BLOODBORNE PATHOGENS PLAN

Facility Name

Zoho Austin Office

Facility Address

979 Springdale Road, Suite 123, Austin, Texas, 78702

Version	Author	Reviewer	Approver	Date
2024	Annie Gonzales	Christian Blood Scott Cianciosi	David Kerr	09-09-2024

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Model Exposure Control Plan

POLICY

The Zoho Austin office is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "***Occupational Exposure*** to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
    - Universal precautions
    - Engineering and work practice controls
    - Personal protective equipment
    - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) are responsible for implementation of the ECP. Annie Gonzales and Christian Blood will maintain, review, and update the ECP at least annually,

and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Annie Gonzales 737-610-3089 and Christian Blood 650-284-6952.

- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g, sharp containers), labels, and red bags as required by the standard. Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) will ensure that adequate supplies of the equipment mentioned above are available in appropriate sizes. Contact location/phone number: Annie Gonzales 737-610-3089 and Christian Blood 650-284-6952.
- Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: Annie Gonzales 737-610-3089 and Christian Blood 650-284-6952.
- Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) will be responsible for training, documentation of training, and making the written ECP available to employees, and OSHA and NIOSH representatives. Contact location/phone number: Annie Gonzales 737-610-3089 and Christian Blood 650-284-6952.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have ***occupational exposure*****:**

Job Title *Department/Location*

_____

_____

_____

The following is a list of job classifications in which some employees at our establishment have ***occupational exposure***. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which ***occupational exposure*** may occur for these individuals:

Job Title *Department/Location* *Task/Procedure*

_____

_____

_____

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard must receive an explanation of this ECP during their initial training session. Failure to comply with training requirements or exposure protocols may result in disciplinary action.. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting Annie Gonzales (Office Manager) or Christian Blood (North American People Operations/HR). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect ***occupational exposure*** and to reflect new or revised employee positions with ***occupational exposure***.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or

minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- _____
- _____
- _____

Sharps disposal containers are inspected and maintained or replaced by Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) every 6-12 months or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through: review of OSHA records and employee interviews. Zoho Corporation disclaims liability for any unforeseen outcomes resulting from compliance with these procedures, except as mandated by law.

We evaluate new procedures and new products regularly by job description evaluation and products considered.

Both front-line workers and management officials are involved in this process in the following manner: All concerns, ideas, or suggestions made verbally are requested to be put into writing in an email to Annie Gonzales for review by Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR).

Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) are responsible for ensuring that the needed results of recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at not cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by Annie Gonzales (Office Manager) or Christian Blood (North American People Operations/HR).

The types of PPE available to employees are as follows: gloves, Bloodborne Pathogen & Bodily Fluid Spill Cleanup Kit, disposable face shields.

PPE is located on the 1st floor-SW side of the office outside of the "Echo Room" next to the Call Booths, 1st floor-NE side of the office to the left of the Exit door in the kitchen area, 2nd floor-SW side of the office in between the SE stairs and conference

room, and the 2nd floor-NW side of the office on a NE wall in between two marked storage rooms and the HR office.

All employees using PPE must observe the following:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in Disposal Bag located within a Bloodborne Pathogen & Bodily Fluid Spill Cleanup Kit.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaced; replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- The procedure for handling used PPE is as follows: Dispose in the provided red waste management bags or trash bags and inform Annie Gonzales or Christian Blood for disposal.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed before removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: No employee is to handle the container itself. Employees are only to use the container for the disposal of sharps by following the posted directions. Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) every 6-12 months will review the fill level of the container. Annie Gonzales and Christian Blood will ensure

container(s) are filled to the recommended capacity prior to removal, but not to be overfilled. Filling above the fill line, or more than 3/4 full, can increase the risk of a needle-stick injury and bloodborne pathogen exposure.

The procedure for handling other regulated waste is: Any employee that is handling regulated waste MUST use the Bloodborne Pathogen & Bodily Fluid Spill Cleanup Kit. Included is a waste bag specifically marked for such matters. If a waste bag is used, contact Annie Gonzales immediately for transfer of the waste, so proper disposal of the bag can occur.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in each of the 1st floor bathrooms located on the NE side of the Austin office.

Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

Laundering will be performed by Annie Gonzales at the time after an incident. The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transport. Use red bags for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: gloves.

Labels

The following labeling methods are used in this facility:

Equipment to be Labeled	*Label Type (size, color)*
Contaminated laundry (accidents, not work related)	Red bag

Annie Gonzales (Office Manager) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Christian Blood (North American People Operations/HR) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) will provide training to employees who have occupational exposure or have been directly exposed to hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all *employees identified in the exposure determination section of this plan*. Vaccination is encouraged unless:
1) Documentation exists that the employee has previously received the series;
2) Antibody testing reveals that the employee is immune; or
3) Medical evaluation shows that vaccination is contraindicated

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination later at no cost. Documentation of refusal of the vaccination is kept in the North American People Operations/HR office.

Vaccination doctor and location will be provided by Human Resources, Christian Blood.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact Christian Blood (North American

People Operations/HR) at the following number: (650) 284-6952.

