Environment, Health & Safety

Levi Strauss & Co. has prepared this Environment, Health and Safety (EHS) chapter to help our business partners meet our Social and Environmental Sustainability requirements. EHS requirements are no less important than meeting our quality standards or delivery time.

Importance of Meeting Requirements

One of our requirements for Health and Safety focuses on emergency preparedness. Several years ago, one of our factories in central Mexico installed additional emergency exits and conducted evacuation drills to comply with this requirement. Four months later, a massive earthquake occurred.

The factory's recent efforts to fulfill requirements ensured that its 800 employees were able to evacuate quickly and safely. As you can see, careful attention to meeting our requirements is critical to providing a safe and health working environment for your employees.

Using this Chapter

We have prepared this chapter to help you meet Levi Strauss & Co.'s EHS requirements, but we do not herein identify all circumstances which might constitute "findings" in a TOE Assessment. Rather, we address topics which are of particular importance. Each business partner must make a careful assessment of each of its workplaces to determine what measures to put in place to meet our requirements, and, of course, the requirements of the countries where it operates. To help our partners with this site-specific analysis, we not only include specific information in this Handbook, but we also identify where additional information may be found regarding each requirement.

Each of the EHS topics in this chapter is organized into four sections: Application, Purpose, Requirements, and Implementation of Requirements. **Please note that LS&Co. will hold its business partners accountable for those items identified as "Requirements" only.** The sections labeled "Implementation of Requirements" provide examples of ways to comply with the requirements. These sections close with a "Plan-Do-Check-Act" cycle, illustrating a sample strategy for implementing a specific EHS program — for example, emergency preparedness, electrical safety, etc. This strategy will help business partners integrate their EHS programs into an EHS management system.

Finally, we encourage our business partners to pay close attention to the documentation and record keeping requirements. LS&Co. assessors rely on written records to verify that business partners meet requirements such as: having established EHS procedures, conducting regular inspections, and training workers.

Application

This information applies to all factories covered by Sustainability for LS&Co., unless otherwise noted.

Health Guidelines

Levi Strauss & Co.

Health Training

Purpose

A healthy worker is a productive worker. Poor health is the most common reason workers take a leave of absence from the workplace. Many illnesses are a result of the lack of knowledge among workers about how they can be prevented. Basic health education can help reduce the incidence of these illnesses. The factory can benefit by identifying common health issues that the workers face and by training them on the prevention and control of these problems. At the same time, factory management must remain alert and respond to health issues that emerge in the community.

Requirements

CI The factory should have a system in place for identifying the common illnesses that affect the worker. This system should include analysis of factory clinic health records and sick leave records, each of which should be maintained in the factory. (See sample of such records in the Appendices).

CI The factory should create a basic demographic profile of the workers by collating and analyzing available information regarding the work force. This will enhance health training by helping to identify possible health issues that are common in particular groups.

CI The factory should have a Health and Safety Committee in place, the membership of which is determined by the workers. This Committee should meet at regular intervals (at least once a month) and discuss the common health issues that are currently affecting the workers, and discuss any other factory health issue that committee members identify or which is brought to their attention. These meetings should be summarized in writing with any other appropriate health information included, with the summaries and other information promptly presented to management. A representative of Management should attend any health and safety meeting to which management is invited.

CI Factory management, in consultation with a representative of the Health and Safety Committee, should conduct health needs assessment surveys among the workers at least annually. This will help identify common health concerns. In this regard, see the health assessment paragraph which follows the chart in the Implementation section below.

CI An examination of all information gleaned from the foregoing will be helpful to factory management, in consultation with the Health and Safety Committee, establishing a robust health training program which identifies and effectively responds to whatever health issues may be present in the factory. Health training

can be held at intervals that are convenient to the factory but should take place no less than once every four to six months.

Each training should include a new topic, with topics periodically repeated to ensure new workers obtain this information. Each health training session should be summarized in writing. The summaries should be placed in a notebook, and each new employee should be instructed to read this notebook before his or her first Health Training session and periodically thereafter.

