Health and Safety Policy

for

Worldwide Travel Staffing, Limited

Revision: 4

Issued: October, 2026

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1 POLICY STATEMENT

Worldwide Travel Staffing ("Worldwide") is committed to the safety and wellbeing of its employees, whether they are working at locations operated by Worldwide, client facilities, or from their home. This manual sets out the policies and procedures Worldwide uses to support this goal.

The Policy and its constituent Programs have been prepared in accordance with the regulations set forth by the United States Department of Labor, Occupational Safety and Health Administration ("OSHA") as promulgated in 29 CFR Parts 1904 and 1910. Worldwide assigns temporary workers to locations throughout the country, some of which may be subject to state/local regulation that is at least as effective as federal regulations. In these cases, employees will be subject to the regulations having force in their work location. State-specific requirements are addressed in Appendix D, State Supplements.

1.1 Applicability

This Health and Safety Policy ("the policy") applies to all employees of Worldwide. The policy applies equally to all employees regardless of the location or time of work, length of employment, or job assignment.

Worldwide primarily functions as a healthcare staffing agency, providing contract workers to its clients. Worldwide's Field Staff are required to abide by all applicable safety rules, policies, and procedures established by the client facility to which they are assigned to work. In the event of any conflict or inconsistency between the safety rules, policies, and procedures set forth in this handbook and those established by the client facility, the safety rules, policies, and procedures of the client facility shall prevail. No employee is required to follow a client procedure that the employee reasonably believes is unsafe or unlawful; in that case the employee should notify the client supervisor and Worldwide before proceeding.

Allocation of Responsibilities at Client Facilities. Client facilities control the physical workplace, equipment, and day-to-day direction of Field Staff. Client facilities are responsible for site-specific hazard assessment, engineering and work practice controls, site-specific orientation and training, personal protective equipment, and recording the injuries and illnesses of workers they supervise day to day on their OSHA injury and illness log (29 CFR 1904.31). Worldwide provides general safety training, inquires into the client facility's safety program and the hazards of each assignment, responds to safety concerns reported by Field Staff, and takes reasonable steps to address hazards it learns of, consistent with OSHA guidance on the shared responsibility of staffing agencies and host employers. Where a section of this Policy assigns a duty to Worldwide, its supervisors, or its managers, that duty applies at Worldwide facilities and, for Field Staff, to the extent of Worldwide's role described in this paragraph.

No Contractual Obligation. This Policy is a statement of Worldwide's internal safety practices. It does not create a contract, a guarantee of any condition at a client facility, or any duty to any person beyond those imposed by applicable law. Worldwide may amend this Policy at any time.

1.2 Employee Rights

Each employee of Worldwide has the following rights regardless of their length of employment, age, or any other status. These rights are that of a safe work environment, safe work tasks, and the right to exercise Stop Work Authority.

1.2.1 Safe Work Locations

Worldwide will take reasonable steps, consistent with its role, to address known hazards at locations where its employees work. Employees may decline to perform a task they reasonably and in good faith believe presents an imminent risk of death or serious physical harm, and must promptly report the hazard to their supervisor and, for Field Staff, to both the client supervisor and Worldwide.

1.2.2 Safe Work Tasks

No employee may be requested or required, either explicitly or implied, to perform a task that presents an uncontrolled serious hazard to the employee. If an employee believes that their assigned tasks expose them to an uncontrolled hazard, they should immediately notify their supervisor and, for Field Staff, Worldwide.

1.2.3 Stop Work Authority

Each employee, regardless of length of employment, seniority, or job assignment has the right to exercise Stop Work Authority by stopping their own work when they reasonably believe it is unsafe, and by calling for a pause in work performed by others when there is an imminent risk of serious harm. At a client facility, Stop Work Authority is exercised through the client facility's chain of command and must not compromise patient safety or the continuity of patient care.

Non-Retaliation. Worldwide prohibits retaliation against any employee for reporting a work-related injury or illness, reporting a hazard, exercising Stop Work Authority in good faith, or exercising any right under the Occupational Safety and Health Act or state law, including 29 CFR 1904.35(b)(1)(iv), Section 11(c) of the OSH Act, New York Labor Law § 740, and California Labor Code § 6310. Employees who believe they have been retaliated against should contact Human Resources.

1.3 Employee Responsibilities

Each employee of Worldwide regardless of length of employment, seniority, or job assignment is responsible for the safety of themselves and their fellow employees. Additional responsibilities are assigned to employees of higher seniority.

1.3.1 All Employees

All employees must ensure the safety of themselves by maintaining the following responsibilities:

- Work safely regardless of location or task.
- Maintain awareness of all applicable safety regulations/procedures for their work location.
- Report or correct unsafe conditions immediately.
- Exercise Stop Work Authority, as described above, when appropriate.
- Report all work-related injuries and illnesses as soon as practicable to their supervisor and, for Field Staff, to both the client supervisor and Worldwide.
- Attend and participate in all required training, safety talks, and/or exercises.

1.3.2 Supervisors

Supervisors are defined as employees who are responsible for providing direct or indirect supervision to other employees within the company.

In addition to those responsibilities required of them in section 1.3.1, supervisors are expected to:

- Be familiar with the hazards faced by their employees.
- Confirm that employees have completed the safety training Worldwide requires for their position.
- Advocate for their employees to management, requesting any resources needed to ensure safety.
- Review safety reports received from their employees and refer issues to the Safety Committee.
- Assist with and/or perform follow-up investigations into any reported injury.

1.3.3 Managers

Managers are the company's officers and department heads.

In addition to those responsibilities required of them in section 1.3.2, Managers are expected to:

- Provide reasonable resources, including time and training, to implement this Policy.
- Review safety metrics and direct any needed corrective actions.
- Regularly communicate with supervisors regarding safety needs.
- Endorse and uphold this policy, making any necessary changes.

1.4 Management Endorsement

I, Leo R. Blatz, Chief Executive Officer, certify that Worldwide Travel Staffing ("Worldwide") is committed to preserving the safety and health of its employees through compliance with applicable regulations. Worldwide will maintain the programs provided in this Policy.

Signature: _____ Date: 10/16/2026

2 BLOODBORNE PATHOGENS

2.1 Purpose

The purpose of this Program is to ensure the protection of employees of Worldwide from occupational exposure to bloodborne pathogens or other potentially infectious material (collectively, "PIM").

This Program is Worldwide's written Exposure Control Plan under 29 CFR 1910.1030(c). For Field Staff, the client facility, which controls the worksite, has primary responsibility for the site Exposure Control Plan, engineering and work practice controls, personal protective equipment, regulated waste, site-specific training, and the sharps injury log. Worldwide is responsible for general bloodborne pathogens training, making the hepatitis B vaccination series available, post-exposure evaluation and follow-up, and maintaining the related medical and training records.

Exposure Determination. Worldwide positions that involve patient contact or handling of blood or other potentially infectious materials have occupational exposure. These include registered nurses, licensed practical and vocational nurses, certified nursing assistants, respiratory therapists, phlebotomists and laboratory staff, imaging technologists, physical and occupational therapy staff, patient sitters, and nurse assessors. Headquarters office staff and unit clerks do not have reasonably anticipated occupational exposure. The JHAs listed in Appendix C identify the tasks and procedures in which exposure occurs.

Annual Review. This Program will be reviewed and updated at least annually as part of the review described in the section titled "Revision & Review." To the extent Worldwide selects engineering and work practice controls, it will solicit input from non-managerial employees responsible for direct patient care and document that input.

2.2 Responsibilities

2.2.1 Employees

All Employees are expected to:

- Know how to recognize PIM.
- Avoid contact with potentially infectious material whenever possible.
- Use universal precautions in all situations that involve exposure to PIM.
- Ensure proper cleanup of all areas where PIM is present.
- Ensure that all tasks are conducted in a manner consistent with this program.
- Attend all required training sessions.

2.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Ensure employee exposure determination is completed.
- Investigate any exposure incidents and prepare accident and incident reports for all work-related accidents, injuries, or exposure incidents.
- At Worldwide facilities, provide engineering controls, labels, and biohazard containers to protect employees from exposure. At client facilities, these are provided by the client facility.

- At Worldwide facilities, provide necessary PPE in appropriate sizes. At client facilities, confirm with the client facility that PPE is available to Field Staff.

2.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Schedule the disposal of any regulated waste generated at Worldwide facilities.
- Ensure that all potentially exposed employees are properly trained.
- Ensure that employee health and incident records are maintained as described in this Program and in the section titled "Reporting and Recordkeeping."
- Ensure that employees with occupational exposure have been offered the hepatitis B vaccination series.

2.3 Hazard Identification

Job tasks will be assessed for potential hazards related to PIM exposure using the methodology described in the section of this Policy titled "Job Hazard Analyses".

2.4 Exposure Prevention

Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in any area where PIM may be present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

2.4.1 Hand Washing

Employees must wash their hands and any other skin with soap and water or flush mucous membranes with water as soon as possible following contact with PIM. Employees must also wash their hands as soon as possible after removal of gloves or other personal protective equipment.

2.4.2 Personal Protective Equipment

PPE shall be considered "appropriate" only if it does not permit PIM to pass through or reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

Employees must use appropriate PPE whenever there is a potential exposure to PIM. PPE used must be appropriately sized for each employee.

Any PPE that becomes compromised or is penetrated by PIM must be removed and replaced as soon as possible. No PPE should be reused unless it is expressly intended to be cleaned and reused by the manufacturer and has been properly decontaminated.

All contaminated PPE must be disposed of as described under "Handling and Disposal of PIM" in this Program and in the client facility's procedures.

2.5 Incident Response

Immediate response to any uncontained release of PIM should aim to minimize exposure to employees and the public. Additional guidance for emergency response can be found in the program titled "Emergency Action Plan" of this Policy.

Following a report of an exposure incident the company will make available to the exposed employee a confidential medical evaluation and follow-up. Worldwide may arrange this evaluation through the client facility's employee health service or another licensed healthcare professional, at no cost to the employee. This follow-up will include:

- Documentation of the route(s) of exposure(s), and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual unless identification is unfeasible or prohibited by state or local law.
    - If consent is obtained, the source individual's blood will be tested as soon as possible to determine HBV and HIV infectivity.
    - If consent is not obtained, the company will document that legally required consent cannot be obtained.
    - When the source individual's consent is not required by law the source individual's blood, if available, will be tested and the results documented.
    - When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The healthcare professional evaluating an employee after an exposure incident will be provided the following information:

- A copy of 29 CFR 1910.1030
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee including vaccination status which are this employer's responsibility to maintain

The company will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for post-exposure evaluation and follow-up must include the following information:

- That the employee has been informed of the results of the evaluation
- That the employee has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment

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

An incident report must also be completed as described in the section of this Policy titled "Reporting and Recordkeeping" for any exposure event. A blank incident report is included in Appendix A.

2.6 Hepatitis B Vaccination Program

All employees that may be exposed to PIM are offered the hepatitis B vaccine series, at no cost to the employee, after receiving the training required by this Program and within 10 working days of initial assignment to a position with occupational exposure, unless the employee has previously received the complete series, antibody testing shows the employee is immune, or the vaccine is contraindicated for medical reasons.

Employees may decide to decline the vaccinations; however, they must sign the declination statement required by Appendix A to 29 CFR 1910.1030, which is included in Appendix A of this Policy. Employees who decline the vaccination series may reverse their decision at any time.

Records of vaccination or declination of the vaccine will be maintained by Worldwide.

2.7 Access to Medical Records

Employees (or their representatives) may request access to all relevant exposure and medical records at any time.

To request access to or copies of medical records, employees should contact Human Resources. Employees must submit a signed written request. Worldwide will provide access within 15 working days of the request, as required by 29 CFR 1910.1020(e).

2.8 Employee Confidentiality

Employee records will be kept confidential. Limited access may be allowed to personnel files and all records shall be kept secure.

Worldwide retains the hepatitis B vaccination, post-exposure evaluation, and training records required by 29 CFR 1910.1030(h) for its employees, including copies of any such records a client facility creates on Worldwide's behalf.

2.9 Document Retention

Management and maintenance of all documentation is the responsibility of Worldwide. Exposure reports and associated employee medical records must be maintained for the term of that person's employment plus 30 years.

2.10 Handling and Disposal of PIM

All potentially infectious materials as well as any materials that have become contaminated by PIM must be properly disposed of to prevent further contamination of equipment, locations, or personnel. Any contaminated response materials including first aid supplies, cleanup supplies, or PPE must be packaged in leakproof containers labeled as "biohazard".

All biohazardous waste must be disposed of by a properly certified vendor. No PIM or PIM-contaminated materials may be placed in normal waste or recycling receptacles.

2.11 Training

All employees with occupational exposure will receive general Bloodborne Pathogens training from Worldwide at the time of initial assignment to tasks where occupational exposure may take place

and at least annually thereafter. Client facilities provide site-specific training on their exposure control plan, controls, PPE, and procedures.

Training will also be performed when changes such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure.

The training program shall contain the following elements:

- An accessible copy of the text of 29 CFR 1910.1030 and an explanation of its contents
- A general explanation of epidemiology and symptoms of bloodborne diseases
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the exposure control plan and how the employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for selection of PPE
- Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the vaccine, and vaccination being offered free of charge
- Information on the appropriate actions to take and people to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that this employer is required to provide for the employee following an exposure incident
- An explanation of the signs and color labels and/or color coding required by 29 CFR 1910.1030
- An opportunity for interactive questions and answers with the person conducting the training session

Training will be documented as described in the section of this Policy titled “Training.”

3 COMPRESSED GAS CYLINDERS

3.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide when working with compressed gases.

Scope. Worldwide headquarters does not store compressed gas cylinders. Field Staff, including respiratory therapists and nursing staff, may handle medical gas cylinders such as oxygen at client facilities and must follow the client facility's medical gas procedures. The requirements below apply where the client facility has no applicable procedure.

3.2 Responsibilities

3.2.1 Employees

All employees of the company are expected to:

- Properly use and handle all compressed gas cylinders
- Be familiar with the hazards of specific gases being used
- Wear proper PPE whenever handling or using compressed gases

3.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Be familiar with the compressed gases used by employees under their supervision
- Ensure employees have completed proper training prior to using or handling compressed gases

3.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Ensure effective training is provided to affected employees

3.3 Identification & Labeling

All cylinders must be properly marked according to US Department of Transportation and OSHA regulations. Additional information can be found in the "labeling" section of the program titled "Hazard Communication" of this policy.

Any cylinder that does not display proper markings should not be used or accepted.

3.4 Handling & Use

Compressed gas cylinders must always be handled with care and must not be abused, dropped, or otherwise misused in a manner that creates additional hazards for the user or bystanders.

3.4.1 Transportation

Cylinders should only be transported when secured to a cart or some other carriage device. All cylinders must be kept upright while in transport. Valves and regulators must be guarded during

transport to prevent damage and release of contents in the event of an accident.

3.4.2 Storage

Compressed gas cylinders should only be stored in the upright position and secured against tipping. Any flammable gases must be segregated from oxygen cylinders by at least twenty feet or a five-foot tall noncombustible barrier with a fire resistance rating of at least one-half hour, or as required by the client facility's procedures.

3.5 Hazardous Gases

3.5.1 Asphyxiants

Any gas other than oxygen has the potential to displace oxygen in the air and create an asphyxiating atmosphere. Compressed gases should only be used in locations where there's sufficient ventilation.

3.5.2 Flammable Gases

It is not anticipated that employees of the company will be required to perform work with flammable gases. Flammable gases must be stored in well-ventilated areas away from flammable liquids, combustible materials, oxidizers, open flames, sparks and other sources of heat or ignition. A distance of 20 feet or a noncombustible barrier at least 18 inches above the tallest container, but not less than 5 feet and laterally not less than 18 inches beyond the sides of the containers and having a fire rating of at least 1 hour is the minimum separation requirement.

Portable fire extinguishers (carbon dioxide or dry chemical type) must be available for fire emergencies where flammable gas is stored.

