



Exposure Control Plan

DEAR EMPLOYEE:

Onward Healthcare is committed to our employees' safety while providing care in our clients' work environment. In pursuit of this commitment, the following Exposure Control Plan ("ECP") is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with *OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030 ("STANDARD")*.

The ECP is an important document, which is used to assist our company with implementing and ensuring compliance with the *STANDARD*, thereby protecting our employees. The ECP includes:

1. Employee Exposure Determination;
2. The procedure for evaluating the circumstances surrounding an exposure incident;
3. The schedule and method for implementing the specific sections of the standard, including:
 - Methods of Compliance;
 - Hepatitis-B vaccination and post-exposure follow-up;
 - Training and communication of hazards to employees;
 - Recordkeeping.

Please review the enclosed information, sign the acknowledgement and return all the forms to our office. Please indicate on the appropriate form whether you have received, would like to receive or are declining to receive the Hepatitis-B vaccination.

Thank you for prompt attention to these documents. Please call me if you have any questions.

Sincerely,



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1. EMPLOYEE EXPOSURE DETERMINATION

A. As a part of the exposure determination section of our ECP, the following is a list of all job classifications at our company in which all employees may have occupational exposure.

- NURSING PROFESSIONALS (RN/LPN)
- PHYSICAL THERAPY PROFESSIONALS (PT/PTA)
- OCCUPATIONAL THERAPY PROFESSIONALS (OTR/COTA)
- SPEECH-LANGUAGE PATHOLOGISTS (SLP-CCC)
- RESPIRATORY THERAPY PROFESSIONALS (RRT/CRT)

B. Tasks in which occupational exposure may occur as performed by therapist's listed in section A includes:

- Cleaning equipment or surfaces that may be contaminated with blood or other potentially infectious material.
- Disposition of contaminated equipment or infectious/hazardous waste.
- Coming into contact with human bodily fluids or other potentially infectious material in the course of providing services to the client.

2. METHOD OF IMPLEMENTATION AND CONTROL

A. UNIVERSAL PRECAUTIONS

All employees will utilize *Universal Precautions*. *Universal Precautions* is an infection control method which requires employees to assume that all human blood and specified human fluids are infectious for HIV, HBV, and other bloodborne pathogens and must be treated accordingly.

3. EXPOSURE CONTROL PLAN

Onward Healthcare will provide all employees with the opportunity to receive the Hepatitis B vaccination at no cost to you.

Onward Healthcare will keep complete and accurate medical records on any occupational exposure on all employees.

Onward Healthcare will provide immediate medical attention for any occupational exposure at no cost to our employees.

Onward Healthcare will provide post-exposure care for all of our employees.

Onward Healthcare will be responsible for reviewing and updating the *ECP* annually or sooner if necessary to reflect any new or modified tasks and procedures, which prevent occupational exposure, and to reflect new or revised employee positions with occupational exposure.



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HEPATITIS B VACCINATION

Onward Healthcare provides information on Hepatitis-B vaccinations which addresses its safety, benefits, efficacy, methods of administration and availability. A general overview of these considerations is attached hereto. The Hepatitis-B vaccination series will be made available at no cost to our employees who have occupational exposure to blood or other potential infectious materials unless:

- the employee has previously received the series;
- antibody testing reveals that the employee is immune;
- medical reasons prevent taking the vaccination; or
- the employee chooses not to participate.

All employees are strongly encouraged to receive the Hepatitis-B vaccination series. However, if an employee chooses to decline Hepatitis-B vaccination, then the employee must sign a declination statement to that effect.

ACKNOWLEDGMENT:

I, _____, acknowledge that *Onward Healthcare* has provided me with and I have thoroughly reviewed the Exposure Control Plan (*ECP*) and understand it completely.

Employee Signature: _____

Date: _____