This category includes cast and crew members who would not have a reasonably anticipated occupational exposure to blood or OPIM in the workplace. These types of exposures are created by an unanticipated activity. Examples include but are not limited to, a "Good Samaritan" providing first aid in an emergency.

Responsibilities

Production

1. Review the employee exposure determination assessment regarding the designated medical personnel's potential occupational exposure to bloodborne pathogens (see "Employee Exposure Determination" section above).
2. Implement engineering controls, safe work practices, and work procedures to eliminate or reduce potential exposure to bloodborne pathogens (see "Methods of Implementation and Control" below).
3. Ensure a medical evaluation is made available to all designated medical personnel upon hiring and cast and crew follow-up after an exposure incident.
4. Ensure that investigations of exposure incidents to blood or OPIM are conducted, and corrective actions taken to prevent similar events from occurring.
5. Verify designated medical personnel have completed training on Bloodborne Pathogens and the exposure control plan.
6. Ensure that all pertinent injury and training records are maintained.
7. Provide state and federal OSHA Bloodborne Pathogen Standard to the member post-exposure and complete the Post-Exposure Incident Checklist (see "Resources" and "Form 1" at the end of this document).
8. Provide readily accessible facilities for handwashing and infection control.
9. Provide appropriate PPE to cast and crew where needed and maintain or replace as directed by manufacturers specifications.
10. Provide warning labels and color-coded bags and containers for storage and proper disposal of potentially infectious waste.

Designated Medical Personnel Under Production

1. Follow universal precautions, safe work practices, and wear appropriate PPE.
2. Report the injury in the official injury reporting system and follow up with cast and crew regarding appropriate care.
3. 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.
4. Participate in injury and illness investigations.

Production Safety

1. Educate production management on the ECP and reporting requirements.
2. Assist and advise production with any potential exposure incidents (anticipated or unanticipated).
3. Review and update the Bloodborne Pathogens Program, including the ECP, at least annually or when there are changes in work practices, equipment or working environment that may affect exposures, new medical practices and advancements, and updated or new regulatory requirements.
4. Ensure all potential exposure injuries are investigated and closed out in the injury reporting system within 14 working days.

Hazard Recognition

The most common diseases transmitted occupationally through bloodborne pathogen exposure 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 Incidents

Exposure Response

For any exposure, the below are minimum guidelines that should be followed:

Initial Exposure Response

1. Immediately seek appropriate 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 designated medical personnel, 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 necessary investigation by supervisor and/or production safety. Keep area secure until cleared by production safety.
 - c. Spills shall be contained and cleaned up by appropriate professional staff 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.

Initial Exposure Reporting

1. Complete the Post Exposure Incident Response Checklist (PEIR) Checklist Form 1.
2. Production shall 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 designated 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.

Hepatitis B Vaccination

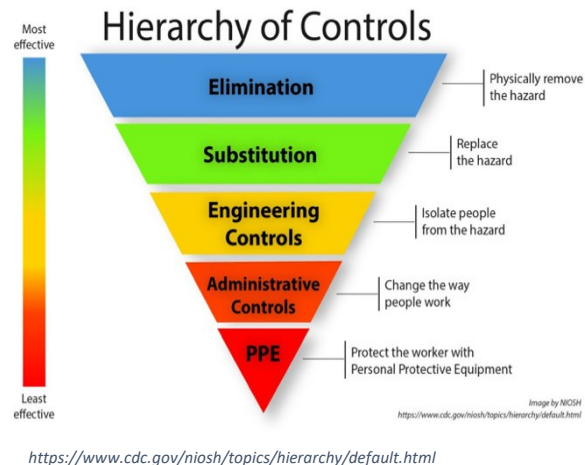
1. Pre-exposure
 - a. Hepatitis B vaccinations series will be offered at no cost to the individual after initial Bloodborne Pathogen training and within 10 days of initial assignment to production as designated medical personnel.
2. Post-exposure
 - a. The hepatitis B vaccination will be offered after 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.

Methods of Implementation and Control

Reasonably Anticipated Occupational Exposure

For those with a reasonably anticipated occupational exposure, a set of engineering and work practice controls shall be used to eliminate or minimize exposure. Where occupational exposure remains, after the implementation of these controls, personal protective equipment shall also be used.

1. Engineering controls include sharps containers, retractable needles, and forceps for cleaning up sharps/glass.
2. Universal precautions shall be observed as an exposure control to prevent contact with blood or OPIM.
3. Equipment contaminated with blood or OPIM, shall be examined prior to servicing or use and shall be decontaminated or disposed of, before continuing usage.
4. Work areas shall be maintained in a clean and sanitary condition.
5. Do not eat, drink, smoke, apply cosmetics or lip balm or handle contact lenses in work areas where there is likelihood of occupational exposure.
6. When performing emergency procedures where blood or OPIM are present, minimize splashing or spraying or the generation of droplets of these substances.



