

Initial BBP Powerpoint Presentation

- (<http://www.osha-slc.gov/needlesticks/needlesticks-regtxtrev.html>)
- 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>

INTRODUCTION

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.

- You can access a copy of the federal OSHA Standard and NC Waste Management rules@
<http://www.osha.gov/pls/oshaweb/owadisp.show>
<http://wastenot.enr.state.cn.us/SWHOME/12RUL.htm>
- Appendix 22 – HIV and Its Transmission Information from the Centers for Disease Control and Prevention
<http://www.cdc.gov/hiv/PUBS/facts/transmission.pdf>

COMMUNICABLE DISEASES/ BLOODBORNE PATHOGENS

The Scotland County Schools shall adhere to current OSHA standards limiting occupational exposure to bloodborne pathogens. Universal precautions shall be in force at all times in dealing with the cleaning or decontamination of any blood or body fluid.

In addition, the Superintendent shall designate an individual responsible for the development, implementation, annual review, and distribution of an Exposure Control Plan designed to protect employees from occupational exposure to bloodborne pathogens. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious fluid that may result from the performance of an employee's duties. The Exposure Control Plan shall include the process for determining level of exposure, engineering and work practice controls, training requirements, procedures for testing and immunization, and record-keeping.

In cases of significant risk or exposure to infectious blood or body fluid, the Scotland County Schools will provide for testing in accordance with the rules adopted by the North Carolina Health Services Commission. Applicable professional standards of confidentiality will be observed.

A copy of this policy and the Exposure Control Plan will be distributed to all employees

EXPOSURE CONTROL PLAN

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.

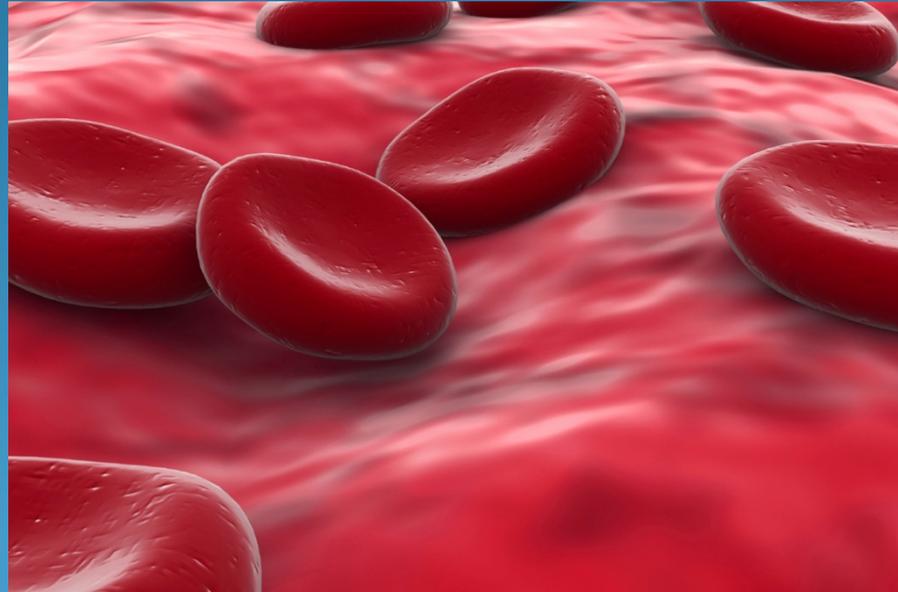
A copy of this plan shall be made accessible to all employees. A copy shall be kept inside BBP boxes at each school office. The plan may be obtained by notifying the School Health Coordinator, or School Nurse and is accessible on the SCOTLAND COUNTY SCHOOLS website.

<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.

Bloodborne Pathogens

Initial Training



Scotland County Schools

CAUTION

IF YOU THINK
OSHA IS A
SMALL TOWN
IN WISCONSIN

YOU'RE IN
TROUBLE

Purpose of Initial Bloodborne Pathogen Training

- **To comply with Occupational Safety and Health Administration's (OSHA) regulations**
- **To eliminate or minimize on-the-job exposure to blood and other potentially infectious materials which could result in the transmission of bloodborne pathogens.**

<http://www.osha.gov/>

Objectives

Provide a basic understanding of the following:

- Bloodborne pathogens
- Transmission modes
- Protection methods
- Exposure Control Plan
- Employee Exposure Determination
- Personal Protective Equipment (PPE)
- Engineering and work practice controls
- Housekeeping
- Reporting procedures

Bloodborne Diseases - Overview

- Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and other potentially infectious materials (OPIM)
- Can cause disease in humans
- These pathogens include, but are not limited to
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Human immunodeficiency virus (HIV)

What is Hepatitis B?

