I. Purpose

This Exposure Control Plan has been established by AbitibiBowater, Calhoun Operations in order to minimize and prevent, when possible, the exposure of employees to disease-causing micro-organisms transmitted through human blood, and as a means of complying with the Bloodborne Pathogens Standard (OSHA 29 CFR 1910.1030 - Occupational Exposure to Bloodborne Pathogens). Those employees who are determined to have potential occupational exposure to blood or other potentially infectious material must comply with the procedures and work practices outlined in this policy. The Exposure Control Plan is a key document to assist AbitibiBowater in implementing and ensuring compliance with the Standards.

II. Scope

All employees, contractors, vendors, and visitors who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. This plan will be reviewed annually and updated as necessary. All employees can obtain a copy of this plan at any time by going to the Safety web page on the Calhoun Intranet and clicking on the Safety Policies tab.

III. Definitions

A. Bloodborne Pathogens - pathogenic micro-organisms that are present in human blood and can cause disease in humans. These include, but are not limited to: Hepatitis B, Hepatitis C, HIV, and Syphilis.

B. Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM).

C. Exposure Incident - a specific eye, mouth or other mucous membranes, non-intact skin, or parenteral contact with blood or OPIM.

D. Parenteral - piercing through the skin barrier - needlestick injury, human bite, or a cut or scrape.

E. O.P.I.M - other potentially infectious materials include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, and peritoneal fluid.

F. Universal Precautions - a concept of bloodborne diseases control, which requires that all human blood and O.P.I.M. be treated as if known to be infectious.

G. Body Substance Isolation - a concept practiced by emergency response personnel - blood and all body fluids are to be considered to pose a risk for transmission of bloodborne diseases.

H. Engineering Controls - devices and techniques which serve to reduce or eliminate the risk for bloodborne disease transmission in the workplace - needle devices for self sheathing, disposal containers for sharps, hand washing, etc.

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

J. Decontamination - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they can no longer transmit infectious particles.

K. Sharps disposal container - a specially designed container used for storage and disposal of used sharps. (i.e. syringes, needles, catheters, etc.)

IV. Program Administration

The Safety and Health Services Department is responsible for the implementation of the Exposure Control Plan. Contact numbers for Health Services - (423) 336-7212. After hours number – (423) 336-7230.

The Safety and Health Services Department are responsible for maintaining, reviewing, and updating the ECP at least annually, or whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedure and work practices outlined in this Exposure Control Plan.

The Safety and Health Services Department will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., Sharps containers), labels and red bags as required by the standard.

Health Services and the Safety Department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Health Services and the Safety Department will be responsible for ensuring that all medical actions required from an exposure are performed and that appropriate employee health and OSHA records are maintained.

Health Services and the Safety Department will be responsible for training, documentation of training, and making the written Exposure Control Plan available to employees, OSHA, and NIOSH representatives.

V. Employee Exposure Determination

OSHA has established three (3) categories for protection against occupational exposure to infectious diseases.

A. Category I

Tasks that involve exposure to human blood, body fluids, or tissues.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with human blood, body fluids, or tissues, or a potential for spills or splashes of them are Category I tasks. Use of appropriate personal protective equipment will be required for every employee engaged in Category I tasks.

Category I job classifications

Job	Department	Task
EMS/Security	Human Resources	Primary Patient Care
Health Services	Human Resources	Primary Patient Care
ERT	Safety	First Response

B. Category II

Tasks that involve no exposure to human blood, body fluids, or tissues but employment may require performing unplanned Category I tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues, BUT exposure or potential exposure may be required as a condition of employment. Appropriate personal protective equipment will be available to every employee engaged in Category II tasks.

Category II job classifications

Job	Department	Task
Safety	Human Resources	Support Services

C. Category III

Tasks that involve no exposure to human blood, body fluids, or tissues, AND Category I tasks are not a condition of employment.

The normal work routine involves no exposure to human blood, body fluids, or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way.

Category III job classifications shall include the general mill population not identified in Categories I and II.

VI. Methods of Implementation and Control

A. All employees will utilize universal precautions.

B. Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of the Exposure Control Plan during their initial training session. The plan will be reviewed annually. All employees have an opportunity to review this plan at any time during their

work shift by contacting the Health Services or by going to the Calhoun intranet Safety website and clicking on the Safety Policies tab.

Health Services and the Safety Department are responsible for reviewing and updating the ECP annually (or more frequently if necessary) to reflect any new or modified tasks and procedures that affect occupational exposures and to reflect new or revised employee positions with occupational exposure.

C. Engineering and Work Practice Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below.

1. Use approved sharps containers for all sharps. The engineered sharps injury protection device is not required if:

"A licensed healthcare professional directly involved in a patient's care determines, in the exercise of clinical judgment, that use of the engineering control will jeopardize the patient's safety or the success of a medical, or nursing procedure involving the patient. The determination shall be documented by the licensed health care professional".

2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present

These rules shall be followed during the administration of first aid or CPR procedures:

1. Appropriate gloves should be worn. Gloves may not be washed for re-use, but shall be replaced with new gloves. Used gloves will be collected and placed in a red biohazard bag in the ambulance bay. Gloves will be provided for those with latex sensitivity.

2. Employees must wash their hands with soap and water immediately or as soon as possible after removal of the disposable gloves.

