

<b>CNS OPERATIONS MANUAL</b> <b>ADMINISTRATIVE PROCEDURE 0.36.9</b>  <b>BLOODBORNE PATHOGENS</b> <b>EXPOSURE CONTROL PROGRAM</b>	<b>USE: INFORMATION</b> <b>QUALITY: QAPD RELATED</b> <b>EFFECTIVE: 4/1/10</b> <b>APPROVAL: ITR-RDM</b> <b>OWNER: SHU SUPV</b> <b>DEPARTMENT: SHU</b>
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REV.	DATE	CHANGES
1	4/11/06	Updated GO titles throughout the procedure. In Step 3.4.2, changed First-Aid kit to Emergency Response kit. Added Chemistry and Maintenance to departments listed in Step 4.2.6. Added Hepatitis B Virus to Step 1.3 on Information Sheet. In Responsibilities section of the Information Sheet, deleted Radiation Protection Manager and added GMPO.
2	4/1/10	Added nitride to type of gloves in Step 6.2. Added Supervision notification to CAUTION prior to Step 6.5. Added BIOHAZARD label requirement to Step 6.6.3.

1. PURPOSE

- 1.1 This procedure provides information for personnel who could "reasonably anticipate" as the result of performing their duties, contact with blood or other potentially infectious materials (OPIM) including bio-hazardous waste.
- 1.2 It is the intent and objective of this procedure to manage personnel vulnerability by limiting exposures to potentially infectious materials.

## 2. PRECAUTIONS AND LIMITATIONS

- 2.1 Because exposure to blood or OPIM carries the risk of infection, individuals whose duties place them at risk of exposure to blood or OPIM are also at risk of becoming infected with Bloodborne Pathogens, developing disease, and in some cases, the exposure can lead to death.
  - 2.1.1 Infected individuals are also capable of transmitting the pathogens to others.
- 2.2 Universal Precautions apply to blood and body fluids containing visible blood.
  - 2.2.1 They do not apply to feces, nasal secretions, sputum, sweat, tears, urine, saliva, breast milk, or vomitus unless blood is present.
  - 2.2.2 Office and restroom waste which may contain human blood products in various forms (i.e., feminine hygiene product wastes) may be disposed of as regular waste.
    - 2.2.2.1 OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste.
  - 2.2.3 Under circumstances in which the differentiation between body fluid types is difficult or impossible, all body fluids shall be considered OPIM.
  - 2.2.4 Regardless of the amount, all contaminated blood is potentially infectious and dangerous.

## 3. ALL PERSONNEL

- 3.1 All personnel share the responsibility for minimizing their occupational exposure to human blood and OPIM.
  - 3.1.1 Employees shall report any exposure incidents to their Supervisor immediately.
  - 3.1.2 An employee with a potential exposure incident shall be subject to a post-exposure evaluation and follow-up.
  - 3.1.3 Insulin dependent diabetic employees shall use the sharps containers for disposal of lancets, pH paper, and needles which have been used while at CNS.
- 3.2 EXPOSURE CONTROL PLAN (ECP)
  - 3.2.1 Employees shall use the following controls to eliminate or minimize their exposure:
    - 3.2.1.1 Engineering controls.
    - 3.2.1.2 Work practices.
    - 3.2.1.3 Housekeeping practices.

3.2.1.4 Hepatitis B (HBV) vaccine (pre- or post-exposure).

3.3 Engineering controls which are available:

3.3.1 Hand washing facilities.

3.3.2 Emergency showers and eyewash stations.

3.3.3 First-Aid kits.

3.3.4 Leak-proof, puncture resistant sharps containers.

3.3.5 Specimen containers with BIOHAZARD labels.

3.3.6 Secondary medical containers with BIOHAZARD labels.

3.3.6.1 Where occupational exposures remain after institution of these controls, Personal Protective Equipment (PPE) shall also be used.

3.4 Work Practice Controls which shall be utilized:

3.4.1 Hand washing is required after incurring a potential exposure. Facilities are available to employees subject to exposure to blood or OPIM.

3.4.1.1 When employees are subject to exposure of their skin or mucus membranes, those areas shall be washed or flushed with soap and water, as soon as feasible, following contact.

3.4.1.2 Any emergency shower or eyewash station located on the plant site may be used to wash or flush exposed skin or mucus membranes with water.