3.5.3 Cryogenic Liquids

Cryogenic liquids, such as liquid nitrogen may cause significant injury through frostbite. PPE should be worn when handling cryogenic liquids. PPE includes:

- Gloves
- Safety Glasses
- Face Shield

3.6 Emergency Response

In the event of an emergency scenario stemming from a compressed gas leak employees should follow the applicable sections of the governing emergency action plan. All employees are expected to take whatever steps are necessary to keep themselves safe during an emergency.

If an emergency involves a gas leak, employees should attempt to shut off the source of the leak if it is safe to do so. If the leak is resulting in a fire, the fire should not be extinguished before the leak is contained.

3.7 Training

Employees will be trained on the hazards and appropriate work practices for each compressed gas that they are required to work with. Training will be documented as described in the section of this Policy titled "Training."

4 CONFINED SPACE

4.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide when working in and around confined spaces in accordance with the OSHA Permit-Required Confined Space Standard 29 CFR 1910.146. Worldwide employees do not enter confined spaces, and Worldwide does not perform confined space work.

4.2 Responsibilities

4.2.1 Employees

All employees of the company are expected to adhere to the following:

- Do not enter confined spaces.

4.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Ensure no employee enters any identified confined spaces.

4.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Ensure effective training is provided to affected employees.

4.3 Confined Space Classifications

Confined space is any location that:

- Is large enough and so configured that an employee can bodily enter and perform assigned work; and
- Has limited or restricted means for entry or exit; and
- Is not designed for continuous employee occupancy.

Locations meeting only these criteria with no additional hazards are considered to be Non-Permit-Required Confined Spaces.

4.3.1 Permit-Required Confined Space

A permit-required confined space meets the above criteria and has one or more of the following characteristics:

- Contains or has a potential to contain a hazardous atmosphere;
- Contains a material that has the potential for engulfing an entrant;
- Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapes to a smaller cross-section; or
- Contains any other recognized serious safety or health hazard. This includes hazards created

by the work being done in the Confined Space (Hot Work, etc.).

4.4 Training

Employees are informed through Worldwide's general safety training of the following:

- Understanding what constitutes a confined space
- Identifying potential hazards requiring permit entry procedures
- Understanding that the employee may not enter any confined spaces at any time

5 ELECTRICAL SAFETY

5.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide when performing tasks near electrical hazards.

5.2 Responsibilities

5.2.1 Employees

Unless otherwise trained and qualified, all employees are considered "Unqualified Persons" for the purposes of this section. All employees of the company are expected to:

- Attend any required training programs.
- Not perform any work on any energized electrical equipment that requires actual or potential exposure to energized conductors
    - This includes diagnostic tasks such as testing, trouble shooting, and visual inspection.
- Follow the work practices as outlined in this program.
- Immediately report any concerns to the supervisor.

5.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Promote electrical safety awareness to all employees.
- Determine the applicability of the Electrical Safety program to activities conducted within their respective areas.
- Ensure employees comply with all provisions of the Electrical Safety program.
- At Worldwide facilities, monitor or assess work areas and operations to identify electrical hazards.
- Coordinate with the Management on how to address electrical hazards or other concerns regarding the program.

5.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Assist in implementing the procedures outlined in this program.
- Ensure employees are provided with and use appropriate protective equipment and tools.
- Evaluate work being performed at Worldwide facilities and ensure that the work is being performed in accordance with the procedures in this program.
- Ensure that employees have received appropriate training when applicable.

5.3 Electrical Hazards

Employees should avoid exposure to all electrical hazards. Common electrical hazards may include:

- Exposed conductors;
- Loose connections/outlets;
- Malfunctioning equipment; or

- Missing/malfunctioning doors, panels, or housing components.

If an employee becomes aware of an electrical hazard in their work area that employee should exercise their Stop Work Authority, and report the hazard as described in the section of this policy titled "Reporting & Recordkeeping."

Employees must follow safe work practices while performing tasks involving electricity. Examples of safe work practices include:

- Only using equipment in good condition;
- Making sure all connections are secure; and
- Avoiding water and moisture.

5.4 Equipment Inspections

Employees should inspect all electrical equipment/appliances prior to use. This inspection does not need to be documented but should include a review of all major components of the equipment. If electrical hazards are discovered, the equipment should be immediately removed from service and the hazard should be reported as described in the program titled "Reporting & Recordkeeping" of this policy.

5.5 Ground Fault Circuit Interrupters

Ground Fault Circuit Interrupt ("GFCI" or "GFI") outlets and connections are designed to instantaneously stop the flow of electricity if a current leak is detected. Where available, employees should use GFCI-protected outlets when using portable electrical equipment near water.

5.6 Training

Employees should be trained on the contents of this program, the hazards of electricity, and safe work practices.

6 EMERGENCY ACTION PLAN

6.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide in the event of emergency situations through the development of an effective Emergency Action Plan. An effective emergency action plan is essential to maintaining safety in unpredictable emergency scenarios.

This Plan is intended to meet 29 CFR 1910.38 for Worldwide's headquarters. Any discussion of Worldwide's facilities is solely of its office location at 2829 Sheridan Drive, Tonawanda, New York. Employees performing work at other locations, such as those operated by host employers, are expected to follow the Emergency Action plan in place at that location. All employees are always expected to take any required actions to maintain their own safety.

6.2 Responsibilities

6.2.1 Employees

All employees of the company are expected to:

- Know the locations of their nearest exits, fire extinguishers, and other locations required for emergency response.
- Know the emergency evacuation routes from wherever they are performing work.
- Report and/or correct any conditions that inhibit an effective emergency response.
- Attend any training sessions required.
- Be familiar with and effectively execute this Emergency Action Plan.

6.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Ensure their respective areas are clear of hazards.
- Promptly replace any diminished required emergency response equipment.
- Advocate for the needs of employees under their supervision.

6.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Support emergency response preparation activities.
- Support emergency preparation at Worldwide facilities.
- Facilitate drills/exercises as described herein
- Support staffing continuity for client facilities
- Collaborate with client facilities regarding staffing needs to support continuity of care, consistent with Worldwide's client agreements

6.2.4 Evacuation Commander

Leo R. Blatz is Worldwide's facility Evacuation Commander. If Mr. Blatz is unable to perform his duties as Evacuation Commander, Joseph Giaimo will assume these responsibilities. In addition to the

requirements of whatever role they may fill within the company, the Evacuation Commander is responsible for:

- Communicating with first responders/emergency services during any emergency
- Coordinating the final headcount from any evacuation.
- Oversight of communication and staffing response
- Providing communication and coordination with client facilities

Employees should understand that the Evacuation Commander has the authority to make decisions during emergencies and should follow the Evacuation Commander's instructions.

- If outside emergency officials, such as the local fire department or law enforcement, respond to an emergency at the workplace, those outside emergency officials: Assume responsibility for the safety of building occupants, including all employees
- Have the authority to make decisions regarding evacuation and any other actions that are necessary to protect life and property.

When outside emergency officials respond to a workplace emergency, the highest-ranking responder will assume command and control of the response. The highest-ranking responder will work with the Evacuation Commander and will be responsible for directing all response actions.

6.3 Emergency Contact Information

Appendix B contains a table with the titles of individuals who will be contacted in the event of an emergency. This table will be filled by a qualified member of management who is directly responsible for assigning employee responsibilities. This contact information will be publicly posted in areas throughout the building near evacuation maps.

6.4 Evacuation Maps

Evacuation maps will be publicly posted in areas throughout the building. Specifically, evacuation maps will be posted along evacuation routes at a frequency sufficient that they can be easily located and referenced during an evacuation. These maps must identify the posting area and the routes to the nearest two exits, which may be used in an emergency event.

6.5 Visitors

All visitors are the responsibility of their company escort. Visitors must be signed in and out whenever they enter or exit the facility.

6.6 Emergency Procedures

6.6.1 Evacuation

In certain emergency situations, an evacuation of the premises may be required. The procedure for determining when to initiate an evacuation will be given in each specific response procedure. However, evacuation will generally be performed whenever a situation threatens or has the potential to threaten the entirety of the facility and personnel will be safer outside of the structure.

If an evacuation is required, the below procedure will be followed. At all points employees are expected to take the safest possible course of action, even if that requires deviating from this plan.

1. Initiation of evacuation is communicated to employees using the central alert system.
    a. In the event of an alert system failure, evacuation initiation will be communicated verbally.
2. All employees immediately cease work and move directly towards their nearest safe exit. If it is safe to do so, employees should make safe any situations in their work areas which may pose a potential hazard to other employees or first responders.
3. As employees move towards their nearest exit, they should close doors behind them without locking them.
4. Once outside the facility, employees should gather at the designated rally point north of the building on Sheridan Drive, in the grassy area between the parking lot and the sidewalk.
    a. If this rally point is unavailable due to smoke or other hazardous conditions, the Evacuation Commander or designee will identify and communicate an alternative rally point.
5. At the rally point, all employees will report to their immediate supervisor.
6. The Evacuation Commander or a designee will perform a headcount of all employees at the rally point.
    a. Any employees unaccounted for will be recorded and reported to the first responders.
    b. Any employee with information on the whereabouts of an unaccounted-for personnel must pass this information to the Evacuation Commander, or their designee.
7. All employees will remain at the rally point until instructed to disperse or return to work by the Evacuation Commander or a member of management.

6.6.2 Fires

Fires are unpredictable events. If a fire occurs, all employees should do whatever necessary to keep themselves as safe as possible. If a fire occurs within the building, employees should:

1. Initiate an evacuation.
2. Contact first responders by calling 9-1-1 or the appropriate local emergency number.
3. Employees are not expected or required to use portable fire extinguishers. Worldwide's policy upon a fire alarm or discovery of a fire at headquarters is immediate and total evacuation.
4. While evacuating, stay below any smoke or fumes that may be present and feel all doors before opening.
    a. If a door is hot to the touch do not open it. Find a different exit route.

Fire Prevention Plan (29 CFR 1910.39). The major fire hazards at headquarters are ordinary combustibles such as paper and packaging, electrical equipment and cords, and break-room cooking appliances. These are controlled through the housekeeping practices in this Policy, removal of damaged cords and equipment from service, and keeping cooking appliances attended while in use. Personal space heaters are not permitted unless approved by the Office Manager. Fire protection equipment, including the building fire alarm and any portable fire extinguishers, is maintained by the building owner or its contractors. The Office Manager is responsible for maintaining equipment that controls fuel sources and ignition sources, and for coordinating with the building owner on fire protection equipment. This plan is reviewed with employees as part of Emergency Action Plan training.

6.6.3 Emergency Medical Response

In case of a medical emergency, employees should:

1. Call out loudly for assistance from other personnel.
2. Determine whether EMS is required.
3. If EMS is required, call 9-1-1 or the local emergency number. Provide the following:
    a. Nature of the medical emergency.
    b. Location of the emergency (address, building, closest entrance).
    c. Your name and phone number from which you are calling.
4. Do not move the victim unless it is absolutely necessary.
5. If it is safe to do so, one person is always to stay with the victim, while a second employee waits at the nearest entrance to direct emergency personnel

6.6.4 Natural Disaster

Worldwide has work sites throughout the country. Therefore, the potential natural disasters faced by these locations are vast including potential:

- Blizzard/Ice Storm
- Flood
- Severe Thunderstorm/Tornado
- Hurricane
- Earthquake
- Tsunami
- Wildfire

Due to the unpredictable and infrequent nature of these events, each will be handled on a case-by-case basis by the management of the applicable host employer, the Evacuation Commander, and/or company management.

Responses to these events may include evacuations, shelter-in-place orders, or the cancellation of the workday. If the facility suffers structural damage from a natural disaster, the building must be cleared for occupancy before employees return to work.

6.6.5 Sheltering-In-Place

Under certain circumstances, employees may be ordered to "shelter-in-place" rather than evacuate. This decision will depend on the nature of the emergency, available information at the time, and advice or official instructions from local authorities.

Conditions under which it may be better to shelter-in-place instead of evacuating include:

- The release of chemical, biological, or radiological contaminants into the environment that makes it safer to remain indoors.
- Severe weather such as tornadoes, severe thunderstorms, hurricanes, or extreme high winds.
- A security threat such as an active shooter, terrorist incident, or police activity in the immediate vicinity.

If necessary, sheltering-in-place will be ordered by the Evacuation Commander in accordance with this Plan and applicable requirements.

Employees will be alerted to shelter-in-place by the announcement "shelter-in-place" over the

intercom or verbally. This is distinct from an "evacuate the building" announcement, which signals immediate evacuation. Employees ordered to shelter-in-place should proceed to the designated rally point in the basement inner hallway.

During a shelter-in-place event, Worldwide Travel Staffing will maintain situational awareness using available communication channels, including telephone, television, radio, and the internet, to receive updated instructions from local authorities. Procedures may be modified based on real-time information. If it is determined to be safe to evacuate, an evacuation will be initiated in accordance with established procedures.

The basic procedures employees should follow during a shelter-in-place, until further instruction is received, include:

- Secure business operations as appropriate
- Lock all exterior doors to control access
- Close and secure window shades, blinds, or curtains
- Remain indoors; do not exit the building unless directed by emergency personnel
- Ensure that any clients, visitors, or contractors in the building remain inside and are informed of the situation

Communicate with emergency contacts, as appropriate, to report status and safety. If conditions require protection from airborne hazards, employees should take the following additional actions, if trained and it is safe to do so:

- Close all windows
- Seal windows, doors, and vents with plastic sheeting, duct tape, or available materials
- Turn off or isolate systems that exchange indoor and outdoor air
- Shut down fans, heating, and air conditioning systems (only by personnel familiar with building systems, if feasible)
- To support accountability and communication:
- Document the names of all individuals present in the room or designated area
- Report this information to Worldwide's designated emergency contact, including each individual role (employee, visitor, client, or contractor)

All employees are expected to follow directions from the Evacuation Commander and emergency responders, prioritizing life and safety.

6.6.6 Workplace Violence

Motives, methods, and targets of workplace violence can be varied and unpredictable. Some examples of workplace violence may include:

- Threats
- Physical Violence
- Sexual Violence

Due to the unpredictable nature of these events, each will be handled on a case-by-case basis by the applicable law enforcement agencies, company management, and the Evacuation Commander. Employees should heed instructions issued by the applicable law enforcement agencies.

No employee is expected to intervene in an instance of workplace violence. Each employee should take whatever actions necessary to keep themselves safe, regardless of the procedure prescribed below. If an employee becomes aware of an instance of actual, imminent, or threatened workplace

violence they should:

Field Staff follow the workplace violence prevention program of the client facility to which they are assigned, including its reporting procedures, and should also report any incident of workplace violence to Worldwide.

1. Get to a safe location.
2. Inform law enforcement by calling 911 or the local emergency number.
3. Alert company management.
4. Only if it is safe to do so, gather as much information as possible about the perpetrator, for example, their:
    a. Gender
    b. Age
    c. Height
    d. Hair Color
    e. Skin Color
    f. Distinguishing Markings
    g. Vehicle Identification/Plate Number

If there is imminent danger to the employee, the following priorities should be maintained:

1. **Run:** If it is possible to exit the building without detection by the perpetrator, employees should leave as quickly as possible. Once outside, employees should disperse to a safe location until law enforcement makes contact.
2. **Hide:** If it is impossible to exit the building without detection, employees should take cover in a secure location and avoid detection. Ideally this location will have a locking door. Employees should barricade as much material as possible between themselves and the perpetrator.
3. **Fight: As a last resort, and only when their life is in imminent danger, employees may act to disrupt or incapacitate the attacker.**

6.7 Drills

Frequent review and practicing emergency procedures is essential to their effectiveness. Drills will be conducted at headquarters per the table below. Scenarios without a listed frequency are reviewed during training rather than drilled.

Scenario	Frequency	Method
Fire/Evacuation	Annual	Live Drill
Medical Emergency		Tabletop Exercise
Natural Disaster		
Workplace Violence		

6.8 Training

All headquarters employees will be trained at the time of hire on the contents of this Program and any additional information required to facilitate an effective emergency response. This training will include:

- The role(s) of that employee in an emergency scenario
- The location of emergency exits and exit routes

- The location of emergency response equipment such as fire extinguishers, first aid kits, and fire alarm pull stations
- The location of emergency rally point(s) outside the facility

Training will be repeated when an employee's responsibilities under this Plan change, when this Plan changes, and when there are significant changes to the building. Training records will be maintained as described in the section of this Policy titled "Training".

