FIRST AID AND BLOODBORNE PATHOGENS POLICY
1 PURPOSE
The purpose of the First Aid and Exposure Control Plan is to ensure injured Tetra Pak Inc. employees are provided access to prompt treatment, while protecting employees responding to emergencies by eliminating or minimizing occupational exposure to blood or other potentially infectious materials. This policy shall be readily available for all Tetra Pak Inc. employees to review.

2 SCOPE
2.1 This policy applies to all Tetra Pak Inc. employees and contractors and shall be effective July 20, 2015.

3 DEFINITIONS
3.1 Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans, including, but not limited to: hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

3.2 Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

3.3 Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

3.4 Exposure Incident: a specific eye, mouth, 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.

3.5 First Aid Provider: an employee who is authorized to administer first aid treatment and has completed training and obtained a certificate from a recognized trainer for first aid treatment, cardio-pulmonary resuscitation (CPR), automatic external defibrillator (AED), and bloodborne pathogens.

3.6 Handwashing Facilities: a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

3.7 Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

3.8 Occupational Exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

3.9 Other Potentially Infectious Materials: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue
cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

3.10 Parenteral: piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

3.11 Personal Protective Equipment: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

3.12 Source Individual: any individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

3.13 Universal Precautions: an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

3.14 Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

4 ROLES AND RESPONSIBILITIES

4.1 Occupational Health & Safety Officer
   4.1.1 Coordinating and maintaining records for bloodborne pathogens training required by this policy.
   4.1.2 Investigating exposure incidents.
   4.1.3 Maintaining a sharps injury log.
   4.1.4 Conducting exposure determinations for bloodborne pathogens.

4.2 Human Resources
   4.2.1 Maintaining all employee medical records associated with this policy.

4.3 Supervisors, Line Managers, and Functional OHS Leads
   4.3.1 Ensuring employees complete required training.
   4.3.2 Investigating exposure incidents.

4.4 Building Managers
   4.4.1 Determining the need for first aid providers at Tetra Pak Inc. locations.
   4.4.2 Ensuring first aid and exposure control supplies are provided, inspected, and maintained at Tetra Pak Inc. locations.
   4.4.3 Ensuring AEDs are mounted, inspected, and maintained.
   4.4.4 Coordinating first aid, CPR, AED, and bloodborne pathogen training for first aid providers and employees with housekeeping duties.

4.5 Project Managers and Site Responsible
   4.5.1 Determining the need for first aid providers at customer and project sites.
   4.5.2 Provisioning first aid and bloodborne pathogens supplies and equipment at customer and project sites.
4.5.3 Ensuring first aid and exposure control supplies are provided, inspected, and maintained at customer or project sites.

4.6 First Aid Providers

4.6.1 Completing all training required by this plan.
4.6.2 Administering first aid only when comfortable to do so.
4.6.3 Implementing the exposure control plan when administering first aid treatment.
4.6.4 Immediately reporting exposure incidents to their supervisor or the OHS Officer.

5 PROVISIONS OF FIRST AID

5.1 First aid providers shall be available at Tetra Pak Inc. locations and customer or project sites that are located in areas where access to medical treatment centers are not readily accessible in terms of time and/or distance. When determining the need for first aid providers, consideration should be given to the types of injuries that could potentially occur at the location.

5.2 First Aid Kits

5.2.1 First aid supplies must be maintained and easily accessible at Tetra Pak Inc. locations and customer and project sites and shall be mounted in areas where injuries are anticipated to occur.
5.2.2 First aid kits shall be designed for the environment in which they will be stored. When stored outdoors or in wet environments, the first aid kit shall be weatherproof and the internal contents shall be individually sealed.
5.2.3 At a minimum, first aid kits should contain the following items:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Minimum Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorbent compress, 32 sq. in. (81.3 sq. cm.) with no side smaller than 4 in. (10 cm)</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive bandages, 1 in. x 3 in. (2.5 cm x 7.5 cm)</td>
<td>16</td>
</tr>
<tr>
<td>Adhesive tape, 5 yd. (457.2 cm) total</td>
<td>1</td>
</tr>
<tr>
<td>Antiseptic, 0.5g (0.14 fl oz.) applications</td>
<td>10</td>
</tr>
<tr>
<td>Burn treatment, 0.5 g (0.14 fl. oz.) applications</td>
<td>6</td>
</tr>
<tr>
<td>Medical exam gloves</td>
<td>2 Pair</td>
</tr>
<tr>
<td>Sterile pads, 3 in. x 3 in. (7.5 x 7.5 cm)</td>
<td>4</td>
</tr>
<tr>
<td>Triangular bandage, 40 in. x 40 in. x 56 in. (101 cm x 101 cm x 142 cm)</td>
<td>1</td>
</tr>
</tbody>
</table>
5.2.4 First aid kits shall be periodically inspected to ensure that they are fully stocked. Inspections shall occur at least:

5.2.4.1 Prior to the start of a project and at least weekly thereafter at customer and project sites; and

5.2.4.2 Monthly at Tetra Pak Inc. locations.

5.3 Emergency Information

On project sites, the Tetra Pak Inc. Site Responsible shall develop a procedure for responding to medical emergencies that ensure prompt provisions of first aid and medical services.