3.4.2 If hand washing facilities are not available, antiseptic cleaner is available for use in the Emergency Response kits of the CNS Emergency Medical Response Team.

3.4.2.1 When this method is used, employees shall wash their hands with soap and running water as soon as feasible.

3.5 PERSONAL PROTECTIVE EQUIPMENT (PPE).

**CAUTION 1** – PPE shall be considered appropriate only if it does not permit blood or OPIM to pass through or reach the wearer's clothing, skin, eyes, mouth, or other mucus membranes under normal conditions of use and for the duration of time which the protective equipment is expected to be used.

**CAUTION 2** – PPE shall be chosen based upon the anticipated exposure to blood and OPIM.

3.5.1 Employees with a risk for occupational exposure shall use PPE.

- 3.5.2 Gloves shall be used for any procedure where the employee can reasonably anticipate exposure to blood or OPIM, mucous membranes, non-intact skin, and when touching contaminated items or surfaces.
  - 3.5.2.1 After removal of protective gloves, personnel shall wash hands and any other potentially contaminated skin areas, as soon as feasible, with soap and water or antiseptic towelettes.
  - 3.5.2.2 Disposable gloves shall be replaced when they become contaminated with blood or OPIM as soon as feasible.
  - 3.5.2.3 Disposable gloves shall be replaced if they become torn, punctured, or when their ability to function as a barrier has been compromised.
  - 3.5.2.4 Disposable gloves shall not be washed or decontaminated for re-use.
- 3.5.3 Masks and protective eyewear shall be worn whenever splashes, spray, or splatter of human blood or OPIM is likely to occur; preventing exposures to mucous membranes in the mouth, nose, and eyes.
- 3.5.4 Protective resuscitation masks, available in the First-Aid kits and for the CEMRT members in their emergency response kits, should be used when performing mouth-to-mouth resuscitation.
- 3.5.5 Use appropriately labeled containers for disposal, storage, and transport of blood or OPIM waste materials.

#### 4. EMPLOYEES DETERMINED TO BE AT RISK FOR EXPOSURE

- 4.1 Personnel who have been determined to have the potential for exposure during the course of performing their duties shall comply with the requirements of this Exposure Control Plan (ECP).
- 4.2 Specific disciplines have been identified who may be exposed to infectious materials in the course their normal tasks. They shall become familiar with, and adhere to, the provisions of the ECP.
  - 4.2.1 Nuclear Security Services Personnel - While drug and alcohol specimens are being collected.
  - 4.2.2 CNS Custodial Staff - Personnel whose duties include cleaning and sanitizing toilets, urinals, floors, trash receptacles, and other waste containers which are or may be contaminated with blood or OPIM.
  - 4.2.3 CNS Emergency Medical Response Team (CEMRT) Members - When performing emergency medical response activities at an accident or illness.
  - 4.2.4 Individuals Performing First-Aid Activities - Individuals at the scene of an accident, injury, or illness who perform First-Aid activities, which potentially expose them to blood or OPIM.

- 4.2.5 Personnel Assisting in Decontamination Activities - Personnel whose duties include assisting in the cleanup and disinfecting of waste materials or removal of blood or OPIM.
  - 4.2.6 Radiation Protection, Chemistry, and Maintenance Department Technicians whose duties include the sampling and clean-up of waste sewage.
  - 4.2.7 Radiation Protection Department Technicians and Fire Brigade Personnel who could be required to assist as First Responders at accidents, injuries, and sudden illness.
  - 4.2.8 CNS Security Personnel whose duties include assisting in activities necessary to physically restrain, detain, or subdue individuals capable of aggressive behavior.
  - 4.2.9 Insulin Dependent Diabetic Employees - When disposing of lancets, pH paper, and needles, which have been used at CNS.
  - 4.2.10 "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.
- 4.3 CNS EMERGENCY MEDICAL RESPONSE TEAM (CEMRT) PERSONNEL'S PPE AND WORK PRACTICES
- 4.3.1 Protective clothing and PPE shall be provided to employees and used when responding to accidents, injuries, and illnesses.
  - 4.3.2 CEMRT members' PPE include:
    - 4.3.2.1 Eye protection devices are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth bloodborne pathogen contamination can reasonably be anticipated. Acceptable eye protection includes the use of any of these:
      - a. Goggles.
      - b. Chin length face shields.
      - c. Masks in combination with safety glasses.
      - d. Safety glasses with solid side shields.
    - 4.3.2.2 Protective airways, mouthpieces, resuscitation bags, pocket masks, other ventilation devices.
    - 4.3.2.3 Disposable examination gloves.
    - 4.3.2.4 Lab coats, gowns, aprons, or PPE jump suits.
      - a. Garments which are penetrated by blood shall be removed as soon as feasible.