An immediately available confidential medical evaluation and follow-up will be conducted in accordance with applicable privacy and data protection laws; contact Christian Blood with Human Resources for contact information. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individuals' test results were conveyed to the empoyee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source indivicual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. , laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

All employees must report any potential exposure incidents to their supervisor and HR immediately. Failure to report an incident within 24 hours may result in delayed treatment or disciplinary action. Employees must complete the Zoho Incident Report Form, which will be reviewed and processed by HR.

Employees are entitled to access the results of their post-exposure evaluations and any relevant medical records. These records must be kept confidential in compliance with privacy laws such as HIPAA and are not to be disclosed without the employee's consent, except as required by law.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Christian Blood (North American People Operations/HR) ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Christian Blood (North American People Operations/HR) ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

Christian Blood (North American People Operations/HR) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Christian Blood (North American People Operations/HR) will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shield, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

Christian Blood (North American People Operations/HR) will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

Zoho Corporation strictly prohibits retaliation against any employee who reports a potential exposure to bloodborne pathogens or other health and safety concerns. Any reports of retaliation will be investigated, and disciplinary actions will be taken against individuals engaging in such behavior.

EMPLOYEE TRAINING

All employees who have *occupational exposure* to bloodborne pathogens receive initial and annual training conducted by www.redcross.org.

All employees who have *occupational exposure* to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the North American People Operations/HR office.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The name and qualifications of persons conducting the training
- The names and job titles of all persons attending the training session

Medical Records

Medical records are maintained for each employee with occupation exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Christian Blood (North American People Operations/HR).

Medical and training records will be maintained for the duration of employment plus 30 years, in accordance with OSHA's record retention policies. These records are confidential and access is restricted to authorized personnel only.

Employee medical records are provided upon request of the employee or to

anyone having written consent of the employee within 15 working days. Such requests should be sent to Christian Blood (North American People Operations/HR) via https://www.zohous.com/hr-request AND a follow up email to blood@zohocorp.com.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Christian Blood (North American People Operations/HR).

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidents must include at least:

- Date of the injury
- Type and brand of the device involved
- Department or work area where the incident occurred
- Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

APPENDIX A

Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my ***occupational exposure*** to blood 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 the 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 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.

Printed name: _____

Signed name: _____

Date: _____

APPENDIX B:

Bloodborne Pathogens Exposure Control Plan

Facility Name: Zoho, Austin office Date of preparation: _____

We, the management of Zoho, Austin office, are committed to preventing incidents that cause employee injury and illness. We are also committed to complying with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. Through this written exposure control plan, we shared assigned responsibility and hereby adopted this exposure control plan as part of our company's safety and health program.

A. Purpose

The purpose and goals of this exposure control plan:

1. To eliminate or minimize employee ***occupational exposure*** to blood or other potentially infectious materials (OPIM)
2. To identify all employees who are potentially exposed to blood or OPIMs while performing their regular job duties
3. To provide employees who are occupationally exposed to blood and OPIMs with information and training
4. To ensure a copy of this plan is available to all employees at 979 Springdale Road Suite 123, Austin, Texas, 78702

To comply with the OSHA Bloodborne Pathogen Standard, 29, CFR 1910,1030

B. Exposure determination

Job classifications listed below are made without regard to personal protective equipment (PPE) use and are determined that may potentially incur ***occupational exposure*** to blood or OPIM.

Job Classification	Task or procedure
_____	_____

C. Compliance methods

1. Universal precautions

This organization embraces "universal precautions," which is a method of infection control that requires the employer and employee to assume that all human blood and specified human body fluids are infected with bloodborne pathogens. Where it's difficult or impossible to identify body fluids, all are to be considered potentially infectious.

APPENDIX C:

Engineering and Work Practice Controls

The following engineering and work practice controls will be used by all employees to eliminate or minimize ***occupational exposures*** at this facility:

Occupationally exposed

Occupationally exposed means exposed during the performance of job duties to blood or OPIM through skin, eyes, mucous membranes, or broken skin by needle sticks, human bites, cuts, abrasions, splashes, or other means.

Sharps containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in sharps containers. Replace containers routinely and do not allow overfilling. Place reusable sharps in metal trays for decontamination. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine the appropriateness of the device and to investigate new and safer options.

Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as bio-hazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable

antiseptic towelettes or germicidal gel to clean hands after removing gloves.

Employee must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupation exposure can occur.

Personal protective equipment (PPE)

Employees must use the appropriate personal protective equipment (PPE) at all times when handling bloodborne pathogens or potentially infectious materials (OPIM). Non-compliance with PPE requirements will result in disciplinary action in accordance with company policies. PPE is provided at no cost to employees. Employees will (as applicable) receive training in its use, maintenance, and disposal annually.

