

TAMPA ELECTRIC COMPANY ENERGY SUPPLY BLOODBORNE PATHOGENS PROGRAM

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<u>OSHA - BLOODBORNE PATHOGENS (29 CFR 1910.1030)</u>	

TAMPA ELECTRIC COMPANY ENERGY SUPPLY BLOODBORNE PATHOGENS PROGRAM

PURPOSE

The purpose of this program is to protect human life and reduce potential occupational exposure to bloodborne pathogens, including, but not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

INTRODUCTION

Tampa Electric provides a safe and healthful workplace for its employees by communicating information concerning exposure control of bloodborne pathogens. This program applies to Tampa Electric Energy Supply employees who have potential occupational exposure to bloodborne pathogens and establishes requirements for control of bloodborne pathogens.

This program contains the following elements which are incorporated into the training materials:

- Exposure determination
- Use of universal precautions
- Engineering / work practice controls / Cleanup
- Personal protective equipment (PPE)
- Hepatitis B vaccination
- Exposure evaluation
- Post-exposure evaluation / follow-up
- Biohazard labeling, identification and proper disposal
- Employee training
- Documentation and Recordkeeping

RESPONSIBILITY

Each Station Director is responsible for the implementation and maintenance of the Bloodborne Pathogens Program at their station.

Duties supporting this objective may be assigned to others as designated.

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The Joint Departmental Committee Safety Programs is responsible for reviewing, maintaining and revising this program as necessary. Responsibilities supporting this objective may be assigned to others as designated.

EMPLOYEE TRAINING

Target Audience - First Aid Responders, Station Nurses, Janitorial employees.

Frequency - Initial training shall be provided to each affected employee prior to the assignment of tasks which may result in exposure to bloodborne pathogens.

Retraining shall be conducted annually and documented.

Methods - Training shall be accomplished through Computer-Based Training (CBT), by PowerPoint presentation with video, or other training materials determined adequate by the Safety Department.

At a minimum, the content of the training shall include:

- An accessible copy of the regulatory text of this standard and an explanation of its contents,
- A general explanation of the epidemiology and symptoms of bloodborne diseases,
- An explanation of the modes of transmission of bloodborne pathogens,
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan,
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials,
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment,
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment,
- An explanation of the basis for selection of personal protective equipment,
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge,
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials,
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available,
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident, and
- An explanation of the signs and labels and/or color coding required by OSHA.

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Documentation – All training will be documented electronically in Cority Classroom training will require the attendees to sign a roster and that information will later be transferred into Cority. When Computer Based Training is used, the training may be documented in the separate CBT program database or transferred into Cority, where practical.

EXPOSURE DETERMINATION

An exposure determination has been completed for the locations in energy supply.

The following occupations/personnel have been identified and are included in our Bloodborne Pathogens Exposure Control Program due to potential occupational exposure:

- First Aid Responders
- Station Nurses
- Janitorial Employees

Potential Occupational Exposure

Potential occupational Exposure is the reasonably anticipated skin, eye, mucous membrane, or parenteral contact (piercing of skin – needle sticks, cuts, etc.) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Potentially Infectious Materials

Anybody fluid that is visibly contaminated with blood, and in all situations where it is difficult or impossible to differentiate between body fluids. Also, any unfixed tissue or organ (other than intact skin) from a human (living or dead).

ENGINEERING/WORK PRACTICE CONTROLS

Because even one occupational exposure incident can be sufficient to produce infection and illness, “**Universal Precautions**” require treating all blood and body fluids encountered in the workplace as potentially infectious.

Where applicable, work practice controls must be used to reduce the likelihood of exposure by altering the way a task is performed.

- First aid responders shall wash their hands with soap and water immediately or as soon as possible after taking off gloves or other personal protective equipment. Employees must wash their hands and any other skin after touching blood or other potentially infectious materials.
- First aid responders shall put waste materials containing blood or other potentially infectious materials in properly labeled (biohazard) leak proof container.

