First Aid, CPR/AED, Bloodborne Pathogens Plan

1. PURPOSE

This Plan addresses the minimum requirements for the provision of first aid care in case of injury or illness before emergency medical treatment is available and occupational bloodborne pathogens exposure control. This Plan serves as the OSHA-required written control plan to eliminate or minimize employee exposure to bloodborne pathogens.

2. SCOPE

This Plan is applicable to employees of Expand Energy (EXE), its affiliates or subsidiaries performing work on Expand properties or on the company's behalf.

3. DEFINITIONS

Automated External Defibrillator (AED) – A portable device that checks the heart rhythm. If needed, it can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA).

Other Potentially Infectious Materials (OPIM) – Means bodily fluids and bodily fluids containing visible blood (urine, saliva, etc.). Includes the following bodily fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human; and HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions, and other tissues from experimental animals infected with HIV or HBV.

Bloodborne Pathogens – Means pathogenic microorganisms 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).

Cardiopulmonary Resuscitation (CPR) – An emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. This may happen after an electric shock, heart attack, or drowning. CPR combines rescue breathing and chest compressions.

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

Employee Medical Record – A record concerning the health status of an employee, including medical and employment questionnaires, occupational exposures, results of medical exams and laboratory tests, first aid records, etc.

Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Occupational Exposure – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious body fluids resulting from the performance of an employee's duties. This definition *excludes* incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Regulated Medical Waste – Any liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions - A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens and including the use of protective barriers, such as gloves, masks, and protective eyewear.

Sharps - Any object that can penetrate the skin including, but not limited to, needles, blades, and broken glass of any kind.

Should – Denotes a recommendation, or that which is advised, but not required to conform to the Plan.

4. ROLES & RESPONSIBILITIES

Supervisors	• Ensure emergency showers, eyewash stations, AEDs, and contents of all first aid kits in their area of responsibility or vehicle(s) are maintained and replenished as necessary. • Provide employees with appropriate personal protective equipment (PPE). • For injured personnel, follow the incident reporting and management requirements. • Notify an HSER representative immediately following a potential exposure incident involving either blood/OPIM or contaminated sharps.
Employees	• Know the location of first aid supplies, emergency showers, eyewash stations and AEDs. • Report to supervisors or HSER Representative when first aid supplies need to be replenished.

	• Utilize universal precautions and PPE at all times. • Notify supervisor and HSER immediately in the event of a potential exposure incident involving blood or OPIM or potentially contaminated sharps.
HSER	• Evaluate site-specific hazards to determine the need for medical equipment such as first aid kits, eye wash stations, showers, and AEDs. • Complete a first report of incident in the incident reporting system following a potential exposure incident involving either blood/OPIM or contaminated sharps. • Assist in the coordination of post exposure evaluation, and follow-up in the event of an occupational exposure to blood or OPIM. • Coordinate First Aid, CPR/AED, Bloodborne Pathogen training for select individuals in all locations not serviced by trained medical personnel. • Maintain records of training, occupational exposure, and medical surveillance. • Ensure that employees who may have occupational exposure to blood or OPIM are offered the Hepatitis B vaccination or sign the declination form HSER-SAF-EXE-FRM-012. • Update plan if job task(s) identified with occupational exposure.

5. REQUIREMENTS

5.1 EXPOSURE DETERMINATION

It is not anticipated that employees will have contact with blood or other potentially infectious materials (OPIM) as a result of the performance of job duties.

Contact with blood or OPIM as a result of voluntarily providing first aid or similar medical treatment is not considered occupational exposure, nor is contact with blood or OPIM as a result of voluntary participation in a wellness program or in a medical, fitness, or recreational activity (e.g., blood donation, physical examination, flu shot, exercise class, etc.).

5.2 First Aid

Administering first aid and/or CPR is a personal decision. It is understood that employees who choose to provide such assistance will do so only to the level of training received and to their personal comfort level.

First aid supplies are required to be maintained and located so they are easily accessible.

First aid kits may consist of a variety of items, depending on the potential hazards of the work area in which they are located. For guidance on minimum performance specifications for first aid kits, see ANSI Z308.1-2021.

First aid kits and AED's, where provided, must be maintained in accordance with manufacturer's guidelines and periodically checked for re-supply/availability.

5.3 Exposure to Blood or OPIM

If an employee is exposed to blood or body fluids while performing first aid, the employee will notify their supervisor and HSER immediately.

5.4 Handling of Blood or OPIM

If cleanup of blood or OPIM is necessary, workers doing cleanup will use Universal Precautions. Use proper PPE including gloves and safety glasses and dispose of contaminated (regulated) waste properly. Approved third-party vendors with bloodborne pathogens exposure control plans and training should be used whenever possible to perform cleanup of blood or OPIM.

5.5 Regulated Medical Waste

All regulated medical waste including, but not limited to, sharps, will be managed and disposed of in accordance with federal and state law. All personally generated regulated medical waste must be disposed of at home or placed in OSHA approved containers bearing the biohazard label and delivered to a suitable location for proper disposal.

5.6 Hepatitis B Vaccination

In the event an occupational exposure to an employee is determined to have occurred, the Hepatitis B vaccine series will be offered. If an employee chooses not to receive the vaccination, a Hepatitis B Vaccine Declination form is signed and kept on file by the EXE Human Resources department. Employees who have been subject to an occupational exposure and initially decline the vaccine may request and obtain the vaccination later at no cost.

In the event an exposure occurs due to voluntary activities, the Hepatitis B vaccine series may be offered to exposed personnel.

5.7 Methods of Compliance

Universal Precautions or treating all human blood and OPIM as if it is infectious, are to be observed by all employees. Any personnel who do not routinely clean up blood or OPIM, but choose to do so, must use Universal Precautions.

5.8 Employee Medical Records

Medical and exposure records are maintained for each employee in accordance with OSHA requirements and can be accessed by employee request. Records are required to be kept in a secure location for at least the duration of employment plus 30 years.

6. TRAINING

To ensure adequate first aid in the event of an emergency, EXE will provide First Aid and CPR/AED training by a competent entity to selected employees. Individual recertification will not exceed two years between recertification.

7. REFERENCES

- HSER-SAF-EXE-FRM-012 Hepatitis B Vaccine Declination
- HSER-SAF-EXE-STD-005 Incident Reporting and Management Standard
- ANSI Z308.1-2021 – Minimum Requirements for Workplace First Aid Kits
- OSHA 29 CFR 1910.151 – Medical Services and First Aid
- OSHA 29 CFR 1926.50 - Medical Services and First Aid
- OSHA 29 CFR 1910.1030 – Bloodborne Pathogens
- OSHA 29 CFR 1910.1020 – Access to Employee Exposure and Medical Records

8. DOCUMENT CONTROL TABLE

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