7 SAFE PATIENT HANDLING

7.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide by providing rules and guidelines for the handling and movement of patients. This policy applies to field staff that handle or move patients while on assignment, however, the policy in place at the assigned facility will always supersede this policy.

It is the policy of Worldwide that employees will use Safe Patient Handling ("SPH") aids whenever they are available and avoid manual handling of patients if possible. Employees should receive training and guidance specific to any SPH aid available to them.

7.2 Responsibilities

7.2.1 Employees

All employees of the company are expected to:

- Communicate ergonomic hazards to the appropriate supervisor;
- Adhere to safe lifting practices;
- Effectively use SPH aids whenever available.

7.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Address employee concerns as they concern ergonomic hazards;
- Enforce safe lifting practices; and
- Communicate and advocate for the needs of their supervisees to management.

7.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Support ergonomic practices by employees; and
- Prioritize employee injury prevention efforts.

7.3 Hazard Identification

Identification of hazards is primarily performed through the JHA process. This is detailed in the section of this Policy titled "Job Hazard Analyses".

Common ergonomic hazards include over-exertions stemming from forceful exertions, repetitive motions, and awkward postures.

7.4 Hazard Control

Hazards identified during the JHA process should be addressed and mitigated to the extent feasible. Where it is impractical to mitigate a hazard through elimination, substitution, or engineering controls work practices will be utilized to mitigate the ergonomic hazards associated with patient handling.

These include:

- Using any available SPH tools at their disposal
- Adjusting all beds, chairs, and work surfaces to the proper height before attempting any work requiring a physical exertion
- Using proper lifting posture when lifting loads
- Performing team lifts whenever loads exceed the lifting capabilities of a single person or the limit set by the client facility's safe patient handling program

7.5 Training

Employees will be trained on the contents of this Program as well as basic ergonomic health principles including:

- Neutral positions;
- Overexertion;
- Repetitive motion;
- Awkward postures; and
- Safe lifting practices.

Training on the specific operation of SPH aids at a client facility is provided by the client facility.

8 FLAMMABLE LIQUIDS

8.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide by providing rules and guidelines for the handling, use, and storage of flammable liquids. To minimize risk to life and property, this program follows OSHA Standard 29 CFR 1910.106 and NFPA 30.

Scope. Worldwide headquarters does not store flammable liquids other than small quantities of consumer products. Field Staff follow client facility procedures for flammable liquids, including alcohol-based preparations. The storage requirements below apply only if Worldwide stores flammable liquids at a Worldwide facility.

8.2 Responsibilities

8.2.1 Employees

All employees of the company are expected to:

- Follow all storage and use requirements;
- Report deficiencies in storage and use to supervisors; and
- Immediately report spills to supervisors.

8.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Monitor for proper use and storage; and
- Keep only the minimum amount of flammable liquids required on hand.

8.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Provide proper storage for flammable liquids;
- Ensure proper training is provided to employees who work with flammable liquids, including Hazard Communication training; and
- Ensure containers are properly labeled.

8.3 Flammable Liquid Categories

8.3.1 Category 1

Liquids having flashpoints below 73.4 °F and having a boiling point at or below 95 °F.

8.3.2 Category 2

Liquids having flashpoints below 73.4 °F and having a boiling point above 95 °F.

8.3.3 Category 3

Liquids having flashpoints at or above 73.4 °F and at or below 140 °F.

When a Category 3 liquid with a flashpoint at or above 100 °F is heated for use to within 30 °F of its flashpoint, it shall be handled in accordance with the requirements for a Category 3 liquid with a flashpoint below 100 °F.

8.3.4 Category 4

Liquids having flashpoints above 140 °F and at or below 199.4 °F.

When a Category 4 flammable liquid is heated for use to within 30 °F of its flashpoint, it shall be handled in accordance with the requirements for a Category 3 liquid with a flashpoint at or above 100 °F.

8.4 Storage of Flammable Liquids

Flammable liquids shall be properly stored in accordance with OSHA and NFPA regulations.

8.4.1 Storage Cabinets

Storage of flammable liquids will be in NFPA approved flammable storage lockers. Other combustible materials may not be stored in or near flammable storage areas or lockers. Each flammable storage locker may not contain more than the following quantities of flammable liquids:

- 60 gallons of Category 1, 2, or 3 flammable liquids
- 120 gallons of Category 4 flammable liquids

8.4.2 Maximum Storage Amounts

The maximum amount of flammable liquids that may be stored outside of a storage cabinet or inside storage room in any one fire area of a building is as follows:

- 25 gallons of Category 1 liquids in containers
- 120 gallons of Category 2, 3, or 4 liquids in containers
- 660 gallons of Category 2, 3, or 4 liquids in a single portable tank

8.4.3 Portable and Transfer Containers

The capacity of flammable containers may not exceed that specified in the following table.

Container Type	Category 1	Category 2	Category 3	Category 4
Glass or approved plastic	1 Pint	1 Quart	1 Gallon	1 Gallon
Metal (other than DOT drums)	1 Gallon	5 Gallon	5 Gallon	5 Gallon
Safety Cans	2 Gallon	5 Gallon	5 Gallon	5 Gallon
Metal Drums (DOT Specifications.)	60 Gallon	60 Gallon	60 Gallon	60 Gallon
Approved Portable Tanks	660 Gallon	660 Gallon	660 Gallon	660 Gallon

8.5 Use of Flammable Liquids

Areas where flammable liquids are used or dispensed should be kept as free as practicable of other combustible material. Fire extinguishers must be kept within 25 feet of any location where flammable liquids are being used.

Category 1 liquids may be used only where there are no open flames or other sources of ignition within the possible path of vapor travel.

Flammable waste material and residues shall be kept to a minimum, stored in covered metal receptacles, and disposed of daily.

8.5.1 Dispensing

Flammable liquids may only be drawn from or transferred into vessels, containers, or portable tanks within a building through the following methods:

- A closed piping system;
- From safety cans;
- By means of a device drawing through the top; or
- From a container or portable tanks by gravity through an approved self-closing valve.

Transferring by means of air pressure on the container or portable tanks is prohibited.

Bulk drums of flammable liquids must be grounded and bonded to containers during dispensing.

9 HAZARD COMMUNICATION (GHS)

9.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide and compliance with all applicable federal and state health and safety rules. Under this program employees are informed of the contents of the OSHA Hazard Communications Standard, the hazardous properties of chemicals with which they work, safe handling procedures and measures to take to protect themselves from these chemicals.

Scope. At headquarters, employees use only consumer products in the same manner and frequency as a consumer would, which are exempt from the Hazard Communication Standard under 29 CFR 1910.1200(b)(6)(ix). Field Staff are covered by the client facility's hazard communication program, which provides the chemical inventory, safety data sheets, labeling, and site-specific training. Worldwide provides general hazard communication training on labels, pictograms, and safety data sheets.

9.2 Responsibilities

9.2.1 Employees

All employees of the company are expected to:

- Plan and conduct each operation according to the Hazard Communication Program.
- Use, properly maintain, and store any required PPE.
- Report any exposures, injuries, or safety problems to their respective supervisor or manager.
- Review the SDS prior to using a chemical for the first time, then review periodically thereafter as necessary.
- Not remove or deface labels on incoming chemical containers.
- Alert the appropriate personnel to any new or existing chemicals that do not have a documented SDS.
- Attend any required Hazard Communication/GHS training.

9.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Determine employees under their supervision who are exposed to hazardous chemicals under normal operating conditions.
- Inform employees of the location of the SDSs, this policy, and any other relevant resources.
- Ensure that all containers of hazardous chemicals are properly labeled.
- Ensure employees properly wear appropriate PPE at all times.

9.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Ensure employees receive effective initial training, and additional training when a new chemical hazard is introduced.
- Ensure proper PPE is made available to employees.
- At Worldwide facilities, inform outside contractors of chemical (or other) hazards that they may be

exposed to.
- Inform all personnel on-site of the location of the SDSs.

9.3 Chemical Labeling

Each container which contains hazardous chemicals will be labeled in accordance with the OSHA Hazard Communication Standard, consistent with the United Nations Globally Harmonized System ("GHS") of hazard communication.

Acceptable labels include an original manufacturer label which provides the following information:

- GHS Product Identifier
- Signal Word
- Hazard Statement(s)
- Pictogram(s)
- Precautionary Statement(s)
- Name, address, and telephone number for the manufacturer, importer, or other responsible party in regard to the chemical

Fillable labels may be used when the manufacturer's label is insufficient, or the chemical has been transferred to a secondary container. Fillable labels will be consistent with the GHS labelling standards.

9.4 Safety Data Sheet (SDS)

Copies of the SDS for each chemical used within the facility will be maintained. SDSs will be added whenever new materials are brought into the facility. Safety Datasheets will be made available to any person present in the company's facility who may be exposed to hazardous chemicals.

10 HOUSEKEEPING

10.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide through the administration of an effective housekeeping policy.

10.2 Responsibilities

10.2.1 Employees

All employees of the company are expected to:

- Perform routine housekeeping tasks.
- Report unsafe conditions, equipment needs, and/or program deficiencies to their supervisor.

10.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Hold workers accountable for housekeeping tasks.

10.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Ensure that this program is communicated and current.
- Schedule training as required.

10.3 5S Methodology

5S is a recommended methodology, not a regulatory requirement, used to organize workspaces to eliminate wastes and increase safety. This methodology is named after its five core principles. These are:

- Sort
- Set In Order
- Shine
- Standardize
- Sustain

Each of these principles relies on the others to remain effective and should be pursued on a continuing basis. They are described in detail in the following sections.

10.3.1 Sort

Tools and material in the workspace should be evaluated for their utility and necessity. Tools and materials which are not necessary to production/support activities shall be removed from the workspace.

10.3.2 Set in Order

All needed materials should be organized so that they have a defined location. These locations shall be organized so that tools and equipment which are used more frequently are located closer to the responsible personnel.

10.3.3 Shine

Cleaning of the workspace shall take place consistently, clearing worksurfaces, floors, and equipment of debris and dirt. Doing so will make defects easier and safety hazards easier to detect and will allow for better organization of the workspace.

10.3.4 Standardize

The three previous steps shall be standardized as part of a housekeeping plan which can be executed in a consistent manner.

10.3.5 Sustain

Finally, the developed plan must be adhered to and continuously improved upon. In this way, the workspaces should be continuously evaluated, and deficiencies corrected.

10.4 Eating & Drinking Locations

Food and drinks may only be consumed in dedicated locations such as lunchrooms, break rooms, and lounges or in locations that are free of hazards. Hazards that may create environments unsuitable for consumption of food include:

- Presence of hazardous chemicals
- Presence of potentially infectious materials
- Presence of vermin

All eating and drinking locations should be kept free of the above hazards and be maintained as promulgated in 29 CFR 1910.141.

10.5 Waste Disposal

All waste produced in work areas will be disposed of as quickly as practicable. All waste must be disposed of in the proper receptacles. This includes hazardous wastes, biological/infectious materials, and sharps.

10.6 Training

Employees will be trained on the contents of this program as well as the waste handling practices for their specific work area if applicable.

11 INDUSTRIAL HYGIENE

11.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide by limiting and controlling exposure to environments and work conditions that may cause them harm.

11.2 Responsibilities

11.2.1 Employees

All employees of the company are expected to:

- Maintain awareness of the hazards present in their work area(s).
- Maintain safety through the use of PPE as well as engineering and administrative controls.
- Report any hazards to the appropriate supervisor.

11.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Ensure workers appropriately use hazard control measures.
- Advocate for worker safety.
- At Worldwide facilities, evaluate workspaces for known or reasonably anticipatable hazards.

11.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Ensure that this program is communicated and current.
- Ensure that hazard evaluations have been completed as required by this program and applicable sections of 29 CFR 1910.
- Schedule training as required.

11.3 Noise

Exposure to loud noises can cause immediate and long-term hearing damage. Employees may not be exposed to noise exceeding the permissible exposure limit of 90 dBA as an 8-hour time-weighted average (29 CFR 1910.95). Any employee exposed at or above 85 dBA as an 8-hour time-weighted average (the "Action Level") must be included in a hearing conservation program consistent with 29 CFR 1910.95(c). It is not expected that employees of the company will be exposed to noise in excess of the limits promulgated in 29 CFR 1910.95.

11.4 Radiation

Some employees may be exposed to radiation through the use of imaging or radiotherapy equipment. Only properly trained employees may operate equipment that emits ionizing radiation. All others should obey the instructions of equipment operators as well as any posted signs. Field Staff follow the client facility's radiation safety program, including any dosimetry requirements.

11.5 Chemical Exposure

Hazardous chemicals may be used by employees to perform job tasks. Many of these chemicals are regulated by OSHA through the promulgation of Action and Permissible Exposure Limits ("ALs" and "PELs", respectively). OSHA's exposure limits, for any given chemical, can be located in that chemical's Safety Data Sheet ("SDS"). Additional information of SDSs and their management can be found in the section of this Policy titled "Hazard Communication".

11.6 Exposure Monitoring

Monitoring may be required to quantify the severity or extent of exposure to hazards in the workplace including exposure to noise, radiation, and chemical hazards. Specific monitoring requirements are promulgated in various locations of 29 CFR 1910. Wherever monitoring is required, it will be performed by qualified personnel. At client facilities, exposure monitoring is the responsibility of the client facility.

11.7 Training

Employees will be trained on the contents of this program as well as the potential hazards of their specific work area.

12 JOB HAZARD ANALYSES

12.1 Purpose

The purpose of this program is to protect employees of Worldwide from occupational hazards. It provides a method for identifying the hazards of each position Worldwide staffs, evaluating their relative severity, and prioritizing controls. Job Hazard Analyses ("JHAs") are a vital part of safety management, support compliance with the General Duty Clause of the OSH Act and respond to the loss control recommendations of Worldwide's workers' compensation carrier.

12.2 Scope

This program applies to the positions Worldwide staffs, including clinical, allied health, and non-clinical positions, whether the employee works at a client facility, a Worldwide office, or from home. JHAs are prepared by position. Each position is covered by:

- A core JHA for hazards common to all patient-contact positions, such as bloodborne pathogen exposure, patient handling, workplace violence, slips, trips, and falls, and infectious disease; and
- A discipline JHA for hazards specific to that position's tasks.

Non-patient-contact positions are covered by their own position JHA. Each JHA addresses the settings in which the position is commonly assigned, such as acute care hospitals, long-term care and veterans homes, and correctional or behavioral health facilities.

12.3 Responsibilities

12.3.1 Employees

All Employees are expected to:

- Review and acknowledge the JHAs for their position before starting an assignment, and again whenever a JHA is revised.
- Follow the controls identified in the JHA and in the client facility's site-specific procedures.
- Participate in the JHA process when asked, including interviews or task reviews.
- Notify their Worldwide supervisor or recruiter of any hazard not addressed by the JHA, or any JHA that is outdated or inaccurate.

12.3.2 Supervisors

In addition to the responsibilities of all employees, supervisors, including recruiters and clinical coordinators who manage assigned staff, are expected to:

- Ensure that each employee under their supervision has received and acknowledged the JHAs for their position before the assignment begins.
- Use JHAs in onboarding, orientation, and training as appropriate.
- Forward reported JHA deficiencies, incidents, and near misses to the Safety Committee.

12.3.3 Safety Committee

In addition to the responsibilities of all employees and supervisors, the Safety Committee is expected to:

- Maintain the JHA Inventory in Appendix C.
- Prioritize, prepare or assign, and review JHAs.

12.3.4 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Maintain this written program.
- Prioritize JHA completion and evaluation.
- Provide the resources needed to implement the controls identified in the JHAs.

12.4 Inventory

The Safety Committee will maintain an inventory of all positions Worldwide staffs and the JHAs that cover each one. The inventory is kept as Appendix C, JHA Inventory. Updating the inventory or an individual JHA does not require a revision of this Policy under the section titled "Revision & Review."