Implementation of Requirements

- The health care professional (factory medical officer or nurse) should maintain a record of all workers who report to the factory first aid station/ambulance room/clinic. These records should include all visits, no matter how minor the illness may appear. (See sample in the Appendices.)
- The factory human resources team should collate the causes for sick leave as recorded by the health care professional who provides the certification. The common causes for sick leave should be listed in descending order of frequency. This is one way of prioritizing worker health training elements.
- The demographic profile referenced above will be shaped in part by information regarding worker age, gender and marital status. This information should be analyzed so as better to make informed decisions regarding health issues that workers are likely to be facing (e.g., creating a health training breakout session for young women regarding reproductive health issues).

The following is a sample of topics that are relevant to selected population groups:

Health Topics	Unmarried Women	Married Women	Men
Personal Hygiene	✓	✓	✓
Environmental Hygiene	✓	✓	✓
Ergonomics	✓	✓	✓
Nutrition	✓	✓	✓
Reproductive Health	✓	✓	
Maternal Health	✓	✓	
Child Rearing Practices		✓	
Communicable Diseases	✓	✓	✓
Diabetes/Hypertension	✓	✓	✓
Cancers	✓	✓	✓
Domestic Violence	✓	✓	
Stress Management	✓	✓	✓
HIV and STDs	✓	✓	✓

- Health needs assessments should be conducted at intervals of a maximum one year. It is suggested that at least 5% of the total workforce is *randomly selected* for this process. This proportion can be reduced in the case of large factories (more than 1000 workers). Tools for this process are freely available online – https://herproject.org/resources/curriculum/herhealth. Factory management, in consultation with the Health and Safety Committee, should make every effort to ensure that the assessment is an accurate representation of health issues within the work force.
- For most common health problems that are present among the working populations, there are ready- made information sheets, lessons and modules that are easily available online. The healthcare professional employed by or contracted by the factory can easily adapt the available information and convert it to material that can be used for training the workers.
- It must be understood that it will be difficult for one health care professional to personally train all the workers in the factory. The "peer educator" model has been tried and tested in many countries and has been found to be very useful. The health care professional can train peer educators and provide them with materials that can be used for communicating with their peers. It is suggested that at least 5% of the total workforce be trained as peer educators. The health care professional should be available to answer questions that the workers may have.
- Health training sessions may be reinforced by placing posters or distributing pamphlets related to the issue discussed.
- There are a number of resources available for health topics. Some of these include
  - https://herproject.org/herhealth
  - http://hesperian.org/books-and-resources/
- Factory management should ensure that all health training sessions occur during factory working hours. Production schedules should be adjusted accordingly and should also include time for the health care provider to train peer educators training and for peer educators to meet with workers.
- The health care professional who trains the peer educators should maintain regular contact with them to review the trainings that have taken place with the goal of making future training sessions even better.
- To improve the quality of the training, and to encourage the peer educators, a variety of non-financial incentives may be tried.
- Peer educators can be recognized by providing them with a special apron or cap
- They can be given diaries that contain useful health messages and pages to note common questions that are being asked by other peer trainers.
- The notice boards within the factory should have a list of trained peer educators with their photographs. This not only will be gratifying to the peer trainer but also will better ensure that workers know who they can contact regarding whatever health issues may arise. Peer educators should be instructed that they are not permitted to render medical advice and that only trained medical personnel may provide such advice.

- Factories should be prepared to improvise as appropriate.
  - The health care professional should be permitted to suggest the topics for peer education, after reviewing information from the health needs assessment**.**
  - While it is quite common to use flip-charts for communication, peer educators should feel free to communicate by whatever means they determine, in consultation with the health care professional, is most likely to be effective for the intended audience.
  - While participatory methods can be used, a lecture-discussion format may be more productive.

