

Bloodborne Pathogens Exposure Control Plan

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Implementation

Superintendent: Dr. Todd Martin, Ed.D. (336) 679-2051

Yadkin County Safety Committee, Chairman Michael Pardue (336) 679-3138

Medical facility for post-exposure evaluation and follow-up: Yadkin Medical Associates, (336) 679-2661

Facility for Hepatitis B vaccinations: Yadkin Medical Center, (336) 679-4210

Compliance Factors

- 1) OSHA Bloodborne Pathogens Regulations (Standards – 29 CFR) 1910.1030
- 2) OSHA Regulations (Standards – 29 CFR) 1910.1020 Access to employee exposure and medical records
- 3) OSHA Regulations (Standards – 29 CFR) 1904.33 Retention of records
- 4) NC Medical Waste Management Definitions and General Requirements Section .1200
 - a. 15A NCAC 13B .1201 DEFINITIONS
 - b. 15A NCAC 13B .1202 GENERAL REQUIREMENTS FOR MEDICAL WASTE
- 5) YCS Policy Code 7260 Occupational Exposure to Bloodborne Pathogens

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- 6) NC Control Measures for Communicable Diseases Section .0200
- 7) NC Department of Labor Guidelines for Bloodborne Pathogens in the Workplace
- 8) YCS Policy Code 7262 Communicable Diseases Employees

Introduction

The Bloodborne pathogens exposure control plan has been developed by Yadkin County Public Schools to comply with the regulations defined in the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) standard and North Carolina Medical Waste Management General Requirements and Definitions. The primary purpose of the 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 Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). The North Carolina Medical Waste Management General Requirements and Definitions determine proper disposal methods of items that are contaminated with blood and other potentially infectious materials.

The OSHA BBP 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 Yadkin County Public Schools to develop and implement a bloodborne pathogens exposure control plan for bloodborne pathogens and other potentially infectious materials. 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 bloodborne pathogens exposure control plan shall be retrained and may be subject to personnel counseling, and discipline.

Responsibilities

The superintendent shall ensure that:

1. All elements of the bloodborne pathogens exposure control plan are met;
2. Contents of the bloodborne pathogens exposure control plan are conveyed to employees;
3. Policies and procedures are in place for employees who do not comply with the bloodborne pathogens exposure control plan; and,
4. Members of the Yadkin County Schools Safety Committee are appointed.

The Superintendent and/or his designee for facilities and 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

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other potentially infectious materials;

2. Appropriate personal protective equipment is readily accessible at auxiliary sites;
3. Contaminated waste disposal standards are met;
4. Blood spill clean-up kits are available in school vehicles and buses; and,
5. A biohazard pick-up company will be contacted for regulated medical waste.

Principals and/or designee shall ensure that:

1. All newly employed persons receive Bloodborne Pathogens training;
2. Notify the School Nurses of all employees working in positions at risk for occupational exposure to bloodborne pathogen and other potentially infectious materials, upon hire;
3. Assist in identifying the at-risk employees and offering each the Hepatitis B vaccination series (to which they accept or decline in writing) within 10 days of hire;
4. Appropriate personal protective equipment is available to all employees and located in accessible locations;
5. Outdated bloodborne pathogen supplies are discarded and replaced (e.g., in health area and/or main office);
6. All employees comply with the bloodborne pathogens exposure control plan and noncompliance issues are addressed;
7. A copy of the bloodborne pathogens exposure control plan is readily accessible in the main office, health area at each school and/or at each auxiliary site;
8. The site's bloodborne pathogens exposure control plan is updated when information is received from the Yadkin County School's Safety Coordinator and employees are informed of any revisions;
9. The annual and/or random bloodborne pathogens surveillance and monitoring form for the workplace is completed;
10. The Yadkin County Public Schools employee incident report and bloodborne pathogens exposure report forms are completed when indicated and assistance is provided to employees;
11. The school administrator and school nurse are immediately notified when an occupational exposure incident occurs;
12. Circumstances surrounding exposure incidents are evaluated and corrective actions to prevent future incidents are initiated; and,
13. All work sites are maintained in a clean and sanitary condition.