12.5 Prioritization

All routine and known non-routine processes on the initial inventory must be prioritized to determine which ones will be evaluated first.

- High Priority: Any process that has had an OSHA recordable injury in the past 5 years
- Moderate Priority: Any process that has had an incident or near miss in the past 5 years
- Low Priority: All other processes

Processes may be assigned a higher priority than described above if deemed necessary by those familiar with the process.

12.6 JHA Method and Format

Each JHA follows the method and format of the Job Hazard Analysis: Core Patient Contact. New and revised JHAs are developed from the position's job description, interviews with employees experienced in the position, incident and claim history, and applicable regulatory requirements.

12.6.1 Structure

Hazards shared by every patient-contact position, including safe patient handling, are analyzed once, in the Core Patient Contact JHA (Part A). Each discipline JHA incorporates the Core JHA by reference and adds only the tasks, hazards, and controls specific to that discipline. Positions without routine patient contact are covered by their own JHA, which states which parts of the Core JHA apply.

12.6.2 Task Identification

Each JHA includes a job summary and breaks the job into its principal tasks. Tasks are discrete actions that can be analyzed as a single unit without further subdivision, such as transferring a patient, administering an injection, or handling soiled linen.

12.6.3 Hazard Identification and Risk Rating

For each task, the JHA identifies each potential hazard, including the body part exposed where relevant. There may be more than one hazard per task. Each hazard is rated for risk before controls:

- High: likely and capable of serious injury;
- Medium: possible, or likely but minor; and
- Low: unlikely and minor.

12.6.4 Controls

For each hazard, the JHA lists the controls used to protect employees, in the following order of preference:

1. Elimination or substitution;
2. Engineering controls, such as mechanical lift equipment, safety-engineered sharps, or barriers;
3. Administrative controls and work practices, such as two-person transfers, training, and staffing practices; and
4. Personal protective equipment, as described in the section of this Policy titled "Personal Protective Equipment."

Where a control depends on equipment or procedures provided by a client facility, the JHA will say so. Any hazard without an adequate control will be noted and referred to the Safety Committee for investigation.

12.6.5 Required Elements

Each JHA document contains:

- A header identifying the positions covered, work settings, review cycle, effective date, and revision number;
- A task table with columns for Task, Hazard, Risk, and Controls;
- Training, competency, and PPE requirements for the position;
- Setting notes for acute care hospitals, long-term care and veterans homes, and corrections and behavioral health, where applicable; and
- A management approval signature block and an employee acknowledgment.

12.7 Host Employer Coordination

Most Worldwide employees perform their work at client facilities that control the physical workplace, equipment, and day-to-day work direction. Worldwide's JHAs address the hazards of each position generally. They do not replace the client facility's site-specific hazard assessments, orientation, or safety procedures.

Consistent with Section 1.1, Applicability, Field Staff will follow the safety rules, policies, and procedures of the client facility to which they are assigned. Employees follow both the JHA and the client facility's procedures. In the event of any conflict or inconsistency between them, the client facility's procedures prevail.

12.8 Review and Update

Each JHA will be reviewed at least annually and updated when any of the following occurs:

- A change in the position's duties, equipment, or common assignment settings;
- A new regulatory requirement or carrier recommendation; or
- An employee, supervisor, or client facility reports that the JHA is inaccurate or incomplete.

Superseded and archived JHAs are kept for 2 years.

13 PANDEMIC RESPONSE

13.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide in the event of a pandemic event. Worldwide primarily performs in the healthcare sector and understands that the services of its employees may be required during a widespread infectious event.

Relationship to Other Plans. For employees working in New York, Worldwide's Airborne Infectious Disease Exposure Prevention Plan adopted under the New York HERO Act (N.Y. Labor Law § 218-b) governs when the State designates a highly contagious communicable disease. Field Staff follow the infection control, screening, and isolation policies of the client facility to which they are assigned. The measures below apply at Worldwide facilities and are used as determined by management.

13.2 Responsibilities

13.2.1 Employees

All employees of the company are expected to:

- Understand the contents of this program and adhere to the company's infection control practices.
- Use PPE as required.
- Ensure all PPE is in good condition prior to use.

13.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Communicate with employees to ensure dissemination of up-to-date information.
- Review employee exposure cases and update potentially exposed employees.

13.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Update this program to remain current with regulatory policies and guidance.
- Manage visitor logs/access to Worldwide headquarters.
- Remain up to date with the latest regulatory requirements & guidance.
- Provide any required PPE.

13.3 Exposure Controls

During an outbreak, the following may be used to reduce exposure. Which controls, if any, are used will be determined by management of Worldwide in accordance with regulatory requirements and guidance.

13.3.1 General Awareness

Individuals may not be aware that they have the infectious disease and can spread it to others. Employees should remember to:

- Maintain physical distancing;
- Exercise coughing/sneezing etiquette;
- Wear face coverings, gloves, and personal protective equipment (PPE), as appropriate;
- Individuals limit what they touch;
- Stop social etiquette behaviors such as hugging and hand shaking, and
- Wash hands properly and often.

13.3.2 Stay at Home Policy

If an employee develops symptoms of the infectious disease, the employee should inform the designated Worldwide contact and follow Center for Disease Control and Prevention (CDC) guidance regarding obtaining medical care and isolating.

- Supervisors should immediately separate any worker displaying symptoms of the infectious disease from other employees.
- The health screening elements will follow guidance from CDC guidance, if available.
- The affected person should seek medical care as appropriate and stay away from others.
- Employees should not return to the facility or offices until they show no signs of illness or fever, without the use of a fever-reducing medicine.
- Above all, employees need to follow specific community health care recommendations.

13.3.3 Health Screenings

All employees, visitors, and/or subcontractors that enter the facility and may have contact with other individuals at the facility may be required to complete a health screening, excluding deliveries that are performed with appropriate PPE or by contactless means.

Workers who present symptoms, and/or who indicate they are experiencing symptoms may be sent home to contact their health care provider for medical assessment and any available testing. If tested positive, employees may only return after completing the isolation period recommended by the CDC or required by the client facility. If an employee tests positive for an infectious disease, Worldwide will cooperate with public health authorities and client facilities in contact tracing efforts while maintaining confidentiality required by state and federal law and regulations.

Employees who have had close contact with a confirmed or suspected person with the infectious disease but are not experiencing any symptoms should inform their employer and may be able to work with additional precautions, including regular monitoring for symptoms and temperature, required face covering all times, and appropriate social distancing from others.

At Worldwide facilities, all surfaces, tools, and equipment suspected to have come into contact with the positive case will undergo decontamination and, if necessary, the area will be shut down until Worldwide determines it is safe for other workers to return.

13.3.4 Face Coverings

When in use, face coverings must cover the nose and mouth, and fit snugly, but comfortably, against the face. The face covering itself must not create a hazard (e.g., have features could get caught in machinery or cause severe fogging of eyewear). The face coverings must be kept clean and sanitary and changed when soiled, contaminated, or damaged. Ensure that you are following up to date guidance on face coverings and when they are appropriate to wear.

13.4 Hygiene and Cleaning

Worldwide will follow applicable public health guidance on hygiene and sanitation at its facilities. Hygiene stations will be provided for personnel at the building, including soap, water, and paper towels. Alcohol-based hand sanitizer containing 60% or more alcohol will be provided for areas where handwashing is not feasible. Posted signage will encourage employees to wash hands frequently and for at least 20 seconds.

13.4.1 Disinfection

- Follow product label instructions for proper use and handling including use of personal protective equipment (PPE).
- Follow label instructions when using disinfectants to ensure the target virus or bacteria is effectively killed on the type of surface you are treating. Pay attention to the contact time disinfectants should be left on surfaces to be effective (including disinfecting wipes). Carefully follow instructions for the dilution of concentrated products to ensure effective use.
- Disinfectant products can only be applied using a labeled application method.
- Use products in well-ventilated areas.
- Do not mix disinfecting products. Mixing different products can produce toxic fumes.

Supervisors will be responsible for providing workers with cleaning and disinfecting solutions and materials. The containers shall be labeled in accordance with the program of this Policy titled "Hazard Communication."

13.4.2 Work Materials & Equipment

Office spaces, equipment, and materials used at the facility can harbor an infectious disease. Follow the guidance from CDC related to how long each virus or bacteria can survive on a surface and plan cleaning schedules accordingly. Procedures for handling, cleaning, and disinfecting surfaces will help protect employees from transmission.

The following procedure will be followed by employees handling and using commonly shared materials:

- Employees shall wash their hands or use a proper hand sanitizer before and after use to help prevent contamination.
- Employees shall be properly trained and protected using any necessary Personal Protective Equipment (i.e. gloves).
- Employees shall clean materials before and after use each day with mild soap, a clean damp cloth, and an approved diluted bleach solution only (when applicable).

13.4.3 Handheld Devices and Laptops

Avoid sharing handheld devices or laptops unless sharing is necessary. Employees should routinely clean and disinfect device(s) and laptops.

13.4.4 Water Coolers

The use of large water coolers that require repeated hand contact should be discontinued until the risk of community transmission subsides, unless effective cleaning measures can be completed after each use. If an effective post-use cleaning protocol cannot be implemented, single use bottles of water

should be supplied instead.

13.4.5 Toilets and Sinks

Toilets will be cleaned and disinfected at least once per week. Toilet seats, paper dispensers, soap dispensers, countertops, door handles, faucet lever/handles, and other hand contact surfaces shall be routinely cleaned and disinfected. Floors shall be cleaned and disinfected using a mild soap solution and a diluted bleach solution.

13.4.6 Miscellaneous Items

The Supervisor will be responsible for identifying materials and equipment present in the building that will be handled or used by employees but are not listed in the previous sections. The Supervisor will arrange for the routine cleaning and disinfecting of these items.

13.4.7 Surfaces

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

13.4.8 Linens, Clothing, and other items that go in the laundry.

Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Clean and disinfect hampers or other carts for transporting laundry according to the guidance above for hard or soft surfaces.

14 PERSONAL PROTECTIVE EQUIPMENT

14.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide through the use of Personal Protective Equipment ("PPE") and to describe when, where, and how PPE will be used. PPE will be used as a control measure when engineering and administrative controls are infeasible.

Client Facilities. At client facilities, the client facility performs the workplace hazard assessment for its worksite and provides required PPE, equivalent to that provided to its own employees in the same job classification, at no cost to Field Staff. Worldwide's JHAs (Appendix C) serve as Worldwide's hazard assessment for each position it staffs.

14.2 Responsibilities

14.2.1 Employees

All employees of the company are expected to:

- Understand and adhere to the procedures outlined in this PPE Program.
- Bring to management's attention any unsafe or hazardous conditions or practices that may cause injury to either themselves or any other employees.
- Report any incident that causes injury to an employee, regardless of the nature of the injury.

14.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Enforce PPE requirements in their respective areas of responsibility.
- Demonstrate appropriate PPE practices.
- Advocate for employees and participate in PPE assessments.

14.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Update the PPE Program annually and whenever there are changes affecting work conditions or when new hazards are identified.
- Provide additional PPE as needed for tasks outside the regular scope of work for an employee.

14.3 PPE Hazard Assessments

A PPE assessment must identify the hazards that workers defined by the scope of this program are exposed to and determine the required PPE to adequately protect against these hazards. An additional survey must be completed when a new hazard is introduced into the work environment and when conditions exist that demonstrate current PPE requirements are not effective or sufficient.

PPE needs for the positions Worldwide staffs have been assessed through the JHAs listed in Appendix C, which serve as Worldwide's written certification of hazard assessment under 29 CFR 1910.132(d)(2). These assessments will be updated whenever there are significant changes to the job hazards in each location as determined by management and supervision.

PPE Assessment Forms are included in Appendix A.

14.4 Selection and Fit of PPE

All PPE must meet the minimum design characteristics outlined in the regulatory and national consensus standards. PPE must fit employees appropriately so as not to inhibit the ability of the employee to perform their job tasks safely. PPE may not create additional, uncontrolled hazards.

14.4.1 Eye and Face Protection

Eye protection is required whenever employees are potentially exposed to flying debris, chemical or biological hazards, or compressed gases. Eye and face protective devices must comply with ANSI/ISEA Z87.1 as specified in 29 CFR 1910.133(b). Eye protection must have side-shields, these may be integral to the eye protection or affixed to appropriate eyeglasses. Any eyeglasses used in this manner must have appropriately rated lenses. Face shields are required for protection against corrosive materials and potentially infectious sprays.

Each affected employee who wears prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates their prescription in its design or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

14.4.2 Hand Protection

Selection of hand protection shall be based on an evaluation of the performance characteristics of the hand protection relative to the tasks to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

Employees must use gloves whenever interacting with chemical or biological hazards. Additional hand protection may be required for tasks such as handling compressed gases, use of blades, or exposure to extreme temperatures.

14.4.3 Respiratory Protection

Respiratory protection is required whenever exposed to chemical hazards above the respective Permissible Exposure Level as promulgated in 29 CFR 1910. Respiratory protection may also be required when exposed to airborne biological hazards.

Any employee who is required to wear respiratory protection must meet all requirements of 29 CFR 1910.134 including those of training, medical qualification, and fit testing. Employees who voluntarily wear a filtering facepiece respirator (such as an N95) when one is not required will be given the information in Appendix D to 29 CFR 1910.134. Voluntary use of any other type of respirator requires a medical evaluation under 29 CFR 1910.134(c)(2). For Field Staff required to wear respirators at a client facility, such as for airborne isolation, Worldwide may rely on the client facility's respiratory protection program for medical evaluation, fit testing, and training, and will obtain documentation of fit testing where available.

14.5 PPE General Requirements

At Worldwide facilities, Worldwide provides required PPE at no cost to employees, as required by 29 CFR 1910.132(h). At client facilities, required PPE is provided by the client facility. Employees may not bring in their own PPE for use unless it has been pre- approved by their supervisor.

It is the responsibility of the employee to use and maintain the PPE that has been supplied to them. If any piece of PPE is found to be damaged or ineffective it must be replaced immediately.

14.5.1 Inspection, Cleaning and Maintenance

Employees assigned PPE for protection against identified hazards are responsible for inspecting, cleaning, and maintaining their own PPE. Cleaning procedures should be consistent with the manufacturer's recommendations. Defective and damaged PPE will not be used.

Employees are to immediately replace any PPE that is worn, damaged, or has questionable integrity. Cleaning methods for PPE shall comply with each PPE's respective manufacturer's requirements.

The following inspections should be performed prior to using any PPE:

Eye and Face Protection

- Inspect lenses for dirt, scratches, pits, or cracks.
- Inspect frames for damage and loose screws.

Hand Protection

- Check glove integrity, look for holes, rips, or cracks especially at the tips.
- Ensure the gloves fit properly, gloves that are too small or large can increase the potential for accidents and injuries.

Respiratory Protection

- Inspect all seals for condition and flexibility.
- Check expiration date(s) of any cartridges used.
- Check for signs of contamination/microbial growth on user-facing surfaces.

14.6 Training

Before being assigned a task which requires the use of PPE, employees must be instructed on the following topics:

- How and why PPE was selected
- When PPE is necessary
- What PPE is necessary
- How to properly don, doff, adjust, and wear PPE
- The limitations of the PPE
- Proper care, maintenance, useful life, and disposal of PPE

Before being allowed to perform work requiring the use of PPE, each employee should demonstrate an understanding of the instructions and the ability to use the PPE properly. Re-instruction will occur when there are significant changes in the workplace or work tasks, or when there are changes in the type of PPE used.

15 REPORTING AND RECORDKEEPING

15.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide by providing a system for submitting, collecting, investigating, and analyzing reports of incidents, near misses, and unsafe conditions. By adhering to this plan, the company seeks to correct the causes of these events and provide a safer work environment.

Worldwide will be responsible for recording and reporting any incidents as described in this program for employees that Worldwide provides direct oversight to. Employees working at a host employer site who report to the host employer on a day-to-day basis will abide by the host employer's reporting and recordkeeping policy. Field Staff must also report every work-related injury or illness to Worldwide so that Worldwide can manage any workers' compensation claim.

