Anderson Auto Group
Bloodborne Pathogen Exposure Control Plan

I. Purpose
It is the policy of Anderson Auto Group to provide a safe and healthful workplace for our employees. This policy and procedure will provide a method to safe guard our employees from being occupationally exposed to blood and other potentially infectious materials (OPIM), during first aid and emergency situations. It is also the intent of this policy to comply with federal OSHA requirements listed in 29 CFR 1910.1030.

A. Scope
This policy applies to individuals, who in an emergency situation have the potential for being exposed to blood and other potentially infectious materials when responding solely to injuries resulting from workplace incidents. This policy also applies to janitorial personnel who are directly responsible for the cleanup of an incident site after an accident.

II. General Program Management
A. Responsible Persons
There are five groups of responsible person(s) that are central to the effective implementation of our Blood borne Pathogen Program. These are: The Stores Safety Chair, Department Managers, Our Employees, Our volunteer First Aid Responders & the Corp. QEP Support Manager.

Safety Chair
The Stores Safety Chair will be responsible for the overall management and support of our facility's Blood borne Pathogen Program. Activities delegated to this position typically include, but are not limited to:
• Working with management and other employees to develop and administer any additional blood borne pathogen related policies and practices needed to support the effective implementation of this plan.
• Looking for ways to improve the Exposure Control Program, as well as to revise and update the plan annually and when workplace changes occur.
• Collecting and maintaining suitable reference materials.
• Acting as facility liaison during OSHA inspections.
• Conducting periodic facility audits to maintain an up-to-date Exposure Control Program.
• Working with People Resources in maintaining an up-to-date list of facility personnel requiring training, in conjunction with facility management
(See Appendix E).

Department Managers
- Department managers are responsible for exposure control in their respective areas.
- They work directly with the Safety Chair and our employees to ensure the proper exposure control measures are followed.
- Ensuring their direct reports required training is completed in a timely manner

Employees
As with all of our facility's safety programs, our employees have the most important role in our Blood borne Pathogen Compliance Program, for the ultimate execution of much of the program rest in their hands. In this role they may be required to know and perform the following.
• Know what tasks, if any, they perform having occupational exposure.
• Complete the Blood borne Pathogens Training sessions.
• Plan and conduct all operations in accordance with our work practice controls.
• Develop & maintain good personal hygiene habits.

First Aid Responders
These individuals are Certified in First Aid/Basic CPR & Blood Borne Pathogens. They have a critical role related to ensuring their safety, the person's being treated & other employees related to Blood Borne Pathogens Safety. In this role they must know:
- Understand the occupational exposure potential.
- Be & Maintain Certification in First Aid/CPR/Blood Borne Pathogens.
- Attend the companies Blood Borne Pathogens Training & provide support for this training.

QEP Support Manger
- Write & Maintain the Company Blood Borne Pathogens Policy in accordance with the OSHA standard.

- Set-up & Maintain the training Process.
- Provide Support as needed.

B. Availability of the Bloodborne Pathogens Exposure Control Plan to Employees
To help employees with their efforts, our facility's Exposure Control Plan is available at any time for review. Employees are advised of this availability during their education and training sessions. Copies of the Exposure Control Plan are available on our internal communications web-site & kept in the Corporate People Resource Dept.

C. Plan Review and Update
To keep our Exposure Control Plan up-to-date, the plan will be reviewed and updated under the following circumstances:
• Annually, on or before Sept. (25th)
• Whenever new or modified tasks and procedures are implemented which could affect occupational exposure of our employees.
• Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
• Whenever we establish new functional positions within our facility that may involve exposure to blood borne pathogens.

III. Exposure Determination
OSHA requires employers to conduct an exposure determination concerning which employees may incur occupational exposure to potentially infectious materials. The exposure determination is made without regard to the use of personal protective devices. This is, the employee is considered exposed even if they wear personal protective equipment. At this facility, the following job classifications have been determined to have the possibility of an occupational exposure to blood borne pathogens: (List the job classification and the procedures that might expose an employee in that class. Below are some examples.)