- A virus that attacks the liver
- It can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and death.



How is Hepatitis B Spread?

- Hepatitis B is spread when blood from an infected person enters the body of a person who is not infected by:
 - Having unprotected sex with an infected person
 - Sharing needles, when injecting drugs, needlesticks or sharps exposures on the job (including tattoo and body-piercing tools)
 - An infected mother to her baby during birth.



Hepatitis B Symptoms

- About 30% of persons have no signs or symptoms
- Jaundice (yellowing of skin or the whites of their eyes)
- Abdominal pain
- Nausea, vomiting
- Loss of appetite
- Joint pain



Who is at risk for Hepatitis B?

1. Infants born to an infected mother
2. Persons with multiple sex partners
3. Men who have sex with men
4. Sex contacts of infected persons
5. Injection drug users
6. Health care and public safety workers who might be exposed to infected blood or body fluids
7. Household contacts of persons with chronic HBV infection
8. Hemodialysis patients



Hepatitis B Vaccine

- Provides 90% protection against HBV infection
- Dosage 1ml. X 3 at time 0, 1 month later, 6 months after first vaccination
- Adverse effects minimal- injections site soreness
- Hypersensitivity – rare
- Administration site- Deltoid muscle, route – intra muscular
- Booster not recommended unless non intact skin exposure.
- Hepatitis B vaccine offered to employees in category 1 positions at no charge to employee at Scotland Memorial Hospital, Occupational Health within 10 days of employment.
- For those in category II, the Hepatitis B vaccination series will only 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.

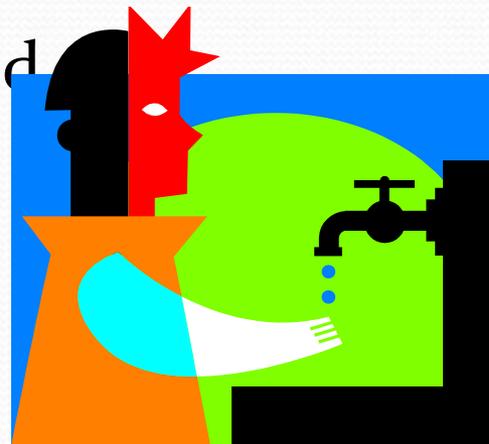
Who should **NOT** get the HBV Vaccine?

- People should **not** get the HBV vaccine if they have ever had a life-threatening allergic reaction:
 - to **baker's yeast** (the kind for making bread)
 - to a **previous dose of hepatitis B vaccine**.
- Ask your doctor or nurse for more information



Hepatitis B Prevention

- Get vaccinated against Hepatitis B
- Do not share personal items that may have blood on them (razors or tooth brushes)
- Practice safe sex
- Never share needles or syringes
- Wear gloves when touching blood
- **GOOD HANDWASHING**



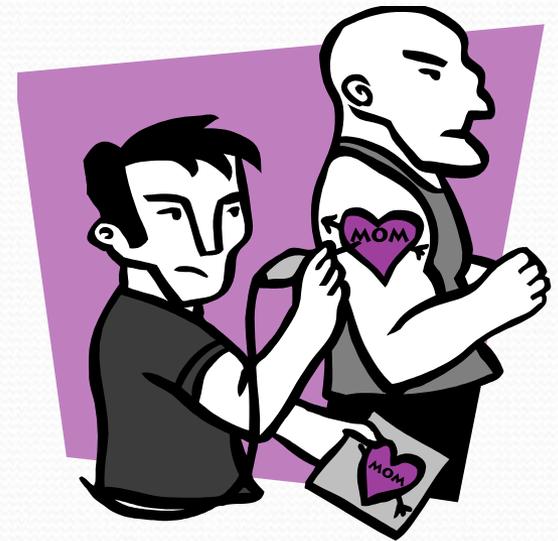
What is Hepatitis C?

