

# **Bloodborne Pathogens**

## **Exposure Control Plan**



Scotland County Schools

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## Implementation

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# Scotland County Schools Bloodborne Pathogens Exposure Control Plan

- In compliance with Occupational Safety and Health Administration (OSHA) Regulations (Standards - 29 CFR) 1910.1030  
As published in Federal Register [December 6, 1991] 56(#235):64175-82  
And updated in Federal Register [January 18, 2001] 66:5317-5325  
Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries **(Appendix 1)**  
(<http://www.osha-slc.gov/needlesticks/needlesticks-regtxtrev.html>)
- In compliance with OSHA Regulations (Standards – 29 CFR) 1910.1020 Access to employee exposure and medical records  
([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10027](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027))
- In compliance with OSHA Regulations (Standards - 29 CFR) Retention of records 1960.73  
([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=11307](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=11307))
- In compliance with section .1200 of North Carolina's Medical Waste Management Rules which became effective October 1, 1990 and were amended in April 1993 **(Appendix 2)** <http://wastenot.enr.state.nc.us/SWHOME/12RUL.htm>
- In compliance with Scotland County Schools Communicable Diseases/Bloodborne Pathogens Policy [GBRAB] **(Appendix 3) update – add new policies**
- In compliance with section .0200 – Control Measures for Communicable Diseases adopted by the North Carolina Health Services Commission taken from North Carolina Administrative Code (NCAC) which became effective April 4, 1990 **(Appendix 4)**
- In compliance with North Carolina Department of Labor's Policy on providing the Hepatitis B Vaccine for Employees with Collateral Occupational Exposure to Blood and Other Potentially Infectious Materials **(Appendix 5)**
- In compliance with North Carolina High School Athletic Association's Infectious Disease Policy adopted May 5, 1993 **(Appendix 6)**

## INTRODUCTION

[to TOC](#)

The Exposure Control Plan has been developed by Scotland County Schools to comply with the regulations defined in the Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens (BBP) final standard and the Waste Management Rules of North Carolina. The primary purpose of OSHA's Bloodborne Pathogens standard is to eliminate or minimize on-the-job exposure to blood and other potentially infectious materials, which could result in the transmission of bloodborne pathogens, and lead to disease or death. The major pathogens are the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV). The Waste Management Rules of North Carolina determine proper disposal methods of items that are contaminated with blood and other potentially infectious materials.

The OSHA BBP final standard covers any employee who is at risk for occupational exposure. "Occupational exposure" is defined as any 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. "Good Samaritan" acts, an employee's rendering assistance to accident victims, and other exposures that cannot be anticipated, do not constitute occupational exposure. "Reasonably anticipated" means that an employee has reason to know that an exposure will occur while performing assigned employment tasks.

It is the responsibility of Scotland County Schools to develop and implement an Exposure Control Plan. This plan addresses responsibilities, definitions of terms, exposure determination, methods of compliance and safe work practices, the Hepatitis B vaccination, post-exposure evaluation and follow-up, communication of hazards to employees, recordkeeping, and surveillance. All employees shall comply with the guidelines of this plan. Any employee who fails to follow the provisions of the Exposure Control Plan shall be retrained and may be subject to personnel counseling and/or discipline.

## RESPONSIBILITIES

[to TOC](#)

### **The Associate Superintendent of Administrative Services shall ensure that:**

1. All elements of the Exposure Control Plan are met.
2. Contents of the Exposure Control Plan are conveyed to employees.
3. Policies and procedures are in place for employees not complying with the Exposure Control Plan.

### **The Transportation Director and Maintenance Director shall ensure that:**

1. Appropriate housekeeping standards are developed and met for the cleaning and decontamination of work areas where there is potential for exposure to bloodborne pathogens and other potentially infectious materials.
2. Appropriate personal protective equipment is readily accessible at auxiliary sites.
3. Contaminated waste disposal standards are met.
4. Blood spill clean-up kits are available in school vehicles and buses.

### **Principals/supervisors shall ensure that:**

1. All employees at their site receive the Refresher Bloodborne Pathogens (BBP) training.
2. Employees are identified as being at risk for occupational exposure and at-risk employees receive the Required Additional BBP Training.
3. Appropriate personal protective equipment is available in accessible locations.
4. Outdated bloodborne pathogen supplies are replaced (e.g., BBP boxes in school healthrooms and main office).
5. Employees comply with the Exposure Control Plan and noncompliance issues are addressed.
6. A copy of the Exposure Control Plan is readily accessible in the main office at each school and reception desk at each auxiliary site.

7. The Exposure Control Plan is updated when information is received from the Bloodborne Pathogens Coordinator and employees are informed of any revisions.
8. The annual Bloodborne Pathogens Surveillance and Monitoring Form for the workplace is completed.
9. The Scotland County Schools First Aid Providers Incident Report and Bloodborne Pathogens Exposure Report forms are completed when indicated and assistance is provided to employees.
10. The School Health Coordinator and Benefits Specialist are immediately notified when an occupational exposure incident occurs.
11. Circumstances surrounding exposure incidents are evaluated and corrective actions to prevent future incidents are initiated.
12. All work sites are maintained in a clean and sanitary condition.

**The School Health Coordinator shall ensure that:**

1. The Exposure Control Plan is developed, implemented, reviewed, and updated in conformity with applicable state and federal OSHA regulations and state waste management laws.
2. An updated copy of the Exposure Control Plan is given to each principal with directions to place it in an accessible place in the main office and to a representative at each auxiliary site with directions to place it in an accessible place in the reception area.
3. The work environment is evaluated, identifying actual and potential hazards for exposure to bloodborne pathogens, jobs having collateral risk, and at-risk job categories.
4. Appropriate measures to protect employees from occupational exposure are developed and specified in the Exposure Control Plan and the information is conveyed to employees during the BBP training sessions. These measures shall include the use of handwashing techniques, universal precautions, labels with the biohazard warning symbol, work practice controls, personal protective equipment, housekeeping standards, methods of handling contaminated laundry, and methods for disposing of contaminated waste and contaminated sharps.
5. The School Health Coordinator shall assess and at least annually document in the master copy of the Exposure Control Plan the availability of safer personal protective devices.
6. The Hepatitis B vaccination series is offered to at-risk employees within 10 working days of initial assignment.
  - a. The School Health Coordinator and the School Nurse shall coordinate the administration of the Hepatitis B vaccine for employees accepting the series.
  - b. The School Health Coordinator and the School Nurse shall ensure that the Scotland County Schools Hepatitis B Vaccination Declination form is signed as indicated.
  - c. The School Health Coordinator and each School Nurse shall maintain Hepatitis B vaccination records of at-risk employees.
7. Scotland County Schools First Aid Providers Incident Report, Scotland County Schools Bloodborne Pathogens Exposure Report, and Scotland County Schools Bloodborne Pathogens Source Incident Report forms are reviewed.
8. Corrective action plans are developed, initiated, and follow-up is completed and documented for occupational exposure incidents.
9. Post-exposure medical evaluation and follow-up procedures are followed.
10. Medical records are established and confidentially maintained.