Suggested Time Line

Month 1: Health Needs Assessment, including identification of six topics for next 12 months
Month 2-3: Preparation of Training Material for 1st topic; re-evaluate candidate topic list
Month 4-5: Execute Peer Educator Training on 1st topic followed by peer-to-peer training
Simultaneously preparation of Training Material for 2nd topic; re-evaluate candidate topic list
Month 6-7: Execute Peer Educator Training on 2nd topic followed by peer-to-peer training
Simultaneously preparation of Training Material for 3rd topic; re-evaluate candidate topic list
Month 8-9: Execute Peer Educator Training on 3rd topic followed by peer-to-peer training
Simultaneously preparation of Training Material for 4th topic; re-evaluate candidate topic list
Month 10-11: Execute Peer Educator Training on 4th topic followed by peer-to-peer training
Simultaneously preparation of Training Material for 5th topic; re-evaluate candidate topic list
Month 12-13: Execute Peer Educator Training on 5th topic followed by peer-to-peer training
Simultaneously preparation of Training Material for 6th topic; identify topics for next 12 months
Month 14-15: Execute Peer Educator Training on 6th topic followed by peer-to-peer training
Month 16-18: Review and re-plan next round

Water, Sanitation, Hygiene (WaSH)

Purpose

We must recognize that a number of illnesses are caused by unsatisfactory quality and quantity of drinking water, poor sanitation and a lack of hygiene – either individually or more often, when in combination. Very often, the diseases caused by poor water, sanitation and hygiene occur in isolation, where an individual employee will be affected; but of greater concern is the situation when a group of employees from the factory suffer from illnesses at the same time. The latter is often indicative of poor working conditions in the factory. The prevention of diseases related to water, sanitation and hygiene is possible with the institution of simple control measures at the factory level.

Requirements

CI The factory management and other concerned staff (environment, health and safety team members) should ensure that the local rules and regulations pertaining to WaSH are followed diligently – this in itself will ensure that most diseases resulting from poor WaSH conditions are prevented, or at least controlled.

CI With reference to water, specifically drinking water, the management should ensure that adequate quantities and good quality of water – physical, chemical and microbiological – is provided to the employees at all times.

CI The factory management should ensure that other facilities related to sanitation and hygiene are also provided – these include adequate numbers of restrooms (toilets), washrooms, hygienic food services (canteens) and proper disposal of wastes (solids, effluents and sewage).

CI The management should also provide adequate facilities for the employees to follow good practices of personal hygiene. These include facilities for the safe disposal of products for feminine personal hygiene, handwashing and storage/washing of clothes that are soiled at work.

Implementation of Requirements

- The factory management and EHS team should be aware of all the local laws pertaining to WaSH. The best practices for each of the issues – water, sanitation and hygiene – should be identified and followed. If necessary, the assistance of local experts should be sought and solutions for difficult conditions be identified.
- The presence of and empowerment of a Health and Safety Committee and/or EHS Team will help in identification of illnesses of diseases related to poor WaSH as soon as the first cases start occurring.

- Local laws for the quantity of drinking water to be provided are usually in place – these are to be followed diligently, knowing that reduced quantities of water can itself lead to consumption of poor quality of water from other sources, leading to gastro-intestinal infections.
- Adequate samples of drinking water, collected from the point of consumption, should be sent for laboratory tests at regular intervals. In addition, any suspicion of outbreaks of gastro-intestinal diseases should also provoke immediate checks on the quality of water.
- Again, in keeping with local regulations, the required number of toilets, washrooms and other facilities should be provided and more importantly, maintained well. In facilities where employees are exposed to chemicals at work, facilities should be provided for their bath and change of clothes before they go home.
- Other facilities which are likely to face challenges with hygiene, such as the kitchen services, any snack store within the premises or the dining area, should be regularly inspected and incident problems corrected.
- Environmental hygiene should not be neglected – regular checks of waste disposal, drainage, sewage and effluent treatment systems should be instituted.
- Regular health education sessions for the employees, in addition to adequate instructions during induction training programs, will ensure that the employees also understand their role in the maintenance of good WaSH conditions within the factory (if not at home as well).

Canteen

Purpose

Given the fact that many employees leave for work early from home, thus making it difficult to prepare a good mid-day meal, it is good practice for factories to provide the option of a healthy and wholesome meal for their employees. Additionally, the provision of a freshly cooked meal, served under hygienic conditions, benefits the employee and the management by reducing the possibility of illnesses due to poorly preserved home cooked food.

