Bloodborne Pathogens Policy

PURPOSE

This policy establishes minimum requirements for the purpose of protecting workers at Billerud facilities from exposures to Bloodborne Pathogens.

RESPONSIBILITY

It is the responsibility of each business unit to develop a site specific written Bloodborne Pathogen Exposure Control Program that incorporates, at a minimum, the following program elements:

- Exposure Assessment
- Method of Compliance
- Hepatitis B Virus Vaccine
- Post Exposure Evaluation and Follow-up
- Education and Training
- Recordkeeping

Note: See Exhibit A for definition of terms.

EXECUTION

A. Exposure Assessment

1. An exposure assessment must be performed to determine and document worker exposure potential. The assessment will be used to determine the applicability of the Bloodborne Pathogen program to employees.
    a. Employees who may routinely be exposed (i.e., doctors, nurses).
    b. Employees who are not routinely exposed, but may be exposed under certain circumstances (i.e., EMT's, First Aid Responders).
    c. Employees who are never exposed.

2. Each facility shall develop a list of job classifications in which employees may have potential for occupational exposure and what job tasks could cause such an exposure.

    Examples of job classifications:
    - Physicians
    - Nurses
    - EMT's
    - Emergency Response
    - First Aid/CPR Providers

- Sanitation Janitors
- Firefighters

Examples of job task:
- Treatment of wounds, abrasions, burns
- Resuscitation
- Starting I.V.'s
- Clean up of blood or body fluid spills

3. The exposure determination shall be made without taking into consideration the use of personal protective clothing or equipment.

B. Method of Compliance
   1. Universal precautions shall be used at all business units in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material shall be considered infectious regardless of the perceived status of the source individual.

   2. Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees at all business units. Examples of engineering controls include but are not limited to: puncture-resistant sharps containers, splash guards, mechanical pipetting, and self-sheathing needles.
      a. Engineering controls (i.e., sharps containers) shall be examined and maintained on a regular schedule to ensure their effectiveness.

   3. Where potential for occupational exposure to blood or other potentially infectious materials remains after the implementation of these controls, each business unit shall provide and assure employee use of appropriate personal protective equipment (PPE) such as, but not limited to: gloves, gowns, laboratory coats, aprons, face shields, masks, eye protection and mouthpieces and resuscitation bags. The level of PPE shall be based upon the type of exposure and quantity of bodily substances which can be reasonably anticipated to be encountered. See Exhibit B for a list of recommended personal protective equipment.
      a. Disposable vinyl or latex gloves shall be worn when performing any procedure where there is the likelihood of contact with blood or other body fluids. Gloves shall be replaced when visibly soiled, torn or punctured or when their integrity is compromised. Disposable gloves shall not be washed or disinfected for re-use.
      b. All personal protective equipment shall be removed immediately, or as soon as possible upon leaving the work area, and placed in appropriately designated

area or container for storage washing, decontamination, or disposal.

c. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
d. Mouthpieces, resuscitation bags, or other mechanical ventilation devices shall be sued for resuscitation.
e. Each business unit shall establish a procedure for cleaning, laundering or disposal of personal protective equipment. Each business unit shall repair or replace required personal protective equipment as needed to maintain its effectiveness.

4. Sharps containers shall be available in all departments or areas where sharp instruments or needles are used. Needles shall not be bent, capped or sheared but will be deposited in sharps containers. Sharps containers are red, leak proof, hard plastic, and puncture resistant. When filled, they will be collected and disposed of by an approved medical waste transporter and disposer. A good policy is to have designated personnel handling contaminated items, lowering the risk of accidental exposure.

5. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing and spraying.

6. No food shall be permitted in refrigerators where blood or urine specimens might be stored. Eating, drinking, smoking, handling of contact lenses, etc. shall not be permitted in work areas where there is a reasonable likelihood of exposure to contaminated materials.

7. Mouth pipetting/suctioning is prohibited.

8. All blood specimens or other potentially infectious materials shall be placed in appropriate containers and sealed according to the directions of the laboratory performing the analysis.