11. Bloodborne Pathogens Training is made available to all employees and records kept at Central Office for 3 years.
12. Solicitation from non-managerial employees potentially exposed to injuries from contaminated sharps is conducted and documented in the master copy of the Exposure Control Plan regarding suggestions for more effective engineering and work practice controls.
13. The Sharps Injury Log is completed, maintaining confidentiality, and kept at Central Office for 5 years.
14. The Annual Bloodborne Pathogens Surveillance and Monitoring Form for each school and auxiliary site is completed, reviewed, filed, and corrective actions instituted as indicated.
15. The Bloodborne Pathogens Standards Committee meetings take place as indicated. The School Health Coordinator chairs this committee.

**School nurses shall ensure that:**

1. Mandatory annual Refresher Bloodborne Pathogens Training is made available to employees at their assigned schools.
2. Bloodborne Pathogens supplies in the BBP boxes in school healthrooms are inventoried and the Director of Student Support Services notified when supplies need replacing (**Appendix 15**).
3. Letters are sent to parents/legal guardians who are providing needle devices for school personnel to use in the care of students (**Appendix 16**).
4. Employee Exposure Determination Questionnaires are reviewed, identifying at risk employees.
5. The Hepatitis B vaccination service is offered to at-risk employees within 10 working days of initial assignment.
  - a. Coordinate the administration of the Hepatitis B vaccine for employees accepting the series
  - b. Ensure the Scotland County Schools Hepatitis B vaccination Declination form is signed as indicated
  - c. Maintain Hepatitis B vaccination records of at-risk employees while also sending copies of this information to the School Health Coordinator.

**Employees having occupational exposure shall:**

1. Identify job tasks placing them at risk for potential occupational exposure and perform all duties in compliance with the Exposure Control Plan.
2. Obtain the mandatory Bloodborne Pathogens Training annually and when notified of any required additional Bloodborne Pathogens Training (e.g., to receive information about any updates to the OSHA BBP final standard and revisions to the Exposure Control Plan).
3. Make and/or keep appointments at the specified intervals for vaccination administration, if accepting the Hepatitis B vaccination series.
4. Immediately (and in no circumstance later than 24 hours after incident) report occupational exposure to blood and other potentially infectious materials to their supervisor completing a Scotland County Schools Exposure Report form (**Appendix 11**).
5. Use the guide in **Appendix 21** for an occupational exposure to bloodborne pathogens.

### **Students potentially at risk for exposure:**

While students are not covered under federal OSHA regulations, the North Carolina State Department of Public Instruction and Scotland County Schools recognize that some students, such as those enrolled in Health Occupations classes, may be exposed to bloodborne pathogens.

The North Carolina Universal Childhood Vaccine Distribution Program makes available the Hepatitis B vaccine to children through 18 years of age free of charge at the Health Department. Students enrolled in Health Occupations classes shall receive the Hepatitis B vaccination at the location of their choice, e.g., Health Department or private provider, or the parent shall sign a waiver of declination.

If students have an exposure incident, the incident shall be reported to the Health Occupations Instructor, and parent or legal guardian as quickly as possible. A Scotland County Schools Accident Report form shall be initiated (**Appendix 17**). The parent or legal guardian shall be advised of pertinent health recommendations.

### **Student to Student Exposure:**

For biting incidents:

#### **A. For person bitten:**

1. Inspect area to see if skin is broken and if blood is visible.
2. Refer to protocol in the School Nurse Policies and Procedures Manual for treatment of wounds, human bites, and bleeding (**Appendix 18**).
3. Promptly advise school nurse and principal of incident and plan for prompt parental notification.
4. Advise parent or legal guardian of pertinent health recommendations:
  - Whenever skin is broken, prompt consultation with health care provider for direction regarding any necessary treatment measures, including tetanus immunization.

#### **B. For biter:**

1. When the skin is broken, resulting in visible blood during biting incident, assist student to rinse mouth with water to remove possible residual blood.
2. Promptly advise school nurse and principal of incident and plan for prompt parental notification.
3. Advise parent or legal guardian of pertinent health recommendations:
  - Prompt consultation with health care provider for direction regarding any necessary treatment measures.

## DEFINITIONS

[to TOC](#)

**DEFINITIONS:** For purposes of this plan, the following shall apply:

**“At-risk employees”** means employees identified as being at risk for occupational exposure to blood and other potentially infectious materials.

**“Blood and Body Fluids”** means liquid blood, serum, plasma, and other blood products, emulsified human tissue, spinal fluids and pleural and peritoneal fluids.

**“Bloodborne Pathogens (BBP)”** means 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), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

**“Collateral Exposure”** means occupational exposure to blood or other potentially infectious materials as a consequence of collateral job duty (coincidental to the primary job duties) to perform first aid and/or cardiopulmonary resuscitation.

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

**“Contaminated Laundry”** means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

**“Contaminated Sharps”** means 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”** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface of item is rendered safe for handling, use, or disposal.

**“Engineering Controls”** means 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.

**“Exposure Determination Questionnaire”** is the tool used to identify employees at risk for occupational exposure to blood, bloodborne pathogens, and other potentially infectious materials. This questionnaire shall be completed by every new employee once hired in the Initial BBP training and by employees having employment changes, placing them in at-risk job categories, during Refresher BBP training. Additionally, any employee who thinks his or her occupational exposure status has changed may request and

complete this questionnaire at any time during the course of employment. This tool is especially beneficial if exposure determination is questionable.

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

**“Good Samaritan Acts”** means rendering assistance to accident victims and other exposures that cannot be anticipated. These do not constitute occupational exposure.

**“Handwashing Facilities”** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**“Licensed Healthcare Professional”** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B vaccination and post-exposure evaluation and follow-up.

**“HBV”** means Hepatitis B virus.

**“HCV”** means Hepatitis C virus.

**“HIV”** means Human Immunodeficiency virus, the virus that can lead to Acquired Immunodeficiency Syndrome (AIDS).

**“Medical Waste”** means any solid waste which is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto or in the production or testing of biologicals, but does not include any hazardous waste such as dressings, bandages, sponges, used gloves, and tubing.

**“Microbiological waste”** means cultures and stocks of infectious agents, including but not limited to specimens from medical, pathological, pharmaceutical, research, commercial, and industrial laboratories.

**“Needleless Systems”** means a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, (2) the administration of medication or fluids, or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**“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.

