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Author(s): Pasqualoni, Sara Elizabeth

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Environment, Safety, Health, and Quality Directorate
Occupational Health Division

Functional Series Document

Wound Management in Areas Controlled for Radioactive Contamination

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Document Author/Subject Matter Expert:

Name:	Organization:	Signature:	Date:
Sara Pasqualoni MD	OH-DO	Signature on File	04/02/2024

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Name:	Organization:	Signature:	Date:
Jo Lynn Garcia	OSH-ISH	Signature on File	04/03/2024

Approval Signatures

Responsible Line Manager:	Organization:	Signature:	Date:
Jerry George	RP-TA55	Signature on File	04/08/2024
Responsible Line Manager:	Organization:	Signature:	Date:
Brent Butler	OH-DO	Signature on File	04/06/2024

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REVISION HISTORY

Document Number and Revision	Effective Date	Description of Changes
OH-DO-FSD-001, R0	04/08/2024	- Initial development of this FSD. - Document supersedes OSH-OH-AP-8.4.

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1.0 INTRODUCTION

This Functional Series Document (FSD) establishes the requirements for wound management and the issuance of medical restrictions for safe entry and work performance in areas controlled for radioactive contamination.

1.1 Purpose

This document establishes the requirements for wound management when an individual is scheduled to enter and/or perform work in an area controlled for radioactive contamination.

These requirements are in place to reduce the risk of internal contamination when entering and working in areas controlled for radioactive contamination. Intact skin provides a natural barrier to prevent radioactive material from entering the body. Wounds provide a potential entry point for radioactive material and must therefore be managed appropriately to minimize the risk of internal contamination.

1.2 Scope

This document defines the procedure for wound management and medical restrictions when entering and working in areas controlled for radioactive contamination.

1.3 Authority

This document is issued under the authority of the Associate Laboratory Directorate for Environment, Safety, Health, and Quality. The parent institutional document for this FSD is P102, *Occupational Health*. The defined authorities for this FSD are:

- Issuing Authority: LANL Site Occupational Medical Director.
- Responsible Manager: Occupational Health (OH-DO).
- Responsible Office: Occupational Health (OH-DO).

1.4 Applicability

This document applies to all individuals who need to enter or work in areas controlled for radioactive contamination. This includes but is not limited to workers, subcontractors, visitors, and students.

2.0 PROCEDURE

2.1 Determining What is a Wound

A wound is defined as any compromise of the skin surface that could allow radioactive material to enter the bloodstream. This includes but is not limited to scabs, non-healed abrasions, lacerations, punctures, non-healed tattoos, non-healed piercings, blisters, rashes resulting in non-intact skin, and partial- to full-thickness burns.

NOTE: Partial-thickness burns and full-thickness burns compromise the skin surface as they involve layers below the epidermis. A superficial burn involves only the epidermis and does not compromise the integrity of the skin surface. For example, a mild sunburn is a superficial burn. A complicated sunburn with blistering is a partial thickness burn.

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2.2 Wounds with Special Considerations

2.2.1 Wounds in the mouth or other mucosal surfaces

Wounds in the mouth (i.e., tooth extraction site, gum grafts, etc.) or other mucosal surfaces are not considered open wounds and do not require dressing or medical restrictions to enter areas controlled for radioactive contamination.

2.2.2 Wounds in areas normally under clothing

Wounds under clothing and/or Personal Protective Equipment (PPE) require an appropriate dressing and medical restrictions to enter areas controlled for radioactive contamination.

NOTE: Removing clothing could spread contamination to the underlying skin, and if the wound is not occluded contamination of the wound and internal contamination may occur.

2.2.3 Wounds on hairy areas of the body

Wounds on hairy areas of the body may not be able to be effectively occluded since the occlusive dressing must have direct skin contact to adhere with a watertight seal. Shaving the surrounding skin may provide for this watertight seal. If the worker's wound(s) require shaving to occlude, they may shave themselves or they may go to the Occupational Medicine clinic.

2.2.4 Sutures/Staples

Wounds with sutures/staples still in place cannot be covered with either an occlusive or a non-occlusive dressing until the sutures/staples are removed, and the area has healed.