Storage area

First-aid kits are in the following locations:

First Aid Kit/AED	1st floor, SW side of the office outside of the "Echo Room" next to the Call Booths
First Aid Kit	1st floor, NE side of the office to the left of the Exit door in the kitchen area
First Aid Kit	2nd floor; SW side of the office, in between the SE stairs and conference room
First Aid Kit/AED	2nd floor; NW side of the office on the NE wall, in between two marked storage rooms and the close to the HR office

In case of emergency, take the necessary first aid kits and supplies, including PPE, to the location of the injured person. Supplies should include disposable gloves; face shields; resuscitation devices (AED); large, heavy-duty plastic bags and ties, bio-hazard signs or labels or bags; antiseptic towelettes; disposal absorptive bleach solutions or germicides.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes or open wounds must wear disposal gloves made of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, spatters of blood droplets, or OPIMs may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Place any contaminated PPE or clothing in a bio-hazard plastic bag. PPE must not be taken from the worksite.

Housekeeping

Maintain the first aid kit in a clean and sanitary condition. Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces.

Immediately, or as soon as feasibly possible, clean and decontaminate all equipment and working surfaces after completion of procedures in which blood or body fluids contaminated with blood are handled.

Use chemical germicides or solutions of 5.25% sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used. Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush or dustpan, tongs, or forceps. Handle as bio-hazardous waste. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

Contaminated laundry

Handle non-disposal linen visibly contaminated with blood using disposal gloves. Minimize time spent handling laundry by keeping as close as possible to a location where it was used. Place laundry in a bag that prevents soak-through or leakage.

Regulated Waste

Annie Gonzales (Office Manager) and Christian Blood (North American People

Operations/HR) have been assigned to transport regulated waste for disposal. Place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed before removal to prevent spillage or protrusion of contents during handling.

Labels and signs

Affix warning labels to laundry bags, containers of regulated waste, refrigerator units, and containers used to store, transport, or ship blood or OPIM. Red bags or red containers can be used instead of labels.

Hepatitis B vaccine

The hepatitis B vaccine is offered, at no cost, to exposed employees within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide later to accept. Previously vaccinated new hires must prove a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and vaccination is declined or not appropriate. Vaccination administrators will be determined and documented later (to be kept on file and available for review at the direct request of staff to HR). Christian Blood (North American People Operations/HR) will retain employee medical record files.

Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is our policy to include Good Samaritan acts performed by an employee at the worksite. Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with a copious amount of water.

Medically evaluate exposed employees immediately or as soon as feasible after the exposure incident.. If recommended, post-exposure prophylaxis can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual,

where feasible; exposed employee blood collection and testing of blood for HBV and HIVB serological status, post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to the applicable state and federal laws and regulations concerning disclosure and confidentially.

Hepatitis B vaccination administrattions, and medical evaluations and post-exposure follow medical office follow up after an exposure incident will be determined and documented at a later time (to be kept on file and available for review at the direct request of staff to HR). Christian Blood (North American People Operations/HR) will retain employee medical record files.

Training and training records

All employees who have ***occupational exposure*** to bloodborne pathogens receive training on epidemiology symptoms, and mode of transmission of bloodborne-pathogen disease. In addition, the training program will include the following tropics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM
- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure
- The basis for the selection of PPE, the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information, including that the vaccine is provided at no cost, the benefits of being vaccinated, and methods of administration
- Employer responsibilities for post-exposure evaluation and medical follow-up, including how and who to contact should an exposure incident, occur;
- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposore-control plan and the OSHA standard

Employee training occurs before initial assignment to tasks in which ***occupational exposure*** may occur. Training must be repeated annually and sooner if there are new tasks or changes to procedures. All training must be documented and submitted to HR for recordkeeping.. Training records are maintained for three years and include the date(s) and content of the training program, name and qualification of the

trainer(s), and names and job titles of the attendees.

Recordkeeping

Medical records for employees with ***occupational exposure*** to bloodborne pathogens include the employee's name, Social Security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years, in accordance with OSHA standard 1910-1020. Medical records are confidential and are in the North American People Operations/HR Austin office. In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures
- A copy of the testing physician's written opinion to the employer
- A copy of all information provided by the employer to the health-care professional regarding the exposure incident

Record any needle stick, mucous membrane, or skin contact with blood or body fluid contaminated with blood or OPIM requiring medical treatment, for example, gamma globulin, hepatitis B vaccine, etc., in the OSHA 300 log. In addition, record any contaminated sharp injuries, including needle sticks, on the Sharps Injury Log. These records are retained for five years.

Plan evaluation and review

Review of the exposure control plan and update will occur annually and whenever necessary to reflect new or modified tasks and procedures that affect ***occupational exposure***. Annie Gonzales (Office Manager) and Christian Blood (North American People Operations/HR) are responsible for the annual review.

Name: _____

Signature:_____

Date:_____

APPENDIX D:

Sharps Injury Log

Company name: Zoho, 979 Springdale Road Suite 123, Austin, Texas, 78702

Sharps Injury Log date: _____

Date	Case report no.	Type of device (e.g. syringe, etc)	Brand name of device	Work area where injury occurred	Brief description of how the incident occurred and body part injured

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the log is to aid in the evaluation of devices being used in health care and other facilities and to identify devices or procedures requiring attention or review. The employer must retain this log and the injury-and-illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The log must be kept by a manager that preserves the confidentiality of affected employees.