- It is a virus that causes inflammation of the liver
- It can cause liver cell damage that can lead to cirrhosis and cancer



How is HEPATITIS C Spread?

- Hepatitis C is spread when infected blood from an infected person enters the body of a person who is not infected by:
 - Sharing needles
 - Needlesticks or sharps exposure on the job.
 - Infected mother to newborn
 - Can be spread by sex, but this is rare



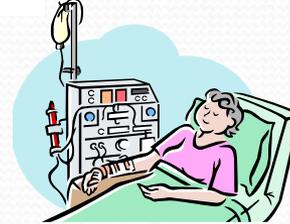
Hepatitis C Symptoms

- 80% of persons have no signs or symptoms
- Dark urine
- Jaundice (yellowing of skin or whites of their eyes)
- Abdominal pain
- Fatigue
- Nausea
- Loss of appetite



Who is at risk for Hepatitis C?

- Recipients of clotting factors made before 1992
- Recipients of solid organs before 1992
- Injection drug users
- Hemodialysis patients
- Infants born to an infected mother
- Multiple sex partners
- Health Care/Public safety workers



There is **no** vaccine available
for Hepatitis C . . .



Prevention of Hepatitis C

- EPA Registered disinfectant
- Never share needles or syringes
- Do not share personal care items that might have blood on them (razors, toothbrushes)
- Safe sex
- Wear gloves when touching blood
- GOOD HANDWASHING



What is HIV?

- HIV (human immunodeficiency virus) is the virus that causes AIDS
- AIDS (acquired immunodeficiency syndrome) weakens the body's immune system so that it can not fight other deadly diseases.
- There is no cure and no vaccine for AIDS

Facts about HIV

- The HIV virus will not survive long outside of the human body.
- HIV particles are reduced by 90-9 in several hours upon drying.
- Employees providing first aid or medical care involving fresh blood are at-risk
- Transmission may occur through accidental needle-sticks, sexual contact, open cuts, or mucus membrane of the eyes or inside of the nose
- Biting is not a common way of transmitting HIV; however, severe trauma with extensive tissue damage and presence of blood would be of concern
- Found in low quantities in saliva, tears, and sweat but has never been shown to result in transmission of HIV
- HIV is **not** spread through casual contact

HIV transmission can occur when blood, semen, vaginal fluid or breast milk from an infected person enters the body of an uninfected person by;

- Having unprotected sex with an HIV infected person.
- Sharing needles or Injection equipment with an injection drug user who is HIV infected.
- From HIV infected mothers to their babies before or during birth, or through breastfeeding after birth.
- Receipt of infected blood or blood clotting factors.
- Needlesticks or sharps injury exposure on the job.
- When infected blood comes in contact with a persons open cut or is splashed into a persons eyes or inside their nose.

Symptoms of HIV

The only way to know if you are infected with HIV is to be tested for HIV

- Many people who are infected with HIV do not have any symptoms at all for 10 years or more.
- The following may be warning signs of advanced HIV infection:
 - Rapid weight loss
 - Dry cough
 - Recurring fever or profuse night sweats
 - Swollen lymph glands in the armpits, groin, or neck
 - Diarrhea that lasts for more than a week
 - White spots or unusual blemishes on the tongue, in the mouth, or in the throat
 - Pneumonia
 - Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, or nose
 - Memory loss
 - Depression
 - Other neurological disorders
 - Profound and unexplained fatigue.



Who is at risk for HIV?

- Health Care/Public Safety workers



- IV drug users



- Infants born to an infected mother



- Multiple sex partners



- Unprotected sex

There is **no** vaccine available
for HIV . . .