2.3 Areas that do not Require Wound Management and/or Medical Restrictions

There are no requirements for wound management or for medical restrictions for entry into the following controlled/buffered areas *unless work involves breaching of contaminated systems, structures, or components*:

1. External radiation (RCA-E)
2. Volume contamination (RCA-VOL)
3. Radioactive materials (RCA-RM)
4. Depleted uranium (DU) shrapnel (RCA-DU)
5. Legacy contamination (RCA-L)
6. Areas without radiological controls

2.4 Fitness for Duty

Workers who are scheduled to perform work activities in areas controlled for radioactive contamination are expected to come to work fit for duty.

It is understood that some wounds are unavoidable. However, workers who participate in activities that are likely to result in wounds are expected to take reasonable protective actions.

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Protective actions may include using moisturizers to prevent dry, chapped skin, wearing sunscreen to prevent sunburns, wearing sleeve protectors or long sleeves, or wearing gloves. These actions can help to ensure a worker's fitness for duty when they come to work.

2.5 Procedure for Workers with Work-Related Wounds

Workers who have work-related wounds must be evaluated at the Occupational Medicine clinic for wound management and for medical restrictions until the wounds are fully healed.

2.6 Procedure for Workers with Non-Work-Related Wounds

1. Determine if your wound(s) can be safely and effectively occluded, or if a non-occlusive dressing is required.
 - a. Wound(s) generally can be safely and effectively occluded in the absence of the following conditions:
 - i. Active bleeding.
 - ii. Sutures/staples in place.
 - iii. Location in a hairy area of the body that you cannot shave, or you cannot obtain a watertight seal even after shaving the area.
 - iv. Location over a joint and you cannot achieve a watertight seal with movement.
 - v. Occupational Medicine instructs you that they cannot occlude the wound.

NOTE: You should go to the Occupational Medicine clinic if you have questions regarding the safety or efficacy of occluding the wound(s), and/or if an occlusive dressing requires shaving and you would like for Occupational Medicine to shave the area for you.
2. Apply the occlusive or non-occlusive dressing(s) based on your determination above.
 - a. Occlusive dressings are used to provide a skin replacement type of barrier. For a dressing to effectively occlude a wound, it must include a watertight seal, which extends at least 1/4-inch around all edges of the wound and remains sealed with movement. This prevents entry of radioactive material through the wound into the bloodstream.
 - i. After applying dressing, verify edges are sealed and remain sealed during movement.
 - b. Non-occlusive dressings are used to cover the wound when occlusion cannot be safely or effectively achieved. They do not provide a skin replacement type of barrier and as such do not provide the same level of protection as occlusive dressings in preventing radioactive material from entering the body.
 - c. Dressing(s) must remain in place until the wound(s) is fully healed (when the scab has fallen off and the scar area does not bleed when rubbed with a gauze pad).
3. Determine the relevant medical restrictions:
 - a. If you can occlude the wound(s) you may enter areas posted as radioactive controlled areas and perform radiological work if:
 - ii. The requirements in the Radiological Work Permit (RWP) are met, AND

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- iii. The designated Radiation Protection (RP) personnel have verified occlusion and have informed you that they have no concerns with you performing the planned work.
 - b. If you can cover the wound(s) but the dressing(s) is not occlusive, you may enter areas posted as RBA-C and RCA-C, but you cannot perform radiological work. Entry into the following controlled/buffered areas is not allowed:
 - i. Contamination Areas (CA)
 - ii. High Contamination Areas (HCA)
 - iii. Airborne Radioactivity Areas (ARA)
 - iv. Hot Job Exclusion Areas (HJEA) – For contamination
 - c. Radiological work is defined as work that involves breaching contaminated systems, structures, components; or handling equipment/tools/items marked/labeled as contaminated or that are within a contaminated system, e.g. glovebox, radiological hood, interior of a ventilation system, etc.
- 4. Sign OH-DO-FSD-001-FORM1, *Wound Management and Medical Restriction Log* (See Attachment 44) and communicate all required medical restrictions to your supervisor/RLM.

3.0 RESPONSIBILITIES

3.1 Occupational Health (OH) Medical Staff

- A physician or advanced practice clinician must perform the initial evaluation and provide treatment recommendations if the worker's wound(s) is work-related.
- Determine the most appropriate dressing for work-related wound(s).
- Issue relevant medical restrictions.
- Treat all work-related wound(s) until fully healed.
- Provide guidance for workers with non-work-related wounds with wounds in hairy areas on their body, over joints, or if they have questions or concerns about the management of their wound(s).