3. Wear appropriate face and eye protection when splashes, sprays, or droplets of blood or OPIM pose a hazard to eyes, nose, or mouth.

4. Any body area that has had contact with blood or any other potentially infectious materials must be washed with soap and water immediately or as soon as possible after contact.

5. Sharps disposal containers are inspected and maintained or replaced by Health Services and the EMS/Security whenever necessary to prevent overfilling.

6. This facility identifies the need for changes in engineering control and work practices through review of OSHA records and employee interviews.

7. If an incident occurs, members of Safety and Health Services will meet to evaluate procedures or products by review of OSHA records, review of accident investigation reports, and employee interviews. (Appendix E)

8. The manager of Safety and Health Services will ensure effective implementation of these recommendations.

D. Personal Protective Equipment

Personal protective equipment is provided to our employees at no cost to them. Training is provided by the Safety and Health Services Department, normally via a computer based training (CBT) module, in the use of the appropriate PPE for the tasks or procedures employees will perform.

Examples of the types of PPE available to employees are as follows: gloves, eye protection, fluid resistant gowns, and pocket masks or CPR Microshields.

PPE can be obtained through Health Services or EMS/Security.

These personal protective items shall be used during the administration of first-aid procedures:

1. Pocket Mask or CPR Microshield Mask for use in CPR. Category I personnel should have immediate access to barrier devices. Category II personnel should coordinate access through EMS or Health Services.

2. Disposable latex, or other appropriate gloves, to be used when hand contact with blood or other potentially infectious materials is expected. Category I personnel should have immediate access to latex, or other appropriate gloves. Category II personnel should coordinate access through EMS or Health Services.

3. Wear appropriate face and eye protection when splashes, sprays or droplets of blood or OPIM pose a hazard to eyes, nose, or mouth.

Used PPE, such as contaminated gloves, eye protection, fluid resistant gowns or pocket CPR masks will be placed in bio-hazardous containers, and placed in the bio-hazardous collection cabinet located in the ambulance bay.

VII. Housekeeping

A. As soon as possible after an incident involving potentially infectious material occurs, the scene will be stabilized and returned to its original condition using a 10% hypochlorite solution , an approved surface disinfectant solution and biohazard clean-up kits available from the EMS/Security Manager. All hazardous waste generated by this process will be collected in a red biohazard bag and placed in the biohazard collection cabinet located in the ambulance bay until picked up by a contract vendor. Contaminated linen will be disposed of properly until picked up by a contract vendor.

B. EMS personnel will be responsible for clean-up and stabilization of the scene. If no EMS personnel are available the scene will be barricaded off until EMS/Security or a Health Services representative is available.

C. Sharps disposal containers are available in Health Services. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on both sides and bottom, and labeled or color-coded appropriately. The Sharps Container is then taken to the biohazard collection cabinet located in the ambulance bay until picked up by a contract vendor.

D. The Safety and Health Services Department will ensure warning labels are affixed or red bags are used as required if regulated waste is generated.

E. The contract vendor will collect all bio-hazardous waste generated on an as needed basis. The contact person for this collection shall be the Manager of Safety and Health Services.

VIII. Hepatitis B Vaccinations

Safety and Health Services will provide training to employees on hepatitis B vaccination, addressing the safety, benefits, efficacy, methods of administration and availability. At least part of this training may be accomplished by the use of a CBT module.

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of the plan.

All employees who have been identified as having a potential exposure to blood or other infectious materials will be offered the Hepatitis B vaccine at no cost to the employee (Appendix G). The vaccine will be made available to all Category I employees initially and on a case-by-case basis to Category II and Category III employees.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. Employees who decline the Hepatitis B vaccine will sign a waiver. (Appendix A). They may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in their medical chart in Health Services.

Vaccination will be provided by Health Services, who is responsible for this part of the plan, at AbitibiBowater Calhoun.

IX. Post-Exposure Evaluation and Follow-up

When an employee incurs an exposure incident, it should be reported to their immediate supervisor, Health Services, (423) 336-7212; and the Manager of Safety and Health Services, (423) 336-7217 or 7230 who has the responsibility to maintain records of exposure incidents. See Appendix B and C.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include:

\

A. Documentation of the route of exposure and the circumstances related to the incident.

B. If possible, the identification of the source individual and the status of the source individual as provided for in Tennessee Public Chapter 539. The blood of the source individual will be tested (after consent is obtained) for infection. If the source individual is already known to be HIV, HBV, or HCV positive, new testing need not be performed.

C. Results of testing of the source individual will be made available to the exposed employee. The exposed employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infection status of the source individual.

D. The employee will be offered the option of having their blood collected for testing of HIV/HBV/HCV serological status. After obtaining their consent, collect the exposed employee's blood as soon as feasible after the exposure incident. The blood sample will be preserved to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.

E. The employee will be offered post-exposure treatment in accordance with the current recommendations of the U.S. Public Health Service and the Center for Disease Control.

F. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on potential illnesses to be alert for, and be advised to report any related experiences to Health Services personnel.

G. The manager of Safety and Health Services has been designated to ensure that the policy outlined here is effectively executed and to maintain records related to this policy.

