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Implementation

Name of employer: Public Schools of Robeson County (PSRC)

Address: PO Drawer 2909, Lumberton, NC 28359

Contact persons:

Bloodborne Pathogens (BBP) Coordinator

Ms. James "Jan" Newman

Phone #: (910) 501-1316

Fax #: (910) 370-9759

Assistant Superintendent of Student Services, Intervention and Support

Mrs. Jennifer Freeman

Phone #: (910) 910-671-6000

Fax #: (910) 370-9500

Assistant Superintendent of Auxiliary Services

Mr. Bobby Locklear

Phone #: (910) 910-671-6000

Fax #: (910) 370-9761

Assistant Superintendent of Human Resources

Mr. Jamal Campbell

Phone #: (910) 671-6000

Fax #: (910) 370-9761

Superintendent:

Dr. Freddie Williamson

Phone #: (910) 671-6000

Fax #: (910) 370-9510

Bloodborne Pathogens Standards Committee members:

James "Jan" Newman, PSRC BBP Coordinator

Hugh McIlwain, PSRC Internal Auditor

Armond Davis, OSHA Coordinator

Courtney Sutton PSRC Classified Personnel Coordinator

Rebecca Jacobs, PSRC School Nurse

Sherry West, PSRC School Nurse

Tara Rozier, PSRC School Nurse

Candice Musselwhite, School Nurse

Glenn Patterson, Athletic Director

Medical facility for post-exposure evaluation and follow-up:

Southeastern Occupational Healthworks (910) 272-9675
500 W 27th St, Lumberton, NC

Hepatitis B vaccinations:

Southeastern Occupational Healthworks (910) 272-9675

Public Schools of Robeson County Bloodborne Pathogens Exposure Control Plan

In compliance with Occupational Safety and Health Administration (OSHA) Regulations (Standards - 29 CFR) 1910.1030 (**Appendix 1**)

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

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)

In compliance with OSHA Regulations (Standards - 29 CFR) Retention of records 1960.73

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 the North Carolina Department of Environmental and Natural Resources' document "Look Here First" (contains a discussion of medical waste issues) <http://www.wastenotnc.org/swhome/look97.htm>

In compliance with Public Schools of Robeson County Bloodborne Pathogens Policy **(Appendix 3)**

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) that 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 August 2005 **(Appendix 6)**

INTRODUCTION

The Exposure Control Plan has been developed by the Public Schools of Robeson County 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 the Public Schools of Robeson County 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

The Superintendent 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.
4. The Bloodborne Pathogens Standards Committee is appointed.

The Assistant Superintendent for Plant Operations 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 maintenance 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. Employees comply with the Exposure Control Plan and noncompliance issues are addressed.
5. A copy of the Exposure Control Plan is readily accessible in the main office at each school and reception desk at each auxiliary site.
6. The Exposure Control Plan is updated when information is received from the Bloodborne Pathogens Coordinator and employees are informed of any revisions.
7. The PSRC Bloodborne Pathogens Exposure Report forms are completed when indicated and assistance is provided to employees.
8. The BBP Coordinator is immediately notified when an occupational exposure incident occurs.
9. Circumstances surrounding exposure incidents are evaluated and corrective actions to prevent future incidents are initiated.
10. All work sites are maintained in a clean and sanitary condition.

