

Rubbish Clearance and Waste Removal Ltd

(RCWRLTD) Trading as 'Total Extreme / Total Trauma Cleaning

Exposure Control Plan (ECP)

1. OVERVIEW

'Rubbish Clearance and Waste Removal Ltd' is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Employees will receive this plan before commencing operations with 'Rubbish Clearance and Waste Removal Ltd' and it will be available at any time during their work shifts.

We will provide a copy, free of charge, to an employee within 15 days of a request.

This plan includes:

- **Overview**
- **Identify employees who are at risk for exposure**
- **Controlling Employee Exposure to Bloodborne pathogens**
- **Employee Training and Hazardous Communication**
- **Post Exposure Evaluation and Follow-up**
- **Recordkeeping**

Note:

Part-time, temporary, contract, and per diem employees are covered by this exposure control plan, they will be treated as will any employee and will receive a copy for view to read and all staff will be required to sign a declaration stating they have read this ECP (Exposure Control Plan) and understand its contents.

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2. IDENTIFY EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are job classifications in our establishment in which ALL employees have occupational exposure to bloodborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION
Cleaning Operative	On site and transport between locations

The following are job classifications in our establishment in which SOME employees have occupational exposure to bloodborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
CEO	Office & on Location	Cleaning of Blood Bourne Pathogens, picking up of sharps & OPIM
Cleaning Operative	Cleaner On Location	Cleaning of Blood Bourne Pathogens, picking up of sharps & OPIM

Jim Gildea / Darren Fox 07984 501822 are responsible for implementing the exposure control plan.

Rubbish Clearance and Waste Removal Ltd will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

Rubbish Clearance and Waste Removal Ltd (Jim Gildea / Darren Fox) will make this plan available to employees, and HSE (Health and Safety) representatives.

Rubbish Clearance and Waste Removal Ltd will be responsible for ensuring all medical actions required are performed, and that appropriate employee medical records are maintained.

Rubbish Clearance and Waste Removal Ltd will ensure this list is kept up-to-date.

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3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

We use the following methods to control employee exposure:

A. Infection control or isolation system used:

(List the following: the infection control or isolation system you will be using, a description of the system, and how the system applies to your workplace or a reference to the appropriate policies and procedures.)

All employees must use: PPE (Personal Protection Equipment) this will consist of impermeable all in one suit with hood, appropriate to the hazard suspected or identified. Safety boots with steel toecaps and mid-sole. Two sets of latex gloves to be worn, (anti-syringe / puncture gloves and lower arm guards must be used for sharps removals). All sharps to be picked up with mechanical means i.e. tongs. Hepatitis B jabs to be offered at no cost to all staff, including post-course antibody blood test. Sharps to be disposed of in appropriate container for incineration. Blood and other body fluids are to be treated with an absorbent powder and then put into bio-hazard bags for incineration. On site risk assessment to be carried out before work begins, toolbox talk and methodology agreed and assigned.

Accident report to be carried out should any injury occur.

Contact < Jim Gildea or Darren Fox (Office 01329848737 Mobile 07984501822- 24hr number).

B. Safer medical devices and equipment used to minimize occupational exposure

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

- The specific safer medical devices that we use are:

PPE and tongs for all sharps, specific sharps containers either yellow plastic bins or Bio-hazard bag in strong cardboard box labeled BIO-HAZARD

- The specific equipment to minimize or eliminate exposure that we use are:

PPE, Tongs, Sharps Bins, Plastic Sheeting, Latex Gloves, Rubber Gloves, Anti-Syringe / Puncture Glove, Safety Boots, Disposable 1 Piece Suit Appropriate To Hazard Identified or Suspected, Bio Hazard Bags, Yellow 70 Litre Plastic Dustbins for bagged Infectious or Clinical Waste and used Cleaning Materials, Micro Filter Hoover, P2-P3 Mask as required, Formula 429Plus.

Sharps disposal containers are inspected and maintained or replaced:

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By: Jim Gildea

Every: 3 months

Or: Whenever necessary to prevent overfilling

- We identify opportunities to improve controls through:

Review of sharps log, employee interviews, safety committee activities, debriefs, counseling, ongoing training, research and government guidelines.

- We evaluate new products regularly by:

COSHH sheets, review, user comments, testing, research by communication with other experts using or manufacturing products of interest.

- Both front line workers and management officials are involved in this process improvement by:

Operative are constantly encouraged to offer feedback on all equipment & products to improve effectiveness and safety.

Jim Gildea / Darren Fox (07984 501822) will make sure that recommendations are effectively implemented if appropriate to do so.