**“Other Potentially Infectious Materials”** means (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”** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**“Pathological waste”** means human tissues, organs and body parts; and the carcasses and body parts of all animals that were known to have been exposed to pathogens that are potentially dangerous to humans during research, were used in the production of biologicals or in vivo testing of pharmaceuticals, or that died with a known or suspected disease transmissible to humans.

**“Personal Protective Equipment”** is 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.

**“Initial BBP Training”** means Bloodborne Pathogens training required for all employees employed by Scotland County Schools. This training is done during new employee and substitute teacher orientations.

**“Reasonably Anticipated”** means an individual has reason to believe that exposure will occur while performing a task required by his or her job description.

**“Red Biohazard Bag”** refers to the bag used for disposal of regulated medical waste (20 ml. of blood or more in a container, such as a suction container; 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).

**“Refresher BBP Training”** means mandatory annual Bloodborne Pathogens training for all Scotland County Schools employees.

**“Regulated Medical Waste”** is from the Waste Management Rules of North Carolina and used for disposal purposes. It means blood and body fluids in individual containers in volumes greater than 20 ml, untreated microbiological and pathological waste. This definition refers to blood and body fluids that are in a liquid state and in a container, such as a suction container. This does not refer to blood absorbed by materials such as bandages and dressings.

**“Regulated Waste”** is the OSHA definition of 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.

**“Required Additional BBP Training”** means mandatory additional training within 10 working days of initial assignment for employees determined by Scotland County Schools to be at risk for occupational exposure to bloodborne pathogens and other potentially infectious materials. The Hepatitis B vaccination series is offered during the session.

**“Sharps”** means needles, syringes with attached needles, capillary tubes, slides and cover slips, and scalpel blades.

**“Sharps with Engineered Sharps Injury Protections”** means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**“Source Individual”** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, students and employees, trauma victims, clients of drug and alcohol treatment facilities, and individuals who donate or sell blood or blood components.

**“Sterilize”** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**“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 for HBV, HCV, HIV, and other bloodborne pathogens.

**“Work Practice Controls”** means 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).

## EXPOSURE CONTROL PLAN

[to TOC](#)

The guidelines apply to all employees in Scotland County Schools, hereafter referred to as “the workplace”. For the purpose of this plan, “occupational exposure” means any 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 assigned work duties. Procedures and policies of discipline for employees not complying with this Exposure Control Plan shall be developed and enforced.

A copy of this plan shall be made accessible to all employees. A copy shall be kept in the main office at each school and BBP boxes in each school healthroom. The plan may be obtained by notifying the School Health Coordinator, or School Nurse and is accessible on the SCOTLAND COUNTY SCHOOLS website.

<http://www.Scotland County Schools.k12.nc.us/pdf/ExposureControlPlan/ExposureControlPlan.pdf>

A copy shall be given to each new employee during orientation. All employees shall review the plan at least annually. The ECP shall be referenced in all BBP training.

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect changes in at-risk job categories, tasks, and procedures. The review and update shall also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and annually document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. Updates in the state and federal OSHA BBP final standard and North Carolina's Waste Management Rules shall be addressed in the Exposure Control Plan.

Scotland County Schools shall solicit input from non-managerial employees responsible for direct student care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the master copy of the Exposure Control Plan. All documentation shall be shared with employees upon request. The solicitation shall be obtained in the Refresher BBP Training and Required Additional BBP Training. Employees shall also be encouraged to provide such information at any time during the course of employment to their supervisor, principal, school nurse, Safety Director/Maintenance Supervisor, and/or Bloodborne Pathogens Coordinator. Scotland County Schools shall request that parents/legal guardians who purchase needle devices for school personnel to use in caring for students provide the safest and most effective needle devices feasibly available for purchase.

The Bloodborne Pathogens Standards Committee shall at least annually review changes in technology (e.g., PPE devices) that eliminate or reduce exposure to bloodborne pathogens and make recommendations for changes such as purchasing new devices, if such devices are commercially available and effectively safer. The review shall be documented in the master copy of the Exposure Control Plan and shared with employees upon request. The committee shall also review all of the Scotland County Schools Exposure Report forms and make necessary recommendations for future exposures to be eliminated or minimized.

## EXPOSURE DETERMINATION

[to TOC](#)

The work environment shall be evaluated to determine the actual and potential hazards for exposure to bloodborne pathogens. An exposure determination list identifying job classifications that have actual and collateral risk for occupational exposure has been made. Tasks have been identified and examined with recommendations made on how to reduce the potential of exposure to blood or other infectious materials through workplace controls, personal protective equipment, or other methods. Exposure determination has been made without regard to the use of personal protective equipment.

The Exposure Determination Questionnaire shall also be used to identify at-risk employees (**Appendix 7**). This questionnaire shall be completed by every new employee once hired and by employees having employment changes, placing them in at-risk job categories, during Refresher BBP Training. Additionally, any employee

who thinks his or her occupational exposure status has changed may request and complete this questionnaire at any time during the course of employment and submit the completed questionnaire to the school nurse or School Health Coordinator for employees working outside of the schools. This tool is especially beneficial if exposure determination is questionable.

Employees listed in at-risk job categories are those who because of their usual duties might be exposed to blood or other potentially infectious fluids as an integral part of performing occupational tasks. Therefore, it is reasonable to anticipate that exposure may occur. The list may not be all-inclusive for at-risk exposure determination. Employees not included in the list who believe they are at risk for occupational exposure to blood and other potentially infectious materials may request an Exposure Determination Questionnaire from a school nurse, or the School Health Coordinator. The completed questionnaire shall be submitted to the school nurse or the School Health Coordinator and reviewed by the BBP Standards Committee.

**Examples of job categories considered to have occupational exposure as described above: (Category I: at-risk employees)**

- Athletic Trainers/Coaches
- Custodians
- Diabetic Care Managers
- Exceptional Children Teachers, Teacher Assistants, and Bus Drivers of some Developmentally Delayed or Special Needs Children - if they perform invasive procedures or work regularly with an aggressive student
- Maintenance Personnel responsible for maintaining school plumbing
- Physical Education Teachers
- School Administrators - if responsible for discipline
- School Nurses
- Vocational Teachers working with potentially dangerous machinery
- First Responders
- Health Occupations Instructors

**The following table outlines the job classifications considered to be at-risk, tasks causing risk, and the protective barriers or engineering controls to be used.**

<u>At-risk job classifications</u>	<u>Tasks causing risk</u>	<u>Protective barrier/ Engineering control</u>
Athletic Trainers	-Emergency first aid -Handling contaminated laundry	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leakproof bags, handwashing, blood spill clean-up kit
Coaches	-Emergency first aid -Handling contaminated laundry	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leakproof bags, handwashing blood spill clean-up kit