15.2 Responsibilities

15.2.1 Employees

All employees of the company are expected to:

- Report incidents and near misses to their supervisor (and, for Field Staff, to both the client supervisor and Worldwide) as soon as practicable, and complete the Employee's Report of Work-Related Injury, Illness, Near Miss, or Hazard Form (Appendix A) for any incidents or near misses. Employees will not be disciplined or retaliated against for reporting.
- Provide factual statements and participate in any near miss or incident investigation.

15.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Ensure the completion of hazard, near miss, and incident reports.
- Investigate incident reports, and review hazard and near miss reports, to an extent appropriate to their severity. For Field Staff, coordinate with the client facility's investigation.
- Implement and monitor corrective actions.

15.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Monitor health & safety performance, re-designing health and safety practices and procedures when prudent to do so.
- Ensure all regulatory recording/recordkeeping has been properly performed, including OSHA 300 and 300-A forms.

15.3 Internal Reporting

15.3.1 Unsafe Conditions

An unsafe condition is any situation which may increase the likelihood of a near miss or injury

occurring. Unsafe conditions must be reported promptly so that Worldwide or the client facility, as applicable, can address them. All unsafe conditions must be documented using the Employee's Report of Work-Related Injury, Illness, Near Miss, or Hazard Form. This form can be found in Appendix A.

15.3.2 Near Misses

A Near Miss is any situation that would have resulted in an injury under slightly different circumstances. An example of a near miss would be a slip that did not result in a fall or a fall that did not result in an injury. Documenting and tracking near misses are essential to safety management as it illustrates areas which need attention. All Near Misses will be reported and documented using the Employee's Report of Work-Related Injury, Illness, Near Miss, or Hazard Form. This can be found in Appendix A.

15.3.3 Injuries

All injuries that occur on Company property, while performing job-related functions, or on any site controlled by Worldwide will be reported to the injured party's supervisor as soon as possible. This report is required regardless of injury severity and will be documented using the Employee's Report of Work-Related Injury, Illness, Near Miss, or Hazard Form, found in Appendix A.

15.3.4 Report Handling

Supervisors are primarily responsible for collecting and reviewing reports. If a report is received, an investigation must be pursued to identify the root cause(s) of the reported situation and corrective actions prescribed. Human Resources is responsible for assigning tasks to responsible parties and ensuring that all corrective actions are completed. Copies of all completed forms will be retained by Human Resources.

All reports will be logged in the Internal Incident Report Log by Worldwide.

15.4 Regulatory Requirements

Recording and reporting of certain injuries is required by OSHA.Injuries and illnesses of Field Staff who are supervised day to day by a client facility are recorded on the client facility's OSHA 300 log, not Worldwide's (29 CFR 1904.31(b)(2)).

15.4.1 Injury Recording

Injury events must be recorded in the company's OSHA 300 log if they result in the following outcomes:

- Fatality;
- Loss of consciousness;
- Day(s) away from work;
- Restricted work activity or job transfer;
- Diagnosis of cancer or chronic irreversible diseases;
- Punctured eardrum;
- Fractured or cracked bones; or
- Medical treatment beyond first aid.

Recording criteria are set out in 29 CFR 1904.7 through 1904.11, including special criteria for needlestick and sharps injuries, medical removal cases, hearing loss, and tuberculosis. The OSHA

Form 300-A summary for the preceding year must be certified by a company executive and posted from February 1 through April 30. If Worldwide had 250 or more employees at an establishment during the preceding year, the summary must also be submitted electronically to OSHA by March 2.

15.4.2 Injury Reporting

Reports of certain serious incidents must be made to OSHA according to the table below. Reports should be made to the OSHA hotline at 1 (800) 321-6742. Reports may also be made online at osha.gov or to the nearest OSHA area office. In California, serious injuries, illnesses, and deaths must be reported to Cal/OSHA within 8 hours (8 CCR § 342). For Field Staff, Worldwide will coordinate with the client facility on the report.

Incident	Requirement
Hospitalization, Amputation, or Loss of an Eye	Reported to OSHA within 24 hours of incident
Fatality	Reported to OSHA within 8 hours of incident

16 SAFETY COMMITTEE

16.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide by describing the function of a Safety Committee that serves to maintain and improve employee safety.

16.2 Responsibilities

16.2.1 Employees

All employees of the company are expected to:

- Participate in requested Safety Committee meetings/proceedings.

16.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Supervisors who are members of the Safety Committee participate in its meetings.
- Investigate safety issues and complaints brought to the committee.
- Work together to create, evaluate, and implement initiatives to improve the safety of the company.

16.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Review updates/recommendations from the Safety Committee.
- Support safety improvement efforts.

16.3 Composition

The Safety Committee will consist primarily of supervisors but may contain employees of any level. All members are expected to attend meetings and actively contribute. There are no prerequisites to be a member of the safety committee.

16.4 Meetings

Meetings will be held on at least a quarterly basis. Additional meetings may be required following complaints, incidents, or discovery of workplace hazards. Each meeting will have a pre-set agenda consisting of the following points:

- Review of previous minutes
- New Incident/Near Miss/Hazard Reports
- Old Business/Follow-ups
- New Business

Minutes will be kept for each meeting and distributed at the next meeting.

For employees in New York, Worldwide will permit employees to establish and administer a joint labor-management workplace safety committee as provided by N.Y. Labor Law § 27-d. Requirements for safety committees in other states are addressed in Appendix D.

17 TRAINING

17.1 Purpose

The purpose of this program is to ensure the protection of employees of Worldwide by describing health and safety training requirements. Training may be regulatory driven (i.e., required by OSHA) or based on best practices. The company understands the importance of safety training and its impact on health & safety in the workplace.

17.2 Responsibilities

17.2.1 Employees

All employees of the company are expected to:

- Attend all the training sessions required.

17.2.2 Supervisors

In addition to the responsibilities of all employees, supervisors are expected to:

- Ensure that all employees are adequately trained.
- Participate in all required training events.
- Support training efforts.

17.2.3 Management

In addition to the responsibilities of all employees and supervisors, managers are expected to:

- Ensure that this program is communicated and current.
- Schedule training as required.
- Retain and update training records

17.3 Training Topics

Training will be provided to all employees as required by applicable regulations. Topic-specific training requirements are described within the body of this Policy. Worldwide provides general safety training before an employee's first assignment. Client facilities are responsible for site-specific orientation and training.

Training may be offered in a variety of formats: classroom, hands-on, computer-based or in other communications.

17.4 Documentation

Training records will be kept for a minimum of three years from the date of the training session.

18 REVISION & REVIEW

This plan will be reviewed at least annually for accuracy and compliance. This review will be performed by a responsible member of management, with input from the Safety Committee. Management has the ultimate responsibility for updating and correcting the text of the manual. Any deficiencies, omissions, or required changes should be corrected at the earliest opportunity. Material changes will be communicated to affected employees within a reasonable time.

The table below will be used to certify this annual review. This table must be filled out and signed by a member of management with the authority to make changes to this plan.

NAME	SIGNATURE	DATE	REVISION
Leo Blatz	LRB	04/11/2024	04/11/2024 / Rev 1
Summary of Changes	Reviewed policy, corrected typographical errors, corrected incorrect section references.		
NAME	SIGNATURE	DATE	REVISION
Leo Blatz	LRB	04/20/25	04/20/25 / Rev 2
Summary of Changes	Reviewed policy, corrected typographical errors, corrected incorrect section references.		
NAME	SIGNATURE	DATE	REVISION
Robert Rust / Mary Merrill	RER	05/26/26	05/26/26 / Rev 3
Summary of Changes	Updated and supplemented Emergency Action Plan.		
NAME	SIGNATURE	DATE	REVISION
Leo Blatz	LRB	10/19/2026	10/16/2026 / Rev 4
Summary of Changes	Updated Section 12 – Job Hazard Analysis Comprehensive formatting and spelling and grammar corrections. Revised for clarity and conciseness.		
NAME	SIGNATURE	DATE	REVISION
Summary of Changes			

APPENDIX A
Blank Forms

Employee's Report of Work-Related Injury, Illness, Near Miss, or Hazard

Instructions: Employees shall use this form to report all work-related injuries, illnesses, hazards, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps Worldwide to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action. If more space is needed to complete this form thoroughly and accurately, please utilize the blank area at the bottom of page two or attach supplemental pages.

I am reporting a work related: ☐ Injury ☐ Illness ☐ Near Miss ☐ Hazard	
Full Name:	
Phone:	Email:
Job Title:	Supervisor:
Have you told your supervisor about this incident or condition? ☐ Yes ☐ No	
Date of injury/near miss/hazard:	Time of injury/near miss/hazard:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury, near miss, or discovery of the hazard:	
If injured, please describe the injury including the parts of your body that were injured:	
If a near miss or hazard, how could you have been hurt?	

What could have been done to prevent this injury / near miss / hazard? Please include any suggestions for corrective action:	
Did you see a doctor about this injury/illness?	☐ Yes ☐ No
If yes, whom did you see?	Doctor's phone number:
Has this part of your body been injured before?	☐ Yes ☐ No
If yes, please describe including dates:	
Your Signature:	Date:

Please utilize the area below or attach supplemental pages if more space is needed to complete this form:

Supervisor's Accident Investigation Form

Name of Injured Person:		
Address:		
City:	**State:**	**Zip:**
Date of Birth:	**Sex:**	
Phone:	**Email:**	
Job Title:	**Supervisor:**	
Date of Event:	**Time of Event:**	
Exact Location of Event:		
Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using?		
What part of the body was injured? Describe in detail:		
What was the nature of the injury? Describe in detail.		
What caused the event?		

Were safety regulations in place and used? If not, what was wrong?
Did employee go to the doctor or hospital? ☐ **Yes** ☐ **No**
If yes, doctor or hospital's name and contact information:
Recommended preventive action to take in the future to prevent reoccurrence:

Supervisor Signature:	**Date:**

Please utilize the blank area below or attach supplemental pages if more space is needed to complete this form:

Incident Investigation Report

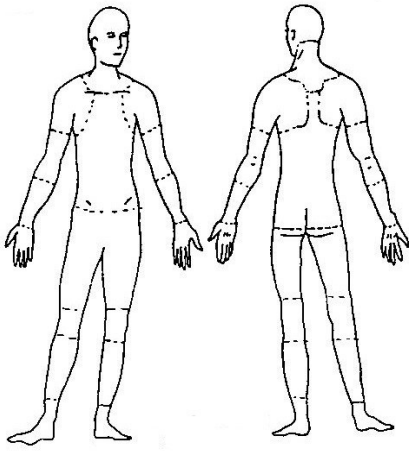
Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury, near miss, or hazard that *could have resulted in a serious injury or illness*.)

This is a report of a: ❑ Death ❑ Lost Time ❑ Dr. Visit Only ❑ First Aid Only ❑ Near Miss ❑ Hazard	
Date of incident:	This report is made by: ❑ Employee ❑ Supervisor ❑ Team ❑ Other_____

Step 1: Injured employee (If applicable, complete this part for each injured employee)

Name:	Sex: ❑ Male ❑ Female	Age:
Department:	Job title at time of incident:	

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)
- ❑ Abrasion, scrapes
- ❑ Amputation
- ❑ Broken bone
- ❑ Bruise
- ❑ Burn (heat)
- ❑ Burn (chemical)
- ❑ Concussion (to the head)
- ❑ Crushing Injury
- ❑ Cut, laceration, puncture
- ❑ Hernia
- ❑ Illness
- ❑ Sprain, strain
- ❑ Damage to a body system:
- ❑ Other _____

This employee works:
- ❑ Regular full time
- ❑ Regular part time
- ❑ Seasonal
- ❑ Temporary

Months with this employer

Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:

What part of employee's workday? ❑ Entering or leaving work ❑ Doing normal work activities ❑ During meal period ❑ During break ❑ Working overtime ❑ Other_____

Names of witnesses (if any):

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: ❑

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)
- ❑ Inadequate guard
- ❑ Unguarded hazard
- ❑ Safety device is defective
- ❑ Tool or equipment defective
- ❑ Workstation layout is hazardous
- ❑ Unsafe lighting
- ❑ Unsafe ventilation
- ❑ Lack of needed personal protective equipment
- ❑ Lack of appropriate equipment / tools
- ❑ Unsafe clothing
- ❑ No training or insufficient training
- ❑ Other: _____

Unsafe acts by people: (Check all that apply)
- ❑ Operating without permission
- ❑ Operating at unsafe speed
- ❑ Servicing equipment that has power to it
- ❑ Making a safety device inoperative
- ❑ Using defective equipment
- ❑ Using equipment in an unapproved way
- ❑ Unsafe lifting
- ❑ Taking an unsafe position or posture
- ❑ Distraction, teasing, horseplay
- ❑ Failure to wear personal protective equipment
- ❑ Failure to use the available equipment / tools
- ❑ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? ❑ Yes ❑ No
If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No

Have there been similar incidents or near misses prior to this one? ❑ Yes ❑ No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)

❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy

❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ❑

Step 5: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:

WORKPLACE HAZARD ASSESSMENT FORM

Facility:	Date of Assessment:
Area:	Assessor(s):

Task or Job Function:

Type of Eye/Face Hazards (Check the appropriate boxes)			Describe Specific Eye/Face Hazards	Identify type of PPE required for eye/face hazards
Eye/Face Hazards (29 CFR 1910.133)	YES	NO		
Burn				
Chemical Splash				
Dust/Particles				
Heat/Cold				
Impact				
Light/Radiation				
Other				
Type of Head Hazards (Check the appropriate boxes)			Describe Specific Head Hazards	Identify type of PPE required for head hazards.
Head Hazards (29 CFR 1910.135)	YES	NO		
Burn				
Chemical Contact				
Electric Shock				
Impact				
Penetration/Cuts				
Other				
Type of Foot/Leg Hazards (Check the appropriate boxes)			Describe Specific Foot/Leg Hazards	Identify type of PPE required for foot/leg hazards
Foot Hazards (29 CFR 1910.136)	Yes	No		
Burn				
Chemical Contact				
Compression				
Impact				
Penetration/Cuts				
Other				
Type of Hand/Arm Hazards (Check the appropriate boxes)			Describe Specific Hand/Arm Hazards	Identify type of PPE required for hand/arm hazards
Hand Hazards (29 CFR 1910.138)	YES	NO		
Burn				
Chemical Contact				
Electric Shock				
Impact				
Penetration/Cuts				
Other				

Note: This form does not cover 29 CFR 1910.137, Electrical Protective Equipment or 29CFR 1910.134, Respiratory Protection

Type of Body/Torso Hazards (Check the appropriate boxes)			Describe Specific Body/ Torso Hazards	Identify type of PPE required for body/torso hazards
Body/Torso Hazards (29 CFR 1910.132)	YES	NO		
Burn				
Chemical Contact				
Electric Shock				
Impact				
Penetration/Cuts				
Other				
Note other PPE worn or needed			Describe Specific Hazards	Identify type of PPE required or being worn

I _____certify the evaluation of the identified task or job function was conducted on

_____.

TRAINING ROSTER

Topic of Training: _____ **Date:** _____

Company: _____ **Time (from - to):** _____

Sign-in Sheet

#	Print Name	Signature
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Hepatitis B Vaccine Declination (Mandatory)

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.

Employee Name: _____

Signature: _____ Date: _____

APPENDIX B
Emergency Response Materials

Emergency Contact Information

Contact Name	Title	Day Phone	After-Hours Phone
Leo Blatz	Clinical Director	716-821-9001	716-821-9001
Joseph Giaimo	Chief Operating Officer	716-821-9001	716-821-9001
Sam Giordano	Marketing and Recruiting	716-821-9001	716-821-9001
Bob DiChristina	Information Technology	716-821-9001	716-821-9001
Robert Rust	Human Resources	716-821-9001	716-821-9001
Kevin Peters	Recruiting Manager	716-821-9001	716-821-9001
Gavin Sloan	Office Manager	716-821-9001	716-821-9001

Alarm Information		
Company	**Account Number**	**Phone #**
Emergency Services		
Agency Type	**Agency Name**	**Phone #**
Fire	Town of Tonawanda Fire Protection - Brighton Volunteer Fire Company 5	Dial 911
Fire (non-emergency)		716-837-3933
Police	Town of Tonawanda Police	Dial 911
Police (non-emergency)		716-876-5300
EMS	Town of Tonawanda EMS Unit	Dial 911

APPENDIX C: Job Hazard Analysis Inventory

The Safety Committee maintains this inventory under Section 12.4 and reviews it at least quarterly. Priority is assigned under Section 12.5 from workers' compensation loss runs and incident reports. Part A applies together with each patient-contact discipline JHA. The 11 JHAs are kept in 5 documents.