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- First aid responders shall provide emergency response, medical treatment, or post-incident cleanup in situations involving blood or other potentially infectious materials in a way that minimizes splashing, spraying, and/or aerosolization.
- Employees shall not break, recap, or resheath used needles or other sharp instruments. Employees shall not remove used needles from disposable syringes. Reusable sharps shall be placed in appropriate containers for reprocessing immediately after use. Disposable syringes, needles, and other sharps shall be placed in an approved puncture resistant and leak proof container displaying the Biohazard symbol. The container shall be properly capped and not greater than 3/4 full to prevent accidental contact with contents.
- Employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a risk of exposure.
- Employees shall not pick up broken glass that may be contaminated with their bare hands. It shall be cleaned up by using a brush and dustpan, tongs, forceps, or other mechanical means. All contaminated materials must be placed in properly labeled leak proof container (labeled as Biohazard).
- All equipment and surfaces must be properly cleaned and disinfected with a 10:1 water to bleach (hypochlorite) solution after contact with blood or other potentially infectious materials. Each facility shall maintain appropriate cleaning and disinfecting supplies so that this can be accomplished.

HAZARD COMMUNICATION

Warning labels bearing the Biohazard symbol (see the illustration) in fluorescent orange or orange-red must be securely affixed to or be an integral part of containers used to store, transport, ship, or dispose of blood or other potentially infectious materials. Refrigerators and freezers used to store such materials must also be labeled. Red bags or red containers may be substituted for labels on containers of infectious waste.



PERSONAL PROTECTIVE EQUIPMENT

In most cases the appropriate level of protection to responding to an incident in Tampa Electric Energy Supply facilities will be safety glasses and gloves. If CPR is to be administered, a barrier (mouthpiece) shall be used as well.

Gloves - Disposable, examination grade, single-use rubber or PVC gloves will be available and shall be used whenever it may be reasonably anticipated that one may contact potentially infectious material. After use, gloves shall be disposed of in the proper container.

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- Eye Protection - Safety Glasses with side shields or goggles shall be used anytime there is a chance that blood or other potentially infectious materials may contact the eyes.
- Mask - Surgical-type masks or single use “dust-masks” shall be available and required anytime that blood or any other potentially infectious materials may come in contact with the nose and/or mouth.
- Other - Barriers (Mouthpieces/Resuscitation Bags) shall be made available by the company.

If any personal protective equipment becomes contaminated with blood or body fluid, it shall be disposed of accordingly in a properly labeled and leak proof container.

Contaminated personal clothing shall be handled in an appropriate manner.

HEPATITIS B VACCINATION

Hepatitis B vaccination (HBV) will be made available on a voluntary basis, at no cost, to all employees who have potential occupational exposure as a result of their assigned duties. Vaccination will be made available prior to initial assignment as a first aid responder or any other position of potential occupational exposure to bloodborne pathogens.

The vaccination will be provided by or under the supervision of a physician or licensed healthcare professional.

Vaccination against Hepatitis B requires three separate injections, the second injection one month after the first, the third injection six months following the first.

Example: #1 - July 6
 #2 - August 6
 #3 - January 6

It is important that all three injections be given. Records will be kept of all 3 injections on the Employee HBV Vaccination Consent and Log Form (See Appendix C).

Vaccinations are not required by the regulation; however, they are strongly recommended.

In accordance with OSHA, those employees who decline the vaccination must sign and date the statement on the Mandatory Statement of Declination in Appendix B.

If an employee initially declines the vaccination, but later decides to accept the vaccination, the vaccination will be made available at no cost to the employee.

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EXPOSURE EVALUATION

In the event of an injury or incident involving the release of blood or body fluids, an evaluation shall be immediately conducted in order to determine whether this was an occupational exposure.

This evaluation will be conducted by the Safety Department or other assigned personnel if the Safety Department is unavailable.