9. The cleaning and disinfecting of work surfaces shall be performed to a schedule established by each business unit.
   a. Countertops in exam areas shall be washed with soap and water. They will be sprayed and wiped with a 10% disinfectant or HBV/HIV disinfectant at least weekly.
   b. Where there has been contamination due to injury, etc., the affected area shall

be washed immediately with soap and water, then sprayed with a 10% concentration of chlorine disinfectant or HBV/HIV disinfectant and wiped dry.

c. Waste cans and pails shall be lined with plastic bags. They will be cleaned and disinfected monthly by spraying with a 10% concentration of chlorine disinfectant or HBV/HIV disinfectant.
d. Broken glassware that may be contaminated shall be picked up with forceps. Small fragments shall be picked up with wet paper towels.
e. Contaminated instruments shall be washed with soap and water and placed in a disinfectant solution.
f. Disposable drapes, towels, table covers, sheets, etc. shall be used to avoid laundry handling.
g. Non-sharp waste (bandages, swabs, dressings, etc.) that does not meet the definition of “regulated waste” will be disposed of as domestic waste. Non-sharp waste that is heavily contaminated that meets the definition of “regulated waste” shall be placed in red bags and red disposable containers and collected by an approved medical waste transporter and disposer. If outside contamination should occur, the bag will be placed in a second red closable container. Bags and containers shall have biohazard warning labels affixed. All regulated waste shall be disposed of as soon as feasible.

10. Hands and other skin surfaces shall be washed with soap and water immediately and thoroughly if contaminated with blood or other body fluids and dried with paper towels.

11. Each business unit shall designate an Infection Control Officer to administer Exposure Control Plan. The responsibilities of the Infection Control Officer can be assigned to the location Safety/Health Manager, Nurse, or Human Resources Manager. All incidents of occupational exposure shall be reported to the business unit’s medical department and Infection Control Officer.

12. All needle stick incidents shall be reported to the business unit’s medical department and Infection Control Officer immediately after the occurrence.

13. Each business unit shall establish a spill decontamination procedure. All spill/environmental contamination with blood or body fluids shall be reported to the Infection Control Officer. Protective equipment and disinfection procedures shall be used while cleaning up any contamination. See Exhibit C for sample form to document clean ups.

14. Hand washing facilities shall be readily accessible to employees. Employees in remote locations shall have access to appropriate waterless cleaning products.

15. Disposal of all regulated waste shall be in accordance with applicable Federal, State, and Local regulations. Each business unit shall establish a procedure to ensure that waste quantities generated do not excel 50 pounds per month as required by EPA regulation 40 CFR 259.

C. Hepatitis B Virus Vaccination
   1. Hepatitis B vaccine (Recombivax) shall be made available to all covered employees at no cost to the employee.

   2. An informed consent form shall be filled out by the employee receiving the vaccine. See Exhibit D.

   3. If an employee chooses not to be immunized, they shall sign the declination statement form contained in Exhibit E. Employees may initially decline immunization and choose to accept immunization at a later date.

   4. Each employee's immunization status shall be maintained in a confidential manner in their employee health record.

   5. When there is exposure (e.g. blood to blood, percutaneous) to an individual with known non-A, non-B hepatitis, immunoglobulin prophysaxis shall be instituted.

D. Post Exposure Evaluation and Follow-up
   1. If there is exposure to blood or potentially infectious fluids, a medical evaluation shall be administered to the exposed employee immediately under the direction of the local company health provider. The evaluation and follow-up shall include:
      a. Incident report including site and route of entry. See Exhibit F for example of Incident Report Form.
      b. Identification and documentation of source.
      c. Source blood shall be tested as soon as consent is obtained to determine HBV and HIV status. If consent is not obtained, this shall be documented. If source is known to be HIV or HBV positive, retest is not necessary. See Exhibit G1-G2 for example of consent forms.
      d. The exposed employee shall be informed of source individual's results.
      e. The exposed employee shall have blood tests done as soon as consent is obtained. If consent is not obtained, the specimen (exposed employee) shall

be maintained for 90 days. If the exposed employee decides to have a baseline test done with the 90 day period, it shall be completed as soon as possible.