X. Administration of Post-Exposure Evaluation

Health Services ensures that health care professionals responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up after an exposure incident receive the following:

1. A copy of the OSHA bloodborne pathogens standard
2. A description of the employee's job duties relevant to the exposure incident.
3. Route(s) of exposure
4. Circumstances of exposure
5. Results of the source individual's blood test (if available)
6. Employee medical records relevant to the appropriate treatment, including vaccination status.

A. A written opinion shall be obtained by Health Services from the health care professional that evaluates employees of Calhoun Operations (See Appendix D). Written opinions will be obtained in the following instances:

1. When an employee goes to obtain the Hepatitis B vaccine.

2. When the employee is sent to a health care professional following an exposure incident.

B. Health care professionals shall be instructed to limit their written opinions to:

1. Whether the Hepatitis B vaccine is indicated, and if the employee has received such vaccination.

2. That the employee has been informed of the results and provided a copy of the evaluation by Health Services.

3. That the employee has been told about any medical conditions resulting from exposure to blood or any other potentially infectious materials. The written opinion to the employer is not to reference any personal medical examination or history.

XI. Procedure for Evaluating the Circumstances Surrounding an Exposure Incident

AbitibiBowater Health Services, (423) 336-7212, will review the circumstances of all exposure incidents to determine:

1. Engineering controls in use at the time

2. Work practices followed

3. A description of the device being used

4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)

5. Location of the incident

6. Procedure being performed when the incident occurred

7. Employee's training

If it is determined that revisions need to be made, Safety and Health Services will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

XII <u>Employee Training</u>

A. Training sessions will be conducted annually by qualified individuals to ensure employees are familiar with this policy. All employees who have potential occupational exposure to bloodborne pathogens receive training conducted by Safety and Health Services, or their designee.

B. Training of all employees will be conducted prior to assignment of tasks where occupational exposure may occur. CBT module(s) may be used to deliver all or a portion of the training. The modules and training will include the following:

1 The OSHA standard for Bloodborne Pathogens - an explanation of the standard and

location of a copy (normally located on line).

2. Epidemiology and symptomatology of bloodborne diseases.

3. Modes of transmission of bloodborne pathogens.

4. This Exposure Control Plan (points of the plan, lines of responsibility, implementation, etc., and how to obtain a copy)

5. Procedures which might cause exposure to blood or other potentially infectious materials.

6. Control methods, which will be used to control exposure to blood or other potentially infectious materials.

7. Personal protection equipment available, and who should be contacted concerning it.

8. Post-exposure evaluation and follow-up.

9. Hepatitis B Vaccine program at the facility.

10. Decontamination procedures.

11. Explanation of the signs and labels.

12. Opportunity for interactive questions and answers with the person conducting the training session. Training material for this facility is available at Health Services.

C. Training records shall include the following information:

1. The names and qualifications of the persons conducting the training.

2. The names and job titles of all persons attending the training sessions.

3. Training records shall be maintained for at least three years from the date on which the training occurred by the Safety Department.

4. The records shall be made available upon request to the Director and Assistant Secretary of OSHA for examination and copying.

5. Employee training records shall be provided upon request for examination and copying to employees, employee representatives, the Director, and the Assistant Secretary in accordance with 29 CFR 1910.20.

6. Dates of training sessions.

7. Contents or summary of training.

XIII. Recordkeeping

Health Services shall maintain a confidential medical record for each employee whose job involves occupational exposure to blood and other potentially infectious materials. The record shall include the employee's name and social security number; a copy of the employee's Hepatitis B vaccination status; medical opinions and evaluations; test results; and details about exposure incidents. Employee medical records are provided within 15 working days of request by the employee or to anyone having the written consent of the employee. These medical records shall be maintained for the duration of employment plus 30 years.

An exposure incident shall be evaluated to determine if the case meets OSHA's recordkeeping requirements (29 CFR 1904). The determination and the recording activities are performed by the Safety and Health Services Department.

Medical records shall be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20 "Access to Employee Exposure and Medical Records."

Effective Date: 6/14/2000
Reviewed Date: 6/2/2011
Revised Date: 6/2/2011

Approval Signatures:

Joe Vaughn
V.P Operations and Mill Manager

Larry Vest
Safety and Health Services Manager

Appendix A

ABITIBIBOWATER
CALHOUN OPERATIONS

HEPATITIS B VACCINATION DECLINATION

OR

REFUSAL OF HEPATITIS B VACCINATION

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.

Signature _____ Date _____

Print Name _____

Witness _____ Date _____

Appendix B

ABITIBIBOWATER
CALHOUN OPERATIONS

BLOODBORNE PATHOGEN
EXPOSURE DOCUMENTATION

Name _____ Department _____ SSN _____

Describe the Exposure Event and Identify Individuals Involved

_____

_____

_____

_____

_____

_____

Route of Exposure_____

Source Individual Information

_____

_____

_____

Physician Evaluation _____

_____

_____

_____

_____

_____

Employee's Signature _____

Physician's Signature _____

Appendix C

POST-EXPOSURE EVALUATION & FOLLOW-UP

Date:

Organization: **Facility:** **Location:**

Exposure incident

Date: **Time:** **Specific Location in Facility** **Biohazard:**

Description of incident (exposure circumstances)

Exposed Employee's Name: **Job Classification:** **Work Location:**

Exposed Employee's Duties Relating to the Exposure incident

Specific Exposure Route(s)

Source Individual (provide unless unfeasible or prohibited by state or local law) Name:
Address: Other:

Consent Obtained for Blood Testing for HBV, HBV, and HBV infectivity
(Test immediately or as soon as feasible)
Signed statement obtained from source individual on_____ by_____ and filed.