Personal Protective Equipment (PPE)

1. Shall be provided by the production at no cost and shall be readily accessible at the worksite.
2. Production shall replace or properly dispose of broken or contaminated PPE.
3. Appropriate PPE
 - i. Gloves
 - b. 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.
 - c. Disposable gloves shall be disposed of when contaminated and shall not be reused or decontaminated for re-use.
 - i. Masks, Eye Protection, and Face Shields
 - d. 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, spatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.
4. PPE Disposal
 - a. 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 designated medical personnel or those with current bloodborne pathogen training.
 - b. Soiled rags, disposable equipment and PPE should be placed in an appropriately marked containers for proper disposal.

Waste Disposal

Contaminated Sharps

1. 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.
2. Containers for contaminated sharps shall be readily accessible and during use, maintained in an upright position, replaced routinely and not become overfilled.
3. Containers for contaminated sharps shall be closed prior to removal or replacement and if leakage or puncture is possible, placed in a secondary container which meets the requirements of the first container.
4. Contaminated needles must not be sheared or broken, bent, recapped or be removed from containers.

Contaminated Waste

1. Contaminated waste shall be placed in appropriately labeled, color coded and closable containers which are constructed to contain and prevent leakage.
2. Containers shall be closed prior to removal to prevent spillage.
3. If the original container is contaminated on the outside, the original container shall be placed in a secondary container that meets all the requirements.
4. Disposal of all regulated waste shall be in accordance with the local and federal medical waste procedures.

Labels & Signs

1. Use of orange or orange-red biohazard symbol and the use of red bags or containers for the handling of blood or other infectious materials must be labeled with florescent orange or orange-red biohazard warning labels.
2. The warning label must contain the biohazard symbol and must have the word BIOHAZARD on it and be attached to each object by string, wire, adhesive or another method to prevent loss or unintentional removal of the label.
3. If any equipment is contaminated and needs to be serviced or shipped for repairs or cleaning, the equipment must be labeled indicating which portions are still contaminated.
4. Follow all federal, state, local and location area guidance on hazardous waste management.
5. Do not place items with blood or OPIM in regular trash bins.

Training

All designated medical personnel should receive training initially and annually. Productions shall hire designated medical personnel with up-to-date training requirements and verify contracted or 3rd party personnel are qualified and trained.

Program Administration and Recordkeeping

Exposure incidents are evaluated to determine if the case meets federal and state OSHA recordkeeping requirements. Production is responsible for ensuring all injuries and illnesses are reported and entered into the safety incident management system and retain all OSHA-required records for the determined amount of time.

Resources:

[Federal OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030](#)

[Cal OSHA Bloodborne Pathogens Standard](#)

[CSATF Bulletin Database- Review Safety Bulletin #24](#)

[OSHA Bloodborne Pathogen Fact Sheet](#)

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:

The following information has been provided to you by the production or designated medical personnel: (Check box as applicable)	<input type="checkbox"/> A copy of the production's Bloodborne Pathogens Exposure Control Program (ECP)
	<input type="checkbox"/> A copy of this document, filled out in full, for the individual and production manager to retain for record.
	<input type="checkbox"/> A refusal of medical treatment or Hepatitis B vaccination declination form (as applicable)
	<input type="checkbox"/> Follow up with affected members regarding source individual and affected member treatment rights.
	<input type="checkbox"/> OA copy of this completed checklist must be given to the affected employee(s), production, and production safety.
	<input type="checkbox"/> A copy of the OSHA Bloodborne Pathogens Standard and OSHA Fact Sheet regarding Bloodborne Pathogens

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 bloodborne pathogens, particularly of the hepatitis B virus (HBV), as a part of my duties and responsibilities working for _____ (name of production). I further acknowledge that I have been offered a medical evaluation to include the hepatitis B vaccination, which is recommended by the Center for Disease Control (CDC) and Occupational Safety and Health Administration's (OSHA), Bloodborne Pathogens Standard. I understand that the hepatitis B vaccination would be provided at no cost to me and is available at the company's expense.

Despite being fully informed about the potential risks of refusal and benefits of the hepatitis B vaccination, I have chosen to refuse the vaccination offered to me at this time.

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 or 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/Safety Specialist Signature _____ Today's Date _____

Manager/Safety Specialist Comments:

A copy of this completed document must be sent to production safety.