Requirements

CI If the management provides a catering facility within the factory premises, it should ensure that the general recommendations for quality food service establishments are followed here as well.

CI Management should ensure that all raw materials are freshly procured and stored under hygienic conditions before being used as ingredients for preparation of meals.

CI Management should ensure that all hygienic measures are undertaken in the preparation of the meals, which includes the maintenance of the kitchen and the dining area in proper condition. Importantly, all food handling personnel should be medically fit to carry out their responsibilities.

CI While ensuring minimal wastage of cooked food, all food left overs should be disposed of in a hygienic manner

CI All employees working in the kitchen (food handlers) should be medically examined at least once in 6 months to ensure that they are healthy. A certificate as proof of this should be obtained from the examining physician.

Implementation of Requirements

Kitchen/Serving/Dining Premises

- Ensure that there are no fly breeding areas within 50 feet of the kitchen, dining area or facility where food is prepared or served. Ensure that adequate fly trapping equipment are placed in the dining area.
- Ideally the canteen, kitchen, dining area should be a separate building. However, in situations where this is not possible, it should be located on a separate floor not contiguous with the work area of the factory.
- The floor of the entire premises should be smooth and impervious. The walls and roof also should be of a quality that will not allow for the lodgment and growth of disease causing/spreading entities like flies or vermin.

- The kitchen should preferably be a separate facility/room – not contiguous with the serving area or dining area. The fuel used should be non-biomass thus ensuring that excessive smoke is not released as part of the cooking process. Smoke outlets – simple chimneys, or, if required, smoke extractors, should be installed to ensure a healthy environment for those working in the kitchen. Adequate cross-ventilation should be provided in all areas of the food preparation/service/dining facilities.
- The recommended area per person using the dining room facility is 10 sq feet.
- The water used for cooking should be of good quality – physical, chemical and microbiological. The water should be tested at regular intervals to ensure that it is potable (fit for human consumption). Adequate arrangements should be made for storage or drinking water – clean water, should be stored in clean containers – and this water should also be tested for quality at regular intervals.
- The store for raw materials should also be a separate room with the facility to store perishable and non-perishable raw food separately. All food articles should be stored at least 3 feet above ground level.
- All cooked food should be stored in fly-proof containers.
- All food preparation surfaces and cooking table-tops should be made of impervious, non-absorbable materials.
- All utensils used for preparation and cooking food should be of a quality that does not cause other health problems – some societies use iron plated or lead/tin coated vessels, which should be avoided.
- Good quality facilities should be provided for hand-washing. This should be separate from the waste food disposal area – to ensure that food wastes do not clog the pipe lines. Employees should be advised and monitored on a regular basis to ensure that hygienic practices of hand-washing, plate disposal and waste disposal are carried out. All sullage should be disposed of appropriately.
- Provisions should be made for large enough containers for the disposal of food wastes. All food waste should be removed regularly and disposed of appropriately.
- All utensils/vessels used for preparation, serving and consuming food should be washed with good quality detergents and dried before use for the next meal.
- Appropriate measures should be taken for general housekeeping – ensuring that the entire area is clean. Clearly documentation of the cleaning procedures and their frequency is important.
- The recommendations of the WHO Day Theme for the Year 2015 are very relevant to the food service facility. These are:
    - Keep clean
    - Separate raw and cooked food

- Cook food thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials

More details are available at: http://www.who.int/campaigns/world-health-day/2015/event/en/

Health of Food Handlers

- All food handlers should have a medical exam once every six months to ensure that they are healthy and do not have any diseases that are likely to spread to the consumers.
- Particular attention should be paid to diarrheal diseases and typhoid – which are common illnesses that are transmitted by food handlers. Food handlers should be tested to check if they are carriers of typhoid – adequate treatment should be given if they are tested positive (by stool examination). They should also be given medication for de-worming once in six months.
- The supervisor should examine all food service employees for their hygienic practices – adequate hair cropping and protection, cut nails, presence of any skin infections, etc.
- Food handlers should be trained and monitored for practices of good hygiene. While it is imperative that these practices are part of the routine in the establishment, particular attention to these details is important during epidemics of influenza or other communicable diseases. (please see section …)
- Food handlers should be provided vaccination against typhoid.