Consent Not Obtained for HBV and HBV Testing But For Baseline Blood Tests
Preserve blood for at least 90 days for later tests if individual elects to tests.

When Consent Not Obtained

SIGNATURE

- Establish that legally required consent cannot be obtained. _____
- Consent nor required by law and blood tested, if available. _____
- Blood test results documented and filed. _____

Source Individual Known to be Infected
- Source of information:
- Repeat testing not necessary: Determined by: _____
Signature

Results of source of Individual's Test
- Made available to exposed employee: Date: _____ By:_____
- Exposed employee informed of applicable laws and regulations about disclosure of source individual's identity and infections status Date:_____ By:_____

Post-Exposure Prophylaxis (counseling and evaluation)

When medically indicated, was offered as recommended by the U.S. Public Health Services

Offered By:_____ Date Offered:_____

_____

ABITIBIBOWATER
Calhoun Operations

POST EXPOSURE EVALUATION AND FOLLOW – UP GUIDELINES

ABITIBIBOWATER
CALHOUN OPERATION
HEALTH SERVICES DEPARTMENT

STEPS TO FOLLOW AFTER A SHARPS OR BODY FLUID EXPOSURE INJURY

1. Administer basic First Aid. If a parenteral exposure or exposure to open skin has occurred, immediately wash the area with warm, soapy water. If permucosal exposure has occurred, immediately flush with water.

2. Notify safety department , start **First Report of Injury Report** and document in the employees medical record under the occupational section of the chart.

3. Follow recommended treatment enclosed in the Bloodborne Pathogen Post-Exposure Packet. (Attached)

4. The company physician or nurse practitioner will evaluate the employee and send the employee for baseline HIV, HVB, and HVC testing. (Send a copy of the signed consent form with the employee)

5. If company physician or nurse practitioner is not available send employee for medical evaluation. (Send a copy of the **Healthcare Professional's Written Opinion Form** with the employee for the Physician to complete, a copy of the latest CDC Guidelines and a copy of signed consent forms for HIV, HVB AND HVC .) The most update information can be found at http://www.cdc.gov .

6. If the source patient is known positive for HIV send a copy of the **Post Exposure Prophylaxis Recommendations** with the employee when they go for medical evaluation.

7. If the source patient is known positive for HVB or HVC follow **CDC Guidelines** The most update infomation can be found at http://www.cdc.gov .

8. Obtain consent and have the source patient tested for HIV, HVB, and HVC.

9. Counsel employee and then have employee sign **Serum Contamination Counseling Form.**

10. Schedule the employee to follow-up with the company physician.

ABITIBIBOWATER

BLOODBORNE PATHOGENS
POST-EXPOSURE EVALUATION & FOLLOW-UP

EMPLOYEE EVALUATION FORM

Name: _____ **Clock #:** _____

Department: _____ **SS#:** _____

Employee's HIV Status:

Unknown: _____

Positive: _____ Negative: _____ Date of Evaluation: _____

Employee's HIV Testing:

1. Discuss HIV testing with employee and follow-up protocol. Date of Discussion: _____

2. Have HIV Consent signed and send employee for testing as soon as feasible after exposure.
   Date of Testing: _____ Results:_____

   (If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period perform testing as soon as feasible.)

3. Instruct employee to report any acute viral illness during the next three (3) months.

   Date instructed:_____

Employee's HIV Surveillance:

If employee initial HIV test is negative retest as follows:

Date of Test	Results
6 weeks_____	_____
12 weeks_____	_____
6 months_____	_____
1 year_____	_____

***If the source patient is positive for HIV follow CDC guidelines for Post-Exposure Prophylaxis Treatment. Current CDC's guideline at (http://www.cdc.gov)**

_____
Employee Name

Employee's Hepatitis B Status

Unknown_____

Positive: _____ Date of Evaluation: _____

Negative: _____ Date of Evaluation: _____

1. Discuss HVB testing with employee and follow-up protocol. Date of Discussion: _____

2. Has employee had the Hepatitis B Vaccine? Year: _____ #of Doses: _____
(If no evidence of Hepatitis Vaccine do lab for Hepatitis Profile.)

3. Is their documented evidence of Positive Hepatitis B Surface Antibodies? Date: _____

4. If employee has had vaccine do lab for Hepatitis B Surface Antibodies. Results: _____

5. * Follow CDC recommendations for postexposure prophylaxis for percutaneous or permucosal exposure to Hepatitis B Virus. Check current CDC's guidelines at (http://www.cdc.gov).

