To Whom It May Concern:

As you may be aware, Beckman Coulter receives many requests for information pertaining to our Health and Safety training programs, OSHA injury rates, and Workers Compensation Experience Modification Rate (EMR) data. In response to your request and to ensure that this information is available in an accurate, efficient and timely manner, Beckman Coulter has put together the accompanying package.

This package is very comprehensive and contains all pertinent information related to our Field Service and Sales organizations for the above mentioned programs. It is updated on an annual basis and is available only in the format supplied. Should you have any further questions, please do not hesitate to contact me.

Thank You,

Tony Gregorich
Facility Manager
Environmental, Health and Safety
Beckman Coulter, Inc.
TGregorich@Beckman.com
760-438-6382

CONTRACTOR SAFETY QUESTIONNAIRE RESPONSE

Rev. 1/31/14

BECKMAN COULTER, INC.
CONTRACTOR SAFETY
QUESTIONNAIRE RESPONSE

TABLE OF CONTENTS

Section 1

NAICS Codes,
EMR DATA 2011 – 2013
&
OSHA 300A Summary DATA
2011 - 2013

Beckman Coulter, Inc.

NAICS Codes

339112, 334516

EMR Data

YEAR	EMR – INTERSTATE
7/01/11-12	0.78
7/01/12-13	0.76
7/01/13-14	0.71

Corporate-wide OSHA 300 Log Information

Description	2011	2012	2013
Number of hours employees worked in the year.	14,459,060	13,777,399	14,045,337
Number of fatalities.	0	0	0
Number of cases with days away from work.	23	22	26
Number of cases with job transfer or restriction.	32	18	35
Number of other recordable cases.	57	60	64
Total number of recordable cases.	112	100	125
Recordable rate.	1.55	1.45	1.78
Lost workday case rate.	0.32	0.32	0.37

MARSH

Melissa Cavallo
Assistant Vice President

Marsh USA Inc.
1051 East Cary Street, 9th Floor
Richmond, VA 23219

1255 23rd Street NW, 4th Floor
Washington, DC 20037

202 263 7875
melissa.cavallo@marsh.com
www.marsh.com

July 1, 2013

Subject: Beckman Coulter, Inc., a subsidiary of Danaher Corporation
Experience Modification Rates

To Whom It May Concern:

As broker for Beckman Coulter, Inc., a subsidiary of Danaher Corporation, we wish to confirm they are covered for Workers' Compensation through Indemnity Insurance Company of North America (AOS) and ACE American Insurance Company (AZ ,CA, MA and WI) effective July 1, 2013 through July 1, 2014. The following represents experience modification rates that have been provided by the NCCI and the individual states referenced below and confirmed to Marsh through ACE.

State	7/1/11 - 12	7/1/12 - 13	7/1/13 - 14
Interstate	.78	.76	.71
California	1.07	.90	.88
Delaware	.975	.975	.969
Michigan	.980	.860	.86
New Jersey	.956	.879	.629
Pennsylvania	1.081	1.041	.981

Should there be anything else you should need, please do not hesitate to call.

Sincerely,

Melissa Cavallo
Casualty Advisory Representative

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2013

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	10	6	22
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
374	505
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injury	36	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	2

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Establishment information

Your establishment name: Beckman Coulter, Inc

Street: 250 S. Kraemer

City: Brea State: Ca Zip: 92821

Industry description (e.g., Manufacture of motor truck trailers)
Service

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
8 1 1 3

Employment information

Annual average number of employees: 1773

Total hours worked by all employees last year: 3, 187, 235

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Charles Pittman
Company executive

VP Facilities
Title

714-961-4169
Phone

01/29/14
Date

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

Year 2012

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	8	0	16
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
145	74
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injury	23	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	1

Establishment information

Your establishment name Beckman Coulter Inc.

Street 250 S KRAEMER BLVD

City FIELD State CA Zip 92821

Industry description (e.g., Manufacture of motor truck trailers)
Electronic Precision Equipment Repair and Maintenance

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
8 1 1 2

Employment information

Annual average number of employees 1792

Total hours worked by all employees last year 3,475,956

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Charles A Pittman
Company executive

VP Facilities
Title

714-961-4169
Phone

01/30/13
Date

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

Year 2011

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	10	1	16
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
360	249
(K)	(L)

Injury and Illness Types

Total number of...	(M)		(M)
(1) Injury	26	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	1

Establishment information

Your establishment name Beckman Coulter Inc.

Street 250 S KRAEMER BLVD

City BREA - FIELD State CA Zip 92821

Industry description (e.g., Manufacture of motor truck trailers)
Electronic Precision Equipment Repair and Maintenance

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
8 1 1 2

Employment information

Annual average number of employees 1945

Total hours worked by all employees last year 3,693,183

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Charles A Pittman
Company executive

VP Facilities
Title

714-961-4169
Phone

01/27/12
Date

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Section 2

SAFETY PROGRAM
KEY ELEMENTS

Rev. 1/31/14

Environmental, Health and Safety Program Key Elements

Beckman Coulter has an Environmental, Health and Safety Program that includes the following key elements.

1. Policy Statements
    - Company Statement
    - Substance Abuse Policy
    - Rules and Programs Enforcement

2. Environmental Health and Safety Programs
    - Injury Illness and Prevention
    - New Employee EHS Orientation
    - Fire Safety
    - First Aid/CPR/AED
    - Office and Industrial Ergonomics
    - Hazard Communication
    - Emergency Action Plan
    - Injury and Illness Reporting and Treatment
    - Accident Investigation
    - Chemical Hygiene Plan
    - Personal Protective Equipment
    - Respiratory Protection
    - Hearing Conservation
    - Spill Response and Prevention
    - Transportation of Hazardous Materials
    - Radiation Safety
    - Hazwoper Training
    - Laser Safety
    - Exposure Control Plan for Bloodborne Pathogens
    - Hazardous Waste Management
    - Biomedical (bio-hazardous) Waste Management
    - Pollution Control Prevention
    - Electrical Safety
    - Hot Work Permit
    - Machine Operations and Guarding
    - Confined Space Entry
    - Power Lockout and Tagout
    - Powered Industrial Truck Safety
    - Fleet Safety

Environmental, Health and Safety programs are assigned to employees based on their job function and the possible hazards associated with that job function.

BCI EHS Department 2-1-09

Totally Committed to Quality

My electronic signature confirms my approval of this document for its intended use.

APPROVALS:	APPROVED ON:	
«approver0	» «approve_date0	»
«approver1	» «approve_date1	»
«approver2	» «approve_date2	»
«approver3	» «approve_date3	»
«approver4	» «approve_date4	»
«approver5	» «approve_date5	»
«approver6	» «approve_date6	»
«approver7	» «approve_date7	»
«approver8	» «approve_date8	»
«approver9	» «approve_date9	»
«approver10	» «approve_date10	»

See document attributes for additional data control elements.

CHANGE ABSTRACT:

The format has changed to accommodate the EDMS

INJURY ILLNESS PREVENTION PROGRAM
TABLE OF CONTENTS

Section 3

HAZARD AWARENESS TRAINING
FIELD SERVICE

Rev. 1/31/14

Beckman Coulter Hazard Awareness for the Field

INTRODUCTION

As soon as you step into a clinical laboratory, you may face several potential health and safety hazard. These may include biological, chemical, and physical hazards. Even when some or all of these hazards are present, you still can work safely and prevent an exposure to yourself from any of these hazards. Good advanced planning, wearing the appropriate personal protective equipment (PPE), and **asking questions** are the keys to prevention!

BIOLOGICAL HAZARDS

Typically in a clinical laboratory, and in particular Beckman Coulter's instruments, biohazards potentially present originate from substances of human origin. That is, they come from human blood, serum, and other bodily fluids and tissues. The infectious agents found in these human based materials are known as "bloodborne pathogens". Blood borne pathogens include the more commonly known and significant Hepatitis Viruses such as Hepatitis B (HBV) and C (HCV) and the Human Immunodeficiency Virus (HIV), but there are several others that potentially could be present in addition to these.

Hepatitis B & C

Viral Hepatitis is transmitted in the laboratory by contact with human based materials from patients who have disease. "Contact in this case requires that the virus enter the blood stream via an uncovered cut, puncture, or by oral means. Since lab workers are exposed to serum samples at a much higher frequency than the general public they are at much greater risk of getting the disease.

Fortunately, HBV infections can be effectively prevented with a recombinant, safe vaccine requiring three immunizing doses over three to six months. You have or will be offered the Hepatitis B vaccine paid for entirely by Beckman Coulter.

Symptoms of these diseases when present include abrupt fever/chills, nausea, vomiting, abdominal discomfort, headache, malaise , severe fatigue, joint aches, skin rash and inflammation of the liver, sometimes resulting in jaundice if the bile duct is obstructed. Severe liver damage is possible and patients infected with HBV experience a significant increase in liver cancer. More than 300 health care workers died in the U.S. from Hepatitis B in 1989, and more than 3,000 contracted the disease in the work place during the same period of time.

Human Immunodeficiency Virus (HIV)

HIV is transmitted and prevented the same way as Hepatitis B, except that there is no preventative vaccine available for HIV.

Symptoms may vary from person to person. Typical symptoms of the Human Immunodeficiency Virus (HIV) infection would include fever, occasional rash, enlarged lymph nodes, diarrhea, fatigue, and possible flu like pains and aches. Some persons have no symptoms initially. Most person accidentally exposed test positive over the following 6-12 weeks. After this period, they

may remain symptomless for months or even years. Eventually, person infected with HIV will progress to overt Acquired Immune Deficiency Syndrome (AIDS). Once this stage is reached, death is likely to occur.

In order to prevent exposure to bloodborne pathogens while working in custom clinical laboratories, you should read and **understand** the **"Safety Guidelines For Handling Human Based Materials And Instruments Exposed to Human Based Materials".**

CHEMICAL HAZARDS

You need to be aware of the hazards of any chemical that you work with and what personal protective equipment (PPE) should be worn when working with these materials. Always review the Material Safety Data Sheets (MSDS's) and any hazard labels on containers prior to working with reagents or any other chemicals. **Beckman Coulter products MSDS's can be accessed and reviewed on the intranet at http://msds.beckman.com** or contact your supervisor for assistance. Remember that the customer has a right to see the MSDS's for any chemical that you bring into their facility. On the other hand, you have a right to see the MSDS's for any chemicals that the customer may be exposing you to as well.

Whenever you work with reagents or other liquid chemicals, there is the danger of accidentally splashing some in your eyes. Wearing eye protection such as safety glasses or goggles will minimize the potential harm of splashing.

Should you ever get any reagent or other chemical in your eyes, immediately flush your eyes at the lab's emergency eye wash station for **AT LEAST 15 MINUTES**. Reagents that splash on the skin should be immediately washed off as well.

Always wash your hands after working with chemicals.

PHYSICAL HAZARDS

Some hazards, such as chemical and biological hazards, are more obvious than others. But were you aware that most Field Service Engineers are injured dud to repetitive motion (ergonomics related), material handling, and slips, trips, and falls? There are preventative measures that you can take to reduce the likelihood of these types of injuries from occurring.

Repetitive motion injuries are injuries to the musculoskeletal and nervous systems. Some of these include carpal tunnel syndrome, tendinitis, tenosynovitis, trigger-finger syndrome, and others. Repetitive motion injuries are caused by excessive repetition, awkward body postures, excessive force, and static body posture. Often, it is a combination of these factors that lead to inury. Utilize tools that eliminate awkward body postures and reduced the amount of force required. Use tools for the purpose for which they were designed. For example, screwdrivers are for driving screws. They are not to be used as chisel or crowbars! Use mechanical assistance whenever possible.