At Tetra Pak Inc. locations, emergency response procedures for medical emergencies shall be developed, documented, and communicated in accordance with the requirements of the Tetra Pak Inc. Emergency Action Plan.

5.4 Eyewash/Drench Facilities

5.4.1 Eyewash stations and emergency showers shall be provided when employees are exposed to corrosive or hazardous chemicals.

5.4.2 Eyewash stations and emergency showers shall be located such that they are accessible within ten seconds from any location of potential exposure. The eyewash stations and emergency showers shall not be located on different levels or inside another room that requires passing through a door to access it.

5.4.3 Installation of eyewash stations and emergency showers must meet the requirements of ANSI Z358.1.

5.4.4 Eye washes shall be inspected at least weekly and emergency showers at least annually. Inspections shall be documented.

5.4.5 Portable eyewash stations used at customer and project sites or at Tetra Pak Inc. locations, where plumbed eyewash stations cannot be installed, shall store enough rinsing solution to provide at least 15 minutes of flushing. Portable eyewashes shall be visually inspected at least weekly and documented.

5.5 Availability of Medical Services

5.5.1 Human Resources and Building Managers or the Site Responsible representative shall be notified whenever first aid is administered by a Tetra Pak Inc. employee.

5.5.2 Automatic External Defibrillators (AEDs) are available in certain offices of Tetra Pak Inc. The site responsible Tetra Pak representative must be involved anytime an AED is used at a Tetra Pak Inc. office. Contact your OHS representative or Building Manager for more information regarding AED use.

6 EXPOSURE DETERMINATION FOR BLOODBORNE PATHOGENS

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. Based on
the results of this assessment, first aid providers and employees with housekeeping duties involved with spill cleanup have been identified as having potential exposure to bloodborne pathogens.

7 EXPOSURE CONTROL PLAN

7.1 Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood and other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

7.2 Hand washing facilities shall be available to employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure.

7.3 After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin areas immediately or as soon as feasibly possible with soap and water.

7.4 If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasibly possible after contact.

7.5 All procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and the generation of droplets of blood or other potentially infectious materials.

8 PERSONAL PROTECTIVE EQUIPMENT (PPE)

8.1 PPE shall be provided to employees at no cost to them and shall be readily available.

8.2 PPE shall prevent the contact of potentially infectious material with employees’ clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective clothing is used.

8.3 The following PPE is required for employees who will administer first aid treatment:

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrile Examination Gloves</td>
<td>Medical Emergency Response</td>
</tr>
<tr>
<td>Protective Eye Wear</td>
<td>Medical Emergency Response</td>
</tr>
<tr>
<td>Respiratory Assist Mask</td>
<td>Medical Emergency Response</td>
</tr>
</tbody>
</table>

8.4 After use, Nitrile gloves and respiratory assist masks shall be considered contaminated and immediately disposed of in sealed garbage bags and placed into a dumpster.

8.5 Safety glasses must be immediately disposed of if they become contaminated with potentially infectious materials, with the exception of prescription safety glasses which may be decontaminated prior to reuse.

8.6 Personal clothing that has become contaminated with potentially infectious materials shall be immediately removed to prevent contact.

9 HOUSEKEEPING
Surfaces that are contaminated with potentially infectious materials shall be decontaminated as soon as feasible using the following procedure with a 10% bleach and water solution and while wearing required PPE. Clean up material and PPE shall be immediately disposed of in sealed garbage bags and placed directly into a dumpster.

**10 HEPATITIS B VACCINATION**

10.1 All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.

10.2 The vaccine shall be offered within 10 working days of their initial assignment as a first responder, unless the employee has previously had the vaccine or who wishes to submit to antibody testing.

10.3 Employees who decline the Hepatitis B vaccine must sign the waiver in Appendix A. Employees who initially decline the vaccine may later request it at no personal cost.

10.4 The vaccine shall be administered by a health care professional.

**11 POST-EXPOSURE EVALUATION AND FOLLOW-UP**

11.1 Employees who are exposed to blood or other potentially infectious materials shall immediately be offered the Hepatitis B vaccine and vaccination series and a confidential medical evaluation and follow-up consultation, which shall include:

11.1.1 Documentation of the route of exposure and circumstances related to the incident.

11.1.2 If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

11.1.3 The results of the source individual’s tests shall be made available to the exposed employee, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

11.1.4 The employee shall be offered the option of having their blood collected for testing of the employees HIV and HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If, within the 90-day period, the employee elects to have the blood sample tested, such testing shall be done as soon as feasibly possible.