Recommendation as of June 29, 2001

Vaccination and antibod status of exposed person	HbsAg seropositive	Tx. When source is HbsAg neg.	Tx. when source is not tested or status is unknown
Unvaccinated	HBIG x 1 and initiate HB vaccine series	Initiate HB vaccine series	Initiate HB
Previously vaccinated			
Known responder **	No treatment	No treatment	
Known nonresponder	HBIG* x 2 or HBIG*x1 And initiate revaccination	No treatment	If known high-risk source, treat as if source were HbsAg positive
Antibody response unknow	Test exposed person for Anti-HBs: (1) if adequate* *, no treatment (2) if inadequate**, HBIGx1 and vaccine booster	No treatment	Test exposed person for anti-HBs (1) if adequate**, no treatment (2) if inadequate **, initiate revacination

HbsAg, Hepatitis B surface antigen: HGIG, hepatitis B immune globulin: HB, hepatitis vaccine: anti-HBs, antibody to hepatitis surface antigen.
* Dose 0.06 mg/kg IM.
**Responder is defined as a person with: adequate serum levels of anti-HBs (> or = 10 mlU/m)
Inadequate vaccination defined as serum anti-HBs (<10mlU/ml)

Documentation of Treatment

_____
_____
_____
_____
_____

_____
Employee Name

Employee's Hepatitis C Status

Unknown: _____

Positive: _____ Date of Evaluation: _____

Negative: _____ Date of Evaluation: _____

Employee's HVC Testing

1. Discuss HVC testing with employee and follow-up protocol. Date of Discussion: _____

2. Have HVC Consent signed and send employee for testing as soon as feasible after exposure.

Date of Testing: _____ Results:_____

(If the employee does not give consent for HVC serological testing during collection of blood for baseline testing, preserve the baseline blood sample for 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period perform as soon as feasible.)

2. Instruct employee to report any acute viral illness during the next three (3) months.

Date instructed: _____

Employee's HVC Surveillance:

If employee initial HVC test is negative retest as follows:

Date of Test	Results
6 weeks_____	_____
12 weeks_____	_____
6 months_____	_____
1 year_____	_____

As of August 1, 2008 CDC recommended against postexposure prophylaxis with immune globulin or antiviral agents for Hepatitis C known exposure. However, always check current guideline at CDC's web site. (http://www.cdc.gov)

Appendix D

ABITIBIBOWATER, CALHOUN OPERATIONS
BLOODBORNE PATHOGENS POST-EXPOSURE EVALUATION
HEALTHCARE PROFESSIONALS WRITTEN OPINION

I have assessed _____ on _____ for
Employee Date

an exposure incident, which occurred on _____date.

I. HEPATITIS B IMMUNIZATION (Check one)

_____ Hepatitis B immunization is indicated.
_____ Hepatitis B immunization is not indicated.

II. POST EXPOSURE EVALUATION AND FOLLOW-UP (check all that apply)

_____ The employee has been informed of the results of my evaluation.
_____ The employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ _____
Signature of Healthcare Professional Date

_____ _____
Signature of Exposed Employee Date

_____
Witness of Employee's Signature

This form must be received by the employer and a copy provided to the employee within 15 days of the evaluation.

Information Provided Healthcare Professional

Other Pertinent Information

No.	Item	Provided By	Date Provided	Comments
1	Copy of OSHA Standard 29 CFR 1910.1030	x x	x x	x x
2	Description of exposed employee's duties relating to the exposure	x x x	x x x	x x x
3	Documentation of routes of exposure and exposure circumstances	x x x	x x x	x x x
4	Results of source individual's blood tests, if available	x x x	x x x	x x x
5	All medical records relevant to the appropriate treatment of the employee including vaccination status which are maintained at the work location	x x x x x x x	x x x x x x x	x x x x x x x

Healthcare Professional's Written Opinion
(Must be obtained and provided the employee within 15 days of the completion of the evaluation)

Check		Yes	No
_____	Is the HBV vaccination indicated?	____	____
_____	Has the exposed employee received the HBV vaccination?	____	____

Exposed Employee Informed (Limited to the following)

Check		By:	Date:
_____	Exposed employee informed of the results of the evaluation	_____	_____
_____	Exposed employee told about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment	_____	_____

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

Healthcare Professional Providing Written Opinion

Signature_____ Date:_____

Person Providing Information to Healthcare Professional

Print Name: Signature Title Date

APPENDIX E
ANNUAL RECORDKEEPING REVIEW

Date:

Organization: **Facility:** **Location:**

MEDICAL RECORDS

Record Custodian: **Storage Location:** **Security System:**

____Established and maintained per OSHA standard 29 CFR 1910.1020

____Records include the name and social security number of employees

____Copy of all results of examinations, medical testing, and follow-up procedures

____Copy of employee's Hepatitis B vaccination status including dates of vaccination and employee's ability to receive vaccination

____ _____
_____
_____

____Copy of healthcare professional's written opinion

____Copy of information provided the health care professional

____Records are kept confidential

____Records are maintained for the duration of employment plus 30 years per OSHA 29 CFR 1910.1020

____Records are not disclosed or reported without the employee's express written consent except per standard or by law

TRAINING RECORDS

Record Custodian: **Storage Location:** **Security System:**

____ Training session dates

____ Contents or summary of

____ Names and qualifications of instructor

____ Names and job titles of persons attending training sessions

____ Training records maintained at training sessions 3 years from the training date

____ _____
_____

AVAILABILITY

____ Records are made available for examination and copying to the following upon request per OSHA standard 29 CFR 1910.1020

ANNUAL RECORDKEEPING REVIEW

Date:

TRANSFER OF RECORDS

_____ Transfer per OSHA 29 CFR 1910.1020

_____ If employer ceases to do business and there is no successor employer to receive and retain the records, the employer shall notify NIOSH 3 months prior to their disposal and transmit them to NIOSH, if NIOSH requires within the 3 month period.