Prevention of HIV

- Gloves should be worn during contact with blood or other body fluids
- Cuts, sores or breaks on exposed skin should be covered with bandages
- Hands and other parts of the body should be washed immediately after contact with blood or body fluids
- Surfaces soiled with blood should be disinfected appropriately
- Needles and other sharp instruments should be handled very carefully. Never re-cap or bend needles
- Dispose of needles in puncture-proof containers
- Clean up any blood spills with an EPA-registered disinfectant
- Never share needles
- Practice safe sex

The Scotland County Schools BBP Exposure Control Plan

- Designed to protect employees
- Includes the process for determining level of exposure, engineering & work practice controls, training requirements, procedures for testing and immunization and record keeping.
- Is located
 - in the main office of each school
 - reception desk at each auxiliary site
- May be obtained by notifying
 - the School Health Coordinator (Gina Stocks, RN)
 - School Nurse
- Is accessible on the Scotland County Schools website - http://www.Scotland_County_Schools.k12.nc.us/pdf/ExposureControlPlan/ExposureControlPlan.pdf

Responsibilities

Scotland County Schools

- To develop and implement an Exposure Control Plan which addresses:
 - Responsibilities of Administration
 - Definitions of terms
 - Exposure determination
 - Methods of compliance and safe work practices
 - The Hepatitis B vaccine
 - Post exposure evaluation and follow-up
 - Communication of hazards to employees
 - Recordkeeping
 - Surveillance

Employees

- To comply with the guidelines of this plan
- To review the plan at least annually
- Any employee who fails to follow the provisions of the Exposure Control Plan:
 - May be retrained
 - May receive personnel counseling
 - May be subject to disciplinary action

Category I – At Risk Employees

- Athletic Trainers/Coaches
- Physical Education Teachers
- First Responders
- Custodians
- School Nurses
- School Administrators – if responsible for discipline
- Health Occupations Instructors
- 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
- Vocational Teachers working with potentially dangerous equipment



EXPOSURE DETERMINATION

- 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 Questionnaire

- Shall also be used to identify at-risk employees (**Appendix 7**).
- Shall be completed by every new employee during orientation 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.

- 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

<u>At-risk job classifications</u>	<u>Tasks causing risk</u>	<u>Protective barrier/ Engineering control</u>
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

At-risk job classifications

Tasks causing risk

Protective barrier/ Engineering control

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

At-risk job classifications
Protective barrier/

Tasks causing risk

Engineering control

Vocational Teachers

- Emergency first aid
- Working with equipment that could cause injuries

Universal precautions, gloves, goggles, protective clothing, first aid supplies, handwashing

Category II – Collateral Exposure (possible risk of occupational exposure)

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

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.

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

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.

HANDWASHING

- 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.
- Hands shall be thoroughly washed with soap and water 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.

Contaminated Sharps

- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.
- 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

- 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)

- 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.

PPE

- 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: Healthroom of each school, clean-up/hygiene stations, Central Office and all auxiliary locations.
- Personal protective equipment can be ordered from the Director of Student Support Services. Gloves may be ordered from maintenance.
- 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.

PPE

- All PPE shall be removed prior to leaving the work area.
- Contaminated gloves shall be removed immediately after use using the proper removal technique.
- PPE must be changed between each individual use.
- 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.
- 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

- 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 BBP boxes in the healthroom, and buses. They shall only be used in situations where a custodian is not available for cleaning up and decontamination.

Housekeeping

- 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 EPA registered 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.
- 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).

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:

- Wear gloves.
- Place items in a leakproof plastic bag.
- Remove gloves using proper technique and place in the plastic bag with the contaminated items.
- Securely fasten the plastic bag and place it in a plastic lined garbage container.
- Label the bag and/or the garbage container with the biohazard warning symbol.
- 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.
- Filled bags shall be stored in covered trash containers outside to be picked up by the city and county sanitation departments.
- Diapers soiled with urine and/or feces are not regulated medical waste and may be disposed as general solid waste.
- 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 red plastic bag labeled with the biohazard warning symbol and discarded in trash.

Contaminated Sharps

- Shall be discarded immediately or as soon as feasible in sharps containers that are closable, puncture resistant, leakproof on sides and bottom and appropriately labeled with the biohazard warning symbol.
- Shall be maintained upright throughout use, replaced when necessary, and not be allowed to overfill. Each BBP box shall have a disposal container for sharps. Sharps disposal containers may be ordered through Director of Student Support Services. (**Appendix 19**).
- 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.
- The filled sharps container shall be transported by the school nurse to Scotland Memorial Hospital for proper disposal.

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.
- Shall be placed and transported in red bags or containers labeled with the biohazard warning symbol.
- 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.
- 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

Found in (Appendix 6) of Exposure Control Plan.