- b. PPE and clothing contaminated with human blood or OPIM shall be disposed of by the District.
  - c. Replacements shall be made by the District, if appropriate.
- 4.3.3 The following CNS guidelines shall be followed when CEMRT members leave the emergency area:
  - 4.3.3.1 Disposable sharps used shall be discarded in the appropriate sharps containers.
  - 4.3.3.2 PPE used shall be discarded in "BIOHAZARD" labeled trash bags.
  - 4.3.3.3 Re-usable PPE and other medical equipment shall be cleaned by the CEMRT members.
  - 4.3.3.4 After an accident, blood or potential infectious material contaminated surfaces shall be disinfected by the designated Custodial personnel or by CEMRT members.
- 4.3.4 The protocol for disposing of blood or OPIM contaminated sheets and pillow cases used on the station ambulance is to exchange them at the hospital for clean linens. The hospital launders them per their procedures.

## 5. NUCLEAR SECURITY SERVICES WORK PRACTICES AND PPE

- 5.1 After every medical procedure, including collecting specimens for drug and alcohol screening, equipment surfaces contaminated with blood or OPIM shall be disinfected immediately or as soon as feasibly possible and at the end of the work shift if the surface may have become contaminated since the last cleaning.
  - 5.1.1 Protective coverings (plastic wrap, aluminum foil, or imperviously-backed absorbent paper) used to cover equipment and environmental surfaces shall be removed or replaced as soon as feasible if they become contaminated with blood or OPIM.
- 5.2 The containers used for this purpose shall be labeled or color coded in accordance with requirements of the OSHA standard when handling specimens.
  - 5.2.1 Any specimen which could puncture a primary container shall be placed within a secondary container which is puncture resistant.
  - 5.2.2 If contamination occurs outside of the primary container, the primary container shall be placed within a secondary container which prevents leakage during handling, processing, storage, and transport or shipping of the specimen.
  - 5.2.3 BIOHAZARD labels shall be attached to the container stating which portion of the container is contaminated.
- 5.3 Areas where blood or OPIM has contaminated surfaces shall be cleaned and decontaminated.

## 5.4 WORK AREA RESTRICTIONS

- 5.4.1 In work areas where there is a reasonable likelihood of exposure to blood or OPIM, personnel shall not:
  - 5.4.1.1 Eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.
  - 5.4.1.2 Keep food or beverages in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM is present.
- 5.4.2 Work practices shall be conducted in a manner which shall minimize splashing, spraying, splattering, and generation of droplets of blood or other infectious materials.
  - 5.4.2.1 Ensure spills of liquid blood or infectious materials are contained and cleaned up and disinfected.
  - 5.4.2.2 Appropriate PPE shall be used to prevent exposures.

## 5.5 CONTAMINATED SHARPS

- 5.5.1 Blood or OPIM contaminated sharps shall be discarded as soon as feasible in sharps containers.
- 5.5.2 Contaminated sharps shall not be bent or purposely broken. They shall be placed in the sharps containers which are puncture resistant, labeled with a BIOHAZARD label and leak proof.
- 5.5.3 Containers shall be leak-proof, rigid, puncture resistant, with a tight fitting lid.

## 6. CUSTODIAL STAFF'S PPE AND HOUSEKEEPING PRACTICES

- 6.1 Broken glassware which may be contaminated with blood and OPIM shall not be picked up directly with the hands.
  - 6.1.1 It shall be cleaned up using a mechanical method, such as a broom and dust pan, tongs, or forceps.
- 6.2 Disposable gloves, nitrile gloves, or heavy latex gloves shall be used when an employee is cleaning and sanitizing toilets, urinals, floors, trash receptacles, and other waste containers which are or may be contaminated with blood or OPIM.
  - 6.2.1 Hand washing is required after incurring any potential exposure.
  - 6.2.2 After removal of protective gloves, personnel shall wash hands and any other potentially contaminated skin areas, as soon as feasible, with soap and water or antiseptic towelettes.
  - 6.2.3 Gloves shall be replaced if they become torn, punctured, or when their ability to function as a barrier has been compromised.
  - 6.2.4 Disposable gloves shall not be washed or decontaminated for re-use.