OTHER RECORDKEEPING FINDINGS AND COMMENTS

____ NIOSH and OSHA
____ Employees and Employee Representatives
____ Employees express written consent required before disclosing or releasing employee's medical records except per OSHA or by law

Review Conducted By: Title Report Reviewed By: Title

Date:

Appendix F

EVALUATED AVAILABLE ENGINEERED SHARPS INJURY PREVENTION DEVICES

1. Injection Equipment
   - Needle guards-sliding sheath/sleeve
   - Needle guards-hinged recap

2. IV Medication Delivery Systems
   - Needle guards for pre-filled medication cartridges
   - Prefilled medication cartridge with safety needles

3. IV Insertion Devices
   - Shielded or retracting peripheral IV catheters

4. Blood Collection Devices
   - Plastic blood collection tubes
   - Shielded winged blood collection needles

5. Lancets
   - Retracting Strip Lancet
   - Strip Lancet

6. Sharps Disposal or Destruction Containers

GUIDELINES FOR THE USE OF SAFETY FEATURE EVALUATION SHEETS

Coordinators:

Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.)

Set up a testing station for each type of device that allows testers to evaluate products in a simulated patient procedure. Provide training dummies (injection pads, oranges, etc.) as necessary.

Provide visual instructions and demonstrate proper use of each device.

Review the instructions and rating system with each evaluator.

Encourage each evaluator to comment on the sheets and prioritize the questions at the end of the evaluation. This will provide a useful decision making tool and will help alert you to specific areas of concern that may not have been covered by the questionnaire.

Evaluators:

Re-enact all steps of intended or possible procedures performed with the device being tested.

Attempt to misuse the device and circumvent or disable the safety feature.

Answer each question, including the short answer section at the end. If you do not understand a question, please write comments directly on the sheets.

Note: Certain assumptions have been made in the development of these forms based on information about currently available products. We recognize the likelihood that the ideal product may not exist. TDICT welcomes your comments on the use of these tools.

ECRI's Needlestick-Prevention Device Evaluation Form

Device:_____**Supplies/Trade Name**_____
Applications_____**Reviewer:**_____
_____**Date:**_____

For each question circle the appropriate response for the needlestick-prevention (NPD) device being evaluated.

Healthcare Worker Safety

1. A. Does the NPD prevent needlesticks during use (i.e. before disposal)?..... Yes No
   B. Does it do so after use (i.e., does the safety mechanism remain activated through disposal of the NPD)?..... Yes No
2. A. Does NPD provide protection one of the following ways: either intrinsically or automatically? (Answer "No" if a specific action by the user is required to activate the safety mechanism)..... Yes No
   B. If "No," is the mechanism activated in one of the following ways: either by one-handed technique or by a two-handed technique accomplished as part of the usual procedure?..... Yes No
3. During the use of NPD do user's hands remain behind the needle until activation of the safety mechanism is complete?..... .Yes No
4. Is the safety mechanism reliable when activated properly?..... Yes No
5. Does the NPD minimize the risk of user exposure to the patient's blood?..... Yes No

Patient Safety and Comfort

6. Does the NPD minimize the risk of infection to the patient (e.g., through cross-contamination)?..... Yes No
7. Can the NPD be used without causing more patient discomfort than a conventional device?..... Yes No
8. For IV NPDs: Does the NPD attach comfortable (i.e., without causing patient discomfort at the catheter port or IV tubing?..... Yes No

Ease of use and training

9. Is NPD Operation obvious? That is can the device be used properly without extensive training?..... Yes No
10. Can the NPD be used by a left-handed person as easily as by a right handed person?..... Yes No
11. Is the technique required for using the NPD the same as that for using a conventional device?..... Yes No
12. Is it easy to identify the type and size of the product from the packaging?..... Yes No
13. For intravenous (IV) catheters and blood collection needle sets: Does the NPD provide a visible blood flashback during initial insertion?..... Yes No
14. Please rate the ease of using this NPD..... Exc. Good Fair Poor
15. Please rate the quality of the in-service training…… Exc. Good Fair Poor

Compatibility

16. Is the NPD compatible with devices (e.g., blood collection tubes) from a variety of suppliers?..... Yes No
17. For IV NPDs:
    - A. Is the NPD compatible with intralipid solutions?..... Yes No
    - B. Does the NPD attach securely at the catheter port?..... Yes No
    - C. Does the NPD attach securely or lock at a Y-site (e.g. for piggybacking)?..... Yes No
18. Is the NPD easy to dispose of in sharps containers of all sizes (if required)?..... .Yes No
19. Does using the NPD instead of a conventional device result in only a modest (if any) increase in sharps container waste volume? (Answer "No" if the NPD will increase waste volume significantly.)..... Yes No

Overall

20. Would you recommend using this device?..... Yes No

Comments (e.g., describe problems, list incompatibilities)

SAFETY FEATURE EVALUATION FORM
SAFETY SYRINGES

Date:_____Dept.:_____Occupations:_____
Product:_____ Number of times used:_____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree..... disagree

DURING USE:

1. The safety feature can be activated using a one-handed technique..... 1 2 3 4 5 N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp..... 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature..... 1 2 3 4 5 N/A
4. This product does not require more than to use than a non-safety device..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes..... 1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves. 1 2 3 4 5 N/A
7. This device **does not** interfere with uses that do not require a needle..... 1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid..... 1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes..... 1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping..... 1 2 3 4 5 N/A

AFTER USE:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated..... 1 2 3 4 5 N/A
12. The safety feature operates reliably..... 1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal..... 1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices..... 1 2 3 4 5 N/A

TRAINING

15. The user **does not** need extensive training for correct operation..... 1 2 3 4 5 N/A
16. The design of the device suggests proper use..... 1 2 3 4 5 N/A
17. It is **not** easy to skip a crucial step in proper use of the device..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions that you feel should be asked regarding the safety/utility of this product?

SAFETY FEATURE EVALUATION FORM
SAFETY SYRINGES

Date:_____Dept.:_____Occupations:_____
Product:_____ Number of times used:_____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

DURING USE:

1. The safety feature can be activated using a one-handed technique..... 1 2 3 4 5 N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp..... 1 2 3 4 5 N/A

3. Use of this product requires you to use the safety feature..... 1 2 3 4 5 N/A
4. This product does not require more than to use than a non-safety device..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes..... 1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves. 1 2 3 4 5 N/A
7. This device **does not** interfere with uses that do not require a needle..... 1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid..... 1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes..... 1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping..... 1 2 3 4 5 N/A

AFTER USE:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated..... 1 2 3 4 5 N/A
12. The safety feature operates reliably..... 1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal..... 1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices..... 1 2 3 4 5 N/A

TRAINING

15. The user **does not** need extensive training for correct operation..... 1 2 3 4 5 N/A
16. The design of the device suggests proper use..... 1 2 3 4 5 N/A
17. It is **not** easy to skip a crucial step in proper use of the device..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

SAFETY FEATURE EVALUATION FORM
I.V. ACCESS DEVICES

Date:_____Dept.:_____Occupations:_____
Product:_____ Number of times used:_____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

---

agree.....disagree

1. The safety feature can be activated using a one-handed technique..... 1 2 3 4 5 N/A
2. The safety feature **does not** interfere with normal use of this product..... 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature..... 1 2 3 4 5 N/A
4. This product **does not** require more time to use than a non-safety device..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes..... 1 2 3 4 5 N/A
6. The device allows for rapid visualization of flashback in the catheter or chamber..... 1 2 3 4 5 N/A
7. Use of this product **does not** increase the number of sticks to the patient..... 1 2 3 4 5 N/A
8. The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to line connections or hep-lock capping..... 1 2 3 4 5 N/A
9. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated..... 1 2 3 4 5 N/A
10. The safety feature operates reliably..... 1 2 3 4 5 N/A
11. The exposed sharp is blunted or covered after use and prior to disposal..... 1 2 3 4 5 N/A
12. The product does not need extensive training to be operated correctly..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

SAFETY FEATURE EVALUATION FORM
SHARPS DISPOSAL CONTAINERS

Date:_____Dept.:_____Occupations:_____
Product:_____ Number of times used:_____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

1. The container's shape, its markings, or its color, imply danger..... 1 2 3 4 5 N/A
2. The implied warning of danger can be seen from the angle at which people commonly view it (very short people, people in wheel chairs, children, etc.)... 1 2 3 4 5 N/A
3. The implied warning can be universally understood by visitors, children, and patients..... 1 2 3 4 5 N/A
4. The container's purpose is self-explanatory and easily understood by a worker who may be pressed for time or unfamiliar with the hospital setting.. 1 2 3 4 5 N/A
5. The container can accept sharps from any direction desired..... 1 2 3 4 5 N/A
6. The container can accept all sizes and shapes of sharps..... 1 2 3 4 5 N/A
7. The container allows single handed operation. (Only the hand holding the sharp should be near the container opening)..... 1 2 3 4 5 N/A
8. It is difficult to reach in and remove a sharp.... 1 2 3 4 5 N/A
9. Sharps can go into the container without getting caught on the opening..... 1 2 3 4 5 N/A
10. Sharps can go into the container without getting caught on any molded shapes in the interior.....1 2 3 4 5 N/A
11. The container is puncture resistant..... 1 2 3 4 5 N/A
12. When the container is dropped or turned upside down (even before it is permanently closed) sharps stay inside..... 1 2 3 4 5 N/A
13. The user can determine easily, from various viewing angles, when the container is full..... 1 2 3 4 5 N/A
14. When the container is to be used free-standing (no mounting bracket), it is stable and unlikely to tip over..... 1 2 3 4 5 N/A
15. It is safe to close the container. (Sharps should not protrude into the path of hands attempting to close the container)..... 1 2 3 4 5 N/A
16. The container closes securely, (e.g. if the closure requires glue, it may not work if the surfaces are soiled or wet.)..... 1 2 3 4 5 N/A
17. The product has handles which allow you to safely transport a full container..... 1 2 3 4 5 N/A
18. The product **does not** require extensive training to operate correctly..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

SAFETY FEATURE EVALUATION FORM

I.V. CONNECTORS

Date:_____Dept.:_____Occupations:_____
Product:_____ Number of times used:_____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