Custodians	-Cleaning up -Decontaminating procedures -Disposing of contaminated waste	Universal precautions, goggles, masks, protective clothing, disinfectants, decontamination supplies, approved disposal containers, handwashing
Diabetic Care Managers	-Finger sticks in doing blood Glucose monitoring -Emergency care and first aid	Universal precautions, gloves, masks, protective clothing, disinfectants, decontamination supplies, approved disposal containers, handwashing
Exceptional Children Teachers /Teacher Assistants, Bus Drivers of some Special Needs Children	-Medically related procedures -Aggressive student -Known biter	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, approved disposal containers, handwashing
First-Responders	-Emergency first aid -CPR	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, microshields, handwashing blood-spill clean-up kit
Health Occupations Teachers	-Screenings -First aid -Medically related procedures -Direct patient care	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, handwashing
Maintenance Workers	-Working with equipment that could cause injuries -Emergency First Aid -Working with plumbing	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, handwashing blood spill clean-up kit
Physical Education Teachers - responsible for first aid	-Emergency first aid -Handling contaminated laundry	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leakproof bags, handwashing blood spill clean-up kit
School Administrators -responsible for discipline -responsible for first aid	-Potential for injury -Emergency first aid -Breaking up fights	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, handwashing
School Nurses	-Screenings -First aid -Medically related procedures	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leakproof bags, disposal containers, handwashing blood spill clean-up kit

<u>At-risk job classifications</u>	<u>Tasks causing risk</u>	<u>Protective barrier/ Engineering control</u>
Vocational Teachers	-Emergency first aid -Working with equipment that could cause injuries	Universal precautions, gloves, goggles, protective clothing, first aid supplies, handwashing

**Examples of job classifications considered to have possible risk of occupational exposure: (Category II: collateral exposure)**

Biology/Chemistry Lab Teachers	Bus Drivers/Monitors/Substitutes
Classroom Teachers	Other Health Impaired Teachers and Assistants
Pre-K Teachers/Teachers Assistants	Substitute Teachers
Speech Therapists	

For those having collateral exposure, the Hepatitis B vaccination series shall be offered to any unvaccinated employee who has rendered assistance in any situation involving the presence of blood or other potentially infectious materials on a post-exposure basis. It shall be offered immediately and within 24 hours of the exposure incident. Employees who decline the Hepatitis B vaccine must sign the Scotland County Schools Hepatitis B Vaccination Declination form.

“Good Samaritan” acts, such as a teacher or secretary rendering assistance to an accident victim, and other exposures that cannot be anticipated, do not constitute occupational exposure. Many employees may at some time in their career respond to an accident, but they are not considered at risk for occupational exposure. These employees shall be entitled to the same post-exposure follow-up as employees who are at risk for occupational exposure. All employees are to use good handwashing techniques and universal precautions as protective measures, regardless of whether designated as at risk for occupational exposure. Employees providing first aid and having to clean up blood or other potentially infectious materials (e.g., when no custodian is available and/or a blood spill clean-up kit is used) shall complete a Scotland County Schools First Aid Providers Incident Report form (**Appendix 10**). A Scotland County Schools Bloodborne Pathogens Exposure Report form shall be immediately completed in the event of an exposure incident (**Appendix 11**).

**The following table outlines the job classifications and tasks for employees considered as having collateral risk for occupational exposure and the protective barriers or engineering controls to be used.**

<u>Job classifications for collateral exposure</u>	<u>Tasks causing risk</u>	<u>Protective barrier/ Engineering control</u>
Biology/Chemistry Lab Teachers	-Emergency first aid -Working with equipment that could cause injuries	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, handwashing

Bus Drivers	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, disinfectants, handwashing blood spill clean-up kit
Bus Monitors	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, disinfectants, handwashing blood spill clean-up kit
Bus Substitutes	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, disinfectants, handwashing blood spill clean-up kit
Classroom Teachers	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, disinfectants, handwashing
Other Health Impaired Teachers/Assistants	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, disinfectants, handwashing
Pre-K Teachers/Teacher Assistance	-Providing first aid to children of ages that are more prone to injury	Universal precautions, gloves, goggles, masks protective clothing, disinfectants, first aid supplies, handwashing
Speech Therapists	-Place hands in student's mouth for evaluation and therapy	Universal precautions, gloves, handwashing
Substitute Teachers	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, disinfectants, handwashing

## METHODS OF COMPLIANCE AND SAFE WORK PRACTICES

**General: Universal precautions** shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

### **Engineering and Work Practice Controls**

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

**Handwashing** facilities shall be readily accessible to employees if feasible. Each school site shall have a designated scrub area with running water and soap. Handwashing facilities are also located in each staff and student restroom. When provision of handwashing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. After using antiseptic cleansers or towelettes are used, employees shall wash their hands with soap and water as soon as possible. Antiseptic hand cleansers/towelettes are available in the school offices, clean-up/hygiene stations, in school vehicles and buses. Replacement antiseptic towelettes can be ordered from Director of Student Support Services.

Hands shall be thoroughly washed between all direct student contacts, after handling soiled or contaminated items and equipment, prior to gloving, and immediately after gloves or other personal protective equipment are removed. Hands and other skin surfaces shall be washed with soap and water and mucous membranes flushed with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

**Contaminated sharps** shall be handled with caution. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers for disposal. These containers shall be puncture resistant, leakproof on the sides and bottom, and labeled with the biohazard warning symbol.

**Activities likely to produce self-contamination** such as eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses shall be avoided in settings or work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize

splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

**Specimens of blood or other potentially infectious materials** shall be placed in a container that prevents leakage during collection, handling, processing, storage, or transport. A readily observable biohazard warning label shall be attached on the container. Outside agencies providing services such as wellness and volunteer blood donation involving the collection and transportation of specimens shall be responsible for complying with the federal and state OSHA Bloodborne Pathogens regulations.

**Equipment that may become contaminated with blood or other potentially infectious materials** shall be examined prior to servicing or shipping and shall be decontaminated as necessary. If decontamination of such equipment or portions of such equipment is not feasible, a readily observable biohazard warning label shall be attached to the equipment stating which portions remain contaminated. This information shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that necessary precautions will be taken.

### **Personal Protective Equipment (PPE)**

**Provision:** Where there is exposure, Scotland County Schools shall provide, at no cost to the employee, appropriate personal protective equipment, such as, but not limited to, gloves, gowns, face shields or masks, eye protection, mouthpieces, resuscitation devices, pocket masks or other ventilation devices. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.

**Use:** Scotland County Schools shall ensure that the employee uses appropriate PPE unless it is shown that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

**Accessibility:** Appropriate PPE shall be readily accessible to employees. Hypoallergenic gloves, glove liners, and powderless gloves, or other similar alternatives shall be accessible to employees allergic to the gloves normally provided. Personal protective equipment can be found at the following locations: BBP boxes in school healthrooms, Central office and all auxiliary locations.