- 6.2.5 Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.
- 6.3 Personnel emptying trash shall not reach into containers, rather they should remove the disposable bags.
- 6.4 Removal of the full sharps containers is the responsibility of the Custodial Staff.
- 6.4.1 Containers are to be removed on an as-needed basis.
- 6.4.2 Containers shall not be allowed to exceed their capacity.
- 6.4.3 Full containers shall be replaced with new containers and containers shall not be re-used.

**CAUTION** – Sodium Hypochlorite (Bleach) or Clorox solutions shall not be used on aluminum or oxidizable metals and not used in the RCA unless approval by Industrial Safety or Chemistry Supervision.

- 6.5 Blood or OPIM decontamination disinfection shall be accomplished by the Custodial Staff utilizing the following materials:
- 6.5.1 Use Sodium Hypochlorite (Bleach) or Clorox - Commonly used as a 1:10 solution, 1 1/2 cups to 1 gallon of water.
- 6.5.1.1 Solution should be mixed as needed.
- 6.5.1.2 Items to be treated should be carefully cleaned and disinfected.
- 6.5.1.3 Solution shall be used for immediate level disinfection on non-critical surfaces and equipment.
- 6.5.2 Use Envirocide® Disinfectant and Cleaner (or any other approved material), which is approved for use within the RCA.
- 6.5.3 Gloves and eye protection shall be utilized due to the potential irritation to skin and eyes by the cleaning solutions.
- 6.6 DISPOSAL OF MEDICAL OR POTENTIALLY INFECTIOUS WASTE MATERIALS
- 6.6.1 Segregate potentially contaminated blood or infectious wastes at the point of origin.
- 6.6.1.1 Medical wastes such as vomitus, sputum, saliva, etc., shall be cleaned up as follows:
- Wear disposable gloves and eye protection.
  - Scoop the material into a dust pan or similar tool and then flush it down a sink or toilet.

- c. Clean the affected area using Sodium Hypochlorite (Bleach or Clorox) solution or Envirocide® Disinfectant and Cleaner (or any other approved material), which is approved for use within the RCA.
- 6.6.2 Blood or OPIM contaminated waste materials shall be discarded as soon as feasible in plastic trash bags or containers labeled as BIOHAZARD. This includes:
  - 6.6.2.1 Contaminated items of personal clothing (victims' or rescuers').
    - a. Items of clothing may be laundered, as necessary, with a soap and bleach solution.
  - 6.6.2.2 Disposable items of protective clothing or equipment contaminated with blood or OPIM.
- 6.6.3 The contents of sharps containers and plastic bags containing potentially infectious waste materials shall be placed in puncture-resistant containers for storage, handling, and transportation.
  - 6.6.3.1 Containers shall be leak-proof and in good condition with tight fitting lids.
  - 6.6.3.2 Containers shall be labeled "BIOHAZARD" with the international BIOHAZARD symbol.
  - 6.6.3.3 Labels showing the international BIOHAZARD symbol shall be affixed to containers of regulated waste, refrigerators containing blood or other potentially infectious material (OPIM), and other containers used to store, transport, or ship blood or other potentially infectious material. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transportation, shipment, or disposal are exempt from the labeling requirement.
  - 6.6.3.4 In most situations, the volume of potentially infectious biological waste that will be generated is very small. However, a major industrial accident with one or more severely injured employees may result in a substantial amount of potentially contaminated waste, some or all of which may be transported to another location. Waste material, exposed machinery, vehicles, tools, or work areas what may have been contaminated by blood or other potentially infectious material shall be properly labeled to prevent unsuspecting workers from exposing themselves to bloodborne disease.

