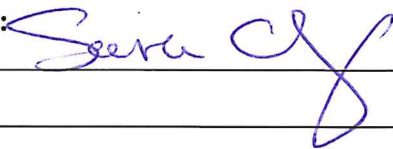


Administrative and Service Environment (ASE)

Access Alaska, Inc. Policy and Procedures Manual Organization-Wide	SUBJECT: Exposure Control Bloodborne Pathogens		
	Applicable to: All Access Alaska Inc Employees	Version: v-2	Total Pages: 1-5
	Policy location: All Access Alaska Inc. Sites		
	BOD Approval Date:	BOD Authorizing Name: Sara Chaney Signature: 	
	Effective Date: 8-30-2021		

Purpose:

To ensure that information about the dangers of bloodborne pathogens is known by all affected employees, the following exposure control policy and procedure has been established. Under this policy, you will be informed of occupational exposure to bloodborne pathogens, safe handling procedures and measures to take to protect yourself from bloodborne pathogens.

Policy:

Access Alaska is committed to providing a safe and healthful work environment for employees, volunteers, and contractors. In pursuit of this, the following Exposure Control Bloodborne Pathogens Policy and Procedures is provided to eliminate or minimize occupational exposure to bloodborne pathogens. This policy applies to all work operations where employees, volunteers, and contractors of Access Alaska, Inc. may be exposed to bloodborne pathogens under normal working conditions or during an emergency. All departments of Access Alaska, Inc. will follow the policy and procedures set forth in the Exposure Control Bloodborne Pathogens Policy & Procedures.

OSHA requires employers to make immediate confidential medical evaluation and follow-up available for workers who experience an exposure incident. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM).

Copies of the Exposure Control Bloodborne Pathogens Policy & Procedure are in the *O: Drive-Policy and Procedure Folder or the Access Alaska Inc's Website-bottom of the page-under Exposure Control Information*, making the Policy & Procedure accessible to all Access Alaska Inc. employees, volunteers, and contractors.

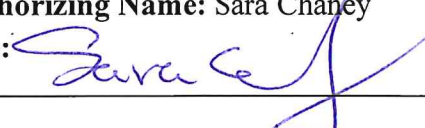
Both the Anchorage and Fairbanks Operations Managers have overall responsibility for assuring the Exposure Control Bloodborne Pathogens Policy and Procedure is reviewed and update annually. Replacing the outdated copies located in the O: Drive and Website, also informing the Human Resource of the update.

Human Resource is to ensure Annually that all Access Alaska Inc. Employee's to include Volunteers receive an updated copy of the Exposure Control Policy and Procedure; to read, sign an Acknowledgement to be returned to the Human Resource Administrative Assistant for tracking and placed into their employee/volunteer's electronic file.

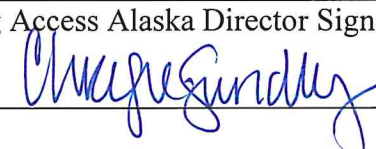
Legal and Other References:

Access Alaska Inc.'s Consumer Intervention Policy and Procedures, Access Alaska Inc.'s IL and CDPCS Safety Protocols, and Access Alaska Inc.'s Critical Incident Reporting Policy and Procedures

Related COA Standards: ASE 4, ASE 6, ASE 7

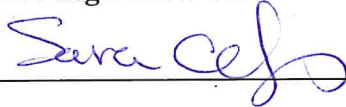
<p>Access Alaska, Inc. Policy and Procedures Manual</p> <p>Organization-Wide</p>	SUBJECT: Exposure Control Bloodborne Pathogens		
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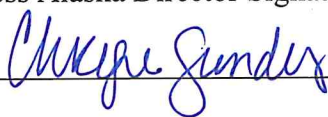
Procedure:

Exposure Control Bloodborne Pathogens	Version: v.1	Effective Date: 8/30/2021
	Authorizing Access Alaska Director Signature: 	

Exposure Evaluation & Follow-Up

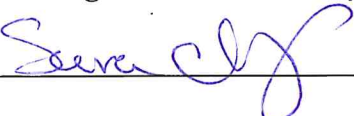
1. Staff will report all exposure incidents immediately to their respective program manager or supervisor. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM).
 - a. Program manager or supervisor immediately contacts Human Resources to arrange for immediate medical evaluation of the exposed staff member.
 - b. Program Director or director designated staff member (manager or higher) will perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing repeated exposures.
 - i. Evaluation must include:
 1. Identification of OPIM source individual
 2. Determination of source individual HBV and HIV infectivity status
 3. If determination unavailable, then testing of source individual's blood after obtaining legal consent must occur. If unable to obtain legal consent for testing of source individual's blood, Program Director must establish through documentation that consent was not able to be obtained.
 - ii. The evaluation and follow-up must be:
 1. Made available at no cost to the staff member and at a reasonable time and place
 2. Performed by or under the supervision of a licensed physician or healthcare professional
 3. Provided according to recommendations of the U.S. Public Health Service.