The Bloodborne Pathogens 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. Employee Exposure Determination Questionnaires are reviewed, identifying at-risk employees.
5. 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.
6. The BBP Coordinator shall assess and at least annually document in the master copy of the Exposure Control Plan the availability of safer personal protective devices.
7. The Hepatitis B vaccination series is offered to at-risk employees within 10 working days of initial assignment.
 - a. The BBP Coordinator shall coordinate the administration of the Hepatitis B vaccine for employees accepting the series.
 - b. The BBP Coordinator shall ensure that the PSRC Hepatitis B Vaccination Declination form is signed as indicated.
 - c. The BBP Coordinator shall maintain Hepatitis B vaccination records of at-risk employees.
8. PSRC Bloodborne Pathogens Exposure Reports, and PSRC Bloodborne Pathogens Source Incident Report forms are reviewed.
9. Corrective action plans are developed, initiated, and follow-up is completed and documented for occupational exposure incidents.
10. Post-exposure medical evaluation and follow-up procedures are followed.
11. Medical records are established and confidentially maintained.
12. Bloodborne Pathogens Training is made available to all employees and records kept at Central Office for 3 years.
13. Solicitation from non-managerial employees potentially exposed to injuries from contaminated sharps are conducted and documented in the master copy of the Exposure Control Plan regarding suggestions for more effective engineering and work practice controls.
14. Initial BBP training is provided for all new employees.
15. The Sharps Injury Log is completed, maintaining confidentiality, and kept at the Central Office for 5 years.
16. The Annual Bloodborne Pathogens Surveillance and Monitoring Form for each school and auxiliary site is completed, reviewed, filed, and corrective actions instituted as indicated.
17. The Bloodborne Pathogens Standards Committee meetings take place as indicated. The BBP Coordinator shall chair 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 their assigned schools are available and accessible and replaced when needed. **(Appendix 13).**
3. The annual Bloodborne Pathogens Surveillance and Monitoring Form for the workplace is completed.

Employees having occupational exposure (Category I) 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 PSRC Bloodborne Pathogens Exposure Report form **(Appendix 9)**.
5. Use the guide in **Appendix 15** for an occupational exposure to bloodborne pathogens.

DEFINITIONS

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 during orientation 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 who’s legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B vaccination & 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).

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

“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 biological 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.

“Red Biohazard Bag” refers to the red, biohazard labeled bag used for disposal of regulated waste. The bag shall be impervious to moisture and have sufficient strength to preclude ripping, tearing or bursting under normal conditions of usage and handling.

“Refresher BBP Training” means mandatory annual Bloodborne Pathogens training for all PSRC employees.

“Regulated Waste” means 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 waste 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 PSRC 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 (ECP)

The guidelines apply to all employees in the PSRC, 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 reception area at each auxiliary location. The plan may be obtained by notifying the School Nurse or BBP Coordinator. 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.

The Public Schools of Robeson County shall solicit input (**Appendix 19**) 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, or school nurse.

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 PSRC Exposure Report forms and make necessary recommendations for future exposures to be eliminated or minimized.

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 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**). Every new employee shall complete this questionnaire during orientation 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 and submit the completed questionnaire to the BBP Coordinator. 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, principal, or the BBP Coordinator. The completed questionnaire shall be submitted to the BBP 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	First Responders
Custodians	School Nurses
Diabetic Care Managers	
Exceptional Children Teachers, Teacher Assistants, and Bus Drivers of Developmentally Delayed or Special Needs Children - if they perform invasive procedures or work regularly in a setting where they are routinely exposed to blood or other potentially infectious materials	

The following table outlines the job classifications considered to be at-risk, tasks causing risk, & 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>
Principals/Asst Principals	-Emergency first aid -Aggressive student -Breaking up fights -Potential for injury	Universal precautions, gloves, first aid supplies, handwashing
Athletic Trainers	-Emergency first aid -Handling contaminated laundry	Universal precautions, gloves, first aid supplies, CPR mask, handwashing
Custodians	-Blood spill clean up -Decontaminating procedures -Disposing of contaminated waste	Universal precautions, decontamination supplies, approved disposal containers, handwashing
Diabetic Care Managers	-Finger sticks in doing blood glucose monitoring -Emergency care and first aid	Universal precautions, gloves, decontamination supplies, approved disposal containers, handwashing
First-Responders	-Emergency first aid -CPR	Universal precautions, gloves, first aid supplies, CPR mask, handwashing
School Nurses	-Screenings -First aid -Medically related procedures	Universal precautions, gloves, decontamination supplies, first aid supplies, CPR mask, approved disposal containers, handwashing
Teachers, Teacher Assistants, Bus Drivers of some Special Needs Children	-Medically related procedures -Aggressive student -Known biter	Universal precautions, gloves, decontamination supplies, handwashing
Plumbers	-Repair/handling/maintenance of contaminated equipment	Universal precautions, gloves, face shield/ mask, protective gown, blood spill clean up kit, handwashing