Lower back injuries are another form of repetitive motion related injuries, Most back injuries are the result of years of poor posture and improper lifting techniques. Back pain and injuries may be caused by some of the following factors:

- Improper lifting and bending. This is the number one cause of back injuries.
- Poor standing or sitting posture.
- Awkward body movements, such as twisting or overreaching.
- Poor physical condition.
- Overexertion

Proper Lifting

- Stand close to the object with your feet spread slightly apart for better balance.
- Keep your back straight.
- Bend at the knees while keeping your stomach muscles tight. Do not bend at your back.
- While picking up the object, keep the load close to your body.
- If the load is unbalanced, keep the heavier end close to your body.
- Don't twist your body when carrying the load. Use your legs and feet to turn.
- **Get assistance whenever possible.**

Any on-the-job injury or illness should be reported to your supervisor immediately. The reporting procedures are specified in the section entitled **"Industrial/On-The-Job Injury Guidelines."** Ask your supervisor or contact Health Services in Brea at (714) 993-5321, ext. 8444, or (714) 993-8444 if you have any questions.

1. Overview

1.1 Purpose

Provide safe operating guidelines and policies for all US sites for the compliance to OSHA's Bloodborne Pathogens Exposure Control Plan, 29CFR1910.1030

1.2 Scope

This procedure applies to and is to be adhered to by all Beckman Coulter and its subsidiary operations in North America. This procedure applies to all employees (full time, part time, temporary and contract employees) with occupational exposure to blood or other potentially infectious materials.

1.3 Definitions

- *Blood"* means human blood, human blood components, including but not limited to plasma, platelets, immune globulins, albumin, factors 8 and 9, sanguinous fluids like wound exudates, and products made from human blood.
- *"Bloodborne Pathogens"* means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
- *"Clinical Laboratory"* means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.11.4
- *"Contaminated"* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- *"Contaminated Laundry"* means laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.
- *"Contaminated Sharps"* means any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires
- *"Decontamination"* means 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.
- *"Engineering Controls"* means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- "Engineered Sharps Injury Protection" means either:
  (1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
  (2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.
- *"Exposure Incident"* means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials exposure that results from the performance of an employee's duties.
- *"Handwashing Facilities"* means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- *"HBV"* means Hepatitis B Virus.

- *"HCV"* means Hepatitis C Virus
- *"HIV"* means Human Immunodeficiency Virus
- *"Licensed Healthcare Professional" is* 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.
- *"Needle" or "Needle Device"* means a needle of any type, including, but not limited to, solid and hollow-bore needles.
- *"Needless System"* means a device that does not utilize needles for:
  1) The withdrawal of body bluids after initial venous or arterial access is established;
  2) The administration of medication or fluids; and
  3) Any other procedure involving the potential for an exposure incident
- ."*NIOSH"* means the Director fo the National Institute for Occupational Safety and Health, US Department of Health and Human Services, or designated representative.
- *"Occupational Exposure"* means 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.
- *"Other Potentially Infectious Materials" or "OPIM"* means:
  a. 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;

  b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

  c. Cell, tissue cultures, or organ culturesfrom humans or experimental animals;

  d. Blood, organs, or other tissues from experimental animals

  e. Culture medium or other solutions
- *"Parenteral"* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions
- *"Personal Protective Equipment" is* 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.
- *"Production Facility"* means a facility engaged in industrial-scale, large-volume or high concentration production of HIV and HBV.
- *"Regulated Waste"* means waste that is any of the following:
  1) Liquid or semi-liquid blood or other potentially infectious materials;
  2) Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
  3) Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
  4) Contaminated sharps;
  5) Pathological and microbiological wastes containing blood or other potentially infectious materials.
- *"Research Laboratory"* means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV

but not in the volume found in production facilities.

- *"Sharp"* means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.
- *"Sharps Injury"* means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks
- *"Sharps Injury Log"* means a written or electronic record satisfying the requirements of subsection (c)(2).
- *"Source Individual"* means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- *"Sterilize"* means the use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- *"Universal Precautions"* is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.
- *"Work Practice Controls"* means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

2. References

2.1 External references

- Federal 29 CFR 1910.1030, Bloodborne Pathogen Standard.
- California Code of Regulations, Title 8, Section 5193
- Biosafety in Microbiological and Biomedical Laboratories, 5th Edition, December 2009, HHS Publication No.(CDC) 21-1112
- CPL 2-2.69 Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens

2.2 Internal references

- Procedure #700-03 Medical Waste Management Plan
- 600-03A Appendix A_B_C_D
- 600-03B Form A Hep B Declination
- 600-03C Form B Hep B Vaccine Log
- 600-03D Form C Hep B Vaccine Screening Questionaire
- 600-03E Form D BCI Sharps Injury Log
- 600-03F Form E BCI Medical Surveillance Consent
- 600-03G Form F Hep B Vaccine Info Sheet

3. Responsibilities

3.1 ● Department Managers are responsible for:

3.1.1 Providing EH&S with a list of job titles and job duties for their departments when either all employees or some employees have potential exposure to bloodborne pathogens.

3.1.2 Verifying that a process safety analysis or hazard evaluation is conducted in work areas under their management any time a new biohazardous substance or process is

			introduced, or an existing process is changed	
		3.1.3	Notifying EH&S when the above analysis involves the potential for exposure to bloodborne pathogens	
	3.2	• Supervisors are responsible for:		
		3.2.1	Maintaining, as appropriate, a current inventory of biohazardous substances used and stored in areas under their supervision.	
		3.2.2	Assuring the development and evaluation of standard operating procedures (SOPs) for biohazardous processes under their supervision to verify that biosafety issues have been addressed and that Universal Precautions have been implemented	
		3.2.3	Verifying that the appropriate personal protective equipment is available	
		3.2.4	Auditing the work practices of their employees to verify engineering and administrative controls and personal protective equipment designed to prevent employee exposures to biohazardous substances are being properly employed.	
		3.2.5	Assisting the department manager in conducting periodic reviews for work place hazards	
		3.2.6	Auditing the labeling of biohazardous substances, storage areas, and waste containers in their work areas for compliance with Section 7.0	
		3.2.7	Verifying that their affected employees complete annual Bloodborne Pathogens training satisfactorily.	
		3.2.8	Referring an employee who reports a work related exposure to human blood and/or body fluids to Health Services and/or EH&S so a post exposure evaluation and follow-up can be scheduled.	
		3.2.9	Enforcing the appropriate work practice control outlined in Section 5.3.	
		3.2.10	Attending specialized training so they are qualified to assure their employees understand the basic principles to safely handle occupational exposure to bloodborne pathogens.	
	3.3	• The Environmental, Health and Safety Department is responsible for:		
		3.3.1	Communicating any changes in the regulations to managers and supervisors for distribution to their affected employees.	
		3.3.2	Reviewing (and revising if necessary) the written program at least annually.	
		3.3.3	Obtaining and conducting new training programs and/or updating existing programs so employees receive current information in their annual training sessions	
		3.3.4	Conducting an annual program evaluation which includes:	
			3.3.4.1	Observation of or the discussion with employees to determine that employees are aware of the biohazards of the materials with which they work or to which they may be occupationally exposed.
			3.3.4.2	Periodic discussions with supervisors to verify their knowledge of the program and consistent program implementation.
			3.3.4.3	A review of training records to verify the ability to document program implementation.
			3.3.4.4	A spot check of secondary containers to verify labeling is consistent with Section 7.0
			3.3.4.5	Assure that an annual review of the engineered sharps used by the facility is reviewed for any newer preferred technology.
		3.3.5	Making a copy of this procedure available to any employee request within 15 working days.	
		3.3.6	Determining the local regulations concerning the disposal of regulated waste.	
		3.3.7	Training the supervisors so they have knowledge to answer questions regarding the basic principles to safely handle occupational exposure to bloodborne pathogens.	
	3.4	• Health Services is responsible for:		

		3.4.1	Maintaining a file of consent (giving the Hepatitis B vaccine, providing timely reminders and obtaining a post vaccination antibody titer) and declination statements for the Hepatitis B vaccine **(FORM A)**
		3.4.2	Arranging a confidential medical evaluation and follow up for an employee who reports a work related exposure to human blood or body fluids.
		3.4.3	Maintaining a Hepatitis B Vaccine Log for the employee **(FORM B)**
		3.4.4	Make sure employee completes a Vaccine questionnaire before each dose of vaccine. **(FORM C)**
		3.4.5	Maintaining a confidential Sharps Injury Log **(FORM D)**
		3.4.6	Arranges for completion of a Medical Surveillance Consent form before arranging for testing for Antibody to determine if the Hepatitis B vaccine was effective. **(FORM E)**
		3.4.7	Distributes the Hepatitis B Vaccine Information Sheet to employee before each dose of the vaccine. **(FORM F)**
	3.5	• Employees are responsible for:	
		3.5.1	Reading and understanding the requirements of this procedure prior to working with biohazardous materials.
		3.5.2	Following the requirements of this procedure and understanding the consequences of non-compliance.
		3.5.3	Utilizing universal precautions when handling human blood or other potentially infectious materials.
		3.5.4	Reporting any injuries or accidents involving human blood or other potentially infectious materials to their supervisor, Health Services and EH&S.
		3.5.5	Reporting any injuries or accidents involving sharps that may have been contaminated with human blood or other potentially infectious materials to their supervisor, Health Services and EH&S.
		3.5.6	Completing the Bloodborne Pathogens CBT training course annually.
4.	**Exposure Determination**		
	4.1	Exposure determination or the identification of all employees whose jobs have the potential for exposure to blood or body fluids is made without accounting for the use of personal protective equipment. Appendix B is a list of job titles in which some employees with that job title will have potential exposure to infectious body fluids.	
		4.1.1	**Appendix A** is a list of job titles in which all employees with that job title consistently have potential exposure to infectious body fluids.
		4.1.2	**Appendix B** is a list of job titles in which some employees with that job title have potential exposure to infectious body fluids.
		4.1.3	**Appendix C** is a list of specific tasks and procedures or groups of closely related tasks in which occupational exposure occurs and that are performed by employees listed in Appendix B. For example, IT Technician who is also a member of the Medical Emergency Response Team; meaning not every IT Technician would have occupational exposure.
5.	**Methods of Compliance**		
	5.1	Universal Precautions shall be utilized to prevent contact with blood or other potentially infectious materials	