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C. Personal protective equipment (PPE)

- PPE is provided to our employees at no cost.
- The types of PPE available to employees are:

Impermeable all in one suit with hood, (type as appropriate for hazard).
Safety boots with steel toecaps and mid-sole. Two sets of latex gloves to be worn (Anti-syringe / puncture gloves.) Respirator and / or transparent visor - goggles

- PPE is located: On the Transport
- **All employees using PPE must observe the following precautions:**
 - Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 - Wear appropriate gloves when you:
 - Can reasonably anticipate hand contact with blood or OPIM
 - Handle or touch contaminated items or surfaces
 - Replace gloves if torn, punctured, contaminated, or otherwise damaged.
 - Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.
 - Never wash or decontaminate disposable gloves for reuse.
 - Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - Remove PPE after it becomes contaminated, and before leaving the work area.
 - Dispose of contaminated PPE in designated containers (list)
 - Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
- The procedure for handling **used PPE** is:

In the decontamination area (stage 2) all equipment that can be decontaminated will be done so in this area. Area 1 is the safe area, Area 2 is the changing area and decontamination area, area 3 is the work area.

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Jim Gildea will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required.

Jim Gildea will make sure that adequate supplies of the PPE are available in the appropriate sizes and types.

D. Work practices used to minimize occupational exposure

- We use the following work practices to eliminate or minimize employee exposure:

Follow proper procedures to remove and properly dispose of gloves. Any contaminated clothing to be disposed of in appropriate bags & bins. To illustrate to operatives not to remove any breathing apparatus or face protection or any other PPE until either out of the working area or the area has been deemed safe to do so.

- Changes in work practices are identified through:

Review of sharps log, employee interviews, and safety committee activities, debriefings, and government guidelines. We do consult experts in the fields of health and safety, bio-hazards, hazard waste, hazardous removals, and best practice as and when we research opportunities to review and improve our own procedures, equipment and best practices.

- We evaluate new products regularly by involving both frontline workers and management:

Reviewing safety literature, review supplier information, products considered, and talking with personnel involved, along with consulting and training directly with manufacturers of products we use and are considering using.

Jim Gildea (07984 501822) will make sure that recommendations are effectively implemented if appropriate to do so.

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E. Housekeeping

- Written schedules for cleaning and methods of decontamination are located:
In the transport, copy in the office, and on-site if situation specific.
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- Regulated waste is placed in containers which:
 - Contain all contents
 - Do not leak
 - Are appropriately labeled or color-coded (*see Labels section of this plan*)
 - Are closed prior to removal to prevent contact spilling or protruding during handling.

- **Contaminated sharps are discarded immediately or as soon as possible in containers that are:**

- **Closable**
- **Puncture-resistant**
- **Leak-proof on sides and bottoms**
- **Labeled or color-coded appropriately.**

- Sharps disposal containers are available: on the transport.

The procedure for handling sharps disposal containers is: using Turtle Skin gloves, using two hands at all times, make sure that under no circumstances are needles to be recapped. All sharps are to be put directly into the appropriate receptacle and disposed of by incineration.

- The procedure for handling other regulated waste is: making sure all PPE is worn, any fluids to be treated with absorbent powder or bio-cide and paper toweling, all contaminated powder and or towels or cloths to be put immediately into bio-hazard bags.

- Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.
- Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

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F. Laundry

- Laundering is done as follows:
 - Handle contaminated laundry as little as possible, with minimal agitation.
 - Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:

Impermeable all in one suit with hood, safety boots with steel toecaps and mid-sole. Two sets of latex gloves to be worn (anti-syringe / puncture gloves when working with sharps as is best practice), respirator or transparent visor or goggles, sanitise with 'Formula429Plus' before and during handling of any contaminated, 'clothing / materials that has been in a area that is contaminated or suspected of being contaminated with any hazardous / infectious material or organism, or exposure to any blood borne pathogens.

- Laundry of any potentially contaminated or infected clothing / materials will be done at the first opportunity available, regardless of time, and is a requirement that this takes place before any job can be considered as completed and signed off.

Jim Gildea

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G. Using Labels

- Labeling is done as follows:

EQUIPMENT TO BE LABELLED

LABEL TYPE

Specimens, contaminated laundry, sharps, OPIM,	Yellow bag with biohazard label.
Bio- Hazard bags	Bio-hazard Labels

Jim Gildea / Darren Fox will maintain and provide labels and Bio-Hazard bags as required.

H. Hepatitis B Vaccination

- The hepatitis B vaccination series is available:
 - At no cost after training
 - Within 10 days of initial assignment to employees identified in Section 2 of this plan, *Identifying Employees Who Are At Risk for Exposure*.
- Vaccination is encouraged unless:
 - We have documentation that the employee has previously received the series
 - Antibody testing reveals that the employee is immune
 - Medical evaluation shows that vaccination is contraindicated.
- A copy of the health care professional's written opinion will be provided to the employee
- Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.
- Vaccinations will be provided by Local Health Care Professional who is responsible for this part of the plan at a location to be specified.

Jim Gildea will make sure vaccinations are available and encourage as required.