**Ordering:** Personal protective equipment can be ordered from the Director of Student Support Services. Gloves may be ordered from the maintenance department.

**Repair and replacement:** Scotland County Schools shall, at no cost to the employee, repair or replace PPE as needed to maintain its effectiveness. Any garment that is penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and placed in a leakproof plastic bag.

**Removal and disposal:** All PPE shall be removed prior to leaving the work area. Contaminated gloves shall be removed immediately after use using the proper removal technique. The PPE must be changed between each individual use and after use in other settings to avoid transmission of organisms to the environment or to other individuals. When PPE is removed it shall be placed in a leakproof plastic bag and put in a trash can with a biohazard warning label on the container.

**Gloves:** Gloves shall be worn when it can be reasonably anticipated that hand contact may occur with blood, other potentially infectious materials, mucous membranes or non-intact skin, performance of vascular access procedures or handling of contaminated items or surfaces. Gloves shall be worn when the employee has cuts, scratches, or other broken skin. Additionally, employees with cuts, scratches, or other broken skin shall cover the exposed skin with an appropriate covering such as a protective band-aid or gauze dressing. Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

**Masks, eye protection, and face shields:** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

**Gowns, aprons, and other protective body clothing:** Appropriate protective clothing such as but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in situations involving occupational exposure. The type and characteristics shall depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

**Resuscitation devices:** Mouthpieces or pocket masks for mouth-to-mouth resuscitation, bag-valve-mask devices, or other resuscitation devices shall be available to prevent oral fluids or blood from coming in contact with the provider of mouth-to-mouth resuscitation or other ventilatory support.

**Blood spill clean-up kits:** Blood spill clean-up kits are available in the BBP boxes in each school healthroom, and in school buses. They shall only be used in situations where a custodian is not available for cleaning up and decontamination.

## Housekeeping

Each work site shall be maintained in a clean and sanitary condition. An appropriate written schedule shall be determined and implemented for cleaning and method of decontamination based upon the location within the each facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area (**Appendix 20**).

All equipment and environmental and working surfaces shall be cleaned and decontaminated immediately after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated during the shift.

For small spills, an appropriate absorbent product shall first be used in the clean up process to remove blood or other potentially infectious materials, if feasible. For large spills, the area shall be flooded with a liquid germicide before cleaning then cleaned with fresh germicidal chemical. Tuberculocidal disinfectants approved by and registered with the Environmental Protection Agency (EPA) shall be used and safety rules enforced for the proper selection and use of disinfectants. Phenolic germicidal detergent solutions are recommended using a 2 – 10 minute contact time. A 1:10 dilution (1 cup of 5% bleach + 9 cups water) of freshly mixed household bleach is effective and prepared dilutions must be discarded within 24 hours. Undiluted household bleach may be used on surfaces that can tolerate the concentration without damaging the integrity of the surface. Bleach is not the disinfectant of choice because of its short shelf life and its lack of ability to cleanse. Bleach is easily inactivated by organic matter, very corrosive to metals and damaging to many materials, and is relatively toxic. Refer to **Appendix 21** for additional information on disinfectants.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps and placed in a rigid, leakproof, puncture resistant, container with a biohazard warning label attached (e.g., sharps disposal container, cardboard box).

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

## **Disposal of waste contaminated with blood and other potentially infectious materials**

To prevent unnecessary exposure to blood and other potentially infectious materials, the following procedures shall be followed for disposal of such items that include, but are not limited to, bloody bandages, gauze, dressings, sponges, paper towels, sanitary pads, swabs, and used gowns or gloves:

1. Wear gloves.
2. Place items in a leakproof plastic bag.
3. Remove gloves using proper technique and place in the plastic bag with the contaminated items.
4. Securely fasten the plastic bag and place it in a plastic lined garbage container.
5. Label the bag and/or the garbage container with the biohazard warning symbol.
6. If the plastic bag becomes contaminated with blood or if there is a fear of leakage, the contaminated bag shall be placed inside a second bag, securely fastened, and placed in the garbage container. The second bag and/or the garbage container shall be labeled with the biohazard warning symbol.
7. Filled bags shall be stored in covered trash containers outside to be picked up by the city and county sanitation departments.
8. Diapers soiled with urine and/or feces are not regulated medical waste and may be disposed as general solid waste.

## **Disposal of regulated medical waste**

The North Carolina Medical Waste Management Rules shall be followed except when the OSHA standard preempts the North Carolina rules because the state rules are less restrictive. Regulated medical waste is defined in North Carolina's Waste Management Rules as blood and body fluids in individual containers in volumes greater than 20 ml., microbiological waste, such as laboratory cultures and stocks, and pathological waste such as human tissue, organs, or body parts. These three types of waste must be treated (rendered non-hazardous by a method such as incineration, steam sterilization, or sanitary sewage disposal for bulk blood of greater than 20 ml. per container) prior to disposal with other general solid waste. Acceptable methods of treatment are incineration or sanitary sewage systems, provided the sewage treatment authority is notified.

Contaminated disposable items, such as dressings, PPE, etc., that would release blood or body fluids in a liquid or semi-liquid state if compressed or items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling are regulated waste as defined by OSHA. Such waste shall be packaged in a minimum of one plastic bag. The plastic bag shall be impervious to moisture and have sufficient strength to preclude ripping, tearing, or bursting the waste-filled bag under normal conditions of usage and handling. The red bag labeled with the biohazard warning symbol may be used. Regulated medical waste shall be stored in a manner that maintains the integrity of the packaging at all times. Each package of regulated medical waste shall be labeled with a water-resistant universal biohazard warning symbol

Refer to Appendix 22 for a document containing a discussion of medical waste issues in North Carolina (<http://wastenot.enr.state.nc.us/SWHOME/12RUL.htm>).

## **Contaminated Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom and appropriately labeled with the biohazard warning symbol.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as closely as possible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., in classrooms and buses. They shall be maintained upright throughout use, replaced when necessary, and not be allowed to overfill. Each BBP box in healthrooms shall have a disposal container for sharps. Sharps disposal containers may be ordered from the Director of Student Support Services.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage of the primary container is possible, this container shall be placed in a secondary container that is closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled or color-coded with the biohazard warning symbol.

Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury. The filled sharps container shall be placed in a closable, leakproof container labeled with a biohazard warning symbol and transported by the school nurse to Scotland Memorial Hospital for proper disposal.

## **Contaminated Laundry**

At-risk employees wearing gloves shall handle contaminated laundry using universal precautions and minimal agitation. Contaminated laundry shall be placed in plastic, leakproof plastic bags or containers at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled with the biohazard warning symbol. Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container shall be placed and transported in properly labeled bags or containers that prevent soak-through and/or leakage of fluids to the exterior. A red bag with the biohazard warning symbol may be used. Although contaminated laundry must be handled more carefully and stored in properly labeled bags, it can be washed with the regular laundry using hot water.