• Janitor - Tasks or procedures that may cause exposure are cleaning of restrooms and cleaning of first aid station or accident site.
• Managers - Task or procedures that may cause exposure is attending to a work related injury. (Only managers who have received first-aid training should be attending an injury.)
• First Aid Personnel - Task or procedure that may cause exposure is attending a work related injury.

The list was compiled on or before March 1, 2005. The Safety Chair will work with department supervisors and manager to review and update the list as our tasks, procedures, and classifications change.

IV. Methods of Compliance
We understand that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to blood borne pathogens in our facility. These areas consist of:
• The use of Universal Precautions.
• Establishing appropriate Engineering Controls.
• Implementing appropriate Work Practice Controls.
• Using necessary Personal Protective Equipment.
• Implementing appropriate Housekeeping Procedures.

A. Universal Precautions
Universal precautions will be observed at our facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
• Gloves will be worn when touching blood or other body fluids, mucus membranes, no-intact skin, or handling items or surfaces soiled with blood or other bodily fluids. Gloves will be disposed of after a single use.
• If it is anticipated droplets of blood or any other body fluid may come in contact with the mucus membranes of the employees' eye, nose, or mouth, he/she will wear protective equipment. (i.e. goggles or face shield)
• Hands or other skin surfaces will be washed immediately if contaminated with blood or other body fluids. Hands will also be washed immediately upon glove removal.
• Any items such as razors, knife blades, broken glass or equipment will be disposed of in a puncture and leak proof container, labeled for disposal of such items.
• If clothing is contaminated it is to be removed as soon as possible.
• Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the first-aid room.

B. Engineering Controls
Engineering controls help to eliminate or minimize employee exposure to blood borne pathogens. At our facility, the following engineering controls will be utilized: (List all relevant controls needed. Some examples are listed below.)
• Implementation of safer medical devices.
• Use of sharp containers for disposable sharps.
• Use of containers and appropriate disposal bags for potentially infectious waste.

• Hand-washing facilities which are readily accessible to the employees who incur exposure to blood and other potentially infectious materials. Hand-washing facilities are located in restrooms.

C. Personal Protective Equipment

Personal Protective Equipment is our employees' "last line of defense" against blood borne pathogens. Our facility provides, at no cost to employees, the personal protective equipment they need to protect themselves against exposure. This equipment is located in or next to designated First Aid Kits within each facility. This equipment includes, but is not limited to those listed below: (List all appropriate protective equipment):

• Gloves.
• Safety Glasses.
• Goggles.
• Face Shields.
• Respirators.

The Department Manager, working with the Safety Chair, is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees. Employees' personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. To insure that personal protective equipment is not contaminated and is in the appropriate conditions to protect employees from potential exposure, our facility adheres to the following practices:

• All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
• Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed, at no cost to employees. To insure equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:

- All potentially contaminated personal protective equipment is removed prior to leaving a work area.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an exposure barrier. Reusable utility gloves are not used at this facility.
- Protective clothing such as light weight disposable jumpsuits are inspected for tears regularly to ensure their ability to function as an exposure barrier.

D. Housekeeping

Maintaining our facility in a clean and sanitary condition is an important part of our Exposure Control Plan for Blood Borne Pathogens. Our janitorial and cleaning staff employs the following practices when any surface or equipment contaminated with blood or other body fluids has been identified:

•The Contamination will be cleaned up immediately.
• Employees will use paper towels to remove the visible materials and then decontaminate using freshly prepared 10:1 water and bleach solution or an appropriate disinfectant registered with the Environmental Protection Agency (EPA).
• Cleaning products such as paper towels and gloves will be placed in plastic bags and removed by a hazardous waste disposal company. The bag will be red in color and marked with a biohazard label.
• Regulated wastes, including bandages, feminine hygiene products, etc. are also placed in biohazard bags for disposal consistent in the manner listed above.

The Safety Chair, working with the Store General Manager, is responsible for setting up our cleaning and decontamination schedule and insuring its effectiveness within our facility.

V. Hepatitis B Vaccination Exposure Evaluation and Follow-Up

A. Vaccination Program

To protect our employees as much as possible from the possibility of a Hepatitis B infection, our facility has implemented a vaccination program. This program is available at no cost to the employees, to all individuals who have been identified as having the possibility of occupational exposure to blood or other bodily fluids. This should occur within the 24 hours after an exposure.