Part	JHA	JHA document	Positions covered	Priority	Status	Rev.	Effective date	Approver	Next review
A	Core Patient Contact	Core Patient Contact	All patient-contact positions, including nurse assessors and patient sitters	1	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
B	Certified Nursing Assistant	Certified Nursing Assistant (CNA)	CNA	3	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
C	Registered Nurse	Registered Nurse (RN) and Licensed Practical Nurse (LPN)	RN	2	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
D	Licensed Practical Nurse	Registered Nurse (RN) and Licensed Practical Nurse (LPN)	LPN, LVN	5	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
E	Respiratory Therapist	Allied Health Professionals	RT (CRT, RRT)	8	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
F	Physical and Occupational Therapy	Allied Health Professionals	PT, PTA, OT, COTA	9	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
G	Imaging Technologist	Allied Health Professionals	Radiography, CT, and MRI technologists	10	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
H	Laboratory and Phlebotomy	Allied Health Professionals	Phlebotomists, laboratory technicians and technologists	7	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
I	Headquarters Office Staff	Non-Clinical and Support Positions	Tonawanda headquarters staff	6	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
J	Nurse Assessor	Non-Clinical and Support Positions	Nurse assessors	11	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027
K	Facility-Based Support Staff	Non-Clinical and Support Positions	Unit clerks, patient sitters	4	Approved	1.0	January 1, 2026	Leo R. Blatz	January 1, 2027

Each JHA addresses the settings where the position is commonly assigned: acute care hospitals, long-term care and veterans homes, and correctional or behavioral health facilities. When a position is no longer staffed, its row moves to the Archived JHAs list below with the archive date, and the JHA is kept 2 years (Section 12.8).

Archived JHAs

None.

Job Hazard Analysis: Core Patient Contact

Purpose, Scope, and Structure

This Job Hazard Analysis (JHA) identifies the foreseeable hazards of patient-contact work performed by Worldwide Travel Staffing, Limited employees at client facilities and the controls used to reduce them. It supports the safety recommendations of Worldwide's workers' compensation program and complements Worldwide's Joint Commission staffing standards.

Item	Detail
Company	Worldwide Travel Staffing, Limited, Tonawanda, New York
Applies to	All W-2 clinical employees with direct patient contact, at all client facilities
Work settings covered	Acute care hospitals; long-term care and veterans homes; corrections and behavioral health
Review cycle	Annually, and after any recordable injury, significant near miss, new client setting, or change in assigned duties
Effective date	November 1, 2026
Revision	1.1

How this JHA program is organized. Hazards shared by every patient-contact worker, including safe patient handling, are analyzed once, in the Core Patient Contact JHA below. Each discipline JHA is a separate document that incorporates this Core JHA by reference and adds only the tasks, hazards, and controls specific to that discipline. Setting-specific conditions are addressed in setting notes within each discipline JHA.

Method. Each job is broken into its principal tasks. For each task, the JHA lists the hazards, rates the risk before controls, and identifies controls using the hierarchy of controls: elimination, substitution, engineering controls, administrative controls, and personal protective equipment (PPE). Risk ratings use a simple scale: **High** (likely and capable of serious injury), **Medium** (possible, or likely but minor), **Low** (unlikely and minor).

Responsibilities Under the Shared-Employer Model

Worldwide employees work at sites Worldwide does not control. Consistent with OSHA's guidance on temporary workers, safety responsibility is shared: Worldwide is responsible for what it controls before

and during the assignment, and the client facility is responsible for site conditions and site-specific training.

Party	Responsibilities
Worldwide	Verify license or certification, competencies, and health clearances (immunizations, TB screening, respirator medical clearance and fit testing where required) before placement. Provide general safety orientation covering this JHA. Confirm in the client agreement or assignment confirmation that the facility will provide site orientation, PPE, and safe patient handling equipment. Maintain a 24-hour reporting channel for injuries, exposures, and unsafe conditions. Investigate incidents, follow up with the client on corrective action, and report claims to the workers' compensation carrier. Remove an employee from an assignment where a serious hazard is not corrected.
Client facility	Perform day-to-day supervision. Provide unit and site orientation, including emergency codes, fire and evacuation plans, security and duress procedures, and the facility's exposure control plan. Supply PPE, sharps with engineered safety features, lift and transfer equipment, and infection control supplies on the same basis as its own staff. Communicate patient-specific hazards (isolation status, aggression or elopement risk, lift and mobility status). Provide first aid and post-exposure evaluation on site and notify Worldwide promptly of any incident.
Employee	Follow this JHA, Worldwide policy, and facility procedures. Use the PPE and equipment provided. Decline any task outside scope of practice or training and notify the charge nurse and Worldwide. Report every injury, exposure, near miss, and unsafe condition to the facility supervisor and to Worldwide immediately, and no later than the end of the shift.

Part A: Core Patient Contact JHA

The hazards below apply to every Worldwide clinical employee with direct patient contact, regardless of discipline or setting. Workplace violence, patient handling, and bloodborne pathogen exposure are rated High because they drive the most frequent and most severe healthcare injury claims.

Task or activity	Hazard	Risk	Controls
Any direct patient care	Exposure to bloodborne pathogens through blood or body fluid contact, splashes, or contaminated surfaces	High	Standard precautions for every patient. Gloves for any anticipated contact; face and eye protection where splash is possible. Hand hygiene before and after each contact. Follow facility exposure control plan. Hepatitis B vaccination offered before placement.
Handling or disposing of sharps	Needlestick or cut	High	Use only devices with engineered sharps injury protection. Never recap by hand. Activate safety feature immediately. Dispose at point of use in a sharps container that is not filled past its fill line.
Care of patients with known or suspected infection	Airborne, droplet, and contact transmission (TB, influenza, COVID-19, MRSA, C. difficile, scabies)	High	Check isolation signage before entering. Use the transmission-based PPE posted. N95 or higher respirator only after medical clearance and fit testing for that model. Soap and water hand washing after C. difficile care. Report symptoms and exposures; do not work

Task or activity	Hazard	Risk	Controls
			while contagious.
Interacting with patients, visitors, or family	Workplace violence: hitting, kicking, biting, scratching, grabbing, verbal threats	High	Review patient behavior flags and care plans at shift start. Keep a clear path to the exit for yourself without blocking the patient's way out, and stand at an angle about two arm's lengths away. Avoid working alone with patients known to be aggressive. Use verbal de-escalation. Know the duress, code, and security call procedures. Report every incident, including verbal threats.
Transferring patients (bed to chair, wheelchair, commode, stretcher)	Back and shoulder strain; sudden load if patient falls or resists	High	Follow facility safe patient handling policy. Check mobility status and lift plan before every transfer. Use a full-body or sit-to-stand lift, transfer board, or gait belt as the plan requires; no manual lifting of more than 35 pounds of patient weight. Lock wheels on all surfaces. Get a second caregiver for any two-person transfer. If the patient begins to fall, guide them to the floor; do

Task or activity	Hazard	Risk	Controls
			not try to catch them.
Repositioning and boosting in bed	Back, shoulder, and neck strain from reaching and pulling	High	Raise the bed to waist height and lower the head of the bed. Use friction-reducing slide sheets or air-assisted devices. Two or more caregivers for boosting. Keep loads close; avoid twisting.
Assisting with ambulation	Strain and falls from supporting an unsteady patient	High	Use a gait belt every time. Walk on the patient's weaker side. Clear the path and confirm the patient has non-slip footwear and any walker or cane.
Lifting a patient from the floor after a fall	Severe back injury; re-injury to patient	High	Never lift a fallen patient manually. Notify the nurse for assessment, then use a mechanical floor lift with adequate staff.
Pushing wheelchairs, beds, stretchers, and carts	Strain from pushing heavy or bariatric loads; crush injuries at doorways	Medium	Push rather than pull. Use powered transport where available. Get help for bariatric beds and wheelchairs. Watch hands at doors and elevators.
Bariatric patient care	Higher strain and fall risk in every handling task	High	Use bariatric-rated beds, lifts, and wheelchairs only. Confirm equipment weight capacity. Increase staff for each task per the care plan.

Task or activity	Hazard	Risk	Controls
Walking and working on units	Slips, trips, and falls on wet floors, cords, and clutter	Medium	Wear closed-toe, slip-resistant footwear. Report and mark spills immediately. Keep rooms and hallways clear. Use handrails on stairs.
Using cleaning and disinfecting products	Skin, eye, and respiratory irritation	Medium	Read the label and Safety Data Sheet. Wear gloves and eye protection as labeled. Never mix chemicals. Use in ventilated areas.
Latex and glove use	Allergic reaction and contact dermatitis	Low	Use non-latex gloves. Report skin reactions.
Extended shifts, nights, and rotating schedules	Fatigue contributing to errors, needlesticks, and vehicle accidents after shift	Medium	Limit consecutive shifts and total weekly hours per Worldwide scheduling policy. Take scheduled breaks. Report fatigue to the charge nurse. Use alternative transportation when too tired to drive.
Using patient care equipment (beds, monitors, IV pumps)	Electrical shock, pinch points, crush injuries	Low	Inspect cords and plugs before use. Remove damaged equipment from service and report it. Use equipment only after facility orientation to that model.
Emergency events	Fire, active threat, severe weather, utility failure	Medium	Complete facility emergency orientation, including codes, exits, and RACE and PASS fire procedures. Follow

Task or activity	Hazard	Risk	Controls
			charge nurse direction during any code.

Core PPE, Training, and Reporting

Every patient-contact employee must complete the training below before a first assignment and repeat it at the frequency shown.

Requirement	Frequency	Provided by
Bloodborne pathogens (OSHA 29 CFR 1910.1030)	Before placement, then annually	Worldwide
Infection control and transmission-based precautions	Before placement, then annually	Worldwide
Workplace violence prevention and de-escalation	Before placement, then annually	Worldwide
Safe patient handling principles	Before placement, then annually	Worldwide
Hazard communication (GHS labels and Safety Data Sheets)	Before placement	Worldwide
Respirator medical clearance and fit test	Before first use, then annually, and on any model change	Worldwide or facility, as agreed with the client
Review of this JHA and the employee's discipline JHA, with signed acknowledgment	Before placement, then annually and on revision	Worldwide
Site orientation: emergency codes, exits, security, exposure control plan, lift equipment	First shift at each new facility	Client facility

Minimum PPE available at every assignment: non-latex gloves, fluid-resistant gowns, surgical masks, fit-tested N95 respirators, eye protection (goggles or face shields), and slip-resistant closed-toe footwear (employee supplied).

Reporting an injury or exposure.

1. Stop work, get first aid, and for a needlestick or splash wash the area immediately.
2. Notify the charge nurse or facility supervisor right away and follow the facility's post-exposure procedure. Post-exposure evaluation should begin within two hours.

3. Notify Worldwide immediately, and no later than the end of the shift, using the 24-hour reporting line: 716-821-9001.
4. Worldwide completes the incident report, reports the claim to the workers' compensation carrier, and follows up with the facility on corrective action.

Review and Acknowledgment

Prepared and approved by Worldwide.

Role	Name	Signature	Date
Chief Executive Officer / Clinical Director	Leo R. Blatz	LRB	10/21/2026

Job Hazard Analysis: Certified Nursing Assistant (CNA)

Purpose and Scope

This document contains the discipline JHA for Certified Nursing Assistants (CNAs) employed by Worldwide Travel Staffing, Limited and placed at client facilities. It incorporates by reference, in full, the Job Hazard Analysis: Core Patient Contact, including Part A (Core Patient Contact JHA) and its safe patient handling controls, the Responsibilities Under the Shared-Employer Model, and the Core PPE, Training, and Reporting requirements. The table below adds only CNA-specific tasks.

Item	Detail
Company	Worldwide Travel Staffing, Limited, Tonawanda, New York
Applies to	All W-2 CNAs, at all client facilities
Work settings covered	Acute care hospitals; long-term care and veterans homes; corrections and behavioral health
Review cycle	Annually, and after any recordable injury, significant near miss, new client setting, or change in assigned duties
Effective date	November 1, 2026
Revision	1.1

Risk ratings and the hierarchy of controls follow the method stated in the Core JHA: **High** (likely and capable of serious injury), **Medium** (possible, or likely but minor), **Low** (unlikely and minor).

Part B: Certified Nursing Assistant (CNA) JHA

CNAs carry the highest patient-handling exposure of any Worldwide position. The safe patient handling controls in Part A of the Core JHA (transfers, repositioning, ambulation, fallen patients, transport, and bariatric care) apply to CNAs on nearly every shift and must be followed in full. The table below adds the remaining CNA-specific personal care tasks.

Job summary. Under the direction of an RN or LPN, the CNA provides direct personal care: bathing, dressing, toileting, feeding, ambulation, repositioning, transfers, vital signs, intake and output, and room upkeep. Assignments are typically 8 or 12 hour shifts in acute care, long-term care and veterans homes, and corrections or behavioral health settings.

Task	Hazard	Risk	Controls
Bathing and showering	Slips on wet floors; awkward bending;	Medium	Use shower chairs, hand-held sprayers,

Task	Hazard	Risk	Controls
	scalds		and bath mats. Check water temperature. Keep the floor dry; wear slip-resistant footwear. Raise beds to working height for bed baths.
Toileting, incontinence care, and handling linens	Contact with urine, feces, and blood; back strain from bending	Medium	Gloves and gown as needed. Bag soiled linen at the bedside; carry it away from the body. Do not overfill linen bags. Raise the bed for incontinence care.
Feeding assistance	Bites from confused patients; awkward sustained posture	Medium	Sit at eye level beside the patient. Use appropriate utensils. Watch for biting behavior noted in the care plan.
Caring for patients with dementia or behavioral symptoms	Hitting, kicking, biting, scratching, hair pulling during personal care	High	Review behavior notes before care. Approach from the front and explain each step. Allow time; reattempt later rather than force care. Work in pairs when the care plan says so. Remove dangling items, and wear only a breakaway lanyard. Report every incident.
Taking vital signs and collecting specimens	Contact with body fluids; contaminated equipment	Low	Gloves for specimen handling. Clean shared equipment between patients. Label and bag specimens at the

Task	Hazard	Risk	Controls
			bedside.

CNA Training, Competency, and Setting Notes

In addition to the Core JHA training, each CNA must complete the following before a first assignment.

Requirement	Frequency
Current state CNA certification, verified on the state registry	Before placement and at renewal
Safe patient handling competency: gait belt, slide sheets, full-body and sit-to-stand lifts	Before placement, then annually
Dementia care and behavioral de-escalation	Before placement, then annually
Facility-specific lift equipment orientation	First shift at each new facility

CNA PPE. Core JHA PPE, plus a gait belt (supplied by the facility or Worldwide) and slip-resistant footwear on every shift.

Setting notes.

- **Acute care hospitals.** Expect higher patient turnover, more bariatric and post-surgical patients, and more frequent isolation rooms. Confirm lift availability at shift start because equipment is often shared across units.
- **Long-term care and veterans homes.** Residents with dementia and progressive mobility loss make transfers and behavioral incidents the leading hazards. Follow each resident's individual lift plan and behavior care plan; staffing ratios can be thin, so do not attempt two-person tasks alone.
- **Corrections and behavioral health.** Assault risk is elevated. Follow facility security orientation, escort, and count procedures. Do not bring prohibited items, including personal sharps, cords, and lanyards. Never enter a cell or seclusion room without security present. Know the duress alarm location and response.