Scotland County Schools Athletics Departments shall comply with the infectious disease policy of the North Carolina High School Athletic Association (**Appendix 6**).

Clothing that becomes contaminated with blood and other potentially infectious materials while at school shall be removed as soon as possible and placed in a leakproof plastic bag for transport home.

## HEPATITIS B VACCINATION POST-EXPOSURE EVALUATION AND FOLLOW-UP

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Scotland County Schools shall make available the Hepatitis B vaccination series to all employees who have occupational exposure and post-exposure evaluation and follow-up to all employees who have had an exposure incident. A bloodborne pathogen incident as defined by the Bloodborne Pathogens OSHA final standard is a specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. Potentially infectious materials are defined as semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, or any body fluid containing visible blood or where it is impossible to differentiate between body fluids. Examples of exposure incidents include, but are not limited to, parenteral exposure to blood; sharps incidents, (e.g., contaminated needlesticks during or after needle disposal, recapping used needles, transferring uncapped used needles, handling sharp contaminated instruments); non-intact skin, eyes and mucous membranes (e.g., traumatic physical altercation with infected person, handling or disposing of contaminated waste, linen, laboratory specimens, spills and splashes of blood and other body fluids); and human bites.

The Hepatitis B vaccination series and post-exposure evaluation and follow-up, including prophylaxis, shall be made available at no cost to the employee, made available to the employee at a reasonable time and place; performed by or under the supervision of a licensed physician or another licensed healthcare professional; and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place. An accredited laboratory shall conduct all laboratory tests at no cost to the employee. Hepatitis B vaccination records shall be kept by the school nurse and School Health Coordinator and shall be made available to employees upon request.

### **Hepatitis B vaccine for employees at risk for occupational exposure**

Employees at risk for occupational exposure (who have not previously received the complete Hepatitis B vaccination series, had antibody testing revealing Hepatitis B immunity, or have medical contraindications) may sign to accept the Hepatitis B vaccination at the Required Additional BBP Training and within 10 working days of initial assignment. Documentation of previous vaccination series or antibody testing must be provided to the nurse. Information about the Hepatitis B vaccine shall be given to each employee and discussed during the Required Additional BBP Training session (**Appendix 23**). Employees accepting the Hepatitis B vaccine shall receive the vaccination at the Occupational Health Department of Scotland Memorial Hospital. Employees accepting the Hepatitis B vaccinations shall be responsible for making and/or keeping appointments at the specified intervals for vaccination administration.

Employees who decline the Hepatitis B vaccination offered by Scotland County Schools must sign the Scotland County Schools Hepatitis B Vaccination Declination form (**Appendix 8**). If the employee initially declines the Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall be made available to the employee at that time. Employees who have received prior vaccinations shall sign the Hepatitis B Vaccination Declination (prior vaccination) form and shall provide Scotland County Schools with a record of the vaccinations (**Appendix 9**).

### **Hepatitis B vaccine for employees having collateral exposure**

The Hepatitis B vaccine shall be offered to unvaccinated employees having collateral occupational exposure on a post-incident basis and within 24 hours of the exposure in accordance with North Carolina's Department of Labor's requirements (**Appendix 5**). Collateral exposure means occupational exposure to blood or other potentially infectious materials as a consequence of collateral job duty (coincidental to the primary job duties) to perform first aid and/or cardiopulmonary resuscitation. The Scotland County Schools First Aid Providers Incident Report form (**Appendix 10**) shall be initiated when first aid is provided and the employee has to clean up the spill (e.g., when no custodian is available and/or a blood spill clean-up kit is used). The Scotland County Schools Bloodborne Pathogens Exposure Report form (**Appendix 11**) shall be initiated immediately after an exposure incident.

### **Hepatitis B vaccine for contract workers**

Scotland County Schools shall not be responsible for the provision of the Hepatitis B vaccine to persons contracted to perform services for the school system.

### **Post-exposure evaluation and follow-up**

- A. Employees shall be required to remove personal protective equipment and follow the procedure for disposal of contaminated waste.
- B. Employees shall then wash exposed areas, e.g., hands and other skin surfaces, with soap and water and immediately flush exposed mucous membranes and

eyes with water.

- C. Arrangements shall be made immediately for clean up of blood or other potentially infectious materials and for decontamination with an EPA-approved disinfectant by an employee (e.g., custodian) trained in its use.
- D. Employees providing first aid and cleaning up blood or other potentially infectious materials (e.g., when no custodian is available and/or a blood spill clean-up kit is used) shall complete the Scotland County Schools First Aid Providers Incident Report form (**Appendix 10**). Blood spill clean-up kits are available in the BBP boxes in each school healthroom, and in school buses. They shall only be used in situations where a custodian is not available for cleaning up and decontamination. The red bag in the kit shall only be used for regulated medical waste (20 ml. of blood or more in a container, such as a suction container; 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).
- E. A biohazard injury shall be reported immediately and in all circumstances within 24 hours by the employee, in writing, using the Scotland County Schools Bloodborne Pathogens Exposure Report form (**Appendix 11**).
- F. The following information shall be obtained on the Scotland County Schools BBP Exposure Report form:
  - 1. the time, date, and location of the incident
  - 2. a description of the exposure: puncture, laceration, abrasion, mucosal inoculation, contamination of non-intact skin, or bite
  - 3. the site of the exposure
  - 4. a description of the severity of the exposure
  - 5. a description of the condition of the skin of the employee
  - 6. an estimate of the volume and composition of fluid and the duration of its contact
  - 7. the type of the fluid  
Many fluids – such as stool, saliva, emesis, and urine – are not sources of HBV or HIV but may be sources of other pathogens.
  - 8. description of how and why the exposure occurred and the job duty being performed at the time of exposure
  - 9. description of any personal protective equipment that was in use at the time of the exposure
  - 10. whether or not immediate medical attention was sought
  - 11. the impact of student cooperation as a factor contributing to the exposure
  - 12. the source's name, phone #, address (if known)
  - 13. the exposed employee's physician's name, phone #, and address
  - 14. observations of the supervisor related to the exposure incident and suggestions for corrective action to prevent future occurrences
- G. The supervisor shall immediately notify the School Health Coordinator and Benefits Specialist of the exposure incident, assist the employee in completing the Scotland County Schools Bloodborne Pathogens Exposure Report form, and complete the supervisor's section on the form (**Appendix 11**).