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

Bus Drivers/Substitute Drivers	Chemistry/Biology Lab Teachers
Classroom Teachers	Coaches
Maintenance Workers	Other Health Impaired Teachers
Trade & Industry Teachers	and Assistants
Pre-K Teachers/Teacher Assistants	Substitute Teachers
Physical Education Teachers	Shop Teachers
Speech Therapists	
Secretaries-if responsible for first aid	

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 PSRC 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. A PSRC Bloodborne Pathogens Exposure Report form shall be immediately completed in the event of an exposure incident **(Appendix 9)**.

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 Teacher	-Emergency first aid -Working with equipment that could cause injuries.	Universal precautions, gloves, first aid supplies, handwashing
Maintenance Workers	-Working with equipment that could cause injuries -Emergency first aid	Universal precautions, gloves, blood spill clean up kit, first aid supplies, handwashing,
Classroom Teachers Substitute Teachers Teacher Assistants	-Emergency first aid -Potential for handling/ -Cleaning up body fluids	Universal precautions, gloves, first aid supplies, handwashing
Coaches	-Emergency first aid -Handling contaminated laundry	Universal precautions, gloves, first aid supplies, decontamination supplies, handwashing
Pre-K Teachers/Teacher Assistants	-providing first aid to children of ages that are more prone to injury	Universal precautions, gloves, first aid supplies, decontamination supplies, CPR mask, handwashing
Regular Bus Drivers EC Bus Drivers Bus Monitors Substitute Bus Drivers	-Emergency first aid -Potential for handling/ cleaning up body fluids	Universal precautions, gloves, first aid supplies, blood spill clean up kit, handwashing
Secretaries	-Emergency first aid (if applicable)	Universal precautions, gloves, first aid supplies, handwashing
Shop/Trade/Industry Teachers	-Emergency first aid -Working with equipment that could cause injuries	Universal precautions, gloves, first aid supplies, handwashing
Speech Therapists	-Placing hands in student's mouth for evaluation and therapy	Universal precautions, gloves, 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. Handwashing facilities are 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, employees shall wash their hands with soap and water as soon as possible. Antiseptic hand cleanser is available in the school office and on school vehicles and buses. Replacement antiseptic is available from the PSRC Purchasing Department. **(Appendix 14)**

Hands shall be thoroughly washed 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 bench tops 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: 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, PSRC 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: PSRC 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 judgment 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 judgment, 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 in the main office of each school, Central Office and all auxiliary locations.

Ordering: Personal protective equipment can be ordered from the PSRC Purchasing Department using the Requisition for Bloodborne Pathogens Supplies Order form (**Appendix 14**).

Repair and replacement: PSRC 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 per procedure for handling and disposal of waste contaminated with blood and other potentially infectious materials.

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.

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 supplies: Blood spill clean-up supplies are available at each school, in school vehicles, and buses. Blood spill clean up supplies consist of an EPA approved disinfectant, leak proof bags, gloves and blood spill clean up kits.

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 each facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

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. 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.

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).

Handling and disposal of waste contaminated with blood and other potentially infectious materials

OSHA defines regulated waste as:

1. Liquid or semi-liquid blood or other potentially infectious materials.
2. An item contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if the item is compressed.
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
4. Contaminated sharps.
5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

To prevent unnecessary exposure to blood and other potentially infectious materials, the following procedures shall be followed for handling and 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:

Procedure for handling and disposal of non-regulated waste:

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 bag and place in a second plastic leakproof bag, also securely fastened, as an extra precaution.
5. Dispose of as regular trash

Procedure for handling and disposal of Regulated Waste:

1. Wear gloves
2. Place items in a red biohazard bag. The plastic bag shall be impervious to moisture and have sufficient strength to preclude ripping, tearing or bursting under normal conditions of usage and handling.
3. Remove gloves using proper technique and place in the biohazard bag with the contaminated items.
4. Secure and close the bag to contain all contents and prevent leakage of fluids during handling, storage and transport.
5. If outside contamination of the bag occurs, it must be placed in a second bag or container that is constructed to contain all contents and prevent leakage of fluids during handling, storage and transport. Close container before removal. The bag or container must be labeled with a red biohazard warning label.
6. The red biohazard bag shall be placed in an outside trash container to be picked up by the county sanitation department.