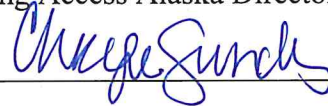
Access Alaska, Inc. Policy and Procedures Manual Organization-Wide	SUBJECT: Exposure Control Bloodborne Pathogens		
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Exposure Control Bloodborne Pathogens	Version: v.1	Effective Date: 8.30.2021
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Personal Protective Equipment

1. Personal Protective Equipment (PPE) is provided to all staff at no cost upon demand. Training in the use of appropriate PPE for specific tasks or procedures is provided by CDPCS Program Managers.
2. All staff using PPE must observe the following precautions:
 - a. Wash hands immediately after removing gloves or another PPE.
 - b. Remove PPE after it becomes contaminated and before leaving work area.
 - c. Used PPE may be disposed of in approved containers or receptacles only.
 - d. Wear appropriate PPE when it is reasonably expected that there may be contact with blood, OPIM, and when handling or touching contaminated items or surfaces.
 - e. Replace PPE or gloves if torn, punctured or contaminated, or if they lose the ability to function as a barrier to OPIM.
 - f. Never wash or decontaminate disposable gloves for reuse.
 - g. Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard.
 - h. Remove immediately or as soon as possible any garment contaminated by blood or OPIM. Avoid contact with contaminated area.
3. Operations and office managers will provide and maintain all necessary PPE as required and requested.
4. Program Directors will be responsible for ensuring that all medical actions required by this policy and OSHA standards are performed and that appropriate employee health and OSHA records are maintained.
5. Program Directors or designee will be responsible for training, documentation of training and ensuring the Exposure Control Policy & Procedures are available to all staff, OSHA and NIOSH representatives.
6. Program Directors or designee will be responsible for training, documentation of training and ensuring the Exposure Control Policy & Procedures are available to all staff, OSHA and NIOSH representatives.

Access Alaska, Inc. Policy and Procedures Manual Organization-Wide	SUBJECT: Exposure Control Bloodborne Pathogens		
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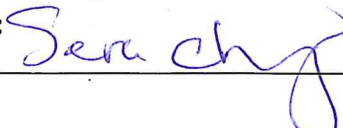
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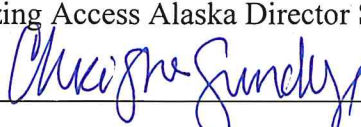
Hepatitis B Vaccination

1. Program managers will provide training to staff on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration and availability.
2. Hepatitis B vaccination series is available at no cost to those staff members identified by position in the exposure determination section of these procedures.
3. Vaccination is encouraged unless
 - a. Documentation exists that the employee has previously received the series.
 - b. Antibody testing reveals the employee is immune.
 - c. Medical evaluation shows vaccination is contraindicated.
4. Staff members that decline vaccinations must sign a declination form. Staff may decline initial requests; however, they are free to obtain the vaccination later at no cost.

Administration of Post-Exposure, Evaluation and Follow-up

1. Program managers ensure health care professional(s) responsible for Hepatitis B vaccination and post-exposure evaluation and follow-up are provided a copy of the OSHA's bloodborne pathogens standard as well as the AAI Exposure Control P&P.
2. Program Director ensures that health care professional conducting post-exposure evaluation and follow-up are provided the following:
 - a. Staff job duties relevant to the exposure
 - b. Route(s) of exposure
 - c. Circumstances of exposure
 - d. Any blood test results of exposed staff member and source individual
 - e. Relevant staff medical records, to include vaccination status
3. Program Director ensures staff member receives a copy of the health care professional evaluation and written opinion within 15 days after completing the evaluation.

Access Alaska, Inc. Policy and Procedures Manual Organization-Wide	SUBJECT: Exposure Control Bloodborne Pathogens		
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Procedures for evaluating an Exposure Incident

1. Program Director or designee (Manager level or higher) reviews all circumstances of all exposure incidents to determine:
 - a. Engineering controls in use at time of exposure
 - b. Work practices followed
 - c. Description of any devices being used; includes type and brand.
 - d. PPE and/or clothing that was used at time of exposure
 - e. Location of the exposure incident
 - f. Procedure being performed at time of exposure
 - g. Staff member's training
2. Program managers ensure all percutaneous injuries from contaminated sharps are recorded in a Sharps Injury Log.

Sharps Injury Log

1. All percutaneous injuries from contaminated sharps are recorded in a Sharps Injury Log. All incidences recorded must include the following:
 - a. Date of injury
 - b. Type and brand of device involved (syringe, suture needle, etc.)
 - c. Work area where incident occurred
 - d. Explanation of how incident occurred

Employee Training

1. Training records are completed for each staff member receiving training on exposure control upon completion of training. Records are maintained by Human Resources and contain:
 - a. Dates of training sessions
 - b. Contents or summary of the training sessions
 - c. Names and qualifications of persons conducting the training
 - d. Names and job titles of all persons attending the training