f. Post-exposure prophylaxis shall be provided as appropriate and as recommended by the U.S. Public Health Service.

g. The local company doctor shall counsel with the exposed employee and evaluate any reported illness. The doctor shall provide a written opinion with 15 days stating:
   i. Whether Hepatitis B vaccine is needed and if immunization has begun.
   ii. What post-exposure evaluation and follow-up is needed.
   iii. That the employee has been informed of the results of the evaluation and of any medical conditions resulting from exposure.
   iv. All other findings shall be held confidential and shall not be included in the report.

E. Training and Communication
   1. Initial Training
      a. All employees with potential for exposure to bloodborne pathogens shall receive initial training. The training shall include, as a minimum, the following elements:
         i. Hazards associated with blood and other potentially hazardous infectious materials.
         ii. Universal precautions
         iii. Protective measures to be taken
         iv. Cleaning/disinfection process
         v. Question and answer period

      b. Training of new hires will be completed in the new employee orientation process, or prior to job assignment.

   2. Annual Retraining
      a. All employees with potential for exposure to bloodborne pathogens shall be retrained annually. Affected employees shall be trained at the time changes in procedures or tasks occur, which affect occupational exposure.

   3. A copy of 29 CFR 1910.1030 Bloodborne Pathogens Standard shall be made available to employees.

   4. Training Documentation

a. The business unit shall maintain documentation of all training sessions. Appropriated safety/health documentation includes the following:
   i. Printed name of each employee
   ii. Signature of each employee
   iii. Date of training
   iv. Instructor name, including qualifications
   v. Description of material discussed, including titles of videotape training aids and/or written materials distributed to attendees.
b. Training programs on Bloodborne Pathogens are available from the H&EP Audiovisual Training Library. To select a title, access the library by typing HEPFILMS on your OV input screen. Available titles are contained in the Medical Section.

F. Recordkeeping and Medical Records

1. Each business unit shall establish and maintain an accurate record of each employee with potential for occupational exposure. The record shall include:
   a. The name and social security number of the employee.
   b. A copy of the employee's Hepatitis B vaccination status, including the dates of all vaccinations and any medical records relating to the employee's ability to receive vaccination.
   c. A copy of all results of examination, medical testing, and follow-up procedures.
   d. The business unit's copy of any healthcare professional written opinions and copies of any information provided to the healthcare professional.
   e. **CONFIDENTIALITY**. The business unit shall ensure that any employee records required under this standard are kept CONFIDENTIAL are not disclosed or reported without the employee's expressed written consent.
   f. The business unit shall maintain the records for the length of employment plus 30 years.

1.0 REVISION HISTORY

REVISION	PAGE(S) AFFECTED	DATE	DESCRIPTION OF CHANGE

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01	Pages 6 & 7 – Section VI. Flammable Atmospheres	01/08/08	1. Hot Work can only be conducted once flammable atmospheres have been eliminated. Verso now requires air monitoring of the lower explosion limit (LEL), at a minimum, initially, for all hot work jobs conducted on site (regardless of the proximity of flammable or combustible materials). This includes contractors as well as our employees.
02	Updated header to new format	12/10/22	2. Billerud added, printed date added, policy number box removed.

2.0 APPENDIXES & REFERENCES

2.1. OSHA Standard 1910.1030 – Occupational Exposures to Bloodborne Pathogens
2.2. OSHA Instruction CPL 2-2.44C – Enforcement Procedure for the Occupational Exposure to Bloodborne Pathogens Standard
2.3. Verso Medical Guidelines and Procedures Manual, Section 4.1.3 – Bloodborne Pathogens Policy

EXHIBIT A
DEFINITIONS

1. **Blood:** means human blood, human blood components and products from blood such as: plasma, platelets, and serosanguineous fluids.