## 7. JOB SUPERVISOR'S RESPONSIBILITY FOR PERSONNEL'S PPE AND WORK PRACTICES

### 7.1 DECONTAMINATION OF CONTAMINATED EQUIPMENT

7.1.1 In areas where equipment or work surfaces have become contaminated with blood or OPIM, the Job Supervisor shall:

7.1.1.1 Secure the area in which the equipment or work surface is located.

7.1.1.2 Examine equipment or work surfaces to determine if decontamination is necessary and/or whether decontamination of such equipment is feasible.

a. Contact Industrial Safety or designee to assist in determining the extent of decontamination while is necessary.

b. Isolate the immediate area or label any equipment that has not been decontaminated.

c. Have the equipment and the surrounding area disinfected.

## 8. HEPATITIS B (HBV) VACCINE

8.1 Employees who have been identified in this procedure as having a potential for exposure to blood or OPIM shall be offered the Hepatitis B vaccine.

8.2 Vaccinations will be made available, upon implementation of this procedure, and within 10 working days of an employee's initial assignment to work involving the potential for occupational exposure to blood or OPIM.

8.2.1 Hepatitis B vaccinations shall be made available after the employee has received training.

8.2.1.1 Unless the employee has previously received the complete Hepatitis B vaccination series; and

8.2.1.2 Antibody testing has verified the employee is immune; or

8.2.1.3 The vaccine is inadvisable for medical reasons.

8.2.2 If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such a booster dose(s) shall be made available.

8.3 An employee who has previously had the vaccine may submit to antibody testing for evidence of sufficient immunity.

8.4 Any employee who has declined the Hepatitis B vaccine shall complete Attachment 1.

8.4.1 An employee who initially declines the Hepatitis B vaccinations, but later decides to participate, is eligible if still covered under this procedure.

8.5 Industrial Safety or designee is responsible for:

8.5.1 Ensuring the vaccine series are offered and administered to employees who have occupational exposure.

8.5.2 Ensuring appropriate records are maintained.

8.5.2.1 Records shall be maintained by the General Office (GO) Health and Wellness Specialist in the Human Resources Department.

## 9. POST-EXPOSURE EVALUATION AND FOLLOW-UP

9.1 The potential exists for personnel who have assisted in an unplanned emergency incident to require post-exposure evaluation and follow-up. In the event of an unplanned exposure incident, the following procedure shall be followed:

9.1.1 A written report shall be prepared by the Supervisor or lead documenting the incident and describing the circumstances of the exposure on Attachment 2.

9.1.1.1 This form will be filed in the employee's medical file at the GO's Human Resources Department.

9.1.2 Follow-up shall include a confidential medical evaluation. Identity of the source individual shall be obtained, if possible. (Unless identification is not feasible or prohibited by law.)

9.1.2.1 After consent is obtained, Human Immunodeficiency Virus (HIV) and HBV blood testing of the source individual should be performed as soon as possible.

9.1.2.2 The exposed employee shall be informed of the source blood test results and of applicable laws governing disclosure of this information.

9.1.2.3 A licensed physician or health care worker shall perform the evaluation and medical follow-up, and counseling and evaluation for the exposed employee.

9.1.2.4 All Lab testing shall be done at an accredited Laboratory.

9.1.2.5 Health care professionals shall be provided specified information to facilitate the evaluation and their written opinion on the need for Hepatitis B vaccination following the exposure.

9.1.2.6 Information such as the employee's ability to receive the Hepatitis B vaccine shall be supplied to the District.

9.1.2.7 All diagnoses shall remain confidential.

9.1.3 If an employee who has been potentially exposed to Bloodborne Pathogens or OPIM refuses post-exposure medical evaluation, they shall complete Attachment 3.

9.1.3.1 This form will be filed in the employee's medical file at the GO's Human Resources Department.

## 10. TRAINING

10.1 Training for employees will be conducted prior to initial assignment to tasks where occupational exposure may occur.

10.2 Training for designated employees will include the following:

10.2.1 The OSHA Standard for Bloodborne Pathogens.

10.2.2 Epidemiology and Symptomatology of Bloodborne Diseases.

10.2.3 Modes of Transmission of Bloodborne Pathogens.

10.2.4 This Exposure Control Plan.

10.2.5 Practices which might cause exposure to blood or other potentially infectious materials.

10.2.6 Control methods which will be used in this facility to control exposure to blood and other potentially infectious materials.

10.2.7 Personal protective equipment available at this facility. Who should be contacted concerning exposure to blood or OPIM.