Disposal of regulated waste must be in accordance with applicable regulations of the local, state and federal governments. In North Carolina the packaging, storage, treatment and disposal of medical waste is regulated by the N.C. Department of Environment and Natural Resources, Division of Solid Waste Management, under authority granted by N.C. General Statute 130A-309.26. 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. The disposal requirements in both this statute and the bloodborne pathogens standard are compared and explained in a position paper published by the Division of Solid Waste Management, which can be accessed through the Internet at <http://www.wastenotnc.org/swhome/look97.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. Sharps disposal containers may be ordered from the PSRC Purchasing Department using the Requisition for BloodBorne Pathogen Supplies Order form (**Appendix 14**).

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 given to the school nurse for disposal. Properly closed sharps containers shall be disposed of in trash containers outside to be picked up by county sanitation dept.

Contaminated Laundry

At-risk employees wearing gloves shall handle contaminated laundry using universal precautions and minimal agitation. Contaminated laundry shall be placed in a leakproof plastic bag at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall also be transported in a leakproof plastic bag. Although contaminated laundry must be handled more carefully and stored in plastic bags, it can be washed with the regular laundry using hot water. If degree of contamination meets regulated waste definition, a red biohazard bag shall be used. PSRC 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

The PSRC shall make available the Hepatitis B vaccination series to all Category I employees. The Hepatitis B vaccination series will also be available if indicated to any employee who has an exposure incident. A bloodborne pathogens incident 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, 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, 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. Employees shall make and keep appointments at the specified intervals for vaccination administration. An accredited laboratory shall conduct all laboratory tests at no cost to the employee. Hepatitis B vaccination records shall be kept by the BBP 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 BBP Coordinator. Information about the Hepatitis B vaccine shall be given to category I employees and discussed during the Required Additional BBP Training session (**Appendix 17**). Employees accepting the Hepatitis B vaccines shall either be scheduled by the BBP Coordinator or self to receive the vaccinations at a scheduled PSRC Hepatitis B Vaccine Clinic or at the Southeastern Occupational Healthworks, Lumberton, North Carolina. 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 The Public Schools of Robeson County must sign the PSRC 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.

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 PSRC Bloodborne Pathogens Exposure Report form (**Appendix 9**) shall be initiated immediately after an exposure incident.

Hepatitis B vaccine for contract workers

The Public Schools of Robeson County 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, immediately flush eye(s) or exposed mucous membranes with water.
- C. Arrangements shall be made immediately for clean up of blood or other potentially infectious materials and for decontamination with (EPA-approved disinfectant) by an employee (e.g., custodian) trained in its use.
- D. Blood spill clean-up supplies are available in designated areas of each school, in school vehicles, and buses.
- E. A biohazard injury shall be reported immediately and in all circumstances within 24 hours by the employee, in writing, using PSRC Bloodborne Pathogens Exposure Report form (**Appendix 9**).
- F. The following information shall be obtained on The Public Schools of Robeson County 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 BBP Coordinator of the exposure incident, assist the employee in completing The PSRC Bloodborne Pathogens Exposure Report form, and complete the supervisor's section on the form **(Appendix 9)**.
- H. As soon as practicable following completion of The PSRC Bloodborne Pathogens Exposure Report form, The Public Schools of Robeson County shall make available to the exposed employee a confidential medical evaluation 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 PSRC can establish that identification is not feasible or prohibited by state and local law. The Public Schools of Robeson County shall assure that the source individual's blood is tested to determine HIV and HBV infectivity as soon as feasible and after appropriate consent is obtained, if consent is required by law **(Appendix 10)**. In the event that consent is required by law, but not obtained, PSRC 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 and HIV 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 Public Schools of Robeson County 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 PSRC 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 Southeastern Occupational Healthworks 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 Southeastern Occupational Healthworks 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 BBP 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 BBP Coordinator immediately after the employee's medical evaluation. This information shall be reviewed by the BBP Standards Committee and used to develop or upgrade policies, procedures, and BBP training to prevent future occurrences.
- N. Medical records shall be established by the BBP 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 PSRC Bloodborne Pathogens Exposure Report form
 5. a copy of the physician's written opinion
- O. The BBP 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. The Public Schools of Robeson County 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 300 Log.