11.1.5 The employee shall be offered post exposure treatment(s) in accordance with the current recommendations of the U.S. Public Health Service.

11.1.6 The employee shall be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee shall also be given information on potential illnesses to be alert for and to report any related experiences to appropriate personnel at the medical treatment center.

11.2 Healthcare professionals responsible for providing the exposed employee’s Hepatitis B vaccine shall be provided with the following information:
11.2.1 A copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030);
11.2.2 Documentation of the routes of entry and circumstances under which the exposure occurred;
11.2.3 Results of the source individual’s blood tests, if available; and
11.2.4 All medical records relevant to the appropriate treatment of the exposed employee, including vaccination status for which Tetra Pak Inc. is required to maintain.

11.3 Tetra Pak Inc. shall obtain and provide the exposed employee with a copy of the physician’s written opinion within 15 days of the completed evaluation. The written opinion shall be limited to the following information:

11.3.1 Whether the Hepatitis B vaccination was indicated for the exposed employee and if the exposed employee received the vaccination;
11.3.2 That the exposed employee has been informed of the results of the evaluation; and
11.3.3 That the exposed employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the report.

12 TRAINING

12.1 Tetra Pak Inc. employees who are first aid responders shall complete training for first aid treatment, CPR, and AED. Training shall be provided by the American Red Cross, U.S. Bureau of Mines, or equivalent organization recognized for providing such training. Training shall be completed at the frequency required by the training provider.

12.2 Tetra Pak Inc. employees who have been identified as being potentially exposed to blood or potentially infectious materials shall be provided Bloodborne Pathogens training which shall cover the following topics:

12.2.1 The OSHA standard for Bloodborne Pathogens;
12.2.2 Epidemiology and symptomatology of blood-borne diseases;
12.2.3 Modes of transmission of blood-borne pathogens;
12.2.4 This Exposure Control Plan, noting points of the Plan, lines of responsibility, and how the Plan will be implemented and maintained;
12.2.5 Procedures that might cause exposure to blood or other potentially infectious materials;
12.2.6 Control methods, which will be used at the facility to control exposure to blood or other infectious materials;
12.2.7 Personal protective equipment required for protection against bloodborne pathogens;
12.2.8 Post exposure evaluation and follow-up;
12.2.9 Warning signs and labels; and
12.2.10 Hepatitis B vaccine program.
12.3 Bloodborne Pathogens Training shall be completed upon initial assignment to the role of first aid treatment provider or housekeeper, and within one year of the previous training thereafter. Bloodborne Pathogens training that is completed at the same time as First Aid and CPR training fulfills the initial and annual training requirement.

12.4 Training records shall be maintained by the OHS Officer and shall be maintained for at least 3 years from the date on which the training occurred. Training records shall contain the following information:

12.4.1 The date(s) of the training session(s);
12.4.2 Contents or summary of the training session(s);
12.4.3 Names and qualifications of persons conducting the training; and
12.4.4 The names and job titles of all persons attending the training session(s).

13 MEDICAL RECORDS

13.1 Human Resources shall maintain all employee medical records required by this policy, including the following:

13.1.1 The name and social security number of the employee;
13.1.2 A copy of the employee’s hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination;
13.1.3 A copy of all results of examinations, medical testing, and follow-up procedures, as required in Section 10.1;
13.1.4 A copy of the healthcare professional’s written opinion, as required in Section 10.3; and
13.1.5 Information provided to the healthcare professional as required by Section 10.2.

13.2 Employee medical records shall be kept confidential and shall not be released to any person, outside of or within Tetra Pak Inc., without the employee’s written consent.

13.3 Employee medical records shall be retained for at least the duration of employment plus 30 years.

13.4 Employee medical records shall be provided upon request to:

13.4.1 The subject employee;
13.4.2 Anyone having written consent of the subject employee;
13.4.3 The Director of the National Institute for Occupational Safety and Health, U.S Department of Health and Human Services (or designated representative); and
13.4.4 The Assistant Secretary of Labor for Occupational Safety and Health (or designated representative).

13.5 The OHS Officer shall maintain a sharps injury log for recording of injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee and shall include the following information:
13.5.1 The type of sharp involved in the incident;
13.5.2 The department or work area where the exposure incident occurred; and
13.5.3 An explanation of how the incident occurred.

14 **APPENDICES**

14.1 Appendix A: Hepatitis B Vaccine Declination Form
APPENDIX A: HEPATITIS B VACCINE DECLINATION FORM

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring a 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 the 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

___________________________________  ______________
Signature                        Date

Note: This form is only necessary for employees who have been assigned first aid roles and for any employees who have been identified as having exposure to blood or other potentially infectious materials in the workplace.