First Aid

Purpose

First aid is the care given to an injured worker before professional medical help arrives. First aid may mean the difference between life and death. The purpose of this section is to preserve life, prevent any injuries from getting worse, and to help injured workers recover.

Requirements

CI Factory shall identify the common hazards that are present in the factory, as indicated in this manual. This step will have to be repeated at regular intervals and especially when new machinery is installed and when the factory layout has been altered.

CI Factories should maintain up-to-date written records of injuries, no matter how minor they appear to be. Every time the First Aid Box is opened, the reason has to be documented. These records should include a description of the circumstances, the time and date of the injury, a description of the injury and the first aid provided. In addition, injury records should identify the worker and the department to which s/he belongs. While all injuries should be logged in a register, more serious injuries should be described in detail. (See Appendices for suggested formats).

CI Factories should provide at least one First Aid Box per 100 workers. The kits should be located on the factory floor to give workers immediate access. There should be a sign board that clearly displays their location. At induction (training) and at least every six months thereafter, each worker should be told of this location. The first aid kits should not be kept under lock and key.

CI First aid kits are recommended to be fully stocked with the items listed in the table below:

First Aid Supplies		
Supply	**Size/Type**	**Quantity**
Absorbent Compress	84 sq.cm (32 sq.in) with no side smaller than 10 cm (4 in)	1
Adhesive Bandages	2.5 x 7.5 cm (1 x 3 in)	16
Adhesive Tape	460 cm (5 yards)	1
Antiseptic liquid	100 ml	1 bottle
Antiseptic cream	20 gm	1 tube
Sterile pads	7.5 x 7.5 cm (3 x 3 in)	4
Triangular Bandage	100 x 100 x 140 cm (40 x 40 x 56 in)	1

Cold pack		1
Surgical gloves		1 pair
Hand sanitizer		1

***Note**: This kit does not contain any tablets like aspirin or paracetamol – these should be made available only with a trained nurse at a first-aid station or ambulance room. Similarly, local pain-relieving ointments are also not listed above and should be made available at the discretion of the factory management.*

All aseptic precautions must be taken in the storage of the items listed in the kit.

CI The number of workers who should be trained to give first aid depends upon the overall worker strength and the distance of the factory from the nearest medical facility.
- For all factories with fewer than 500 workers, at least 1% of the workforce should be trained in first aid and 2 workers per shift should be trained in Cardio-Pulmonary Resuscitation (CPR) techniques.
- Factories with more than 500 workers, and all factories where medical facilities are more than 5 minutes away, should have a full-time medical professional onsite during all hours that the workers are in the factory.

CI Factories should have written procedures to treat workers needing first aid. (See sample of procedures for common injuries in the Appendices)

Implementation of Requirements

Training, Rules and Record Keeping

- Workers who have been selected and agree to be first aid responders should be trained and certified by a qualified contractor. (See sample of training program in the Appendices). First aid responders should go through a refresher periodically, ensuring also that those who have left employment are replaced with new volunteers.
- First aid training should be documented, with certificates given to the workers who successfully complete the first aid course and copies maintained in the factory files.
- Factories should keep a written record of first aid incidents that includes the name of the injured worker and other identifiers along with the circumstances that led to the injury. A short description of the first aid given should also be included. (See sample of a first aid register and a sample of the injury record in the Appendices.)
- Each first aid kit should have a label listing the contents and noting the date on which it was last refilled. Emergency telephone numbers should be listed on the first aid kit and near all telephones.
- Factories should ensure that all medications are at least 6 months short of their printed expiration date.

Hazard Assessment

- Factories should create a factory first aid program that identifies the first aid responders and the locations of first aid kits. The program will also include written first aid instructions for the common injuries seen in the factory.
- Factories should annually review the first aid program to make sure the first aid requirements are met. This review should also take into account improvements that have been made to the existing program. This review should be recorded in writing.