- H. As soon as practicable following completion of the Scotland County Schools Bloodborne Pathogens Exposure Report form, the Scotland County Schools shall make available to the exposed employee a confidential medical evaluation at Scotland Memorial Hospital/Occupational Health and follow-up, including the following elements:
- Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.
  - Identification and documentation of the source individual, unless the Scotland County Schools can establish that identification is not feasible or prohibited by state and local law. The Scotland County Schools shall assure that the source individual's blood is tested to determine HIV, HBV and HCV infectivity as soon as feasible and after appropriate consent is obtained, if consent is required by law (**Appendix 12**). In the event that consent is required by law, but not obtained, the Scotland County Schools shall establish that consent cannot be obtained. When the source individual is already known to be infected with HIV or HBV, that individual's blood need not be retested.
  - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - The exposed individual's blood will be collected for HBV, HIV and HCV testing as soon as feasible and after consent is obtained.
  - Post-exposure prophylaxis, when medically indicated, and as recommended by the U.S. Public Health Service, shall be provided, as well as counseling and evaluation of reported illnesses.
  - If the exposed employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
  - a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation
- I. The Scotland County Schools shall ensure that the physician evaluating the exposed employee has:
1. a copy of OSHA's Bloodborne Pathogens final standard 29 CFR 1910.1030 and a copy of Scotland County Schools Exposure Control Plan
  2. a description of the employee's duties as they relate to the exposure incident
  3. documentation of the method of exposure and the circumstances under which the exposure occurred
  4. results of the source individual's blood testing if available
  5. all medical records relevant to the appropriate treatment of the employee including Hepatitis B vaccination status
- J. The physician at Scotland Memorial Hospital, Occupational Health/Emergency Room or Urgent Care shall assess the employee's exposure and determine if an exposure incident has occurred as defined by OSHA.
- K. The physician evaluating the exposed employee at Scotland Memorial Hospital shall be responsible for following the Control Measures for Communicable Diseases adopted by the North Carolina Health Services Commission and coordinating follow-up care, testing, and counseling as indicated.

- L. The physician's written opinion shall be provided to the School Health Coordinator within 15 days of the completion of the medical evaluation. The written opinion shall be limited to the following:
  - 1. whether the Hepatitis B vaccine is indicated for the exposed employee and if the employee received the vaccine
  - 2. the exposed employee has been informed of the results of the evaluation
  - 3. the exposed employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment
  - 4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
  
- M. The completed employee post-exposure and source incident report forms shall be mailed to the School Health Coordinator and the Benefits Specialist immediately after the employee's medical evaluation. This information shall be reviewed by the members of the BPS Committee and used to develop or upgrade policies, procedures, and BBP training to prevent future occurrences.
  
- N. Medical records shall be established by the School Health Coordinator and confidentially maintained for the duration of the exposed employee's employment plus 30 years. The record shall include:
  - 1. the name and social security number of the exposed employee
  - 2. a copy of the employee's Hepatitis B vaccination series
  - 3. medical records relevant to the exposed employee's ability to receive the Hepatitis B vaccine
  - 4. a copy of the Scotland County Schools Bloodborne Pathogens Exposure Report form
  - 5. a copy of the physician's written opinion
  
- O. The School Health Coordinator shall review standard operating procedures and methods to prevent future exposures with the exposed employee, the exposed employee's supervisor, and others involved in the incident, as indicated.
  
- P. Scotland County Schools shall strictly adhere to existing confidentiality rules and laws regarding employees with communicable diseases, including bloodborne diseases caused by HBV, HCV, and/or HIV.
  
- Q. If medical treatment is administered to the exposed employee (e.g., HBIG, a booster Hepatitis B vaccine, HIV prophylaxis), the exposure is recorded as an injury, not an illness, on the OSHA 200 Log.

## COMMUNICATION OF HAZARDS TO EMPLOYEES

### Labels:

Warning labels shall be affixed to containers used to dispose of and store regulated waste and containers used to dispose of items containing blood or other potentially infectious materials. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. Red biohazard containers may be substituted for labels.

Labels shall include the following legend:



### Information and Training

- A. Scotland County Schools shall offer training opportunities to all employees on the basic knowledge and prevention principles for bloodborne diseases caused by bloodborne pathogens such as HBV, HCV, and HIV. Mandatory Pre-exposure Introduction BBP Training shall be offered to all new employees during orientation and mandatory Refresher BBP Training shall be presented annually to all employees at the beginning of each school year. At-risk employees must attend the Required Additional BBP Training within 10 working days after initial employment and attend any scheduled training to receive updates and revisions in the state and federal OSHA BBP final standard, North Carolina's Waste Management Rules, and Exposure Control Plan. All BBP Training shall be offered at no cost to the employee during normal working hours.
- B. All BBP Training shall be conducted by individuals knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
- C. The contents of the training shall include the information required by OSHA's BBP final standard, including but not limited to:

1. an explanation of the means to access a copy of the federal OSHA BBP final standard
2. an explanation of the means to access a copy of North Carolina's Waste Management Rules
3. an explanation of Scotland County Schools Communicable Diseases/Bloodborne Pathogens policy
4. an explanation of Scotland County Schools Exposure Control Plan, its location within each work site (e.g., main office at each school and BBP boxes in school healthrooms), and the means by which the employee can obtain a copy of the written plan
  - a. an explanation to all employees that they are expected to comply with the Exposure Control Plan
  - b. an explanation that noncompliance may incur personnel counseling, retraining, and/or discipline
5. a general explanation of the epidemiology, symptoms of bloodborne diseases, and modes of transmission of bloodborne pathogens using the ABC's of Hepatitis information sheet **(Appendix 24)**
6. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
7. an explanation of the at-risk job classifications and those having potential (collateral) risk, tasks causing risk, the mandatory use and limitations of protective barriers, engineering controls and safe work practices recommended to minimize or eliminate the risk, for example:
  - a. use of good handwashing and universal precautions
  - b. handling of contaminated sharps, equipment, specimens, laundry
  - c. personal protective equipment - types, proper (mandatory) use, basis for selection, location, removal, handling, decontamination methods, and disposal
  - d. housekeeping procedures – use of proper disinfectants **(Appendix 21)**, cleaning schedule **(Appendix 20)**, disposal of waste contaminated with blood and other potentially infectious materials, disposal of regulated medical waste and contaminated sharps
8. an explanation that personal protective equipment and other bloodborne pathogens supplies shall be ordered from the Director of Student Support Services.
9. information on the Hepatitis B vaccine, including information on provision, its usefulness, safety, method of administration, the benefits of being vaccinated, adverse effects **(Appendix 23)**, and the Scotland County Schools Hepatitis B Vaccination Declination form **(Appendix 8)**, which may include:
  - a. provides 90% protection against HBV infection
  - b. dosage 1 ml. X 3 at time 0, 1 month later, 6 months after first vaccination
  - c. adverse effects minimal – injection site soreness
  - d. hypersensitivity rare
  - e. administration site – deltoid, route – IM
  - f. booster not recommended unless non-intact skin exposure
  - g. when and where vaccine offered
10. information that they are not first responders and the protocol to follow in the event of providing emergency first aid
11. information on the appropriate actions to take and persons to contact in an event involving blood or other potentially infectious materials