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4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION

All employees who have occupational exposure to bloodborne pathogens will receive training conducted by The National Academy of Crime Scene Cleaners, as well as additional training as required and specified by 'Rubbish Clearance and Waste Removal Ltd' in:

- Health & Safety
- COSHH
- Infection Prevention
- Asbestos Awareness

Training will be provided by Jim Gildea / Darren Fox before initial assignment to task where occupational exposure may take place, annually, and when changes in task or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
 - Occupational Exposure to Bloodborne Pathogens.
 - Explanation of our exposure control plan and how to obtain a copy
 - This must also be done at the annual refresher training.
 - Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
 - What constitutes an exposure incident?
 - The use and limitations of controls, work practices, and PPE.
 - The basis for PPE selection and an explanation of:
 - Types
 - Uses
 - Location
 - Handling
 - Removal
 - Decontamination
 - Disposal
 - Information on the hepatitis B vaccine, including:
 - Effectiveness
 - Safety
 - Method of administration
 - Benefits of being vaccinated
 - Offered free of charge
 - Actions to take and persons to contact in an emergency involving blood or OPIM
 - Procedures to follow if an exposure incident occurs, including:
 - How to report the incident
 - Medical follow-up available.
 - Employee's evaluation and follow-up after an exposure incident
 - Signs, labels, and color coding used
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- Interactive questions and answers with the trainer.

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Training materials for this facility are located on the transport and at the office.

Training records are maintained for each employee upon completion of training.

These documents will be kept on file for at least 3 years.

The training record should include the following information about training sessions:

- Date
- Contents or a summary
- Names and qualifications of trainers
- Names and job titles of all attendees.

Training records are provided to employees or their authorized representatives within 15 working days of a request.

Requests for training records should be addressed to:

Rubbish Clearance and Waste Removal Ltd
Basepoint
Aerodrome Road
Gosport
Hampshire
PO13 0FQ

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5. POST EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

- Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
 - Document the routes of exposure and how the exposure occurred.
 - Identify and document the source individual, unless that's not possible or is prohibited by law.
 - Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
 - If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
 - Document that the source individual's test results were conveyed to the employee's health care provider.
 - Provide the exposed employee with the source individual's test results.
 - Provide the exposed employee with information about laws on confidentiality for the source individual.
 - Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
 - If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed employee with a copy of the healthcare professional's written opinion

B. Administration of post-exposure evaluation and follow-up

Employees are provided immediate medical evaluation and follow-up services through:

Queen Alexandra Hospital, Cosham, Portsmouth PO6 3LY

023 9228 6000 (main switchboard)

The Queen Alexandra Hospital is located just on the hill slopes of Portsdown Hill overlooking Portsmouth. It is conveniently situated for both the M27 and A3M.

EMERGENCY DEPARTMENT

The Emergency Department offers emergency assessment and treatment to patients with serious injuries or illnesses. Generally, you should only visit your nearest Emergency Department or call 999 for life-threatening emergencies, such as, loss of consciousness, acute confused state and fits that are not stopping, persistent, severe chest pain, breathing difficulties or severe bleeding that cannot be stopped.

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Contact details

Calls to the department are managed via a dedicated 'Emergency Department' reception team.

Please call 023 92286380 or 023 92286062

- Chief of Service – Mr Simon Hunter
- Head of Nursing – Rosemary Brownbridge
- General Manager – Amanda Fox-Cunnington
- Clinical Director – Miss Sophie Gough
- Matron – Mike Goodfellow
- Operational Manager – Lewis Wilkinson

Opening times

The Emergency Department stays open 24 hours a day, 7 days a week.

Jim Gildea / Darren Fox will make sure all medical actions required are performed.

C. Review the circumstances of an exposure incident as follows:

- The circumstances of any exposure incidents will be reviewed to determine:
 - Controls in use at the time
 - Work practices that were followed
 - Description of the device used (including type and brand)
 - Protective equipment or clothing in use at the time
 - Location of the incident
 - Procedure being performed when the incident occurred
 - Employee's training

Jim Gildea (07984501822) is responsible for reviewing exposure incidents as required.

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6. RECORDKEEPING

A. Medical records

- Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens

'Rubbish Clearance and Waste Removal Ltd' is responsible for maintaining medical records. These confidential records are kept in the office for at least 30 years beyond the length of employment.

Jim Gildea will make sure appropriate Employee Health, Medical records, H&S and other records are maintained as required.

B. Sharps injury log

- Recordkeeping Requirements, all injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:
 - Date of injury.
 - Type and brand of the device involved
 - Where the incident occurred
 - How the incident occurred.
- This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

Jim Gildea will maintain the Sharps Injury Log.

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Hepatitis B vaccination form example:

Rubbish Clearance and Waste Removal Ltd (Company Reg 09732806)

Also Trading as the 'Total' Brand services ie 'Total Extreme Cleaning / Total Waste Removal Etc.

Hepatitis B vaccination form

I understand that due to my occupational exposure to bloodborne pathogens or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I elect to receive the Hepatitis B vaccine at this time and at no cost to myself.

Signature _____

Date _____

Hepatitis B vaccination declination (waiver) form:

Rubbish Clearance and Waste Removal Ltd (Company Reg 09732806)

Also Trading as the 'Total' Brand services ie 'Total Extreme Cleaning / Total Waste Removal Etc.

Hepatitis B vaccination waiver form

I understand that due to my occupational exposure to bloodborne pathogens or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that my declining this vaccine, I continue to be at risk of acquiring Hepatitis B infection, a serious disease.

If in the future I continue to have occupational exposure to bloodborne pathogens or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature _____

Date _____