Review and Acknowledgment

Prepared and approved by Worldwide.

Role	Name	Signature	Date
Chief Executive Officer / Clinical Director	Leo R. Blatz	LRB	10/21/2026

Job Hazard Analysis: Registered Nurse (RN) and Licensed Practical Nurse (LPN)

Purpose and Scope

This document contains the discipline JHAs for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) employed by Worldwide Travel Staffing, Limited and placed at client facilities. Each JHA incorporates by reference, in full, Part A (Core Patient Contact JHA), the Responsibilities Under the Shared-Employer Model, and the Core PPE, Training, and Reporting requirements of the Job Hazard Analysis: Core Patient Contact. The tables below add only nursing-specific tasks.

Item	Detail
Company	Worldwide Travel Staffing, Limited, Tonawanda, New York
Applies to	All W-2 RNs and LPNs, at all client facilities
Work settings covered	Acute care hospitals; long-term care and veterans homes; corrections and behavioral health
Review cycle	Annually, and after any recordable injury, significant near miss, new client setting, or change in assigned duties
Effective date	November 1, 2026
Revision	1.1

Risk ratings and the hierarchy of controls follow the method stated in the Core JHA: **High** (likely and capable of serious injury), **Medium** (possible, or likely but minor), **Low** (unlikely and minor). Nurses who perform hands-on patient handling tasks follow the transfer, repositioning, ambulation, and fallen-patient controls in the Core JHA.

Part C: Registered Nurse (RN) JHA

RN hazards center on sharps and medication handling, hazardous drug exposure, workplace violence during assessment and medication administration, and the physical demands of emergency response. RNs also supervise LPNs and CNAs, so RNs are expected to enforce the controls in those JHAs on their units.

Job summary. The RN assesses patients, plans and delivers nursing care, administers medications including IV therapy, performs procedures within scope, responds to emergencies, coordinates care, and delegates to and supervises LPNs and CNAs. Assignments are typically 8 or 12 hour shifts, including nights, weekends, and charge nurse duty.

Task	Hazard	Risk	Controls
Starting IVs, drawing blood, giving injections	Needlestick and blood exposure	High	Engineered safety devices only. Activate safety feature immediately and dispose at point of use. Never recap. Get help to steady a confused or combative patient before inserting a needle.
Accessing and maintaining central lines, ports, and drains	Blood and body fluid splash; sharps	Medium	Gloves, face shield or mask with eye protection when splash is possible. Use needleless connectors. Follow facility line care protocol.
Preparing and administering hazardous drugs (chemotherapy, certain hormones and antivirals)	Skin absorption, inhalation, and ingestion of hazardous drugs	High	Handle only after facility hazardous drug training. Two pairs of chemotherapy-tested gloves and an impermeable gown. Use closed-system transfer devices. Dispose of waste in designated containers. Pregnant or nursing employees may request alternative duty under facility and Worldwide policy.
Administering medications to agitated or confused patients	Assault during medication passes; needlestick when a patient moves suddenly	High	Review behavior flags first. Approach with a second staff member when warranted. Explain each step. Do not force oral medications; consult

Task	Hazard	Risk	Controls
			the provider for alternatives.
Patient assessment and procedures at the bedside	Prolonged bending and awkward postures; close contact with infectious patients	Medium	Raise bed to working height. Use transmission-based PPE as posted. Limit time leaning over the patient.
Responding to rapid response and code events (CPR, defibrillation)	Back and shoulder strain during compressions; electrical shock; blood exposure	Medium	Rotate compressors every two minutes. Use a step stool and backboard. Stand clear and announce before defibrillation. Gloves and eye protection for every code.
Handling and transporting specimens	Contact with blood and body fluids; leaking containers	Low	Gloves. Label and bag specimens at the bedside in sealed biohazard bags.
Administering oxygen and aerosolized medications	Fire from oxygen enrichment; airborne exposure to aerosolized medications	Medium	No open flames or spark sources near oxygen. Secure cylinders upright. Use a respirator for aerosolized medications such as pentamidine or ribavirin per facility protocol.
Charge nurse and supervisory duties	Escalating conflict with patients, families, and staff; extended hours	Medium	Use de-escalation and call security early. Follow Worldwide scheduling limits and take scheduled breaks.
Restraint and seclusion events	Assault and strain during physical holds	High	Participate only after facility-approved restraint training.

Task	Hazard	Risk	Controls
			Follow facility policy and the physician order. Never act alone; use the facility response team.

RN Training, Competency, and Setting Notes

In addition to the Core JHA training, each RN must complete the following before a first assignment.

Requirement	Frequency
Active RN license or multistate compact privilege valid in the work state, verified at the primary source	Before placement and at renewal
Basic Life Support (BLS); Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) where the unit requires	Before placement; current per certifying body
Specialty skills checklist and competency for the assigned unit	Before placement
Hazardous drug handling (USP 800 principles) for units that administer hazardous drugs	Before first assignment to such a unit, then annually
Facility restraint and seclusion training, where applicable	First shift at each facility that uses restraint or seclusion

RN PPE. Core JHA PPE, plus chemotherapy-tested gloves and impermeable gowns where hazardous drugs are handled, supplied by the facility.

Setting notes.

- **Acute care hospitals.** Expect the highest volume of IV therapy, hazardous drugs, rapid response events, and isolation patients. Confirm the location of the hazardous drug spill kit and the code cart at shift start.
- **Long-term care and veterans homes.** The RN often works as the sole licensed supervisor on a unit. Medication passes to residents with dementia and staffing gaps are the leading hazards. Escalate staffing concerns to the facility and Worldwide rather than taking on unsafe workloads.
- **Corrections and behavioral health.** Medication passes occur at cell doors or in common areas with officers present. Account for every sharp before and after each task. Never pass a needle, pen, or other item a patient could use as a weapon. Follow facility count, escort, and contraband procedures.

Part D: Licensed Practical Nurse (LPN) JHA

LPN hazards overlap with the RN JHA but weight more heavily toward high-volume medication passes, wound care, and hands-on patient care, particularly in long-term care. Scope of practice for LPNs varies by state; LPNs perform only tasks permitted in the work state and by facility policy.

Job summary. Under the direction of an RN or provider, the LPN administers oral, topical, and injectable medications, performs treatments and wound care, collects data and vital signs, provides personal care, and in some settings supervises CNAs. IV tasks are performed only where state law, certification, and facility policy allow.

Task	Hazard	Risk	Controls
Medication passes (oral, injectable, insulin, fingersticks)	Needlestick; strain from pushing heavy medication carts; interruptions leading to errors	High	Engineered safety devices only; dispose at point of use. Push carts, do not pull, and report carts with damaged wheels. Use the facility's no-interruption practices during passes.
Medication passes to confused or agitated residents	Assault; needlestick when a resident moves suddenly	High	Review behavior flags. Approach calmly from the front. Reattempt later rather than force. Get a second staff member to assist with injections when warranted.
Wound care and dressing changes	Contact with infected drainage; awkward bending; sharps from scissors and debridement tools	Medium	Gloves, gown, and eye protection when drainage or irrigation may splash. Raise bed to working height. Dispose of sharps at point of use.
Tube feedings, catheter care, ostomy care	Body fluid contact; back strain	Medium	Gloves and gown as needed. Raise bed. Empty and dispose of fluids carefully to avoid splash.

Task	Hazard	Risk	Controls
IV therapy, where within scope	Needlestick and blood exposure	High	Perform only with state authorization, facility competency, and engineered safety devices. Follow RN JHA IV controls.
Hands-on patient care and transfers	Musculoskeletal injury	High	Follow the transfer, repositioning, and ambulation controls in the Core JHA. Use lifts and get help.
Supervising CNAs	Unsafe delegated tasks; staffing gaps	Medium	Confirm CNAs have lift equipment and help for two-person tasks. Report unsafe staffing to the facility and Worldwide.
Taking vital signs and collecting specimens	Body fluid contact; contaminated equipment	Low	Gloves for specimens. Clean shared equipment between patients.

LPN Training, Competency, and Setting Notes

In addition to the Core JHA training, each LPN must complete the following before a first assignment.

Requirement	Frequency
Active LPN or LVN license or multistate compact privilege valid in the work state, verified at the primary source	Before placement and at renewal
Basic Life Support (BLS)	Before placement; current per certifying body
IV certification, where required by the work state for IV tasks	Before performing any IV task
Safe patient handling competency	Before placement, then annually
Dementia care and behavioral de-escalation	Before placement, then annually

LPN PPE. Core JHA PPE, plus a gait belt for transfers and ambulation.

Setting notes.

- **Acute care hospitals.** LPN duties are typically narrower. Confirm the facility's LPN scope policy at orientation and decline tasks outside it.
- **Long-term care and veterans homes.** The most common LPN setting. Large medication passes, wound care, and resident aggression during care are the leading hazards. LPNs often serve as charge nurses and should apply the supervisory controls above.
- **Corrections and behavioral health.** Follow the RN corrections and behavioral health setting notes for medication passes, sharps accountability, and escort procedures.

Review and Acknowledgment

Prepared and approved by Worldwide.

Role	Name	Signature	Date
Chief Executive Officer / Clinical Director	Leo R. Blatz	LRB	10/21/2026

Job Hazard Analysis: Allied Health Professionals

Purpose and Scope

This document contains the discipline JHAs for allied health professionals employed by Worldwide Travel Staffing, Limited and placed at client facilities: respiratory therapists, physical and occupational therapists and assistants, imaging technologists, and laboratory and phlebotomy staff. Each JHA incorporates by reference, in full, Part A (Core Patient Contact JHA), the Responsibilities Under the Shared-Employer Model, and the Core PPE, Training, and Reporting requirements of the Job Hazard Analysis: Core Patient Contact. The parts below add only discipline-specific tasks.

Item	Detail
Company	Worldwide Travel Staffing, Limited, Tonawanda, New York
Applies to	All W-2 allied health employees in the disciplines listed, at all client facilities
Work settings covered	Acute care hospitals; long-term care and veterans homes; corrections and behavioral health
Review cycle	Annually, and after any recordable injury, significant near miss, new client setting, or change in assigned duties
Effective date	November 1, 2026
Revision	1.1

Risk ratings and the hierarchy of controls follow the method stated in the Core JHA: **High** (likely and capable of serious injury), **Medium** (possible, or likely but minor), **Low** (unlikely and minor). Allied health employees who transfer or reposition patients follow the safe patient handling controls in the Core JHA.

Part E: Respiratory Therapist (RT) JHA

RTs have the highest airborne infection exposure of any Worldwide discipline because they perform aerosol-generating procedures at close range. Compressed gas handling and oxygen fire risk are the other distinctive hazards.

Job summary. The RT assesses respiratory status, administers aerosolized medications and oxygen, manages ventilators and airways, performs suctioning, arterial blood gas sampling, and sputum induction, and responds to codes and rapid response events.

Task	Hazard	Risk	Controls
Aerosol-generating procedures (intubation assist, open suctioning, nebulizer treatments, sputum induction, BiPAP, CPAP)	Airborne exposure to TB, influenza, COVID-19, and other respiratory pathogens	High	Fit-tested N95 or powered air-purifying respirator (PAPR), eye protection, gown, and gloves. Perform in airborne infection isolation rooms when available. Use closed in-line suction and filtered circuits. Limit staff in the room.
Administering aerosolized medications (pentamidine, ribavirin)	Inhalation of drug aerosol	High	Use booths or containment hoods where available. Respirator per facility protocol. Exclude non-essential staff. Pregnant employees may request reassignment under facility and Worldwide policy.
Arterial blood gas sampling	Needlestick and blood exposure	High	ABG kits with engineered safety devices. Activate safety feature and dispose at point of use. Stabilize the patient's arm with help when needed.
Handling, moving, and changing compressed gas cylinders	Crushing injury from falling cylinders; strain; high-pressure release	Medium	Use carts and secure cylinders upright at all times. Open valves slowly, away from the face. Inspect regulators before use.
Oxygen administration	Fire in oxygen-enriched environments	Medium	No open flames, smoking materials, or spark sources. Check for petroleum-based

Task	Hazard	Risk	Controls
			products on patients. Know shutoff valve locations.
Ventilator and equipment transport	Strain from pushing ventilators and patient beds; tripping on tubing	Medium	Get help for transports. Secure tubing and cords. Push, do not pull.
Code and rapid response events	Strain from bag-valve ventilation and compressions; blood and secretion exposure	Medium	Rotate tasks. Gloves, eye protection, and mask for every airway event.

RT training and competency. Active RT license and credential (CRT or RRT) valid in the work state, verified at the primary source, before placement and at renewal. BLS and ACLS before placement, current per certifying body. Specialty ventilator competency for the assigned unit before placement. Respirator fit test before first use and annually, and PAPR training where PAPRs are used.

Setting notes. In acute care, expect frequent aerosol-generating procedures and confirm airborne isolation room locations at orientation. In long-term care and veterans homes, ventilator-dependent residents and oxygen storage rooms are the main concerns. In corrections and behavioral health, oxygen tubing and equipment parts can become ligature or weapon risks; follow facility equipment accountability procedures.

Part F: Physical and Occupational Therapist and Assistant (PT/OT) JHA

Therapy work deliberately puts patients in motion, so falls during gait training and strain from guarding and manual therapy drive most PT/OT injuries. Lift equipment is less available during mobility training than during routine transfers, which makes planning and staffing for each session essential.

Job summary. PTs, PTAs, OTs, and COTAs evaluate and treat patients for mobility, strength, balance, and daily living skills. Tasks include gait and transfer training, therapeutic exercise, manual therapy, ADL training, splinting, and use of therapy equipment and modalities.

Task	Hazard	Risk	Controls
Gait training and ambulation	Strain and falls when a patient loses balance; sudden full-weight loads	High	Gait belt every session. Use ceiling or overhead lifts with ambulation harnesses where available. Second staff member for patients at high fall risk. Clear the path. Guide a falling

Task	Hazard	Risk	Controls
			patient to the floor; never try to catch them.
Transfer training (bed, chair, toilet, car)	Back and shoulder strain	High	Follow the patient's lift plan. Use transfer boards and mechanical lifts. Set surfaces at matching heights and lock wheels.
Manual therapy and stretching	Wrist, hand, thumb, and shoulder strain from repetitive force	Medium	Use body weight rather than arm strength. Adjust table height. Use tools and mechanical aids. Vary tasks across the day.
Therapeutic exercise with equipment (parallel bars, treadmills, weights, bands)	Struck-by and pinch injuries; equipment failure	Medium	Inspect equipment before use. Remove damaged items from service. Keep hands clear of moving parts.
Physical agent modalities (hot packs, paraffin, ultrasound, electrical stimulation)	Burns and electrical shock	Low	Check temperatures. Inspect cords. Follow manufacturer instructions and facility competency.
Splinting and fabrication	Cuts from tools; burns from heated thermoplastics	Low	Use sharp tools with care and store them safely. Use gloves and controlled heating pans.
Treating patients with cognitive or behavioral impairment	Assault during hands-on treatment	Medium	Review behavior flags before the session. Treat in open areas when warranted. Stop the session if the patient becomes aggressive.

PT/OT training and competency. Active PT, PTA, OT, or COTA license valid in the work state, verified at the primary source, before placement and at renewal. BLS before placement. Safe patient handling competency before placement, then annually. Facility orientation to lift equipment and modalities on the first shift at each facility.

Setting notes. In acute care, early mobility of patients with lines, drains, and monitors requires coordination with nursing before each session. In long-term care and veterans homes, frail residents and dementia increase fall and assault risk. In corrections and behavioral health, therapy equipment, bands, and weights must be accounted for before and after every session.

Part G: Imaging Technologist (Radiography, CT, MRI) JHA

Imaging technologists face two hazards unique to their discipline: ionizing radiation in radiography and CT, and the powerful static magnetic field in MRI. Patient positioning on imaging tables is the most frequent cause of strain injuries.

Job summary. The technologist positions patients and performs diagnostic imaging, including portable radiography on patient units, fluoroscopy, CT with contrast administration, and MRI. Duties include patient screening, IV access for contrast where within scope, and equipment operation.

