

SHORE STAFFING EXPOSURE CONTROL PLAN

- 1. EMPLOYEE EXPOSURE DETERMINATION
 - a. As a part of the exposure determination section of our ECP, the following is a list of all job classifications at our company in which all employees may have occupational exposure:
 - i. Nursing Professionals (RN/LPN)
 - ii. Physical Therapy Professionals (PT/PTA)
 - iii. Occupational Therapy Professionals (OT/COTA)
 - iv. Speech-language Professionals (SLP-CCC)
 - v. Respiratory Therapy Professionals (RRT/CRT)
 - b. Tasks in which occupational exposure may occur as performed by therapist’s listed in section A includes:
 - i. Cleaning equipment or surfaces that may be contaminated with blood or other potentially infectious material.
 - ii. Disposition of contaminated equipment or infectious/hazardous waste.
 - iii. Coming into contact with human bodily fluids or other potentially infectious material in the course of providing services to the client.
- 2. METHOD OF IMPLEMENTATION AND CONTROL
 - i. Universal Precautions – All employees will utilize Universal Precautions which is an infection control method which requires employees to assume that all human blood and specified human fluids are infectious for HIV, HBV, and other bloodborne pathogens and must be treated accordingly.
- 3. EXPOSUER CONTROL PLAN
 - i. Shore Staffing will require all employees have the Hepatitis B vaccination or sign a declination.
 - b. Shore Staffing will keep complete and accurate medical records on any occupational exposure on all employees
 - c. Shore Staffing will provide immediate medical attention for any occupational exposure at no cost to our employees.
 - d. Shore Staffing will provide post-exposure care for all employees.
 - e. Shore Staffing will be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures, which prevent occupational exposure and to reflect new or revised employee positions with occupational exposure.

ACKNOWLEDGEMENT

I, _____, acknowledge that Shore Staffing has provided me with and I have thoroughly reviewed the EXPOSURE CONTROL PLAN (ECP) and understand it completely.

EMPLOYEE SIGNATURE: _____ DATE: _____