10.2.8 Post-exposure evaluation and follow-up.

10.2.9 Signs and labels used at CNS.

10.2.10 Hepatitis B vaccine program at CNS.

10.2.11 Employees will receive annual refresher training.

## 11. RECORDS

11.1 All medical records required by 29CFR1910.1030, Occupational Exposure to Bloodborne Pathogens, shall be maintained by NPPD at the GO Human Resources Department.

11.2 Medical records and support documentation shall be maintained for 30 years from the date of termination for each employee.

11.2.1 Informed Refusal Forms shall be maintained at the GO for 30 years from the date of termination for each employee.

11.3 Attachments 1 through 3 are sent to GO Health and Wellness Specialist in the Human Resources Department (quality record upon required signatures).

**CONFIDENTIAL**

**INFORMED REFUSAL FOR HEPATITIS B VACCINATION**

I, \_\_\_\_\_ am employed at Nebraska Public Power District's Cooper Nuclear Station. The District has provided me with education about Hepatitis B vaccine. I understand the effectiveness of the vaccine, risks of contracting Hepatitis B, and the importance of taking active steps to reduce the risk of exposure to the disease.

However, I, of my own free will and volition, and despite the District's urging, have elected NOT to be vaccinated against Hepatitis B. I have personal reasons for making this decision not to be vaccinated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Witness

Completed forms shall be sent to the General Office's Health and Wellness Specialist in the Human Resources Department.

**NOTE** – Maintain this record for duration of employment plus 30 years.

CONFIDENTIAL

Employee Exposure Incident Report Form

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Exposure Incident Circumstance (describe what happened):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Route of Exposure (e.g., needle stick, splash, puncture wound, abraded skin):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source Patient's Antibody Status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident: \_\_\_\_\_

Signature: \_\_\_\_\_

Completed forms shall be sent to the General Office's Health and Wellness Specialist in the Human Resources Department and a copy to the Industrial Safety Coordinator or designee.

**NOTE** – Maintain this record for duration of employment plus 30 years.

CONFIDENTIAL

Employee Informed Refusal of Post Exposure Medical Evaluation

I, \_\_\_\_\_, am employed by Nebraska Public Power District's Cooper Nuclear Station. The District has provided me training in Bloodborne Pathogens Policies and the risk of disease transmission.

On \_\_\_\_\_, 19 \_\_\_\_, I was involved in an exposure incident when

I (describe incident):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The District has offered to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However; I, of my own free will and volition, and despite the District's offer, have elected not to have a medical evaluation. I have personal reasons for making this decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Witness

Completed forms shall be sent to the General Office's Health and Wellness Specialist in the Human Resources Department.

**NOTE** – Maintain this record for duration of employment plus 30 years.

## 1. DISCUSSION

### 1.1 HEPATITIS TRANSMISSION

1.1.1 Hepatitis is a virulent infectious disease which claims an estimated 300,000 new cases every year. More than 1 million people in the U.S. are carriers of the disease. Hepatitis may be transmitted to Emergency Care workers and ancillary employees through contact with the blood and body fluids of infected patients, usually through accidental needle sticks and unprotected cuts and sores.

1.1.1.1 Hepatitis is most commonly transmitted through intravenous drug users sharing needles and sexual contact.

1.1.1.2 Hepatitis symptoms often include jaundice, loss of appetite, nausea, and elevated liver function tests.

### 1.2 AIDS TRANSMISSION

1.2.1 AIDS (HIV) is not as contagious as Hepatitis, but it has no vaccine for prevention. It is transmitted through body fluids so workers can be exposed to it.

1.2.1.1 There is no current inoculation against AIDS. CDC recommends and OSHA enforces that "Universal Precautions" be instituted in all health care settings.

1.2.2 OSHA requires that employees be trained in prevention and be required to protect themselves during at-risk tasks or procedures.

1.2.2.1 AIDS is transmitted through blood and semen. It is transmitted sexually and through blood exposure or perinatal from the mother to the child. AIDS is not transmitted through general contact with a carrier.

1.2.2.2 Symptoms of HIV infection are varied and include fatigue, fever, weight loss, night sweats, rashes, mouth sores, or pneumonia.