		5.1.1		A concept of Bloodborne disease control that requires all human blood and other potentially infectious material to be treated as if known to be infectious for HIV, HBV, HCV or other Bloodborne pathogens regardless of the perceived "risk" of a sample.
		5.1.2		Alternative concepts in infection control are called Body Substance Isolation and Standard Precautions. These methods define ALL body fluids and substances as infectious. This concept expands coverage to ALL body fluids and substances.
	5.2	Engineering controls are used to eliminate or minimize employee risk with regard to occupational hazards. Any engineering controls implemented for bloodborne pathogen usage shall be reviewed on a periodic basis to ensure effectiveness. Such engineering controls include the following:		
		5.2.1		*Sharps Containers* are rigid, hard plastic containers designed for the disposal of used sharps. Over flowing containers are prohibited.
			5.2.1.1	Sharps containers must be made of a puncture resistant material
			5.2.1.2	Sharps containers must be labeled with a biohazard sticker on all sides and the lid.
			5.2.1.3	Sharps containers must be leak-proof, and
			5.2.1.4	Sharps containers must be sealed so that it is not able to be reopened.
		5.2.2		*Mechanical Pipettes* shall be used whenever possible in the handling of blood or body fluids. Mouth pipetting is strictly forbidden.
		5.2.3		*Needleless systems* shall be used with any procedure involving the potential for an exposure incident, and for which a needleless system is available as an alternative to the use of needle devices.
		5.2.4		If needleless systems are not used then needles with engineered sharps injury protection are to be used. If needles are used they must not be sheared, bent or removed. **Needle recapping is strictly prohibited**. A list of engineered sharps evaluated for use are attached in **Appendix D**.
		5.2.5		The FDA has published design features that are important for engineered sharps devices.
			5.2.5.1	A fixed safety feature provides a barrier between the hands and the needle after use; the feature should allow or require the worker's hands to remain behind the needle at all times.
			5.2.5.2	The safety feature is an integral part of the device and not an accessory.
			5.2.5.3	The safety feature is in effect before disassembly and remains in effect after disposal to protect users and trash handlers, and for environmental safety.
			5.2.5.4	The safety feature is as simple as possible, and requiring little or no training to use effectively.
		5.2.6		*Class II Biological Safety Cabinets* are used as a containment device for aerosols generated during the manipulation of blood or body fluid. The Class II biosafety cabinet can be used for both sterile cultures and pathogen work. Biosafety cabinets must be certified at least annually, and whenever they are moved. Additionally cabinets must be decontaminated prior to any maintenance or repair work**.**
	5.3	The following work practices, when working with blood or other potentially infectious materials, will reduce occupational exposure to bloodborne pathogens. The following procedures are required:		
		5.3.1		*Hand Washing*
			5.3.1.1	Hand washing facilities must be readily available to employees who work with biohazardous materials.
			5.3.1.2	Employees must wash their hands immediately or as soon as it is feasible after the removal of gloves or other personal protective clothing.

		5.3.1.3	Employees must wash their hands and exposed skin with soap and water or flush mucous membranes with water immediately or as soon as it is feasible following contact of such body parts with blood or potentially infectious materials
		5.3.1.4	If handwashing is not immediately available, the employee can use antiseptic hand cleaner and clean cloth/paper towels or antiseptic towelettes.
		5.3.1.5	When these types of alternatives are used, the employee must wash their hands or other affected parts with soap and running water as soon as feasible thereafter.
		5.3.1.6	Hand cream is not considered a “cosmetic” and is permissible; however note that some petroleum–based hand creams can adversely affect glove integrity.
	5.3.2	*Sharps Handling*	
		5.3.2.1	Sharps containers will be readily available in all areas where sharps waste may be generated.
		5.3.2.2	Syringes shall be retractable type or with an engineered protective device. A butterfly is permitted to be used for obtaining clinical samples of blood, as long as engineered protection is provided.
		5.3.2.3	Needle clippers and other devices which shear, bend or break contaminated needles are strictly prohibited from use
		5.3.2.4	Reusable sharps that are contaminated with blood shall not be stored or processed in a manner that will require an employee to reach by hand into the container where these sharps have been placed. Reusable sharps will be thoroughly decontaminated before re-use.
		5.3.2.5	Broken glassware which may be contaminated must not be directly handled with a gloved hand. It shall be cleaned with mechanical means such as tongs and/or dust pans and broom.
		5.3.2.6	Needle holders for drawing blood into Vacutainer brand tubes shall be changed between patients and not re-used, because the needle is double ended and removal could result in a puncture with the now uncovered back side.
		5.3.2.7	Each site will evaluate engineered sharps for use at their site. This shall be documented in Appendix D and will be updated annually.
	5.3.3	*Behavioral Considerations*	
		5.3.3.1	Eating, drinking, smoking,, handling contacts or applying cosmetics in the lab is strictly prohibited in work areas where there is a reasonable likelihood of occupational exposure
		5.3.3.2	Food and drink shall not be kept in freezers, refrigerators, shelves and cabinets where blood or other potentially infectious materials are stored.
		5.3.3.3	Any procedures which could potentially generate aerosols or other inhalation hazards, to include but not limited to: sonicating, grinding, slicing or centrifuging, shall be performed in a biological safety cabinet if at all feasible.

		5.3.3.4	Mouth pipetting of any potentially infectious material is **strictly prohibited**.
	5.3.4	*Specimen Handling and Transport*	
		5.3.4.1	Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
		5.3.4.2	Specimen containers for storage, transport, or shipping shall be labeled with the universal biohazard symbol or color-coded and closed prior to handling.
		5.3.4.3	If specimens are being transported between laboratories they are to be placed in a secondary container which prevents leakage during handling, processing, storage, transport, or shipping which will be labeled in accordance with the requirements of the standard. If the specimen is capable of rupturing this outer container, then the outer container shall be made of a puncture-resistant material.
		5.3.4.4	Any equipment which is contaminated with blood or body fluid must be examined and decontaminated as necessary prior to shipping and servicing unless the user can demonstrate that decontamination of such equipment or parts of such equipment is not feasible. Those areas which cannot be decontaminated must be labeled with the universal biohazard symbol.
		5.3.4.5	The shipper of such contaminated equipment must ensure that information regarding the contaminated area is conveyed to the receiving employees, servicing representatives, and any other affected personnel prior to handling, servicing or shipping so that adequate precautions will be taken.
	5.3.5	*Personal Protective Equipment*	
		Personal protective equipment shall be provided to all employees who are at risk of occupational exposure to bloodborne pathogens. Personal protective equipment shall be provided at no cost to the employee and shall include but not be limited to: gloves, gowns, laboratory coats, face shields, masks, eye protection such as goggles, mouthpieces, resuscitation bags and pocket masks or other ventilation devices. Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious material to pass through to the employee's work clothes, street clothes or undergarments, under normal working conditions and for the duration of time that protective equipment will be used. Other conditions for personal protective equipment use include:	
		5.3.5.1	The supervisor shall ensure that the appropriate personal protective equipment for the task/procedure being conducted is worn by employees.
		5.3.5.2	The supervisor shall ensure that personal protective equipment is readily accessible at the worksite in all appropriate sizes.
		5.3.5.3	Personal protective equipment shall be cleaned, laundered or repaired at no cost to the employee, and never allowed to be taken home.
		5.3.5.4	All personal protective equipment shall be removed prior to leaving the laboratory area. Lab coats must be carried and not worn outside of the laboratory.
		5.3.5.5	Lab coats are not required to be removed when traveling from one laboratory to the next, provided the connecting hallway is also considered to be a work area requiring the use of lab coats
		5.3.5.6	Whenever personal protective equipment is removed, it shall be placed in an appropriately designated area for storage, washing, decontamination or

			disposal.
		5.3.5.7	Lab coats shall not be worn in conference rooms, eating areas, offices. Lab coats are not allowed to be stored outside of any lab gowning area for example, desks or break areas.
		5.3.5.8	If a garment is penetrated by blood, then that garment shall be replaced as soon as it is feasibly possible. If the blood has penetrated to the skin, wash the area with soap and water as soon as possible and then report the incident to your site EHS and/or Health Services person.
		5.3.5.9	If the laundry facility to which the laundry is shipped does not utilize universal precautions in handling all laundry then soiled laundry must be placed in appropriately labeled or color coded containers. If the soiled garment is wet, it should be placed in leak proof secondary containment before being placed in the collection bin.
		5.3.5.10	When personal protective equipment is removed, it shall be placed in an appropriately marked container or location for storage, cleaning or decontamination.
		5.3.5.11	Gloves shall be worn when it is reasonably anticipated that the employee may have hand contact with blood or potentially infectious materials
		5.3.5.12	Disposable gloves shall be replaced when practical when contaminated or whenever feasible after they are torn or otherwise rendered ineffective to provide barrier protection
		5.3.5.13	Disposable gloves are single use and shall be disposed of immediately after use. They are never to be washed or decontaminated for re-use.
		5.3.5.14	Utility gloves may be decontaminated for re-use if the integrity of the glove has not been compromised. However, they must be discarded if they are peeling, cracking, or exhibit any sign of deterioration which would compromise adequate barrier protection.
		5.3.5.15	Nitrile gloves are the preferred FDA approved medical gloves that are to be used in BCI facilities. If any other "hypoallergenic" gloves such as vinyl gloves are to be utilized, they must be approved by the FDA as a medical glove.
		5.3.5.16	Face shields shall be worn in conjunction with eye protective devices such as goggles or safety glasses whenever there is a splash hazard involving blood or other potentially infectious materials that could result in an exposure to the eye, mouth or other mucous membranes
		5.3.5.17	Gowns, aprons or other similar coveralls or outer garments shall be worn in occupational exposure situations. The appropriate type of outer garment
		5.3.5.18	Hand cream is not considered a "cosmetic" and is permissible, however note that some petroleum–based hand creams can adversely affect glove integrity
	5.3.6	*Special Requirements for HIV and HBV Research laboratories and production facilities'*	
		5.3.6.1	There are special requirements for laboratories growing HIV or HBV because the viral titers in the samples being handled are much higher than occurs in patient blood samples.
		5.3.6.2	Facilities that deal with the production of HIV or HBV have special

			requirements due to the volume of samples handled.	
		5.3.6.3	This section does not apply to laboratories conducting research or handling un-concentrated blood or body fluids as the viral titers would be much lower.	
		5.3.6.4	For laboratories that work in HIV and HBV Laboratories and Production facilities, there are additional training requirements that must be met.	
			5.3.6.4.1	The supervisor shall ensure that employees demonstrate proficiency in standard microbiological practices and technique and in the practices and operations specific to the facility before being allowed to work with potentially infectious or biohazardous cultures.
			5.3.6.4.2	The supervisor shall ensure that employees have prior experience in the handling of human pathogens or tissue cultures before working with potentially infectious or biohazardous cultures.
			5.3.6.4.3	The supervisor shall provide a training program to employees who have no prior experience in handling potentially infectious or biohazardous cultures. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The supervisor must ensure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.
	5.3.7	*Housekeeping*		
		5.3.7.1	The laboratory supervisor shall ensure that the worksite is maintained in a clean and sanitary condition.	
		5.3.7.2	Cleaning and housekeeping in areas handling biohazardous materials shall use the following guidelines:	
			5.3.7.2.1	All working surfaces shall be cleaned and decontaminated with an appropriate disinfectant (see Table I below) after contact with blood or other potentially infectious materials.
			5.3.7.2.2	Contaminated surfaces must be cleaned and decontaminated with an appropriate disinfectant after the completion of procedures; whenever feasible if the surface work area becomes overtly contaminated with blood after a spill; or whenever the work surface may have been contaminated since the last cleaning.
			5.3.7.2.3	Protective coverings such as plastic wrap, absorbent paper, or aluminum foil used to cover equipment or surfaces shall be replaced as soon as it is feasible in the event of overt contamination or at the end of the work shift if they may have been contaminated during the shift.
			5.3.7.2.4	All bins, pails and similar containers intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis or cleaned as feasible at the first sign of visible contamination.
			5.3.7.2.5	Appropriate disinfectants are sterilants and disinfectants that are registered with the EPA or FDA. EPA registered materials can be found at

				http://www.epa.gov/oppad001/chemregindex.htm and FDA registered materials can be found at http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/ReprocessingofSingle-UseDevices/ucm133514.htm