2. **Bloodborne Pathogens:** means pathogenic micro-organisms that are present in human blood and can cause disease in humans.

3. **Contaminated:** means the presence of the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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4. **Exposure Incident:** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

5. **Occupational Exposure:** means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

6. **Other Potentially Infectious Materials:** human body fluids such as semen, vaginal secretions, cerebrospinal fluid, any unfixed tissues or organs from a human, HIV containing cell cultures, etc.

7. **Parenteral:** means piercing mucous membranes or the skin barrier through such events as needle sticks, cuts, and abrasions.

8. **Regulated Waste:** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other infectious materials.

9. **Universal Precautions:** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious with HIV, HBV and other bloodborne pathogens.

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EXHIBIT B

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Examples of Recommended Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission (1) in Pre-hospital (2) Settings

Task or Activity	Disposable Gloves	Gown	Mask (3)	Protective Eye Wear
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency Childbirth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Blood Drawing	At certain Times	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endothracheal intubation Esophageal obturator use	Yes	No	No, unless splashing is likely	No, unless splashing is likely
Oral/nasal suctioning, manually Cleaning airway	Yes (4)	No	No, unless splashing is likely	No, unless splashing is likely
Handling and cleaning equipment Or areas with microbial Contamination	Yes	No, unless soiling is likely	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

(1) The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for Routine infection control, such as hand washing, and using gloves to prevent gross microbial Contamination of hands (e.g., contact with urine or feces).

(2) Defined as a setting where delivery of emergency health care takes place away from a hospital or other health care facility

(3) Refers to protective masks to prevent exposure to mucous membranes to blood or other potentially contaminated fluids.

(4) While not clearly necessary to prevent HIV or HBV transmission unless blood is present, Gloves are recommended to prevent transmission of other agents (e.g. Herpes simplex).

Sources: Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers (A Response to P.L. 100-6507, the Health Omnibus Programs Extension Act of 1988); U.S. Department of Health and Human Services; Public Health Service; Centers for Disease Control, Atlanta, Georgia-February, 1989

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EXHIBIT C

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SPILL/ENVIRONMENTAL BLOOD/BODY FLUID CONTAMINATION REPORT

Date of Incident: _____

Location (Building/Room/Other): _____

Area(s) Involved: _____

Area(s) Supervisor(s): _____

Employees/Non-employees Exposed: _____

_____

Details of Cleanup: _____

Employees involved: _____

Equipment Used: _____

Disinfection Used: _____

Disposal of Contaminated Materials: _____

_____

Reviewed by: _____ Date: _____
(Infection Control Officer)

Comments: _____

_____

_____

EXHIBIT D

INFORMED CONSENT FOR HEPATITIS B VACCINE

Employee's Name: _____

I hereby authorize the administration of Hepatitis B vaccine to me by a designated representative of Verso Health Services.

1. I understand that the Hepatitis B vaccine, Engerix B, has been developed for immunization against infection caused by all subtype of Hepatitis B virus, although I understand it will not prevent hepatitis caused by other agents or other viruses known to infect the liver.

2. The vehicles for transmission of the virus are primarily blood and blood products. Transmission also can occur by other infected body fluids coming in contact with mucous surfaces or breaks in the skin (e.g., needle sticks). Because of the increased exposure of certain health care personnel to blood, blood products, and other body fluids which may be infected with the Hepatitis B Virus, these personnel have been identified as being a high-risk group for infection with Hepatitis B virus. I understand that vaccination is particularly recommended for individuals in a high-risk group.

3. I have been advised that the vaccine will be administered by injection in a three-dose regimen with the second dose being administered one month after the first dose and the third dose being administered six months after the first dose. It has been explained to me that the first two doses of the vaccine stimulate the immune system of the body and the third injection acts as a booster.

4. I understand that administration of the full three-dose regiment to individuals in a high-risk group has substantially reduced the incidence of infection in these groups. However, there is not sufficient data to demonstrate the effectiveness of the vaccine in preventing the disease when the vaccine regiment is begun after exposure to the virus already has occurred. I also understand that there is no guarantee that the vaccine will be effective.