- Clothing that becomes contaminated with blood and other potentially

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- Custodians trained in the appropriate use of disinfectants and decontamination shall be called to clean up blood and other potentially infectious materials, when feasible.
 - 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 shall be completed. Contact your school nurse or Gina Stocks, School Health Coordinator to complete First Aid Providers Incident form.

Occupational Exposure

- Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employees' duties.

Occupational Exposure to Bloodborne Pathogens: Flow Chart

Bloodborne Pathogens Exposure incident occurs



Wash area with soap & water and/or flush area



Employee reports incident to Supervisor & BBP Coordinator
Employee & Supervisor complete BBP Exposure Report Form



Employee directed to Occupational Health – takes:

- 1) BBP Exposure Report
- 2) Copy of Employee's Job Description
- 3) Source identity and HBV/HIV status – if known
- 4) Employee's HBV status & other relevant medical information
- 5) Document events on OSHA 200 & 101 – if applicable



Occupational Health

- 1) Evaluates exposure incident
- 2) Arranges for testing of exposed employee and source identity, if not already known
- 3) Notifies employee of results of all testing
- 4) Provides counseling
- 5) Provides post-exposure prophylaxis, if medically indicated
- 6) Evaluates reported illnesses
- 7) Items above are Confidential
- 8) Sends a written opinion to BBP Coordinator: documentation that employee was informed of evaluation results and the need for any further follow-up and whether HBV vaccine was received



School Health Coordinator /Standards Committee

- 1) Reviews BBP Exposure Report
- 2) Reviews medical recommendation
- 3) Reviews supervisor's report
- 4) Recommends prevention strategies
- 5) Provides copy of medical written opinion to employee within 15 days of completed evaluation



Employee receives copy of medical written opinion & follows medical recommendations

Medical Records

- Shall be established and accurately maintained by Scotland County Schools of occupationally exposed employees
- 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.
- Shall be made available to the occupationally exposed employee if requested by the employee.

- Training records will be maintained at Central Offices



Sharps Injury Log

- Scotland County Schools shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps
- Complete sharps injury log for sharp injuries and return to Gina Stocks, School Health Coordinator.

**Scotland County Schools
Sharps Injury Log**

Please complete a log for each employee exposure incident involving a sharp and return to Gina Stocks,
School Health Coordinator, 1225 S. Caledonia Road, Laurinburg, NC 28352.

Job title: _____ Site of employment: _____

Name of school or auxiliary site where injury occurred: _____

Address: _____

Date filled out: _____ by: _____ Phone # _____

Date of injury: _____ Time of injury: _____ a.m. p.m.

Gender: (circle) male female Age: _____

Description of the exposure incident: _____

Procedure being performed at time of incident:

____ injection, through skin ____ cutting ____ other (describe) _____

Did the incident occur: ____ other _____

____ during use of sharp ____ while putting sharp into disposal container

____ disassembling ____ after use and before disposal of sharp

____ between steps of a multistep procedure ____ sharp left, inappropriate place (e.g. table)

Body part (check all that applies): ____ finger ____ face/head ____ hand ____ torso

____ arm ____ leg ____ other (describe) _____

Identify sharp involved (if known) _____ type _____ brand _____ model

(e.g., 25g needle/ABC medical/'no stick' syringe)

Did the device being used have engineered sharps injury protection? __ yes __ no __ Unsure

Was the protective mechanism activated? ____ yes - fully ____ yes - partially ____ no

Did the exposure incident occur: ____ before ____ during ____ after activation

Exposed employee:

If sharp had no engineered sharps injury protection, do you have an opinion that such a
mechanism could have prevented the injury? ____ yes ____ no

Explain: _____

Do you have an opinion that any other engineering, administrative, or work practice control
could have prevented the injury? ____ yes ____ no

Explain: _____

Questions???

- Contact your school nurse or Gina Stocks, School Health Coordinator at gstocks@sotland.k12.nc.us
- Category 1 employees, contact your school nurse or Gina Stocks, School Health Coordinator at gstocks@scotland.k12.nc.us for consent or declination forms for Hepatitis B vaccine.

Suggestions?

For more effective engineering and work practice controls from employees potentially exposed to injuries from contaminated sharps

(Improvements in personal protective equipment, methods of disposal, such as disposal devices, availability of disposal devices, etc.)

Complete form and turn into Sara Sikes