Disinfectant	**Minimum Effective Concentration**	**Minimum Disinfection Time**	**Areas of Recommended Use**
Bleach (P/N A40000)	1%	30minutes	**If there is no visible contamination with blood** Work surfaces Glassware Floors Equipment
Bleach (P/N A40000)	10%	30 minutes	**If there is visible contamination with blood** Work surfaces Glassware Floors Equipment Blood, Body Fluid and Tissue
Alcohol	50% Not >70%	30 minutes	Hoods Centrifuge Rotors Aluminum Equipment
Wescodyne	0.5%	30 minutes	Work surfaces Equipment

Table 1: Recommended Disinfectants for Equipment Decontamination

		5.3.7.3	Regulated Waste: See Procedure #700-03 Medical Waste Management Plan.
		5.3.7.4	Dilutions of bleach should be made fresh once every 24 hrs so it does not oxidize and lose effectiveness. Alternatively, containers that store concentrated bleach and water in separate sides of a container and when sprayed dilute the bleach appropriately is acceptable.
		5.3.7.5	Employees should not reach into containers whose contents include reusable sharps that might be contaminated with blood or OPIM. The sharps should be placed into a strainer type basket to hold the instruments and forceps so the employee does not have to reach in to soapy water where the sharps may not be able to be seen.
		5.376.6	Chemical decontamination of objects heavily contaminated with organic debris may not be achievable because the organic material interferes with the efficacy of the disinfecting/sterilizing process. The object may have to be sterilized with moist heat disinfecting before it can be cleaned

6. MEDICAL SURVEILLANCE AND HBV VACCINATION PROGRAMS

6.1 *The Hepatitis B vaccine shall be offered to all employees who are at risk of occupational exposure to bloodborne pathogens. The initial Hepatitis B vaccination, the post-exposure evaluation and follow-up*

		prophylaxis will be:		
		6.1.1	made available at no cost to an employee with potential exposure	
		6.1.2	made available to the employee during normal work hours	
		6.1.3	performed by or under a licensed physician or by or under supervision of another licensed healthcare professional	
		6.1.4	provided according to recommendations of the U.S. Public Health Service current at the time that these procedures take place.	
		6.1.5	Follow the guidelines of the US Public Health Service as detailed in the link below. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm	
		6.1.6	Hepatitis B vaccine is a 3 injection series administered in the deltoid muscle over a 6 month period. The second dose is administered one month after the first dose and the third dose at least 2 months later. If only the third and final injection is delayed, the healthcare professional should administer it as soon as practical after the deadline.	
		6.1.7	If there is ongoing occupational exposure the employer must test the employee for anti-HBs (antibodies to Hepatitis B surface antigen) 1 – 2 months following completion of the series.	
		6.1.8	If seroconversion does not occur, the employee will be re-vaccinated one time. If testing shows the employee is anti-HBs negative and not HBsAg positive, then the employee should be considered susceptible to the disease should occupational exposure occur.	
		6.1.9	Employees who are determined to be HBsAg positive should be counseled regarding precautions to prevent the transmission of HBV to others and regarding the need for medical evaluation.	
	6.2	*Hepatitis B Vaccination*		
		6.2.1	All laboratory tests will be performed by an accredited lab at no cost to the employee.	
		6.2.2	The Hepatitis B vaccination shall be offered immediately to all current employees and within 10 working days of initial assignment to all future employees unless:	
			6.2.2.1	the employee has previously received a complete series of Hepatitis B vaccinations;
			6.2.2.2	antibody testing has revealed that the employee is immune
			6.2.2.3	the vaccine is contraindicated for medical reasons.
		6.2.3	If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, then the vaccination must be provided to the employee at this time.	
		6.2.4	The supervisor or Health Services MUST ensure that any employee who declines the Hepatitis B vaccination sign the declination statement on FORM A.	
		6.2.5	An employee ***electing to take*** the Hepatitis B vaccination, will complete the section on FORM A.	
		6.2.6	In a multi-employer situation, such as with a temporary employee, the exposing employer must have a contract with the agency to determine which employer will be responsible for the Hepatitis B vaccine and any exposure incident. If there is no underlying contract then the exposing employer is the employer that directly supervises the temporary or contract	

			employee. If there is no site manager from the temporary agency onsite then BCI must provide the training and Hepatitis B vaccine within 10 days of employment, if biohazardous materials are to be handled.	
	6.3	*Exposure Incident Investigation*		
		6.3.1	An exposure incident is defined as: 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. Note: This definition does NOT distinguish between whether the human blood or blood product in use has been screened before use or not.	
		6.3.2	For accidents or exposure situations, use the Accident/Incident Investigation Report Form. This document is used to follow-up any and all occupational illness, accident or near-miss event. Health Services maintains the contents of the Sharps Injury Log (FORM D).	
		6.3.3	A Sharps Injury incident recorded on the form will be kept by Health Services for 5 years.	
	6.4	Post Exposure Evaluation and Follow-Up		
		6.3.1	Following a report of an exposure incident, the supervisor shall provide information (Accident Investigation Form found in EDMS by following the path pertinent to each site.) and immediately refer the employee to Health Services who will arrange for the exposed employee to obtain a confidential medical evaluation and follow-up with the Occupational Health Physician.	
		6.3.2	The source individual's blood shall be tested as soon as it is feasible and after consent is obtained in order to determine HBV, HCV, or HIV status.	
			6.3.2.1	If the source blood is available, testing shall be conducted to determine the infectivity of the source. If the source is not available, the employee may be tested and treatment will be determined by the Occupational Health Physician
			6.3.2.2	If the source individual is already known to be infected with HIV, HCV, or HBV, then testing to determine such status need not be repeated.
			6.3.2.3	The Occupational Health Physician will counsel the exposed employee about the results of all testing and will also advise the exposed employee of any treatment that is recommended. The identity of the donor source will be revealed to the Occupational Health Physician by the Occupational Health Nurse and the donor will be advised of their medical status one time only
		6.3.3	Collection of Blood for HIV, HBV, or HCV Serological Status	
			6.3.3.1	Treatment will be as advised by the Occupational Health Physician.
7	**HAZARD COMMUNICATION**			
	7.1	Labels and Signs		
		7.1.1	Warning labels incorporating the universal biohazard sign and the word, **"BIOHAZARD,"** shall be affixed to containers of regulated waste, storage freezers or refrigerators containing blood or other potentially infectious materials or any other containers used to store, transport or ship blood or other biohazardous or potentially infectious materials.	
		7.1.2	The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.	

		7.1.3	Labels shall be affixed as securely as possible to the container, preferably by adhesive, or by wire, string or other method to prevent loss or unintentional removal.	
		7.1.4	Containers of blood, blood products, or blood components that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.	
		7.1.5	Individual containers of blood or other potentially infectious materials that are placed in a labeled container during transport, shipment, or disposal are exempted from additional labeling requirements.	
	7.2	Biohazard Signs:		
		7.2.1	All laboratories working with potentially infectious bacterial cultures shall have a sign posted at the entrance of the lab. This sign will:	
			7.2.1.1	incorporate the universal biohazard symbol
			7.2.1.2	list the name(s) of the infectious agent(s) used within the laboratory
			7.2.1.3	list any special PPE requirements for entering the area
			7.2.1.4	list the name and telephone number of the laboratory supervisor or other responsible person
		7.2.2	These signs shall be fluorescent orange with contrasting color.	
	7.3	Information and Training:		
		7.3.1	Training will be provided to all employees who are at risk from exposure to bloodborne pathogens.	
		7.3.2	This training must be provided at no cost to the employee and during work hours.	
		7.3.3	Training is required to be given as follows:	
			7.3.3.1	at the time of initial assignment to tasks where occupational exposure may take place
			7.3.3.2	immediately for currently employed workers
			7.3.3.3	annually after the initial training
			7.3.3.4	whenever modifications of current tasks may affect the potential occupational exposure to bloodborne pathogens
		7.3.4	Training must be understandable to all at an education level appropriate for the audience to which it is given.	
		7.3.5	The training program must include, but is not limited to the following subjects:	
			7.3.5.1	access to the OSHA Standard and an explanation of the document.
			7.3.5.2	a general explanation of the epidemiology and symptoms of bloodborne diseases
			7.3.5.3	an explanation of the modes of transmission of bloodborne diseases.
			7.3.5.4	an explanation of this document and procedure and how to obtain a copy of the written plan.

			7.3.5.5	an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potential materials.
			7.3.5.6	an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
			7.3.5.7	information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
			7.3.5.8	an explanation of the basis for the selection of personal protective equipment.
			7.3.5.9	information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination is being offered at no cost.
			7.3.5.10	information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
			7.3.5.11	an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting that incident and the medical follow-up that will be made available.
			7.3.5.12	information on the post-exposure evaluation and follow-up that the company is required to provide for the employee following an exposure incident.
			7.3.5.13	an explanation of the signs and labels and/or color-coding required by this document.
			7.3.5.14	an opportunity for employees to ask questions about bloodborne pathogens and this program from a knowledgeable individual in an interactive fashion.
			7.3.5.15	If training is conducted by CBT (computer based training) then the employee must be able to ask questions and obtain an immediate response.
			7.5.5.16	The Knowledge Connection Bloodborne Pathogens Training will add a customized screen that refers any questions to that employees
		7.3.6	The person conducting the training must be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.	
			7.3.6.1	Competency of the trainer is based on completion of specialized courses or degree programs. The trainer must also be familiar with the manner in which the elements in the training program relate to the particular workplace.
			7.3.6.2	Possible qualified trainers include a variety of healthcare professionals such as infection control practitioners, nurse practitioners, registered nurses, occupational health professionals, physician's assistants, and emergency medical technicians.
			7.6.6.3	Non-healthcare professionals, such as but not limited to, industrial hygienists, epidemiologists, or professional trainers, may conduct the training provided they are knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.
			7.6.6.4	All other non-healthcare professionals that are not included on a list above, such as supervisors, will be required to attend specialized training that will be

				conducted on a routine basis by the site EHS professional.
		7.3.7	For laboratories that use potentially infectious or biohazardous cultures, training must include the following training requirements:	
			7.3.7.1	The supervisor shall ensure that employees demonstrate proficiency in standard microbiological practices and technique and in the practices and operations specific to the facility before being allowed to work with potentially infectious or biohazardous cultures.
			7.3.7.2	The supervisor shall ensure that employees have prior experience in the handling of human pathogens or tissue cultures before working with potentially infectious or biohazardous cultures.
			7.3.7.3	The supervisor shall provide a training program to employees who have no prior experience in handling potentially infectious or biohazardous cultures. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The supervisor must ensure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.
8	**RECORDKEEPING**			
	8.1	Medical Records		
		8.1.1	Health Services (HS) shall establish and maintain an accurate record for each employee with occupational exposure in accordance with Federal and State regulations. This record shall include:	
			8.1.1.1	the name and social security number of the employee
			8.1.1.2	a copy of the employee's Hepatitis B vaccination status, including the dates of the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations
			8.1.1.3	a copy of all results of examinations, medical testing, and follow-up procedures as described in Section 6.0 of this document
			8.1.1.4	a copy of the information provided to the healthcare professional as required by this document
		8.1.2	The EH&S, HS and HR Departments shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this section and by law	
		8.1.3	HR. shall maintain the records required by this section for at least the duration of employment plus 30 years.	
	8.2	Training Records: Training records shall include the following information:		
		8.2.1	the dates of the training session	
		8.2.2	the contents or a summary of the training session	
		8.2.3	the names and qualifications of persons conducting the training session	

		8.2.4	the names and job titles of all persons attending the training
	8.3	Accessibility	
		8.3.1	Employee training records must be made available upon request to employees, employee representatives and to OSHA.
		8.3.2	Employee medical records must be made accessible to the employee, anyone having the written consent of the employee and to OSHA.
9	EXPOSURE INCIDENT INVESTIGATION		
	9.1	An exposure incident is defined as: 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. Note: this definition does NOT distinguish between whether the human blood or blood product in use has been screened before use or not.	
	9.2	For accidents or exposure situations, use the Accident/Incident Investigation Report Site Form. This document is used to follow-up any and all occupational illness, accident or near-miss event. Health Services maintains the contents of the Sharps Injury Log (FORM D). This is used to report an exposure resulting from the use of a contaminated Sharp.	