The evaluation shall include written documentation in the form of a written exposure incident investigation using the Tampa Electric Energy Supply incident reporting process. The Investigation shall contain the following information as a minimum:

- A description of the exposure incident, including route of exposure
- Circumstances under which the exposure or potential exposure occurred

This evaluation may be conducted by using the Bloodborne Pathogens Exposure Questionnaire in Cority. This can be accessed from the questionnaire tab on an Incident/WC record in Cority

If the evaluation determines that an occupational exposure has occurred, then a post-exposure follow-up shall take place.

POST-EXPOSURE FOLLOW-UP

Source Individual

Identify the source individual.

Review the entire Post-Exposure Follow-Up section of this procedure with the source individual.

The source individual must sign and date the Employee Blood Testing Consent Form (example found in Appendix D). If consent is given, testing shall take place as soon as possible.

Results of the source individual's testing shall be made available to the exposed individual and/or medical facility performing the exposed individual's medical evaluation.

Exposed Individual

A confidential medical evaluation shall be made immediately available to the exposed individual. The following materials shall be provided to the medical facility performing the post-exposure medical evaluation:

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- Description of the exposure incident including the route of exposure and circumstances under which the exposure occurred
- A copy of (29 CFR 1910.1030)
- Results of the source individual's blood tests if available
- Medical records relevant to the exposed individual, including HBV vaccination status

Testing

If the exposed individual consents, blood collection shall occur as soon as possible. If consent is given for HBV testing, but not HIV testing, the blood sample must be preserved for at least 90 days. Should the employee exposed elect to have the additional testing, it shall occur as soon as possible.

Post-exposure prophylaxis shall be made available when medically indicated, including counseling and evaluation.

Should the source individual consent to blood testing and results are provided to the exposed individual, the exposed individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. Specifically, the exposed individual will be informed that this information is medically confidential and cannot be discussed with other individuals.

Healthcare Professional's Report

A copy of the evaluating healthcare professional's written opinion shall be obtained and provided to the exposed employee within 15 days of the completion of the evaluation.

- The written opinion for hepatitis B shall be limited to whether vaccination is indicated for the exposed individual and if that vaccination had been received.
- The written opinion for post-exposure evaluation and follow-up shall be limited to the following:
 - The exposed employee has been informed of the results of the evaluation
 - The exposed employee has been informed of any medical conditions resulting from exposure which require further evaluation and treatment

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DOCUMENTATION AND RECORDKEEPING

The following medical and training records shall be maintained.

Medical Records

All medical records shall be kept confidential and are not to be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace, except as required by this section or as may be required by law.

Should occupational exposure occur, the following medical record must be developed:

- Name and social security number of exposed individual
- HBV status, including dates of vaccination
- Exposure incident circumstances (date, time, place, route of transmission)
- Documentation of providing OSHA Standard to healthcare professional
- Provide copy of healthcare professional's written opinion to employee within 15 days
- A copy of all results of examinations, medical testing, and follow-up procedures as required by post-exposure evaluation

Medical records are to be maintained in the employee's medical file. These records shall be retained for a minimum period of thirty (30) years past the last date of work and made readily available to an employee upon his or her request.

HBV – Vaccination Information

Use the Employee HBV Vaccination Consent and Log Form (See Appendix C.) to document information provided to the employee and the HBV vaccination record. If employee declines vaccination, then the OSHA Mandatory Statement of Declination in Appendix D shall also be retained.

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APPENDIX A – GLOSSARY

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

Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

Contaminated Sharps - any 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.

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 are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls - controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposed Individual – An individual that received specific contact via eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials occurring in the performance of their duties in the workplace.

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

Licensed Healthcare Professional - person whose legally permitted scope of practice allows him or her to independently perform Post-exposure Evaluation and Follow-up.

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

Occupational Exposure - 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.

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Other Potentially Infectious Materials - (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (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.

Parenteral - Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a hazard. 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.