- a. what to do (where to locate emergency procedures)
  - b. who to contact (e.g., school nurse, designated, trained first responder)
  - c. flush area
  - e. where, how, when to seek medical attention
12. an explanation that individuals trained in the appropriate use of disinfectants and decontamination (e.g., custodians) shall be called to clean up blood and other potentially infectious materials, when feasible
  13. an explanation that in situations where blood or other potentially infectious materials has to be cleaned up by the employee (e.g., when no custodian is available and/or a blood spill clean-up kit is used), a First Aid Providers Incident Report form shall be completed (**Appendix 10**)
  14. an explanation that blood spill clean-up kits are located in the BBP boxes in school healthrooms and in school buses
  15. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident using the Scotland County Schools Bloodborne Pathogens Exposure Report form (**Appendix 11**), the Scotland County Schools Bloodborne Pathogens Source Incident Report form (**Appendix 12**), the medical post-exposure care and follow-up that shall be made available post-exposure evaluation and follow-up (supervisor's investigation, pre- and post-exposure counseling, testing source person and employee, HBIG and HB vaccine boosters, follow-up testing and counseling) an explanation about the proper use of biohazard warning labels and the red biohazard bags
  16. an explanation about the proper use and disposal of the biohazard red bag and the use of the biohazard warning label
  17. an explanation about the BBP Training requirements, classes, and records
  18. an explanation about BBP workplace surveillance and monitoring, including the Scotland County Schools Bloodborne Pathogens Surveillance and Monitoring Form (**Appendix 14**)
  18. an explanation about the letter that shall be sent to parents/legal guardians providing needle devices for school personnel to use in caring for students.
  19. an explanation about the Sharps Injury Log (**Appendix 13**)
  20. an explanation that any concern relating to the Bloodborne Pathogens shall be brought to the attention of the School Health Coordinator, Safety Director/Maintenance Supervisor, school nurse, and/or principal/supervisor
  21. opportunity for interactive questions and practice with the person conducting the training session
- D. In the Required Additional BBP Training, the Hepatitis B vaccine shall be offered with an explanation that the vaccination is free of charge.
- E. Suggestions for more effective engineering and work practice controls from employees potentially exposed to injuries from contaminated sharps shall be obtained in the Required Additional BBP and Refresher BBP Training sessions. Suggestions may be verbally obtained or the form in **Appendix 25** may be used.
- F. It is the responsibility of the employing agency to provide the required OSHA BBP training, Hepatitis B vaccination series, and other safety training for their employees at risk for occupational exposure and provide documentation of the training and Hepatitis B vaccination status to Scotland County Schools.

## RECORDKEEPING AND SURVEILLANCE

[to TOC](#)

Records will be kept by Scotland County Schools and stored in one central location.

### **Training Records**

- A. Training records shall include:
  - 1. dates of training
  - 2. contents or a summary of the training sessions
  - 3. the names and qualifications of persons conducting the training
  - 4. the names, job titles, and work locations of training participants
  - 5. any relevant concerns and/or unanswered issues that were raised during training
- B. Training records shall be maintained for 3 years from the date on which the training occurred.

### **Medical Records**

- A. Medical records of occupationally exposed employees shall be established and accurately maintained by Scotland County Schools for the duration of employment plus 30 years as required by OSHA's regulations in 29 CFR 1910.1020 Access to employee exposure and medical records.
- B. The medical record shall include:
  - 1. name and social security number of the employee
  - 2. a copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine including if any vaccine was injected, the results and interpretation of any follow-up assessment of immunity, and information bearing upon pre-immunization screening or any medical contraindication to the vaccination and the declination statement signed by the employee, as required by 29 CFR 1910.1030
  - 3. a copy of all results of examinations, medical testing, and follow-up procedures prescribed and resulting outcomes including reports and other details of the exposure to blood and other potentially infectious fluids
  - 4. a copy of the healthcare professional's written evaluation of the employee after a potential occupational exposure
  - 5. a copy of the information provided to the healthcare professional regarding the occupational exposure
- C. Confidentiality
  - 1. Confidentiality of the exposed employee's medical records shall be maintained.
  - 2. The medical records shall not be disclosed or reported without the exposed employee's expressed written consent to any person within or outside the workplace except as required by state and federal law.
- D. The medical records shall be made available to the occupationally exposed employee if requested by the employee.

## Surveillance

- A. A Scotland County Schools Bloodborne Pathogens Surveillance and Monitoring Form shall be conducted annually by each school principal and a representative from each auxiliary location to monitor compliance with safe workplace practices and use of personal protective equipment (**Appendix 14**).
- B. The School Health Coordinator shall coordinate, review, and file the annual workplace surveys.
- C. Compliance with the required use of protective measures shall also be monitored and evaluated in the following ways by principal/supervisor or designee, nurse and School Health Coordinator:
  - 1. following up on problems identified through informal reports from staff
  - 2. safety reports
  - 3. comments received during evaluations of education and training programs
  - 4. direct observation of individual employee performance
  - 5. walking rounds
  - 6. indirect observation
- D. When monitoring reveals an employee's noncompliance with the standard operating procedures of the Exposure Control Plan, corrective action shall be initiated and documented by the School Health Coordinator. The following shall be considered: the need to revise procedures, modify the work environment, and/or equipment. Recommendations shall be made for retraining, personnel counseling and/or discipline, purchasing safer equipment, etc. The expected outcome of the corrective action plan and its date of completion shall be noted.
- E. Follow-up for noncompliance shall be done by identifying needs, assuring adequate and appropriate supplies or equipment, and providing additional education and training.
- F. If monitoring reveals repeated failures to follow recommended practices after additional supplies, education, retraining and personnel counseling has been provided, disciplinary action may be necessary.
- G. The Associate Superintendent of Administrative Services shall be consulted for disciplinary action of employees not in compliance with the standard operating procedures of the Exposure Control Plan.
- H. Incidents of occupational exposure shall be recorded and filed, noting the conditions associated with each incident, an evaluation of these conditions, any information from the exposed employee's healthcare provider, and a description of corrective measures taken to prevent a similar exposure.

## Sharps Injury Log

- A. Scotland County Schools shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps (**Appendix 13**). The information shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.
- B. The type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred shall be recorded.
- C. The Sharps Injury Log shall be maintained for 5 years as required by OSHA's regulations in 29 CFR 1960.73 for retention of records ([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=11307](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=11307)).