- Employees who want the vaccination need to sign the consent form see Appendix B below.
- Employees who decline the Hepatitis B vaccine will sign a waiver that uses the wording in Appendix A of the OSHA standard (See Appendix A at the end of this sample program).
- Employees who initially decline the vaccine but who wish to later have it may request and receive it within ten days at no cost to that employee.
- People Resources will be responsible for keeping the recorded employee consent or refusal forms. (See Appendix A and B).
- Vaccinations are performed under the supervision of a licensed physician or other healthcare professional.

B. Post Exposure Evaluation and Follow-Up
If one of our employees is involved in an accident where exposure to Blood Borne Pathogens may have occurred, there are two things we immediately focus our efforts on:
• Investigating the circumstances surrounding the exposure incident.
• Insuring that our employees receive an immediate medical consultation and treatment (if necessary); in accordance with current CDC guidelines.

The Dept. Manager & Safety Chair will investigate every exposure incident that occurs in our facility. This investigation is initiated within 24 hours of the incident and involves gathering, but not limited to, the following information:
• Where, when, and how the incident occurred.
• What potentially infectious materials were involved.
• Source of the infectious materials.
• What circumstances surrounded the incident.
• Personal protective equipment being used at the time.
• Action taken as a result of the incident.

This information is evaluated and documented using the "Incident Investigation Form" (Appendix C) or a form requiring at least the same basic information. Our follow-up process consists of several steps, an exposed employee is provided with as outlined below: (also See Appendix D)

C. Information provided to the Health care Professional
• A copy of the "Incident Investigation Form" (Appendix C) and any accompanying information describing the exposure incident.
• Any other pertinent information.

D. Healthcare Professional's Written Opinion
After consultation, the healthcare professional will provide a written opinion to the employer (within 15 days) evaluating the exposed employee's situation. The employer will then notify the exposed employee of the results of that evaluation.
The healthcare professional shall be instructed to limit their opinions to the following:
• Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine.
• Following an exposure incident, that the exposed employee has been informed of the results of the evaluation.
• Following an exposure incident that the employee has been told about any potential medical conditions resulting from that exposure to blood or other potentially infectious materials. The written opinion to the employer will not reference any personal medical information.

VI. Labels and Signs
Biohazard labels are the most obvious warnings of possible exposure to blood borne pathogens. Because of this we have implemented a comprehensive biohazard warning labeling program in our facility using approved labels, or when appropriate, red "color coded" containers, The Safety Chair & Dept. Managers are responsible for setting up and maintaining this program in our facility.
The following items in our facility will be properly labeled: (Below are some examples of some items needing labeling. Please add or subtract items as needed in your specific facility.)
• Containers of regulated waste.
• Refrigerators/freezers containing blood or other potentially infectious materials.
• Sharp disposal containers.
• Other containers used to store, transport, or ship blood and other infectious materials.
• Laundry bags and containers, if containing or were in contact with infectious materials.
• Contaminated portions of equipment until properly cleaned.

VII. Information and Training
All employees who have the potential for exposure to blood borne pathogens are put through a comprehensive training program providing them with as much information as possible on the issue. (See Appendix F)
New employees or employees changing jobs or job functions requiring comprehensive training in blood borne pathogens will receive this training at the time of their new job assignment. After initial training, employees will be retrained at least annually to keep their knowledge current.
The Safety Chair is responsible for seeing that all employees who have any potential for exposure to blood borne pathogens receive this training.

A. Training topics

Training will be provided to employees at the time of hire and at least annually thereafter.
(Include job titles of person(s) that will be trained. Examples are managers & first aid responders) Training information must be conveyed in a language the employee understands. Training will include, but not limited to, the following:

• Employees will be provided access to a copy of the OSHA Blood borne Pathogen Standard, 29 CFR 1910.1030, and a written copy of the company's exposure control plan.

• The employees will receive general information regarding blood borne pathogen diseases with emphasis on epidemiology, symptomology, and modes of transmission of Hepatitis B & C and HIV.