3.2 Responsible Line Manager (RLM) or Designee (including administrative support)

- Ensure workers understand and follow the requirements established in this FSD and in Attachment 2: Management and Medical Restrictions for Non-Work-Related Wounds.
- Ensure workers know where OH-DO-FSD-001-FORM1 is located. See Attachment 44: *Wound Management and Medical Restriction Log*.
- Ensure workers know where dressing supplies are located.
- Ensure there are adequate supplies to meet the requirements of this document.
 - OH-DO-FSD-001-FORM1 (see Attachment 4).
 - Copies of the Worksite Requirements for Non-Work-Related Wounds
 - Wound dressing supplies

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- Hand sanitizer
- Maintain OH-DO-FSD-001-FORM1 (See Attachment 4)::
 - Print out adequate copies of OH-DO-FSD-001-FORM1, Attachment 4 for worker use.
 - Store completed paper forms in a secure location.
 - Collect and digitize the forms and submit as a record to the Radiation Protection (RP) Records Management Point of Contact (RM-POC) following the process outlined under Section 8.0, Required Records.
 - Paper Log forms may be shredded or burned once RP confirms receipt of the records.

3.3 Radiation Protection Managers and Personnel

- RP managers will designate specific personnel who have the authority to evaluate occluded wounds for radiological work in accordance with RWP requirements.
- Designated RP personnel will inspect occluded wounds to determine if the wound is effectively occluded to perform radiological work as defined in the appropriate RWP.
- RP RM-POC reviews submitted OH-DO-FSD-001-FORM1, Attachment 4 logs and ensures they are scanned correctly and ready for records submission. Confirms receipt to administrative staff OR requests update to comply with P1020-1, *Laboratory Records Management*. Submits records to eshq-dcrm@lanl.gov in accordance with ESHQ-AP-006, *ESHQ Records Management Procedure*.

3.4 Workers and Other Individuals Entering Areas Controlled for Radioactive Contamination

- Workers/other individuals should come to work fit for duty and do their best to prevent wounds from occurring using protective actions mentioned in section 2.4.
- Workers/other individuals who have a non-work-related wound(s), as defined in this FSD, must:
 - Appropriately dress all non-work-related wound(s) and follow medical restrictions as outlined in section 2.6.
 - Follow the procedure requirements in Attachment 2: Management and Medical Restrictions for Non-Work-Related Wounds.
 - Sign OH-DO-FSD-001-FORM1, Attachment 4: *The4: Wound Management and Medical Restriction Log* that is kept at each worksite. This signature documents that the worker/other individual understand the importance of safe and effective wound care, understand the required medical restrictions and have notified their RLM of, and will follow all applicable medical restrictions established in these requirements.
 - Workers/individuals with non-work-related wounds who are escorted into areas controlled for radioactive contamination must disclose these wounds to their escort and follow the requirements established in this document.
 - Workers/individuals who have work-related wounds must be evaluated at the Occupational Medicine clinic for wound management and for medical restrictions until wounds are fully healed.

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4.0 DEFINITIONS AND ACRONYMS

4.1 Definitions

See LANL [Definition of Terms](#)