Hepatitis B vaccine for school nurses

School Nurses who initiate the Hepatitis B vaccination series after employment shall have an antibody titer drawn 3 months after the date that the HBV series is completed. If the antibody titer is less than 10, the series will be repeated and another titer drawn 3 months after the HBV series is completed. There is no further recommendation for vaccination after the second series is completed.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels:

Warning labels shall be affixed to containers used to dispose of and store regulated waste. 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. The Public Schools of Robeson County 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 Initial BBP Training shall be offered to all new employees during orientation and mandatory Refresher BBP Training shall be made available 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. How to access a copy of the federal OSHA BBP final standard
 - 2. How to access a copy of North Carolina's Waste Management Rules
 - 3. an explanation of The Public Schools of Robeson County Bloodborne Pathogens policy
 - 4. an explanation of The PSRC Exposure Control Plan, its location within each work site 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 18)** and the HIV information sheet **(Appendix 16)**
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, and 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, cleaning schedule, disposal of waste contaminated with blood and other potentially infectious materials and contaminated sharps
8. an explanation that personal protective equipment and other bloodborne pathogens supplies shall be ordered from The PSRC Purchasing Dept. using the Requisition for Bloodborne Pathogens Supplies Order form **(Appendix 14)**
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 17)**, and The PSRC 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 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, principal, BBP Coordinator)
11. an explanation that individuals trained in the appropriate use of disinfectant and decontamination (e.g., custodians) shall be called to clean up blood and other potentially infectious materials, when feasible
12. an explanation that blood spill clean-up supplies are located in designated areas of each school, in school vehicles, and buses
13. an explanation of the procedure to follow if an exposure incident occurs **(Appendix 15)**, including the method of reporting the incident using The PSRC Bloodborne Pathogens Exposure Report form **(Appendix 9)**, The PSRC Bloodborne Pathogens Source Incident Report form **(Appendix 10)**, 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
14. an explanation about the proper use and disposal of the biohazard red bag and the use of the biohazard warning label
 15. an explanation about the BBP Training requirements, classes, and records
 16. an explanation about BBP workplace surveillance and monitoring, including The PSRC Bloodborne Pathogens Surveillance and Monitoring Form (**Appendix 12**)
 17. an explanation about the Sharps Injury Log (**Appendix 11**)
 18. an explanation that any concern relating to bloodborne pathogens shall be brought to the attention of the BBP Coordinator, School Nurse and/or Principal/Supervisor
 19. opportunity for interactive questions and practice with the person conducting the training session
- D. The Hepatitis B vaccine shall be offered to Category I employees 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 Initial BBP and Refresher BBP Training sessions. Suggestions may be verbally obtained or the form in **Appendix 19** may be used.
- F. It is the responsibility of PSRC to maintain the required OSHA BBP training, Hepatitis B vaccination series, and other safety training for their employees at risk for occupational exposure.

RECORDKEEPING AND SURVEILLANCE

Records will be kept by The Public Schools of Robeson County 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 The Public Schools of Robeson County 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 or 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. PSRC Bloodborne Pathogens Surveillance and Monitoring Form shall be conducted annually by the school Nurse and a representative from each auxiliary location to monitor compliance with safe workplace practices and use of personal protective equipment **(Appendix 12)**.
- B. The Bloodborne Pathogens 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, BBP 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 BBP 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 Assistant Superintendent for Personnel 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. The Public Schools of Robeson County shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps **(Appendix 11)**. 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