Task	Hazard	Risk	Controls
Radiography, fluoroscopy, and CT	Occupational exposure to ionizing radiation	Medium	Apply time, distance, and shielding. Stand behind barriers during exposures. Lead apron, thyroid shield, and lead glasses for fluoroscopy. Wear an assigned dosimeter on every shift and return it on schedule. Do not hold patients during exposures.
Portable radiography on patient units	Radiation exposure to self and others; strain from pushing portable units	Medium	Announce exposures and clear the area or keep 6 feet of distance. Use the unit's drive assist. Get help positioning image receptors under patients.
MRI	Projectile injuries from ferromagnetic objects;	High	Follow facility MRI zone controls. Screen every

Task	Hazard	Risk	Controls
	burns; hearing exposure from scanner noise		patient and every person entering Zone IV. Never bring equipment (oxygen cylinders, IV poles, wheelchairs) into the scanner room unless it is labeled MR Safe, or labeled MR Conditional and cleared by MRI staff for that scanner. Hearing protection for patients and staff in the room during scans.
Positioning patients on imaging tables	Back and shoulder strain from lifting, sliding, and holding patients	High	Use slide boards, air-assisted transfer devices, and lifts. Get help for every patient who cannot move independently. Lower tables to transfer height.
IV access and contrast injection	Needlestick; contrast extravasation response	Medium	Engineered safety devices only; dispose at point of use. Follow facility contrast reaction protocol.
Caring for isolation and trauma patients	Infection and blood exposure	Medium	Transmission-based PPE as posted. Cover equipment and clean between patients.

Imaging training and competency. Active ARRT credential and state license or certification valid in the work state, verified at the primary source, before placement and at renewal. BLS before placement. Radiation safety and dosimetry training before placement, then annually. Facility MRI safety training before entering MRI Zone III or IV. Modality-specific competency for the assigned area before placement.

Setting notes. In acute care, portable and trauma imaging add strain and exposure risk. In long-term care and veterans homes, portable imaging is common and residents may need extra help to position. In

corrections and behavioral health, security escorts are required, and portable equipment parts must be accounted for.

Part H: Laboratory and Phlebotomy JHA

Phlebotomists perform more venipunctures than any other discipline, which makes needlesticks their leading hazard. Laboratory staff add chemical, specimen, and equipment hazards inside the lab.

Job summary. Phlebotomists collect blood and other specimens from patients on units and in draw stations. Medical laboratory technicians and technologists receive, process, and test specimens using analyzers, centrifuges, microscopes, and chemical reagents.

Task	Hazard	Risk	Controls
Venipuncture and capillary collection	Needlestick and blood exposure	High	Engineered safety devices and single-use tube holders only. Activate safety feature immediately and dispose at point of use. Never recap. Get help to steady a confused or uncooperative patient.
Carrying collection trays between units	Spills, dropped sharps containers, strain	Low	Use trays with secured sharps containers. Do not overfill. Keep trays off patient beds.
Receiving and processing specimens	Contact with blood and body fluids from leaking containers	Medium	Gloves, lab coat, and eye protection. Open specimens behind a splash shield. Disinfect spills per facility protocol.
Centrifuge operation	Aerosols and broken tubes; moving parts	Medium	Use sealed rotors or safety cups. Balance loads. Wait for a full stop before opening. Report broken tubes and decontaminate per protocol.
Handling reagents and chemicals (fixatives,	Skin, eye, and respiratory injury	Medium	Read labels and Safety Data Sheets. Use fume

Task	Hazard	Risk	Controls
acids, solvents)			hoods for volatile chemicals. Gloves and eye protection. Know eyewash and safety shower locations.
Microbiology work with cultures	Laboratory-acquired infection	High	Work in biological safety cabinets. Follow facility biosafety level procedures. Report any exposure or spill immediately.
Prolonged microscope, pipetting, and computer work	Repetitive strain to hands, neck, and eyes	Low	Adjust workstation height. Use electronic pipettes where available. Take short breaks.

Laboratory and phlebotomy training and competency. Phlebotomy certification, or medical laboratory technician or scientist certification and state license where required, verified at the primary source before placement and at renewal. BLS where the facility requires it. Facility chemical hygiene plan and biosafety orientation on the first shift at each laboratory.

Setting notes. In acute care, high draw volumes and early morning draws on sleeping patients increase needlestick risk. In long-term care and veterans homes, fragile veins and confused residents make draws more difficult; get help to steady the arm. In corrections and behavioral health, draws occur with officers present, and every needle and tube must be accounted for before leaving the area.

Review and Acknowledgment

Prepared and approved by Worldwide.

Role	Name	Signature	Date
Chief Executive Officer / Clinical Director	Leo R. Blatz	LRB	10/21/2026

Job Hazard Analysis: Non-Clinical and Support Positions

Purpose and Scope

This document contains the JHAs for Worldwide Travel Staffing, Limited positions outside the bedside clinical disciplines: headquarters office staff, nurse assessors, and facility-based support staff (unit clerks and patient sitters). All of these employees work at a single assigned site and do not drive for work.

Item	Detail
Company	Worldwide Travel Staffing, Limited, Tonawanda, New York
Applies to	W-2 headquarters office staff, nurse assessors, unit clerks, and patient sitters
Review cycle	Annually, and after any recordable injury, significant near miss, new client setting, or change in assigned duties
Effective date	November 1, 2026
Revision	1.1

Relationship to the Core JHA. Nurse assessors and patient sitters have direct patient contact, so Part A (Core Patient Contact JHA), the Responsibilities Under the Shared-Employer Model, and the Core PPE, Training, and Reporting requirements apply to them in full. Unit clerks work at client facilities without routine hands-on contact, so the shared-employer responsibilities, the reporting procedure, and the slip and trip, emergency event, and workplace violence controls of the Core JHA apply to them. Headquarters office staff are covered by this document alone.

Risk ratings and the hierarchy of controls follow the method stated in the Core JHA: **High** (likely and capable of serious injury), **Medium** (possible, or likely but minor), **Low** (unlikely and minor).

Part I: Headquarters Office Staff JHA

Office hazards are lower in severity than clinical hazards, but repetitive strain from computer work and slips, trips, and falls account for most office injury claims.

Job summary. Recruiting, credentialing, scheduling, payroll, billing, human resources, compliance, and administrative staff working at Worldwide's headquarters in Tonawanda, New York. Work is primarily computer and telephone based, with occasional handling of files and supplies.

Task	Hazard	Risk	Controls
Computer work (keyboard, mouse,	Repetitive strain to hands, wrists, neck,	Medium	Adjustable chairs and monitor positioning at

Task	Hazard	Risk	Controls
monitors)	shoulders, and back; eye strain		or slightly below eye level. Keyboard and mouse at elbow height. Ergonomic evaluation on request or on any reported discomfort. Short breaks and the 20-20-20 rule for eye strain.
Extended telephone use	Neck strain from cradling the handset	Low	Headsets for staff on the phone most of the day.
Walking in the office, stairs, and parking areas	Slips, trips, and falls from cords, open drawers, wet entryways, and ice	Medium	Route and secure cords. Close drawers. Floor mats at entrances. Snow and ice removal on walkways and the lot. Use handrails.
Lifting and moving boxes, files, and supplies	Back strain	Low	Keep loads under 25 pounds or use a cart. Store heavy items between knee and shoulder height. Get help for awkward loads.
Reaching high shelves	Falls from standing on chairs	Low	Use a step stool or ladder, never a chair.
Copiers, shredders, and paper cutters	Cuts and entanglement	Low	Keep guards in place. Keep ties, jewelry, and long hair clear of shredders.
Kitchen and break room use	Burns and slips	Low	Clean spills immediately. Use caution with hot liquids and microwaved food.
Interactions with upset	Verbal abuse; threats;	Low	Controlled entry for

Task	Hazard	Risk	Controls
callers or visitors	potential violence		visitors. De-escalation. Report threats to a supervisor and to HR. Call 911 for any immediate threat.
Emergencies	Fire, severe weather, medical emergencies	Medium	Posted evacuation routes. Annual fire drill. Know extinguisher, first aid kit, and AED locations.

Office staff training. Orientation to this JHA, emergency procedures, and ergonomics at hire. Annual fire safety and emergency procedure review. Workplace violence prevention at hire, then annually.

Part J: Nurse Assessor JHA

Nurse assessors have patient contact but rarely perform hands-on care, so their leading hazards are workplace violence during interviews and infection exposure, with sustained computer documentation a secondary concern.

Job summary. The nurse assessor interviews and observes patients or clients, reviews records, completes standardized assessment tools, and documents findings at a single assigned client site. The role does not include medication administration, procedures, or routine patient handling.

Task	Hazard	Risk	Controls
Interviewing and observing patients or clients	Verbal abuse, threats, or assault, especially when assessment outcomes affect services or benefits	Medium	Review available behavior history before the interview. Sit with a clear path to the exit for yourself, without blocking the client's way out. Leave the door open or use a room with a window or second staff member when warranted. End the interview and leave if the person becomes threatening. Know the site's duress and security procedure.

Task	Hazard	Risk	Controls
Physical observation (gait, transfers, range of motion)	Strain or fall if a client loses balance during observation	Medium	Observe only; do not physically assist unless trained and the task is required. Ask facility staff to assist with any transfer.
Close contact during assessments	Infection exposure	Medium	Standard precautions. Check isolation signage. Hand hygiene before and after each contact. Use posted transmission-based PPE.
Reviewing records and documenting on laptops or tablets	Repetitive strain and poor posture at temporary workstations	Low	Use a proper desk and chair where available. Use an external keyboard and mouse for extended documentation. Take short breaks.
Carrying laptops, files, and assessment materials	Shoulder and back strain	Low	Use a rolling bag or cart for heavy loads.

Nurse assessor training and competency. Active RN or LPN license valid in the work state, verified at the primary source, before placement and at renewal. Core JHA training before placement, then annually. Training on the assessment instruments used by the client before placement.

Setting notes. In long-term care and veterans homes, residents with dementia may react unpredictably to unfamiliar staff; coordinate with unit staff before each assessment. In corrections and behavioral health, conduct interviews only in approved areas, with security present as the facility requires, and do not bring prohibited items into secure areas.

Part K: Facility-Based Support Staff JHA

Unit clerks face mostly office-type hazards in a clinical environment. Patient sitters face the highest workplace violence exposure of any non-clinical role, because they are assigned to patients specifically for agitation, confusion, fall risk, or safety observation.

Job summary. Unit clerks staff the nursing unit desk: answering phones and call lights, managing records and orders, greeting visitors, and supporting nursing staff. Patient sitters provide continuous one-to-one

or group observation of patients at risk of falls, wandering, removing medical devices, or harming themselves or others, and alert nursing staff to changes.

Unit clerk tasks.

Task	Hazard	Risk	Controls
Computer and telephone work at the unit desk	Repetitive strain; neck and eye strain	Low	Adjust chair and monitor. Request a headset for heavy phone use. Take short breaks.
Greeting visitors and families	Verbal abuse and threats from distressed visitors	Medium	Use de-escalation. Call the charge nurse or security early. Know the duress alarm and code procedure.
Walking on the unit and delivering items	Slips, trips, and falls	Low	Slip-resistant footwear. Report spills. Keep the desk area clear of cords and boxes.
Handling specimens or records for transport, where assigned	Contact with body fluids from leaking containers	Low	Carry specimens only in sealed biohazard bags. Gloves if a container is leaking; report it to nursing.

Patient sitter tasks.

Task	Hazard	Risk	Controls
Observing agitated, confused, or aggressive patients	Hitting, kicking, biting, scratching, spitting	High	Receive a report from the nurse on behavior and risks before each assignment. Keep a clear path to the exit for yourself without blocking the patient's way out. Stand at an angle, about two arm's lengths away. Use verbal redirection. Call for help immediately when behavior

Task	Hazard	Risk	Controls
			escalates; never physically restrain.
Safety observation of patients at risk of self-harm	Assault during a crisis; distress from witnessing events	High	Follow the facility observation policy exactly, including line-of-sight and room sweeps for hazardous items. Remove personal items that could be used as weapons or ligatures, including lanyards. Summon nursing immediately for any concern. Report incidents to Worldwide.
Preventing falls and device removal	Strain or fall from catching or holding a patient	High	Never lift or catch a falling patient; call for help and guide to the floor if possible. Do not physically prevent a patient from moving; alert nursing.
Close, prolonged contact with patients	Infection exposure	Medium	Standard and transmission-based precautions as posted. Hand hygiene.
Long periods of sitting and observing	Fatigue reducing vigilance	Medium	Take scheduled relief breaks; never leave the patient unattended without relief in place. Report fatigue to the charge nurse.

Support staff training. Core JHA training as described in the scope section, before placement and annually. Patient sitters also complete workplace violence prevention and de-escalation, fall prevention, and the facility's observation policy orientation before the first shift at each facility.

Setting notes. In acute care, sitters are often assigned to patients in withdrawal, delirium, or post-surgical confusion. In long-term care and veterans homes, wandering and dementia-related aggression are the main concerns. In corrections and behavioral health, sitters follow facility security procedures and must not bring prohibited items into patient areas.

Review and Acknowledgment

Prepared and approved by Worldwide.

Role	Name	Signature	Date
Chief Executive Officer / Clinical Director	Leo R. Blatz	LRB	10/21/2026

APPENDIX D: State Supplements

General. Worldwide assigns employees in states that operate OSHA-approved State Plans. Where a State Plan or state law imposes a requirement not addressed in the body of this Policy, the requirement is addressed below. Before an employee's first placement in a state not listed below, Human Resources will confirm whether any additional written program, safety committee, or reporting requirement applies and will add it to this Appendix.

California: Injury and Illness Prevention Program. For employees working in California, this Policy, including this Appendix, is Worldwide's Injury and Illness Prevention Program under 8 CCR § 3203. (1) The Human Resources Director has authority and responsibility for implementing the Program. (2) Compliance is secured through training, recognition, and discipline under Worldwide's employee handbook. (3) Worldwide communicates with employees through training, written materials, and this Policy, and employees may report hazards without fear of reprisal, anonymously if they choose, by contacting Human Resources or using the form in Appendix A. (4) Hazards are identified and evaluated through the JHAs, which are reviewed at least annually and when a new hazard is recognized, through employee reports, and, at client facilities, through the client facility's own program; Worldwide has no fixed California worksite of its own. (5) Occupational injuries and illnesses are investigated under the section titled "Reporting and Recordkeeping." (6) Unsafe conditions are corrected in a timely manner based on severity; if an imminent hazard cannot be immediately abated, exposed employees other than those needed to correct it will be removed from the area. (7) Training is provided when the Program is established, to new employees, to employees given new assignments for which training has not been received, and when new hazards are introduced or recognized. (8) Employees may obtain a copy of this Program within five business days of a request to Human Resources.

California: Workplace Violence Prevention. Worldwide's Workplace Violence Prevention Program, including its training, is maintained as a separate document and applies to employees working in California for purposes of California Labor Code § 6401.9. Field Staff assigned to health facilities also follow the client facility's workplace violence prevention plan under 8 CCR § 3342.

California: Serious Injury Reporting. Serious injuries, illnesses, and deaths of employees working in California must be reported to Cal/OSHA within 8 hours, as required by 8 CCR § 342.

New York. Worldwide's Airborne Infectious Disease Exposure Prevention Plan under N.Y. Labor Law § 218-b is maintained as a separate document, is included in Worldwide's employee handbook, and is provided to employees upon hire. Employees may establish a workplace safety committee under N.Y. Labor Law § 27-d.

Washington. Before placing an employee with a Washington host employer, Worldwide will follow chapter 296-801 WAC, including assessing the worksite and job position, providing general safety training in the employee's chosen language, and informing employees how to report safety concerns, including to the Department of Labor & Industries at 1-800-423-7233. This Policy, together with the host employer's site-specific program, is Worldwide's Accident Prevention Program under WAC 296-800-140.

Oregon and Other State Plan States. For employees working in Oregon, Minnesota, Michigan, Virginia, North Carolina, or other State Plan states, Human Resources will confirm and document any state-specific safety committee, written program, or reporting requirement before the first placement.