### 1.3 DEFINITIONS

1.3.1 Blood - Human blood, human blood components, and products made from human blood.

1.3.2 Bloodborne Pathogens - Pathogenic micro-organisms that are present in human blood and can cause disease in humans. The pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

- 1.3.3 Clinical Laboratory - Work place where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- 1.3.4 Bloodborne Pathogen Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 1.3.5 Bloodborne Pathogen Contaminated Laundry - Laundry which has been soiled with blood or other potentially infectious materials, or which may contain sharps.
- 1.3.6 Bloodborne Pathogen Contaminated Sharps - Any Bloodborne Pathogen contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- 1.3.7 Decontaminate - The use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface of an item is rendered safe for handling, use, or disposal.
- 1.3.8 Engineering Controls - Controls which isolate or remove the Bloodborne pathogens hazard from the work place (e.g., controls relating to sharps disposal containers, self-sheathing needles, etc.).
- 1.3.9 Exposure Incident - A specific eye, mouth, mucous membrane, or non-intact skin contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- 1.3.10 HBV - Hepatitis B Virus.
- 1.3.11 HIV - Human Immunodeficiency Virus.
- 1.3.12 Occupational Exposure - Reasonably anticipated skin, eye, or mucous membrane contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 1.3.13 OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)
  - 1.3.13.1 The following human fluids: semen, vaginal secretions, cerebrospinal fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  - 1.3.13.2 Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

- 1.3.13.3 HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 1.3.14 Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against a Bloodborne Pathogen incident. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- 1.3.15 Regulated Medical Waste - Liquid or semi-liquid blood or other potentially infectious materials, Bloodborne Pathogen contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, Bloodborne Pathogen contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.
- 1.3.16 Source Individual - Any person, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include but are not limited to hospital or clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug or alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
- 1.3.17 Universal Precautions - An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other Bloodborne Pathogens. Universal Precautions are intended to prevent occupational exposure to human blood or OPIM. Routes of transmission for exposure:
- 1.3.17.1 Contact with broken skin.
  - 1.3.17.2 Splash to mucous membranes of the eye, nose, or mouth.
  - 1.3.17.3 Puncture of the skin with a sharp object.
- 1.3.18 Work Practice Controls - Controls that reduce the likelihood of an employee exposure to blood or other potentially infectious materials by altering that manner in which a task is performed.

## 2. RESPONSIBILITIES

- 2.1 General Manager of Plant Operations (GMPO) has the overall responsibility for ensuring the Exposure Control Plan is implemented.

- 2.2 Industrial Safety or designee is responsible for the day-to-day administration and managing the Bloodborne Pathogens ECP.
  - 2.2.1 Coordinating the disposal of infectious waste materials.
  - 2.2.2 Assisting departments in evaluating potential exposures.
  - 2.2.3 Coordinating Bloodborne Pathogens training.
  - 2.2.4 Responsible for the annual review and changes, as necessary, to this procedure.
- 2.3 Managers and Supervisors are responsible for carrying out the Bloodborne Pathogens ECP and ensuring ECP is integrated into the day-to-day routine.
  - 2.3.1 Managers and Supervisors are responsible for being actively involved in the implementation of the ECP with the responsibility for minimizing their departments' occupational exposure to human blood and OPIM in accordance with this procedure.
- 2.4 Individuals performing First-Aid activities shall abide by these guidelines while performing First-Aid activities at the scene of an accident, injury, or illness, which potentially exposes them to blood or OPIM.
- 2.5 Contractor personnel shall follow this procedure unless their ECP can be proven to be more restrictive than that of CNS.
  - 2.5.1 Contractors shall provide a copy of their ECP to Industrial Safety or designee for review prior to its being used at CNS.

3. REFERENCES

3.1 COMMITMENTS AND OBLIGATIONS MATRIX

COMMITMENTS AND OBLIGATIONS	AFFECTED STEPS
QAPD	None

3.2 CODES AND STANDARDS

- 3.2.1 Occupational Safety and Health Administration's (OSHA) Standard, Occupational Exposure to Bloodborne Pathogens, 29CFR1910.1030.
- 3.2.2 Occupational Safety and Health Administration's (OSHA) Standard, Hazardous Waste Operations and Emergency Response, 29CFR1910.120.

3.3 MISCELLANEOUS

3.3.1 NPPD Corporate Safety and Technical Training Safety and Health Standards and Procedures, SH-ST-009, Bloodborne Pathogens.