Post-Exposure Prophylaxis – Preventative treatment started immediately after exposure to a pathogen, such as a disease-causing virus, in order to prevent infection by the pathogen and the development of disease.

Regulated Waste - Liquid or semi-liquid blood or other potentially infectious materials; 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; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to another employee.

Universal Precautions - 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 for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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APPENDIX B

SAMPLE - MANDATORY STATEMENT OF DECLINATION



MANDATORY STATEMENT OF DECLINATION FORM

Employees who decline the Hepatitis B Vaccination must sign the following mandatory statement in accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030, Appendix A):

I understand that due to my potential 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 the HBV vaccination at no charge to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, 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 eh HBV vaccine, I can receive the vaccination series at no charge to me.

NOTE: The statement of declination of HBV Vaccination is not intended to supersede or in any way affect any workers' compensation law, common law, statutory rights, or duties or liabilities of employers and employees arising out of or in the course of employment.

Print Name

Signature

Date

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APPENDIX C

SAMPLE - EMPLOYEE HBV VACCINATION CONSENT & LOG FORM



EMPLOYEE HBV VACCINATION CONSENT & LOG FORM

Hepatitis is a viral infection caused by the Hepatitis B Virus (HBV) which can be spread by contact with infected blood and other body fluids. It can also be transmitted through close interpersonal contact. Five to ten percent of people with HBV infection become chronic carriers of the disease which have the greatest potential for long-term complications, including death.

The HBV Vaccine is an inactivated vaccine produced in yeast cells. After a series of three intramuscular injections of the vaccine given in the deltoid muscle over six-month period, greater than 90 percent of healthy adults develop protective antibodies against HBV.

Contradictions and Precautions:

1. Hypersensitivity to yeast or any component of the vaccine.
2. Previous adverse reactions following an injection of an HBV Vaccine.
3. Any serious active infections.
4. Pregnant or breastfeeding women.
5. Individuals with severely compromised cardiopulmonary status.
6. Immunocompromised individuals.

Side Effects:

1. The most common side effect is redness and soreness at the injection site.
2. The most frequent systematic complaints include fatigue, weakness, headache, low grade fever, and dizziness.
3. Adverse reactions rarely reported are rash, vomiting, arthralgia, muscle weakness, sweating, chills, light headedness, abdominal cramping, influenza, and neurological disorders.

I have read the above information and have had an opportunity to ask questions about the HBV Vaccine. I understand there is not guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that I must have all three doses of the vaccine to ensure immunity. I request that the vaccine be given to me.

DOSE #1 _____
Signature Date Lot # Witness

DOSE #2 _____
Signature Date Lot # Witness

DOSE #3 _____
Signature Date Lot # Witness

For Medical Personnel Only:

Medication: _____


Manufacturer: _____

Expiration Date: _____

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APPENDIX D

SAMPLE - EMPLOYEE BLOOD TESTING CONSENT FORM

	EMPLOYEE BLOOD TESTING CONSENT FORM
IN COMPLIANCE WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION'S (OSHA) BLOODBORNE PATHOGENS STANDARD (29 CFR 1910.1030(f)(3): <i>POST-EXPOSURE EVALUATION AND FOLLOW-UP</i> , THIS FORMS MUST BE FILLED OUT FOLLOWING AN EXPOSURE INCIDENT.	
The <u>Post-Exposure Follow-Up</u> sections of the Tampa Electric Bloodborne Pathogens Program has been reviewed with me.	
<i>I hereby <u>consent</u> to provide a blood sample for testing and reporting.</i>	

Printed	
_____	_____
Signature	Date

The <u>Post-Exposure Follow-Up</u> sections of the Tampa Electric Bloodborne Pathogens Program has been reviewed with me.	
<i>I hereby <u>decline</u> to provide a blood sample for testing and reporting.</i>	

Printed	
_____	_____
Signature	Date

To be completed by a medical representative or other third party:	
<i>I witnessed the signing of this form.</i>	

Witness Signature	Date