6. Change Abstract

Revision Level	Effective Date	Change Description	Training Required
		<Indicate if this is new and an initial release. If a revision, describe specific changes from current, approved version. Describe changes from immediate prior version only. Indicate whether training is required.>	

APPENDIX A

Job classifications at the (insert name) site in which employees with the following job titles are considered to have potential exposure to blood or body fluids

Job Classifications – Brea

ADVANCED CALIBRATION TECHNICIAN
ADVANCED MANUFACTURING ASSOCIATE
ADVANCED MANUFACTURING QUALITY TECHNICIAN
ADVANCED MATERIAL HANDLER
ADVANCED QUALITY INSPECTOR
APPLICATIONS SCIENTIST
ASSOCIATE SPECIALIST CALL CENTER OPERATIONS
ASSOCIATE SPECIALIST TECHNICAL TRAINING
ASSOCIATE TECHNICAL SUPPORT SPECIALIST
CALIBRATION TECHNICIAN
CPR CERTIFIED
COMMUNICATIONS SPECIALIST
CONTROLLER
CONSULTANT ENVIRONMENTAL HEALTH & SAFETY
CUSTOMER TECHNICAL SPECIALIST
DEVELOPMENT SCIENTIST
DIRECTOR EHS & PCE
DIRECTOR MANUFACTURING
DIRECTOR PRODUCT DEVELOPMENT CENTER
DIRECTOR PROGRAM MANAGEMENT
DIRECTOR QUALITY
DIRECTOR SALES OPERATIONS
GROUP MANAGER MANUFACTURING QUALITY
GROUP MANAGER PRODUCT DEVELOPMENT CENTER
DIRECTOR SERVICE OPERATIONS
DIRECTOR TACTICAL MARKETING
GROUP MANAGER MANUFACTURING
GROUP MANAGER QUALITY MANAGEMENT SYSTEMS
GROUP MANAGER SERVICE OPERATIONS
INSTRUMENT MANUFACTURING SUPERVISOR
GROUP MANAGER ENVIRONMENTAL HEALTH & SAFETY
GROUP MANAGER HARDWARE ENGINEERING
ELECTRONIC ENGINEER
ENVIRONMENTAL HEALTH & SAFETY
FIELD SYSTEMS SPECIALIST
INVENTORY SPECIALIST
MANAGER MANUFACTURING QUALITY
MANAGER OCCUPATIONAL AND ENVIRONMENTAL HEALTH
MANAGER SOFTWARE ENGINEERING
MANAGER TACTICAL MARKETING
MANAGER TECHNICAL SERVICES
MANAGER TECHNICAL TRAINING
MANUFACTURING ASSOCIATE
MANUFACTURING PROJECT MANAGER
MANUFACTURING QUALITY TECHNICIAN
MATERIAL HANDLER
MECHANICAL ENGINEER
NURSE
PRINCIPAL ENGINEERING TECHNICIAN
PRINCIPAL MODEL MAKER
PRINCIPAL SPECIALIST TECHNICAL TRAINING
PRODUCT MANAGER STRATEGIC MARKETING (IC)
PROGRAM MANAGER
QUALITY ASSURANCE SCIENTIST
SALES CONSULTANT
SECURITY MANAGER
SENIOR ADVANCED RESEARCH CHEMIST
SENIOR ADVANCED RESEARCH ORGANIC CHEMIST
SENIOR APPLICATIONS SCIENTIST
SENIOR BUSINESS PROCESS ANALYST
SENIOR CLINICAL STUDIES SCIENTIST
SENIOR CRAFTSPERSON
SENIOR CUSTOMER TECHNICAL SPECIALIST
SENIOR DEVELOPMENT SCIENTIST
SENIOR ELECTRONIC ENGINEER
SENIOR ENGINEERING TECHNICIAN
SENIOR INVENTORY SPECIALIST
SENIOR MANAGER PRODUCT MANAGEMENT
SENIOR MANUFACTURING ASSOCIATE
SENIOR MANUFACTURING PLANNER
SENIOR MANUFACTURING QUALITY SCIENTIST
SENIOR MANUFACTURING QUALITY TECHNICIAN
SENIOR MATERIAL HANDLER

SENIOR MECHANICAL ENGINEER
SENIOR NURSE
STAFF TECHNICAL SUPPORT ENGINEER
STAFF TECHNICAL OPERATIONS ENGINEER
STAFF SYSTEMS ENGINEER
STAFF TECHNICAL SUPPORT ENGINEER
SUPERVISOR CALIBRATION SERVICES
SUPERVISOR CALL CENTER OPERATIONS
SYSTEMS ENGINEER
SYSTEMS SCIENTIST
SENIOR PRODUCT COMPLIANCE ENGINEER
SENIOR PRODUCT COMPLIANCE TECHNICIAN
SENIOR QUALITY ASSURANCE SCIENTIST
SENIOR QUALITY INSPECTOR
SENIOR SCIENTIFIC TECHNICIAN
SENIOR SECURITY SPECIALIST
SENIOR SOFTWARE DEVELOPMENT ENGINEER
SENIOR SOFTWARE VALIDATION ENGINEER
SENIOR SPECIALIST ENVIRONMENTAL HEALTH & SAFETY
SENIOR SPECIALIST TECHNICAL TRAINING
SENIOR STAFF ADV RESEARCH PHYSICAL CHEMIST
SENIOR STAFF ADV RESEARCH SYSTEM SCIENTIST
SENIOR STAFF DEVELOPMENT SCIENTIST
SENIOR STAFF ELECTRONIC ENGINEER
SENIOR STAFF SOFTWARE DEVELOPMENT ENGINEER
SENIOR STAFF SYSTEMS ENGINEER
SENIOR STAFF TECHNICAL OPERATIONS SCIENTIST
SENIOR STAFF TECHNICAL SUPPORT
SENIOR SYSTEMS SCIENTIST
SENIOR TECHNICAL OPERATIONS ENGINEER
SENIOR TECHNICAL SUPPORT ENGINEER
SENIOR TEST ENGINEER
SENIOR TEST ENGINEERING TECHNICIAN
SENIOR TRANSPORTATION SPECIALIST
SOFTWARE DEVELOPMENT ENGINEER
SPECIALIST TECHNICAL TRAINING
STAFF ADVANCED RESEARCH BIOCHEMIST
STAFF APPLICATIONS SCIENTIST
STAFF ELECTRONIC ENGINEER
STAFF MANUFACTURING QUALITY ENGINEER
STAFF MECHANICAL ENGINEER
STAFF QUALITY ASSURANCE ENGINEER
STAFF QUALITY ASSURANCE SCIENTIST
STAFF REGULATORY AFFAIRS SPECIALIST
STAFF SOFTWARE DEVELOPMENT ENGINEER
STAFF SOFTWARE VALIDATION ENGINEER
TECHNICAL OPERATIONS ENGINEER
TECHNICAL SUPPORT ENGINEER
TECHNICAL SUPPORT MANAGER

APPENDIX B

Job classifications at the (insert name) site in which employees with this job titles are considered to have exposure to blood or body fluids.

MANAGER OCCUPATIONAL AND ENVIRONMENTAL HEALTH
NURSE
SENIOR NURSE
PHLEBOTOMIST

Appendix C

Common Tasks Involving Human Materials

Receiving Human Plasma
Packaging Human Calibrators
Processing Human Plasma
Phlebotomy
Testing donor samples

Appendix D

Comparative Analysis File

1. VanishPoint by Retractable Technologies, Inc.
2. MicroSafe Tube and SafeCap by Safe-Tec Clinical Products Inc.
3. Needle-Pro by Smiths Industries Medical Systems
4. Vacutainer Brand Safety-Lok, Vacutainer Brand SafetyGlide by Becton Dickinson
5. Vacuette by Greiner Meditech, Inc
6. SafetyTip by Safety Medical Supply International
7. Safe-1 Safety Syringe by Safety 1st Medical Incorporated
8. Injex by Equidyne Systems Inc.
9. J-Tip by Cammedco LLC
10. Biojector 2000 by Bioject Inc

Company Procedure:	Document #:
Bloodborne Pathogens Exposure Control Plan	**600-03**

FORM A

Hepatitis B Vaccination Response Form

BEFORE SIGNING THIS FORM PLEASE READ THE CDC DOCUMENTS
" Hepatitis B Fact Sheet" and "Hepatitis B Vaccine Information Statement "

REQUEST AND AGREEMENT FOR HEPATITIS B VACCINE

1) 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 infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.
2) I have been provided and have read the CDC Hepatitis B Fact Sheet and Hepatitis Information Statement. I have had an opportunity to ask questions and all my questions have been answered to my satisfaction. I understand the benefits and the risks of hepatitis B vaccination.
3) This vaccination program consists of a series of three (3) intramuscular injections: an initial dose followed by a second dose one month later and a third dose six months after the first dose. About 1-2 months after the third dose, a blood sample will be drawn and tested for the hepatitis B antibody.
4) I have been informed that the hepatitis B vaccine is not effective in all cases and understand that no guarantee of immunity or of the absence of side effects or adverse reactions has been made to me.
5) I certify that I have read and understand the statements in this form and by signing below agree with them.

I, _____Employee No. _____ an employee of Beckman Coulter Inc. (BCI)

request to be included in the hepatitis B inoculation program for employees of BCI.

Employee Signature Date

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 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 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 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.

Reason for declining the vaccination program (please check the appropriate box):

☐ I had been vaccinated in the past. I completed the series of 3 vaccines in _____year

☐ The vaccine is contraindicated for medical reasons

☐ Other reasons:_____

Employee Signature Employee No.