• The employees will be shown how to identify tasks that may involve exposure to blood or other infectious materials.

• The employees will review the use and limitations of methods that will reduce or prevent exposure. These methods are engineering controls, work practice control, and personal protective equipment.

• The employee will learn the types, proper use, location, removal, and handling of contaminated personal protective equipment, the information regarding the selection of PPE will also be included.

• The employees will be instructed in actions to take in the event of an exposure including reporting, medical follow-up and counseling. This is covered in general by this Policy & in the event of an exposure The Safety Committee Chair & People Resources will work directly with the associate.

• The employees will be shown the visual warnings of biohazards in our facility, including labels, signs, and color-coded containers by their direct manager with assistance from the Safety Committee Chair.

B. Training Methods

Our company provides training in various methods:

- On-site Class Room with Instructor.
- Off-Site Class Room with Instructor
- Web Based training which can be done individually which provides the greatest schedule flexibility.
- All training options listed above provide the ability to ask questions.

C. Record keeping

People Resource Representatives in each store will maintain training records (See Appendix F):

Appendix A

Vaccination Declination Form

Date: _____
Employee Name: _____
Employee ID #: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring the Hepatitis B viral (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series, at no charge to me, at that time.

_____ _____
Employee Signature Date

_____ _____
Safety Chair Signature Date

Appendix B

Employee Consent to Hepatitis B Vaccine

On DATE:_____, I _____ received information concerning the risk of occupational exposure to blood or other potentially infectious materials in the position of _____, which has been determined as job classification exposure Category (I or II)_____.

I have received a copy of the Hepatitis B information packet that has been explained to me and I understand this information.

I have been informed and understand (1) that Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection, and (2) the risks of the Hepatitis B vaccination which may include pain, itching, bruising at the sight of injection, sweating, weakness, chills, flushing and tingling, and (3) to obtain adequate immunity to viral Hepatitis B, it will be necessary to receive all three vaccinations of the vaccine series which are administered one month and six months after the initial vaccination, and (4) that the vaccination will be provided to me free of charge by Anderson Auto Group. If at such future time the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I am employed by the facility in a job classification that involves some risk of an occupational exposure to blood or other potentially infectious materials.

If I leave the employment of this facility before the series is completed, it is my responsibility to contact my own medical provider to complete the vaccine series.

I hereby consent to the administration of the Hepatitis B vaccination and voluntarily acknowledge that
• I do not have an allergy to yeast.
• I am not pregnant or nursing.
• I am not planning to become pregnant within the next six months.
• I have not had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.
• I do have the following allergies:
Food: _____
Drugs: _____
Other: _____
You may wish to consult your physician before taking the vaccine.

_____ _____
(Employee name and Social Security Number) (Date)

_____ _____
(Witness) (Date)
Place in employee medical file.

Appendix C

Exposure Incident Investigation Form

Date of Incident: _____ Time of Incident: _____
Location: _____
Potentially Infectious Materials Involved:
Type: _____ Source: _____
_____ _____

Circumstances: (Work being performed, etc.) _____
_____
_____
_____

How Incident was caused: (Accident, equipment malfunction, etc.) _____
_____
_____
_____

Personal Protective Equipment Used: _____
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Actions Taken: (Documentation, clean-up, reporting, etc.)_____
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Recommendations For Avoiding Repetition: _____
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Appendix D

Post-Exposure Evaluation and Follow-Up Checklist

The following steps must be taken, and information transmitted to healthcare professional, in the event of an employee's exposure to Blood borne Pathogen.

Activity Completion Dates

• Employee furnished with documentation regarding exposure incident: _____

• Appointment arranged for employee with healthcare professional: _____

Appendix E

Hepatitis B Vaccination -- Employee Listing

Employee name Department Accepted/declined Date scheduled Inoculation Received Healthcare professional #1 #2 #3 #1 #2 #3 (initials) – This will be maintained by our Corporate People Resources Department.

Appendix F

Blood borne Pathogen Training Session

Date of Session: _____ Session Summary (Attached)_____
Instructor(s) Qualifications
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* * * * *
Employee Signature Employee Job Title
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Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
TDD: (800) 833-7352