Hazard Controls

- First aid responders should be offered a consultation with a medical professional and the Hepatitis B vaccination (if required) within 10 days of completing their first aid training. The course of Hepatitis B vaccination should be completed as indicated by the medical professional. (Usually three doses, one on Day 1, the second after one month and the third after 6 months).
- Vaccination services should be provided at no cost to the worker, at a convenient place and time, and supervised and endorsed by a licensed physician or other licensed healthcare professional.
- Factories should establish a system to inspect first aid kits on a regular basis to make sure they have all the supplies listed in the requirements section.

Common Diseases

Purpose

A healthy worker is a productive worker and poor health is the most common reason workers take leave of absence from the workplace. There are many diseases that can cause distress in the factory. Some of these can be transmitted from one person to another (hence called communicable diseases) and others cannot be transmitted (hence called non-communicable diseases). More importantly, in the case of communicable diseases, employees can bring these diseases into the factory and transmit them to other employees. Also important is the fact that environmental conditions in the factory can be favorable to the transmission of some communicable diseases from one employee to another. Non-communicable diseases, on the other hand, are diseases of life-style and in this case factories can help prevent them by encouraging behavioral changes.

Requirements

CI Factory management and health care providers should be constantly attentive to the health issues that affect the communities around them and realize that if they are not vigilant these illnesses can affect their own employees.

CI Factory management and health care providers should also be aware of the diseases from which employees are currently suffering. The systems referred to in the chapter on "Health Training" will help in identifying common illnesses among the employees.

CI A Health and Safety Committee as described in the Health Training requirements should be established. This will help identify the presence of communicable diseases among factory employees.

CI A demographic profile of the employees as described in the Health Training requirements should be created and scrutinized so that, along with appropriate interventions, non-communicable diseases can better be identified and controlled at an early juncture.

Implementation of Requirements

- The health care professional (factory medical officer or nurse) should be aware of the common communicable diseases that are prevalent in the community around the factory. More importantly, the health care professional should be proficient in the prevention and control of these diseases as well as in the appropriate treatment that should be provided should an employee demonstrate symptoms and signs of the disease.
- The health care professional and the safety officer (if available) should constantly look out for environmental factors within the factory premises that are likely to promote the spread of communicable diseases.

- The health care professional should be knowledgeable about the modes of transmission of the common diseases (see Appendices) and take adequate precautions, including appropriate communication with management, to ensure that these are addressed appropriately.
- In the case of non-communicable diseases, the health care professional should be aware that these are diseases that commonly affect older age groups and also those with poor life-style. Health promotion through education and other interventions should be implemented to help prevent the onset of these diseases. Regular health checks to monitor the health status of the workers, especially those who are at risk, should be initiated to help identify disease onset. Appropriate steps should be implemented to prevent disease progress.
- A short description of the common illnesses – both communicable and non-communicable – is given in the appendices. Factory management should peruse these appendices, especially the sections that describe the prevention of each illness, so that in consultation with health care professionals appropriate actions can be undertaken to address these illnesses.
- Factory management must store all details related to health data confidential and it should never be disclosed to person other than the one it is intended for.

Key Definitions:

Disease: The term disease broadly refers to any condition that impairs the normal functioning of the body. For this reason, diseases are associated with dysfunctioning of the body's normal homeostatic process.

Contagious disease: An infectious disease communicable by contact with the one who has it, with bodily discharge or with an object the patient has used.

Preventing Communicable Disease

Purpose

A communicable disease is one that may be spread from one person to another by direct contact with blood or other body fluids. It may also be spread by direct contact with diseased animals, or by taking in contaminated food, water, or air. Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) are examples of communicable diseases. The purpose of this section is to explain the requirements for preventing the spread of communicable diseases among factory workers.

Requirements

IA The factory must provide toilets that are clean and in good working condition for workers' use.

IA The factory must have plenty of safe drinking water; it must be available, at no cost, to all workers at all times.

IA The factory must have an Exposure Control Plan to prevent workers from contacting blood or other body fluids that may contain harmful organisms, such as HIV or HBV.

CI Kitchens should be clean and organized for safe food preparation.

CI The dining halls or other eating areas should be kept clean and separate from the main work area.

CI The factory should keep a written record of any injuries caused by needle sticks or cuts.