Term	Definition
Airborne Radioactivity Area (ARA)	Airborne radioactive concentrations above background that are greater than (or likely to exceed) the derived air concentration (DAC) values or that would result in an individual (without respirator) being exposed to greater than 12 DAC-hr. in a week.
Contamination Area (CA)	Removable contamination levels that are greater than (or likely to exceed) P121 Table 14-2 values but do not exceed 100x Table 14-2 values.
High Contamination Area (HCA)	Removable contamination levels that are greater than (or likely to exceed) 100x P121 Table 14-2 values.
Hot Job Exclusion Area (HJEA)	A temporary area established around unknown condition in the event of a radiological incident or an operation that is expected to increase the potential for contamination and/or personnel exposure because of the nature of the operation (hot job).
Non-occlusive dressing	A dressing that effectively covers the wound but does not achieve an airtight and watertight seal.
Occlusive dressing	A dressing that provides an airtight and watertight seal.
Radiological Buffer Areas (RBA)	RBAs provide secondary boundaries within the RCA to minimize the spread of contamination and to limit doses to general workers who have not been trained as radiological workers. RBAs are considered part of the RCA. However, RBAs are an area of relatively higher radiological risk, where individuals are likely to receive greater than 0.1 rem external dose in a year and/or where a higher potential is present for contamination above P121 Table 14-2 levels. RBAs may also be used for laboratories containing hoods or gloveboxes and rooms containing radiation generating devices.
Radiological Controlled Area for contamination (RCA-C)	Access to the area is managed to protect individuals from exposure to radioactive contamination, but removable contamination above values in P121 Table 14-2 is unlikely.
Radiological Work	Work that involves breaching contaminated systems, structures, components; or handling equipment/tools/items marked/labeled as contaminated or that are within a contaminated system, e.g. glovebox, radiological hood, interior of a ventilation system, etc.
RCA for depleted uranium (DU) shrapnel (RCA-DU)	DU exists as a result of explosive and/or ammunition testing. The DU is neither finely divided nor readily transferrable and normally not a wound contamination concern.

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Term	Definition
RCA for external radiation (RCA-E)	Access to the area is managed to protect individuals from exposure to external radiation. An RCA-E is not a wound contamination concern.
RCA for legacy contamination (RCA-L)	No accessible contamination known to exist but is known or suspected to exist within facility/programmatic systems or other inaccessible areas within the facility or area. An RCA-L is not a wound contamination concern, unless work involves breaching of contaminated systems, structures or components (in which case updated RP postings would be designated).
RCA for volume contamination (RCA-VOL)	Area with volume-contaminated materials that are not individually labeled may be present (e.g., activated material). Normally not a wound contamination concern.
RCA for radioactive materials (RCA-RM)	Area where radioactive materials are present, but they do not present significant contamination or external radiation hazards. Normally not a wound contamination concern.
Soil Contamination Area (SCA)	Area with radioactively contaminated soil at levels not releasable in accordance with DOE Order 458.1, Chg 4. SCAs are normally managed and posted by Environmental Protection and Compliance. For purposes of this document an SCA is treated as an RCA-C.
Wound	For this document, a wound is defined as any compromise of the skin surface that could allow radioactive material to enter the bloodstream. This includes, but is not limited to, scabs, non-healed abrasions, lacerations, punctures, unhealed tattoos, unhealed piercings, blisters, rashes resulting in non-intact skin, and partial to full thickness burns.
Wound dressing	A dressing is a covering applied to a wound to promote healing and to protect the wound from further harm.

4.2 Acronyms

See LANL [Acronym Master List](#)

Acronym	Definition
ALDESHQ	Associate Laboratory Directorate, Environment, Safety, Health and Quality
ARA	Airborne Radioactivity Area
CA	Contamination Area
DU	Depleted Uranium
HCA	High Contamination Area
HJEA	Hot Job Exclusion Area
HRP	Human Reliability Program
LANL	Los Alamos National Laboratory

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Acronym	Definition
OH	Occupational Health
OM	Occupational Medicine
OSH	Occupational Safety and Health
PPE	Personal Protective Equipment
RBA	Radiological Buffer Area
RCA	Radiological Controlled Area
RCA-C	Radiological Controlled Area-Contamination
RCA-DU	Radiological Controlled Area-Depleted Uranium
RCA-E	Radiological Controlled Area-External Radiation
RCA-L	Radiological Controlled Area-Legacy Contamination
RCA-RM	Radiological Controlled Area- Radioactive Material
RCA-VOL	Radiological Controlled Area-Volume Contamination
RP	Radiation Protection
RLM	Responsible Line Manager
SCA	Soil Contamination Area

5.0 IMPLEMENTATION

The requirements of this document are effective provisionally on the effective date of this document and are fully effective on the date of issue for P102, *Occupational Health*. The requirements of this document are not retroactive.

6.0 TRAINING

- Training will be provided through UTrain.
- Training should be assigned initially and on an annual basis for Rad Workers.
- RLMs are encouraged to be familiar with management resources, including the policies and forms referenced in this document.

7.0 EXCEPTION OR VARIANCE

No exceptions or variances are anticipated.