Employee Name (Please Print) Date

A DOCUMENTATION OF HEPATITIS B VACCINE DECLINATION IS REQUIRED FOR OSHA COMPLIANCE.
YOUR IMMEDIATE ACTION IS REQUESTED

PLEASE RETURN THE SIGNED FORM TO:

Health Services – M/S
Fax to

Note: This is the second side of a two sided document for return purposes

Company Procedure:	Document #:
Bloodborne Pathogens Exposure Control Plan	**600-03**

FORM B

HEPATITIS B IMMUNIZATION RECORD

Name: _____ **Employee #:** _____

Department #/Cost Center: _____ **Extension:** _____

Vaccine Information Sheet: _____ **Mail Station:** _____

	Initial	One Month	Six Months	Booster #1	Booster #2	Booster #3
Date:						
VIS Date:						
Recombivax Hb dose:						
Engerix B dose:						
Lot #:						
Exp Date:						
Site:						
R						
Doctor:						
RN Signature:						

Beckman Coulter Use Only:

FORM C

VACCINE SCREENING QUESTIONNAIRE

1. Are you feeling well today? Yes ☐ No ☐ Don't Know ☐
2. Do you have a cold, virus or any infection? Yes ☐ No ☐ Don't Know ☐
3. Do you have any allergies to medication, food or any vaccines? Yes ☐ No ☐ Don't Know ☐

   Please List: _____
   _____
4. Are you allergic to yeast, bread products or eggs? Yes ☐ No ☐ Don't Know ☐
5. Have you ever had a serious reaction after receiving a vaccination? Yes ☐ No ☐ Don't Know ☐
6. Do you have a bleeding disorder? Yes ☐ No ☐ Don't Know ☐
7. Do you have a neurological disorder? Yes ☐ No ☐ Don't Know ☐
8. Are you taking any prescription medications? Yes ☐ No ☐ Don't Know ☐

   Please List: _____
   _____
9. For females: Are you pregnant? Yes ☐ No ☐ Don't Know ☐
10. Have you received any vaccinations in the past 4 weeks? Yes ☐ No ☐ Don't Know ☐

Employee Name: _____ Employee No: _____

Signature: _____Date: _____

Form reviewed by: _____ Date: _____

Vaccine Name: _____

Vaccine Authorized: Yes ☐ No ☐

Comments:

_____

Health Services
Phone
Fax

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Sharps Injury Log

page 1 of 2
(for Health Services staff use only)

Injury ID
(Please leave blank.)

Facility ID
(Please leave blank)

FORM D
Please complete a log for each employee who has an exposure incident involving a sharps.

Put a checkmark in the box that corresponds to the most appropriate answer. Use block print and avoid touching lines.

BCI site: Department:

Address: Page # Of

City: State: Zip Code:

Date filled out: By: Phone Number:

Facility injury ID#

Date of injury: Month / Day / Year

Time of injury: ☐ A.M. ☐ P.M.

Optional — Sex: Male ☐ Female ☐ Age

Description of the exposure incident:
Where, name of the facility & address & phon #

How and when did the injury/exposure occur?

What PPE was used during the procedure?

Job classification:

- ☐ Manufacturing Associate
- ☐ Phlebotomist/Lab Tech
- ☐ Clinical Sales
- ☐ Clinical Engineer
- ☐ Clinical Consultant
- ☐ Nurse
- ☐ Other

Department/Location:

- ☐ Patient room
- ☐ Emergency dept.
- ☐ Operating room
- ☐ Procedure room
- ☐ CCU/ICU
- ☐ Home
- ☐ Clinical laboratory
- ☐ Medical/outpatient clinic
- ☐ Service/Utility area (disp. rm./laundry)
- ☐ Other

Procedure:

- ☐ Draw venous blood
- ☐ Draw arterial blood
- ☐ Injection, through skin
- ☐ Start IV/set up heparin lock
- ☐ Unknown/not applicable
- ☐ Other

Did the exposure incident occur:

- ☐ During use of sharp
- ☐ Disassembling
- ☐ Between steps of a multistep procedure
- ☐ After use and before disposal of sharp
- ☐ While putting sharp into disposal container
- ☐ Sharp left, inappropriate place (table, bed, etc.)
- ☐ Other

Body Part:
(Check all that apply)

- ☐ Finger
- ☐ Face/head
- ☐ Hand
- ☐ Torso
- ☐ Arm
- ☐ Leg
- ☐ Other

Identify sharp involved:
(If known)

Type:
Brand:
Model:
e.g., 18g. Needle/ABC Medical/"no stick" syringe

Did the device being used have engineered sharps injury protection?
☐ Yes ☐ No ☐ Don't know

Was the protective mechanism activated?
☐ Yes – fully ☐ Yes - partially ☐ No

Did the exposure incident occur:
☐ Before ☐ During ☐ After activation

Sharps Injury Log page 2 of 2

Exposed employee: If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Yes No (circle one)
Explain
:

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? Yes No (circle one)

Explain:

Details of the Exposure (e.g. for a percutaneous exposure, depth of injury and whether fluid was injected for a skin or mucous membrane exposure, the estimated volume of material and the condition of the skin e.g. chapped, abraded, intact):

Type of fluid or material:
Amount of the biohazard fluid or material:
Severity of the exposure:

Details about the exposure sources (e.go. whether the source material contained HBV, HCV, or HIV; if the source is HIV-infected, the stage of the disease, history of antiretroviral therapy, viral load, and antiretroviral resistance information if known):

Exposed BCI employee's hepatitis B vaccination and vaccine-response status:

Location/address where employee received medical evaluation and treatment:

What was the recommended post exposure management?

What is the follow up plan?

FORM E

MEDICAL SURVEILLANCE CONSENT

PERSONAL INFORMATION – TO BE COMPLETED BY EMPLOYEE			
NAME	SOCIAL SECURITY NUMBER	MALE ☐	FEMALE ☐
BIRTH DATE	EMPLOYEE NUMBER		
SUPERVISOR	DEPARTMENT NAME AND NUMBER		
JOB TITLE & DUTIES (INCLUDE EXPOSURES IF KNOWN):			

MEDICAL TESTS INDICATED	HAZARD ASSESSMENT
☐ ROUTINE PHYSICAL EXAMINATION ☐ BLOOD WORK: HEPATITIS B ANTIBODY ☐ PULMONARY FUNCTION TESTING ☐ X-RAYS ☐ LASER EYE EXAM ☐ AUDIOGRAM ☐ RESPIRATORY QUESTIONNAIRE ☐ OTHER	☐ CHEMICAL USE _____ ☐ NOISE _____ ☐ RESPIRATORY _____ ☐ RADIATION _____ ☐ LASER _____ ☐ BIOHAZARD

EMPLOYEE CONSENT TO MEDICAL SURVEILLANCE AND/OR ENVIRONMENTAL MONITORING

I have been informed that during the performance of my job duties I may be exposed to hazardous materials. The company will ensure that all recognized precautions and preventative measures are taken to minimize the risk of such exposure. To further minimize the risk of such exposure the company may monitor the work environment to which I am exposed and may perform certain medical surveillance activities (including physical examinations and diagnostic tests, as appropriate) upon or about me. I consent to the performance of such medical surveillance activities, including the procedures noted above, and will cooperate with the company in accomplishing it. I consent to the use of the results of such activities (including any limitations of exams and diagnostic tests performed) for company purposes and the distribution of such results on an **as needed, confidential** basis to my supervisor, the Consulting Physician, Human Resources, Health Services, EH&S personnel and other BCI employees involved in management of the surveillance programs. Testing for HIV will **not** be performed without my written permission.

I have been informed that the results of such medical surveillance activities performed upon or about me will be made available to me upon my written request, and that a written request for this purpose is available to me from Health Services.

Employee Signature

Name (Print) Date

FORM F

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:
- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a series of 3 or 4 shots. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for HBV infection should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

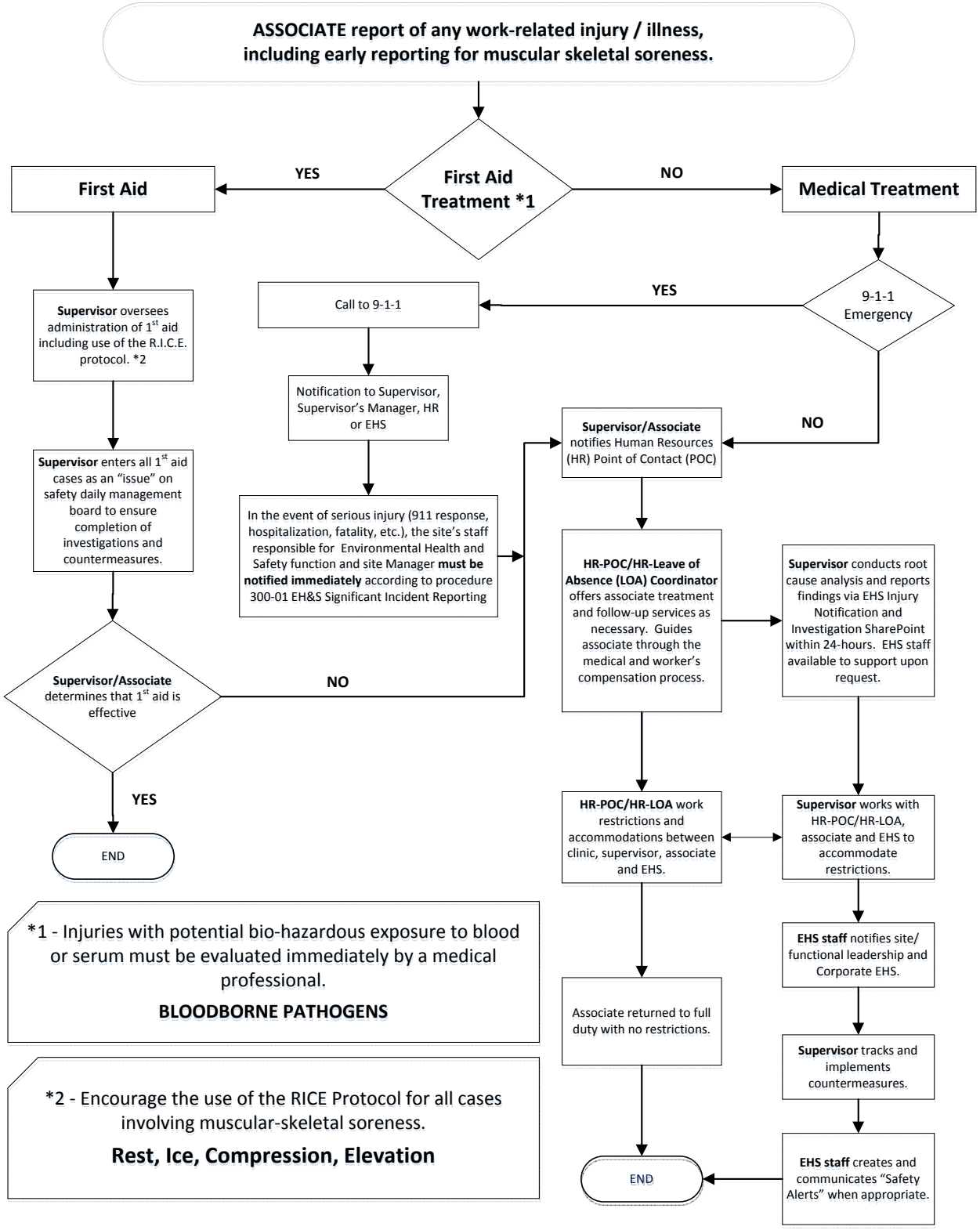
Company Procedure:	Document #:
Bloodborne Pathogens Exposure Control Plan	**600-03**

Section 4

WORK-RELATED ILLNESS/INJURY GUIDELINES FIELD SERVICE

Rev. 1/31/14

BECKMAN COULTER	Company Procedure: **Corporate Injury–Illness Reporting and Investigation Technical Standard**	Document #: **Corp EHS TS 200-03**



BECKMAN COULTER	Company Procedure: **Corporate Injury–Illness Reporting and Investigation Technical Standard**	Document #: **Corp EHS TS 200-03**

1. Overview

1.1 Purpose

Timely reporting, investigation and implementation of countermeasures for occupational injuries and illnesses.

Early reporting of all work related musculoskeletal soreness or pain.

1.2 Scope

This procedure shall apply to and be adhered to by all Beckman Coulter associates, including temp associates and contract personnel.