1. Use of this connector eliminates the need for exposed needles in connections.....1 2 3 4 5 N/A
2. The safety feature **does not** interfere with normal use of this product.....1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature..... 1 2 3 4 5 N/A
4. This product does not require more time to use than a non-safety device..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes.....1 2 3 4 5 N/A
6. The safety feature allows you to collect blood directly into a vacuum tube, eliminating the need for needles..... 1 2 3 4 5 N/A
7. The connector can be secured (locked) to Y-sites, hep-locks, and central lines.....1 2 3 4 5 N/A
8. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated..... 1 2 3 4 5 N/A
9. The safety feature operates reliably..... 1 2 3 4 5 N/A
10. The exposed sharp is blunted or covered after use and prior to disposal.....1 2 3 4 5 N/A
11. The product does not need extensive training to be operated correctly..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

SAFETY FEATURE EVALUATION FORM

VACUUM TUBE BLOOD COLLECTION SYSTEMS

Date:_____Dept.:_____Occupations:_____
Product:_____ Number of times used:_____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

agree.....disagree

1. The safety feature can be activated using a one-handed technique..... 1 2 3 4 5 N/A
2. The safety feature **does not** interfere with normal use of this product..... 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature..... 1 2 3 4 5 N/A
4. This product **does not** require more time to use than a non-safety device..... 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes..... 1 2 3 4 5 N/A
6. The safety feature works with a butterfly..... 1 2 3 4 5 N/A
7. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated..... 1 2 3 4 5 N/A
8. The safety feature operates reliably..... 1 2 3 4 5 N/A
9. The exposed sharp is blunted or covered after use and prior to disposal..... 1 2 3 4 5 N/A
10. The inner vacuum tube needle (rubber sleeved needle) **does not** present a danger of exposure..... 1 2 3 4 5 N/A
11. The **product does** not need extensive training to be operated correctly..... 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

Appendix G

AbitibiBowater Calhoun Operation
Health Care Professional's Written Opinion
For Hepatitis B Vaccination

Employee Names: _____Clock No.:_____

Job Classification: _____

CONTRAINDICATION: To assess possible contraindications to the Hepatitis-B vaccine, please answer the following questions.

	Please Circle	
1. Are you sensitive to yeast?	YES	NO
2. Are you sensitive to Thimerosal (mercury derivative)?	YES	NO
3. Are you sensitive to Formalin?	YES	NO
4. Are you pregnant or a nursing mother?	YES	NO
5. Do you have serious or active infection?		YES
NO		
6. Do you have compromised cardiopulmonary status?	YES	NO

ADVERSE REACTIONS:
Engerix B (Hepatitis B Vaccine [Recombinant] is generally well tolerated. During clinical studies involving over 10,000 individuals distributed over all age groups, no serious adverse reactions attributable to vaccine administration were reported. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions not observed in clinical studies. The most frequently reported adverse reaction include:

1. Soreness and redness at injection site.
2. Low grade fever within first 48 hours following vaccination.
3. RARELY - malaise, fatigue, headache, nausea, dizziness, myalgia, arthralgia, or induration at the injection site.

I have read the information on this form about the Hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B vaccine and request that the vaccine is given to me. _____ _____
Employee Signature Date
*Please report any significant side effects.
****

VACCINE RECOMMENDATION

As required under the bloodborne pathogen standard:

Hepatitis B vaccination is_____ is not_____ recommended for the employee named above.

Signature of Health Care Provider: _____
Comments:_____
_____
_____

Form No. 1029
Revised 03/10/05

AbitibiBowater Calhoun Operation
Hepatitis B Consent Form

As an employee of AbitibiBowater I have chosen to receive the Hepatitis B vaccine. I understand that the vaccine is being offered to employees who may be at risk of exposure to body fluids. I further understand that the importance of strict adherence to the established policies and guidelines regarding bloodborne pathogens.

I have been given information regarding hepatitis and the vaccine, as well as the opportunity to ask questions regarding the vaccine and/or its side effects.

I understand that the vaccine program includes three doses by injection. The second dose should be given 30 days after the first. The third dose is given 6 months after the first dose. I understand that it is my responsibility to make myself available for all three injections at the times and dates specified.

I understand that I still may not build immunity to Hepatitis B as a result of taking this vaccine.

_____
Employee Signature/Date

_____Date Due

	Date Given	Lot #	Exp. Date	Nurse's Signature
#1	___/___/___		_____	_____ _____
#2	___/___/___		_____	_____ _____
#3	___/___/___		_____	_____ _____

Schedule employee to be tested for antibody to Hepatitis B surface antigen two months after the completion of the three dose vaccination series.

Date Antibody Titer checked:_____ Results:_____

If no immunity a second series of the vaccine must be given and the employee retested two months after the completion of the second three dose vaccination series.

	Date Due	Date Given	Lot #	Exp. Date	Nurse's Signature
#1	___/___/___	___/___/___	_____	_____	_____
#2	___/___/___	___/___/___	_____	_____	_____
#3	___/___/___	___/___/___	_____	_____	_____

Date Antibody Titer checked:_____ Results:_____

If no immunity after the second series of vaccine, schedule employee to see company physician.
Form No. 1030
Revised 03/10/05