8.0 REQUIRED RECORDS

Completed Attachment 4, OH-DO-FSD-001-FORM1,; Wound Management *and* Medical Restriction Log forms must be digitized and sent monthly to the -RP RM-POC. The RP RM-POC must review the scanned file to ensure it is digitized in accordance with P1020-1, and submit as a record to eshq-dcrm@lanl.gov for upload into the Electronic Document and Records Management System (EDRMS) under Radiation Protection Radiological Records, LANL Schedule 1170C1A, Individual Employee Health Hazard Case Files.

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These records are under an Epidemiological (EPI) hold and must not be destroyed until the hold is lifted.

9.0 REFERENCES

- ESHQ-AP-006, ESHQ Records Management Procedure
- LANL P102, *Occupational Health*
- LANL P121, *Radiation Protection*
- P1020-1, *Laboratory Records Management*

10.0 ATTACHMENTS

- Attachment 1: Allowable Wound Dressings (photos)
- Attachment 2: Management and Medical Restrictions for Non-Work-Related Wounds
- Attachment 3: Self-Assessment of Wounds Before Entering Specified Areas Controlled for Radioactive Contamination
- Attachment 4: Wound Management and Medical Restriction Log

ATTACHMENT 1: ALLOWABLE WOUND DRESSINGS (PHOTOS)

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- 3M Tegaderm Film
- 1624W
 - 2 3/8"x 2 3/4" (6 cm x 7 cm)
 - 1626W
 - 4" x 4 3/4" (10 cm x 12 cm)
 - 1627
 - 4" x 10" (10 cm x 25 cm)
 - 1628
 - 6" x 8" (15 cm x 20 cm)
 - 1629
 - 8" x 12" (20 cm x 30 cm)



- 3M Nexcare Waterproof Bandages
- Assorted Box Includes:
- Sm: 1.1" x .88"
 - Md: 2.25" x 1.06"
 - Lg: 2.5" x 1.25"



- Band-Aid Hydro Seal Bandages
- Extra Large
 - 2.4" x 2.7" (6.2 cm x 7 cm)

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ATTACHMENT 2: MANAGEMENT AND MEDICAL RESTRICTIONS FOR NON-WORK-RELATED WOUNDS