2. References

2.1 External references

- Title 29 CFR Part 1904
- Title 8 CCR Section 3203

2.2 Internal references

- Incident Investigation Video Training
  http://sp.beckman.com/scm/ehs/Shared%20Documents/Incident%20Investigation%20Video%20Training.m4v
- EHS SharePoint – R.I.C.E. Protocol Training
  http://sp.beckman.com/scm/ehs/Shared%20Documents/R.I.C.E.%20Protocol%20Presentation%20-%20JC%20changes%208-01-13.pptx
- EHS SharePoint – R.I.C.E. Protocol Handout
- 300-01 Significant Incident Reporting Procedure (in EDMS)

2.3 Tools

EHS SharePoint Report – EHS Injury Notification & Investigation
http://sp.beckman.com/scm/ehs/Lists/EHS%20Injury%20Notification%20%20Investigation/By%20Location.aspx

3. Procedure

3.1 **Associate** immediately reports all cases of muscular-skeletal soreness resulting from work-related exposures to their supervisor and considers using the RICE Protocol.

Associate immediately reports all cases of occupational injuries and illnesses to their supervisor. If immediate supervisor is not available, then report to Supervisor's Manager, Human Resources (HR) Point of Contact (POC) or Environmental, Health and Safety (EHS) staff.

Caution 1: In an emergency situation, always first seek medical treatment. Then notify or have someone

else notify your supervisor, supervisor's manager, EHS or HR-POC, as soon as possible.

Caution 2: It is important that all potential bio-hazardous exposures to blood or serum be evaluated immediately by a medical professional.

3.2 **Supervisor, Manager, HR-Point of Contact (POC), HR-Leave of Absence Coordinator (LOA) or EHS Staff,** whoever is initially notified, will communicate the injury or illness with the others.

Notice 1: In the event of a serious injury (911 response, hospitalization, fatality, etc.), the site's staff responsible for the Environmental Health and Safety function and site Manager must be notified **immediately** according to EHS procedure 300-01 Significant Incident Reporting Procedure.

Notice 2: In the event of any injury or illness at a customer's site, Supervisor/Manager should also follow the customer's notification protocol.

3.3 **HR-POC and HR-LOA** coordinates treatment and follow-up services as necessary. Guides associate through the medical and worker's compensation process.

3.4 **Supervisor**

3.4.1. Coordinate first aid response, including application of RICE protocol when applicable.

3.4.2. If first aid case, enter as an "issue" on the appropriate safety daily management board to ensure completion of an investigation and implementation of countermeasures.

3.4.3. Report all cases to the HR-POC that require medical treatment beyond the scope of first aid.

3.4.4. If an injury-illness is beyond first aid, complete the EHS Injury Notification and Investigation report on SharePoint within 24 hours of notification. This includes conducting an investigation, root cause analysis and identification of countermeasures. Apply DBS problem solving tools to drive to root cause and countermeasures

3.5 **Associate** will participate in the investigation as required.

3.6 **Associate(s)** witnessing an incident will participate in the investigation process as required.

3.7 **EHS Staff**

3.7.1. Supports supervision in conducting root cause injury-illness investigation, and developing and implementing countermeasures, if needed.

3.7.2. Review all EHS Injury Notification & Investigation reports, ensure accuracy and completeness of information in the SharePoint reporting site.

3.7.3. Forward all OSHA Recordable Injury and Illness Notifications to site leadership team and corporate EHS within 24 hours.

3.7.4. Send "Safety Alert" for incidents whereby significant potential for recurrence exists, to site leadership team, EHS staff and corporate EHS in a timely manner.

3.7.5. Maintain the OSHA 300 log (Log of Work-Related Injuries and Illnesses), the 300-A (Summary of Work-Related Injuries and Illnesses) and the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses.

3.8 **Supervisor** tracks and implements countermeasures that are appropriate and timely based on the nature of the hazard(s) and risk(s).

3.9 **Supervisor and EHS Staff** review countermeasures to ensure effectiveness and sustainability of the measures taken.

4. Change Abstract

Revision Level	Effective Date	Change Description	Training Required
1.0	December 3, 2013	Complete revision to document.	Yes.

5. Approvals

My electronic signature confirms my approval of this document for its intended use.

APPROVALS:	APPROVED ON: *(mm-dd-yyyy)*
«approver1	» «approve_date1 »
«approver2	» «approve_date2 »
«approver3	» «approve_date3 »
«approver4	» «approve_date4 »
«approver5	» «approve_date5 »

Section 5

HAZARD COMMUNICATION PROGRAM

Rev. 1/31/14

	Company Procedure:	Document #:
BECKMAN COULTER	***Hazard Communication (Hazcom) Procedure***	**500-06**

1. Overview

1.1 Purpose

This standard sets forth Beckman Coulter's minimum requirements in exchange of information with employees, temporary, and contract workers regarding their rights to information concerning hazardous materials and processes that they may handle, use, store or potentially be exposed to in the work place. This may be referred to as **Right to Know** or **Hazard Communication**.

1.2 Scope

This procedure applies to all Beckman Coulter and its subsidiary operations in North America.

1.3 Definitions

- **Exposure** or **exposed** means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard, and includes potential (e.g. accidental or possible) exposure. "Subjected" in terms of health hazards includes any route of entry (e.g. inhalation, ingestion, skin contact or absorption.)
- **Hazardous Chemical** (or **Hazardous Substance**) means a chemical which is a physical hazard or health hazard.
- **Hazardous material** means any solid, liquid, or gas that can harm people, other living organisms, property, or the environment.
- **Health hazard** means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees.
- **Material safety data sheet (MSDS)** or **Safety Data Sheet (SDS)** means written or printed material concerning a hazardous chemical.
- **Physical Hazard** means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.
- **Label** means any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals, substances, or processes.

See 29 CFR 1910.1200(c) for additional definitions.

2. References

2.1 External references

- Federal: Title 29, CFR 1910.1200, and Title 6, CFR 27
- California: Title 8, Division 1, Chapter 3.2, Subchapter 5, Article 5 and Chapter 4, Subchapter 7 Group 2, Article 7.

- ANSI/ASME A13.1 Scheme for the Identification of Piping Systems.

2.2 Internal references

- Brea 700-03 Bloodborne Pathogens Exposure Control Plan
- CBCP34 – Records Creation, Retention and Destruction
- Brea 500-06A Appendix A – MSDS and SDS Information
- Brea 500-06B Appendix B – Hazard Determination / Classification
- Brea 500-06C Appendix C – Guidelines for Development and Presentation of Employee Training
- Brea 500-06D Appendix D – Chemical Inventory Certification
- Brea 500-06E Appendix E – New Hire Right to Know Handout
- Brea 500-06F EHS Floor Markings and Color Codes
- Brea 500-06G Contractor Safety Agreement

2.3 Tools

- Brea 500-06H Form A, Compliance Audit Form

3. Responsibilities

3.1 Management and Supervisors shall be responsible for:

3.1.1 Full endorsement and support of the provisions of the Hazard Communication Standard.

3.1.2 Establishment of a documented system whereby all exposed employees, present, new, transferred, contract or temporary, are informed of all identified work place hazards before beginning job duties which may expose them to the known hazards, when hazards change, or at least annually.

3.1.3 Conducting periodic reviews for hazards of existing and newly introduced materials and processes in their department and immediately informing employees of the newly identified hazards.

3.1.4 Ensuring that Material Safety Data Sheets, Safety Data Sheets, and/or any other applicable hazard communication information is readily accessible to his/her employees during their work shift.

3.1.5 Ensuring that all documentation related to the Hazard Communication Standard is maintained and kept current.

3.1.6 Conducting required Hazard Communication Standard review training for all department employees per the provisions of this program and ensuring that employees fully understand their rights to hazard information and how to use it to protect their health and safety.

3.1.7 Ensuring that the Chemical Inventory is maintained and updated at least annually.

3.2 Employee shall be responsible for:

3.2.1 Exercising his or her rights to be informed of work place hazards and his or her rights of access to information regarding identification of hazards in the work place.

3.2.2 Requesting information and clarification on any suspected hazard from their supervisor before using, handling, or storing the material or engaging in a process with potential hazards to the employee.

3.2.3 Understanding the hazard information available to them and requesting that any unclear information be explained to their satisfaction.
3.2.4 Reporting any newly discovered or suspected hazardous materials or processes in the work place and requesting clarification or explanation of the associated hazards.
3.2.5 Utilizing available hazard information whenever necessary to protect his or her health and safety, and that of his or her co-workers.

3.3 Environmental Health and Safety Department shall be responsible for:

3.3.1 Providing technical assistance in ensuring compliance.
3.3.2 Auditing compliance to the Hazard Communication Standard.
3.3.3 Conducting annual review of the Standard and ensure compliance to the Standard, Federal and State Regulations, and Consensus Standards for the Industry.

4. Procedure

4.1 Content of Employee Training

Employee training will consist of the following:

4.1.1 The requirements and rights provided under the Hazard Communication standard.
4.1.2 Information about all materials, equipment, or processes that are determined to be a hazardous material/substance or represent a physical and/or health hazard.
4.1.3 The location and availability of all hazard information including, but not limited to, the Hazard Communication Standard, list(s) of hazardous materials and Material Safety Data Sheets (MSDS) and/or Safety Data Sheets (SDS).
4.1.4 Methods and observations that may be used to detect the presence or release of a hazardous material in the work place.
4.1.5 Specific protective measures and procedures, including Standard Operating Procedures established under a chemical hygiene plan, radiation protection program, or other related programs, which an employee is to utilize in protecting his or her health and safety, or that of other coworkers, contractors, or visitors.
4.1.6 How to understand and use the information contained in Material Safety Data Sheets (MSDS) and/or Safety Data Sheets (SDS).

4.1.7 The requirements for labeling of hazardous materials containers in the work place.
4.1.8 The potential hazards of materials in pipes and the hazards involved in the event of exposure due to maintenance work, system failure or other unforeseen circumstances.
4.1.9 Non-routine Tasks: Tasks that are conducted rarely or infrequently are considered to be non-routine even though they may be repeated. Such tasks may involve the use of hazardous materials. An example would be entering confined spaces such as bulk storage tanks. Before assigning employees to conduct non-routine tasks, the Department Manager or Supervisor shall obtain the appropriate Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) and complete a Job Hazard Analysis or other appropriate safety

review of the non-routine task, and refer to any other applicable Standard Operating Procedures.

4.2 Frequency of Employee Training

4.2.1 **Initial training** shall be provided to all newly hired employees prior to occupational exposure to hazardous materials, biological substances, or processes. It shall be broad in scope, and addresses chemical, physical, radiological and biological hazards as applicable in the workplace. Other topics addressed will be chemical handling, storage and disposal, basic MSDS or SDS information, hazardous waste management, evacuation plans, confined space, lockout, electrical safety, safe work practices, personal protective equipment; instructions on the emergency phone numbers, and emergency response.

4.2.2 **Pre-assignment training** is provided by the supervisor and is very specific to the tasks and potential occupational hazard exposures that the employee was hired to perform. New employees and temps who are assigned Hazard Communication or Bloodborne Pathogens training shall complete these prior to potential exposure to chemicals and biological materials in their work.

4.2.3 If a need for **retraining or supplemental training** is identified, it is provided as soon as possible by the supervisor or EHS and documented in accordance with facility's training program.

4.2.4 When any **new physical or health hazard** is introduced into the workplace, training covering the changes to applicable SOPs, changes in personal protective equipment, or any other methods to prevent or reduce exposure shall be provided prior to potential exposure to the new hazard.