Implementation of Requirements

Training, Rules and Record Keeping

- Workers should be trained on the Exposure Control Plan.
- "Sharps containers," also known as "safety boxes," are made of material that is inflexible, leak-proof, and resists being punctured by the sharp objects it contains. Sharps containers should be supplied for workers to dispose of broken needles, scissors, or cutting blades.
- The following list of supplies should be kept on site and easily available to workers to prevent accidental exposure to blood or other body fluids:
  - Protective gloves
  - Handling devices (tongs, tweezers, forceps, magnets)
  - CPR mask with one-way valve mouth piece (to prevent first-aid responders from contacting a victim's body fluids)
  - Disinfectant (such as 10% bleach solution)

- Sharps containers

Hazard Assessment

- Factories should regularly test drinking water for bacteria and lead and should act to improve the drinking water if the tests show it to be unhealthy. Factories should keep written records of these tests.
- Factories should identify workers whose tasks may expose them to blood or body fluids (e.g., first-aid responders, sewing machine operators, kitchen workers). These workers should be offered the Hepatitis B vaccine and a meeting with a medical professional within 10 days of beginning their work.
- When a new task is introduced into the work area, factory managers should decide whether it may expose workers to blood or body fluids. If so, managers should make sure that workers are trained on the Exposure Control Plan and that the Plan is being followed in that work area.

Hazard Controls – Exposure Control Plan

- The Exposure Control Plan should address the following requirements:

Sharp Objects

- Include clear rules and procedures for safely handling broken needles, cutting blades, glass, security tags, or other sharp objects. These rules should apply to sharp objects which may be "contaminated" (that is, they may have contacted blood or other body fluids), as well as to those sharps that are not contaminated.
- An example of such a rule might be: "Do not handle broken sharp objects or broken glass by hand. Use tongs, forceps, tweezers, magnets or other devices to pick up and discard the broken object."
- Workers should dispose of sharp objects in sharps containers which have been labeled as "Biohazard" and "Sharps Waste" in the local language.
- Factories should keep written records of injuries caused by sharp objects and of incidents requiring first aid.

Cleaning and Disinfecting

- Include specific procedures for cleaning and disinfecting contaminated work areas and equipment.
  - "Disinfect" means to use heat or chemicals to destroy harmful organisms. This is typically done with a 10% bleach/ water solution.
  - When cleaning and disinfecting contaminated areas or equipment, workers should wear protective gloves (such as latex or other watertight gloves). Other personal protective equipment may be required, depending upon the task. For example, if cleaning and disinfecting may cause splashing, workers should wear safety glasses or goggles. Workers are required to wash their hands after they remove their gloves. If there is not a sink nearby, cleansing wipes should be provided instead.
  - If work surfaces (including kitchen counters) or equipment have come in contact with blood or other body fluids (for example, a worker's finger has been punctured

by a sewing machine needle and has bled onto the equipment surface), these surfaces should be cleaned and disinfected immediately. Workers should spray contaminated equipment or surfaces with a 10% bleach/water solution and wait at least 5 minutes before wiping these surfaces. (Note: In addition to the bleach solution, other disinfecting materials may be approved by factory managers.)

Kitchen

- Workers who prepare and serve foods should keep their skin and hair clean and wear clean clothing.
- Raw poultry, fish, and meat should be prepared separately from vegetables, fruits, and cooked foods.
- Uncooked foods (with the exception of dry goods such as grains) should be kept refrigerated.
- Dishes and utensils should be cleaned (by washing in hot water and detergent and then rinsing in hot water) between uses. Kitchen work surfaces and equipment should routinely be cleaned and disinfected using the procedure described in the "Cleaning and Disinfecting" section.

Toilets

- Toilet facilities should be provided with running water, and stocked with toilet paper (where culturally appropriate) and anti-bacterial soap or instant hand sanitizer at all times.
- Factories should be equipped with enough toilet facilities to serve the worker population. For example, if a factory employs many more female workers than males, it should provide more female toilet facilities than male toilet facilities.

Dining

- Dining areas should be clean, protected from the weather, and have enough seating for all the workers who may be on break at any one time.