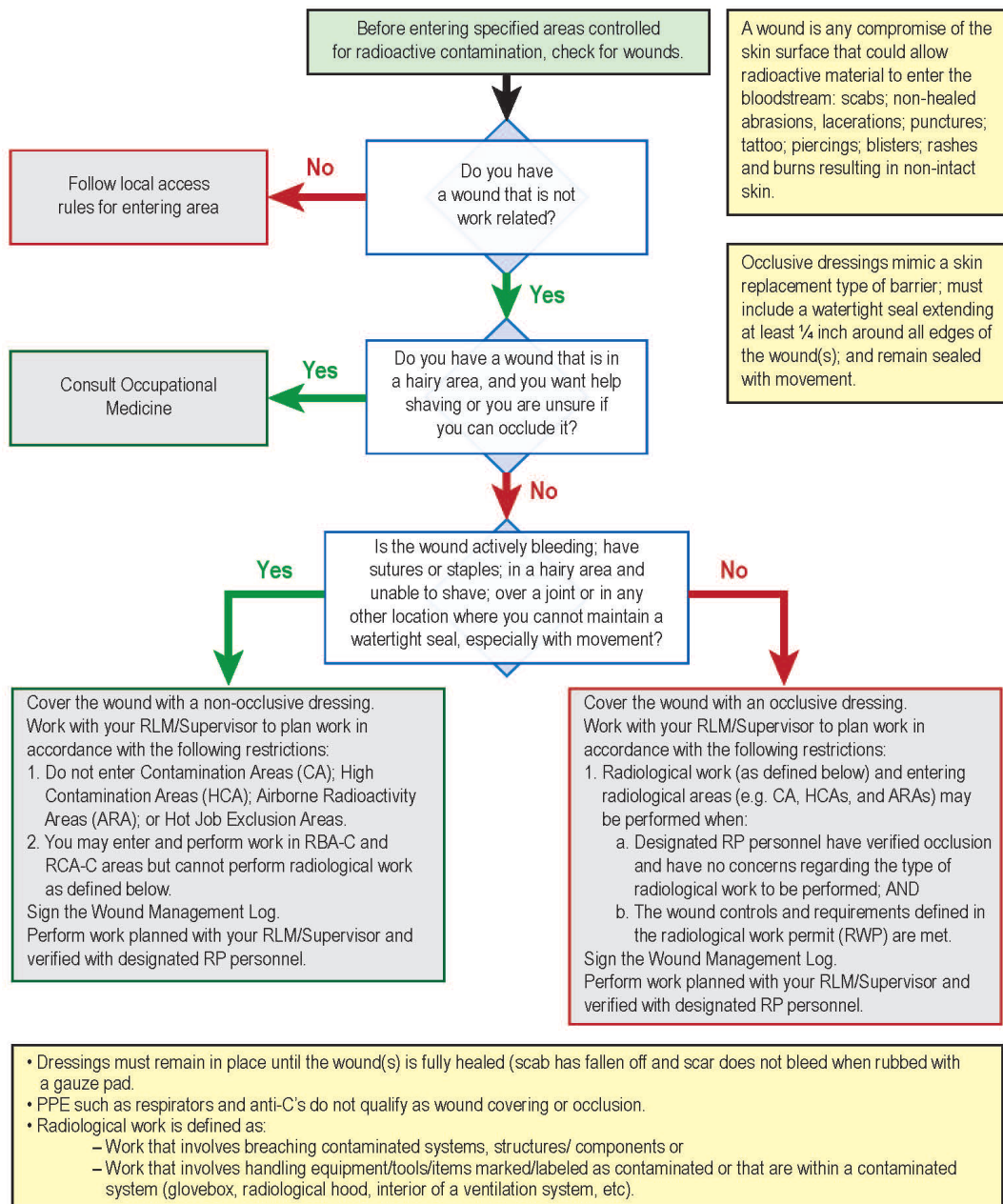
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1. Determine if you can or cannot safely and effectively occlude your wound(s).
 - a. You cannot safely or effectively occlude your wound(s) if:
 - i. It is actively bleeding.
 - ii. It has sutures/staples in place.
 - iii. It is in a hairy area, and you cannot shave, or you have shaved and still cannot achieve a watertight seal.
 - iv. It involves a joint and you cannot achieve a watertight seal with movement.
 - v. Occupational Medicine instructs you that you cannot occlude the wound.
2. Apply the occlusive or non-occlusive dressing(s) based on your determination above.
3. Determine the relevant medical restrictions.
 - a. If you can occlude the wound(s) you may enter areas posted as radioactive controlled areas and perform radiological work if:
 - i. The requirements in the Radiological Work Permit (RWP) are met, AND
 - ii. The designated Radiation Protection (RP) personnel have verified occlusion and have informed you that they have no concerns with you performing the planned work.
 - b. If you can cover the wound(s) but the dressing(s) is not occlusive, you may enter areas posted as RBA-C and RCA-C but you cannot perform radiological work. Entry into the following controlled/buffered areas is not allowed:
 - i. Contamination Areas (CA)
 - ii. High Contamination Areas (HCA)
 - iii. Airborne Radioactivity Areas (ARA)
 - iv. Hot Job Exclusion Areas (HJEA) – For contamination
 - c. Unless work involves breaching of contaminated systems, structures or components, the following controlled/buffered areas do not require wound dressings or medical restrictions:
 - i. External radiation (RCA-E)
 - ii. Volume contamination (RCA-VOL)
 - iii. Radioactive materials (RCA-RM)
 - iv. Depleted uranium (DU) shrapnel (RCA-DU)
 - v. Legacy contamination (RCA-L)
4. Consult with Occupational Medicine if you have questions regarding the safety or efficacy of occluding the wound(s) and/or if an occlusive dressing requires shaving and you would like for Occupational Medicine to shave the area for you.
5. Sign the wound management log and communicate relevant medical restrictions to your supervisor/RLM.

ATTACHMENT 3: PROCESS FOR MANAGEMENT OF NON-WORK-RELATED-WOUNDS

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Process for Management of Non-Work-Related Wounds



Attachment 4: Wound Management and Medical Restriction Log/Form1/OH-DO-FSD-001, R0