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5. I understand that the vaccine may cause some, all, or none of the side-effects set forth below. Because of the relatively recent approval of this vaccine by the Food and Drug Administration, I understand that the long-term side-effects of the vaccine are not yet known. In addition, there is always the risk of very uncommon or previously unknown side-effects occurring.

6. I understand that individuals allergic to yeast or yeast products should not receive the vaccine. I agree to advise an appropriate Verso representative of any known or suspected allergy to these substances prior to administration of the vaccine to me.

7. I understand that there are no other vaccines available to protect against Hepatitis B virus. Hepatitis B Immune Globulin may be administered after exposure to the virus to attempt to prevent the disease. However, administration of the Immune Globulin may not always be effective and exposure may go undetected, so that the Immune Globulin is not administered as needed.

8. The alternatives to taking the vaccine have been discussed with me. I understand that I can choose not to receive the vaccination or treatment of any kind, but that I will remain at risk to contract hepatitis caused by the Hepatitis B virus.

9. I understand that my participation in this immunization program is entirely voluntary and that I am free to refuse to participate or to withdraw at any time without such refusal/withdrawal having any effect on my employment status.

10. I understand that NewPage cannot be responsible for any costs associated with treatment or possible side-effects from the vaccine.

11. I understand that the Hepatitis B injection series is being given pursuant to my risk of occupational exposure to Hepatitis B and not for the express purpose of providing general health care.

12. I have read and I understand the attached “Important Information” Hepatitis B and Hepatitis B vaccine.

13. I will receive a copy of this form, if I request one.

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I HAVE CAREFULLY READ THE ABOVE INFORMATION AND UNDERSTAND IT AND BELIEVE I HAVE RECEIVED ADEQUATE INFORMATION UPON WHICH TO MAKE THIS INFORMED ONCSENT AND AGREE TO BE BOUND BY ITS TERMS.

1st Dose Date: _____ Employee Signature: _____
Manufacturer/Lot #_____ Injection Site: _____
Nurse's Signature: _____

2nd Dose Date: _____ Employee Signature: _____
Manufacturer/Lot # _____ Injection Site: _____
Nurse's Signature: _____

3rd Dose Date: _____ Employee Signature: _____
Manufacturer/Lot # _____ Injection Site: _____
Nurse's Signature: _____

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EXHIBIT E

HEPATITIS B VACCINE DECLINATION

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 (HIB) 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 potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____
(PRINT) EMPLOYEE NAME

_____ _____
EMPLOYEE SIGNATURE DATE

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EXHIBIT F

ACCIDENTAL BLOOD/BODY FLUID CONTAMINATION EXPOSURE REPORT

Date of Exposure: _____

Name of Exposed Employee: _____ SSN: _____

Home Address: _____

Telephone: _____

ID # _____ Supervisor: _____

Route of Exposure: _____

Circumstances of Exposure: _____

_____

_____

_____

Reference Blood Specimen Drawn: YES NO Date: _____

Medical Evaluation: _____

_____

_____

Recommendations and Comments: _____

_____

_____

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Evaluating Physician: _____

Signature: _____ Date: _____

Copy to Employee: _____ Date: _____

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EXHIBIT G-1

CONSENT FOR HIV TESTING

I, _____ hereby give my consent for my blood to be tested for HIV.

I understand that results of this blood test will be kept strictly confidential.

Expense(s) associated with this test will be the responsibility of the company.

I agree that my test results will be released to my employer.

Employee Signature: _____

Date: _____

Witness: _____

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EXHIBIT G-2

CONSENT FOR HBV TESTING

I, _____ hereby give my consent for my blood to be tested for HBV.

I understand that results of this blood test will be kept strictly confidential.

Expense(s) associated with this test will be the responsibility of the company.

I agree that my test results will be released to my employer.

Employee Signature: _____

Date: _____

Witness: _____