4.2.5 **Annual Hazard Communication** training is required and provided typically in a web-based format, or verbally by EHS. Training requirements are identified by the supervisor and defined by each individual employee's job-specific potential occupational exposure to chemical, physical, radiological or biological hazards in the workplace.

4.3 Material Safety Data Sheets and Safety Data Sheets

4.3.1 **Location and Accessibility**: Material safety data sheets (MSDS) and/or Safety data sheets (SDS) of hazardous materials shall be readily accessible to employees and visitors. This may be in a physical form or via personal computers and/or kiosks during each work shift. MSDS/SDS will be maintained by the 3e Company on http://www.3eonline.com. The user name for this website is: **beck**. The password for this website is **beck00**

4.3.2 **Obsolete MSDS and/or SDS**: MSDS and/or SDSs of hazardous materials/substances may become obsolete when the manufacturer or supplier provides an updated one or when the material is no longer used and is removed from the facility. These MSDS and/or SDS may be removed from active storage areas, but must be maintained in archive in accordance with this procedure.

4.3.3 **Incomplete MSDS and/or SDS**: If an employee discovers that a Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) does not contain complete information as required by this standard (See Appendix A for required MSDS contents), he or she shall notify his/her manager/supervisor of the missing

information. In turn, the manager/supervisor will take the following actions:

- Within 7 working days of noting the missing information, write to the manufacturer, producer, or seller responsible for the SDS requesting a complete SDS.
- Notify the employee who found the missing information of the day the inquiry was made, to whom it was made, and the response received.
- Notify the employee of the availability of the SDS within 15 days of the receipt of the Material Safety Data Sheet.
- If a response has not been received within 25 working days, the supervisor will send the Environmental Health and Safety Specialist a copy of the written inquiry. The Environmental Health and Safety Specialist will, in turn, notify the appropriate regulatory authority having jurisdiction for the facility.

4.4 Labels and Other Forms of Warning

All hazardous material containers, hazardous processes, or other workplace hazards must be labeled or identified to indicate their contents and applicable hazard warnings. Suppliers shall label their containers or equipment in according to applicable regulations and this Hazard Communication Standard. When hazardous materials are repackaged, placed in bulk storage, or moved through piping systems, or if equipment is modified, additional labeling may be necessary.

4.4.1 **Supplier Labels**: Unlabeled containers will not be accepted. Employee that receives a material which does not have a minimally acceptable label that includes the name of the product, health warnings (including target organ effects), physical hazards, and the name and address of the supplier. Supplier labels shall reject the material for use, and shall not remove, cover, obliterate or otherwise deface any manufacturer label. Precautions shall be taken in the receipt, storage, handing and use of materials so that the labels remain intact and readable.

4.4.2 **Containers**: When hazardous materials are dispensed from their original labeled containers, and are not to be immediately used within the same shift by the employee, the receiving container will be labeled with the name of the material corresponding to the MSDS or SDS and a few words concerning its major physical and/or health hazard (including target organ effects), or by the HMIS labeling system. Alternatively, a copy of the original container label may be used if the supplier will make them available.

4.4.3 **Bulk Storage and Work in Process**: Signs, placards, process sheets, batch tickets, operating procedure, or other written materials will be used to identify bulk storage tanks inside and outside any Beckman Coulter facility. The above written materials will contain the identity of the chemical material and appropriate hazard warnings.

4.4.4 **Piping Systems:** Pipes containing hazardous materials will be labeled with the identity of the contents. Labels will be placed at penetrations through walls, at bends, at valves, and at regular intervals in accordance to AMSE A13.1. Full precautionary placards will be used at locations where piped chemicals are dispensed and stored.

4.4.5 **Process Equipment**: All process equipment shall have appropriate hazard and warning labels for the hazards they present prior to being used in any process. These hazards include but are not limited to pinch points, radiation, heat, magnets, or noise. Equipment purchased from a vendor for use in the workplace shall have appropriate hazard and warning labels applied by that vendor. Equipment created or modified by Beckman Coulter shall have a hazard analysis performed and appropriate hazard and warning labels applied.

4.5 Chemical Inventory and Tracking

4.5.1 **Chemical Inventory**: A physical inventory of all hazardous chemicals (including mixtures) currently stored and used in each area shall be maintained. This inventory shall include at least: the chemical name, manufacturer, manufacturer product identification, CAS registry number (if applicable), internal product identification (if applicable), and quantity. This inventory will be maintained with 3e company as mentioned in section 4.3.1.

4.5.2 **Hazard Determination**: Manufacturers or distributors of hazardous materials are required by law to evaluate and determine whether materials they produce or distribute are hazardous. If they are hazardous materials, they must make a MSDS and/or SDS available to their customers. The MSDS and/or SDS will be the primary source of information that

4.5.3 will be used to determine if a material is hazardous and if special handling precautions are required. Hazardous Materials will not be accepted if an MSDS and/or SDS has not been received for the material.

4.5.4 **New Materials:** Before a new chemical may be used in any workplace area, a MSDS and/or SDS must be available prior to receipt. The chemical shall be reviewed by EH&S to determine if the chemical presents a new hazard to employees. If it is a new health hazard, the manager or supervisor shall ensure all affected employees must receive proper training on the new material/substance, and methods to reduce to eliminate exposure to it.

4.5.5 **Annual Certification:** While chemical inventory should be kept as current as possible, mangers/supervisors shall certify annually their inventory is up to date.

4.6 Training and Advisement of Contractor Personnel

4.6.1 Contractors who are likely to be exposed to hazardous chemicals, who have not completed applicable safety training or completed contractor vetting, shall be escorted at all times by a knowledgeable employee who can provide appropriate safety information.

4.6.2 Before a contractor can begin work at a Beckman Coulter facility, a Certificate of Insurance, Contractor's Safety Agreement, and General Release of All Claims forms must be completed.

4.6.3 The contractor shall be informed of hazardous materials and processes around the areas that they are working. A Beckman Coulter employee shall be a contact person to ensure availability of information to the contractor.

4.6.4 The contractor shall make available to Beckman Coulter an MSDS and/or SDS for any material or substance they use in the course of performing work on the premises. The contractor’s contact person shall ensure availability of

information to Beckman Coulter.

4.6.5 Any MSDS and/or SDS provided to Beckman Coulter by the Contractor shall be maintained in accordance to this procedure as an exposure record.

4.7 Documentation

4.7.1 Documentation of Hazard Communication will follow the requirements of the Injury Illness Prevention Program, Procedure 200-01, section 12.0. As Stated in this section , the training will be recorded in Knowledge Connection, while specific training will be documented by the Department Manager. A detailed outline of the training conducted will be part of the documentation.

4.7.2 Hazard Communication training records shall be maintained for at least 3 years following training.

4.7.3 Material Safety Data Sheets and/or Safety Data Sheets are considered "exposure records" and shall be maintained for at least 30 years beyond the last potential exposure to that material or substance.

4.7.4 Training shall be documented in accordance with facility training procedures.

4.7.5 If retention is longer in Company Business Conduct Procedure 34, that length shall be followed.

5. Change Abstract

Revision Level	Effective Date	Change Description	Training Required
		<Indicate if this is new and an initial release. If a revision, describe specific changes from current, approved version. Describe changes from immediate prior version only. Indicate whether training is required.>	

6. Approvals

My electronic signature confirms my approval of this document for its intended use.

APPROVALS:	APPROVED ON: *(mm-dd-yyyy)*
«approver1	» «approve_date1 »
«approver2	» «approve_date2 »
«approver3	» «approve_date3 »
«approver4	» «approve_date4 »
«approver5	» «approve_date5 »
«approver6	» «approve_date6 »
«approver7	» «approve_date7 »
«approver8	» «approve_date8 »

Section 6

ALCOHOL and DRUG ABUSE PROGRAM

Rev. 1/31/14

Alcohol and Drug/Drug-Free Workplace Policy

Beckman Coulter has a vital interest in maintaining a safe, healthy, and efficient working environment for all its associates. Alcohol and drug abuse are regarded by the Company as serious social and economic problems. Associates who are under the influence of alcohol or drugs present safety and health risks to themselves and their fellow associates and have a detrimental effect upon high standards of performance and conduct. Therefore, Beckman Coulter promotes and requires from its associates a Drug-Free Workplace. Also to this end, Company policy dictates that no person may directly or indirectly consume, possess, buy or sell illegal drugs on Company premises. Further, associates may not use or consume alcohol while working, except at company-sponsored events authorized by facility management. "On premises" is any location while on Company business and may include, but is not limited to, on an associate's person, in an associate's purse/briefcase, in an associate's desk, office or any area under an associate's control. Reasonable consumption of alcoholic beverages provided by the Company during Company-sponsored events or other related business are exceptions to this policy. Associates may not report to work under the influence of drugs or alcohol. Drugs prescribed by a physician are allowable, provided your ability to function is not impaired. Associates who violate this policy may be subject to corrective action, up to and including termination.

Beckman Coulter reserves the right to inspect any office, desk, locker or other area in the workplace to enforce this or any other policy, or whenever any reasonable cause exists that the welfare and safety of other associates is at risk.

In addition, the Company may require a test by intoxilator, blood test, urinalysis, medical examination, or other drug/alcohol screening of those persons whom the Company reasonably suspects of using, possessing or being under the influence of a drug or alcohol. Such testing will be conducted if two or more supervisors, associates, or medical personnel observe an associate acting in such a manner to raise suspicion that the associate is under the influence of a drug or alcohol or is acting in such manner that they may harm themselves or another associate.

Any refusal to submit to such testing will be considered a positive drug screen. An associate's consent to submit to such a test is required as a condition of employment, and an associate's refusal to consent may result in corrective action, including termination for a first refusal or any subsequent refusal. The Company will determine the manner in which such testing is conducted, with the goal being to ensure that the test results are accurate.

Such a test may be required of associates involved in any work-related accident or unsafe practice where the safety of the associate or other associates is/was jeopardized. Periodic retesting may also be required following positive test results or after any violation of this Drug and Alcohol Policy or rehabilitation.

Associates who drive Company vehicles, shared-use vehicles, or leased vehicles for Company use must immediately report arrests for drugs or driving under the influence, either on or off

duty, to their immediate supervisor. Violations of this policy may result in the revocation of driving privileges or other corrective action.
Lastly, in connection with the Company's drug-free workplace compliance efforts, please note the following requirements:

- Associates must, as a condition of employment, report any conviction under a criminal drug statute for violations occurring on Company premises or while conducting Company business. A report of a conviction must be made to the Human Resources Department within five days of the conviction. Within ten days of learning about an associate's conviction, Beckman Coulter must notify any governmental agency with which it contracts or subcontracts of the associate's criminal drug statute conviction.
- Within 30 days of the date the Company learns of an associate's conviction, the associate will be disciplined, up to and including termination. Any associate not terminated will be required to satisfactorily participate in and complete a drug abuse assistance or rehabilitation program.
- Each associate, as a condition of employment, must sign an Associate Notification Statement and Acknowledgement which sets forth the requirements of the Drug-Free Workplace Act.

Beckman Coulter will make ongoing good-faith efforts to maintain a drug-free workplace by implementing the above requirements. Our failure to comply with the provisions of the drug-free workplace statutes may subject the Company to loss of payments under a government contract, termination of the contract, and debarment as a contractor for up to five years. Any questions regarding our drug-free workplace compliance efforts should be directed to Senior Vice President, Human Resources.