The YCS Safety Committee shall ensure that:

1. The bloodborne pathogens exposure control plan is developed, implemented, reviewed and updated in conformity with the aforementioned compliance factors;
2. The bloodborne pathogens exposure control plan is distributed to each school principal and to supervisors of auxiliary sites;

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3. The work environment is evaluated, identifying actual and potential hazards for occupational exposure to bloodborne pathogens;
4. Assistance is provided in identifying job categories for at-risk status of occupational exposure to bloodborne pathogens;
5. Employee Exposure Determination Questionnaires are reviewed, identifying employees at-risk for exposure to bloodborne pathogens and other potentially infectious materials;
6. Appropriate measures to protect employees from occupational exposure are developed and specified in the bloodborne pathogens exposure control plan and the information is conveyed to employees. These measures shall include the use of hand washing 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 proper disposal of contaminated waste and sharps;
7. The availability of safer personal protective devices is assessed at least annually with the occupational exposure plan review.
8. The hepatitis B vaccination series is offered to at-risk employees within 10 working days of initial assignment;
9. The hepatitis B vaccination is administered for employees accepting the vaccination series;
10. The Hepatitis B Vaccination Declination Form is signed for employees declining the vaccination Series;
11. The records of at-risk employees are maintained;
12. The Yadkin County Public Schools Employee Incident Report and the Yadkin County Public Schools Bloodborne Pathogens Exposure Report are reviewed
13. Corrective action plans are developed and initiated;
14. Follow-up is completed and documented for occupational exposure incidents;
15. Post-exposure medical evaluation and follow-up procedures are followed;
16. Medical records are established and confidentially maintained;
17. Records of bloodborne pathogens training are kept for three (3) years;
18. Opportunities are provided for non-managerial employees potentially exposed to injuries from contaminated sharps to suggest more effective engineering and work practice controls and that the suggestions are documented in the master copy of the Bloodborne Pathogens Exposure Control Plan;
19. The sharps injury log is completed, maintaining confidentiality, and kept for five (5) years;
20. The bloodborne pathogens surveillance and monitoring **form** for each school and auxiliary site is reviewed, and corrective action instituted, when indicated; 21. The Yadkin County Schools Safety Committee meetings take place, when indicated, YCS Safety Coordinator, serving as chairperson of the committee.

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School nurses shall ensure that:

1. Bloodborne pathogens training is provided to employees, annually/as needed, at their assigned schools;
2. Bloodborne pathogens supplies in individual school offices and/or health stations are inventoried and replaced when indicated;
3. Personal protective equipment is stocked in the school offices and/or health stations; and,

Employees having occupational exposure shall:

1. Identify job tasks placing them at risk for potential occupational exposure and perform all duties in compliance with the bloodborne pathogens exposure control plan;
2. Attend required Bloodborne Pathogens training sessions;
3. Make and 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):
 - a. Report occupational exposure to blood and other potentially infectious materials to their supervisor and the School Nurse;
 - b. Complete the Yadkin County Public Schools Bloodborne Pathogens Exposure report form;
 - c. Follow the guidelines for post-exposure and follow-up; and,
 - d. Follow the steps in the flow chart for occupational exposure to bloodborne pathogens.
 - e. The original employee exposure form is housed on site with administration and a copy is sent to the safety director.

Definitions

For purposes of this bloodborne pathogens exposure control plan, the following definitions 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, pleural fluids, and peritoneal fluids.

“Bloodborne Pathogens (BBP)” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include 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.

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“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 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 each newly hired employee, and employee having a position change that places him/her in an at-risk job category. Any employee who desires to have his/her occupational exposure status evaluated for at-risk status may 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 job duties.

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

“Hand-washing Facility” means a facility providing an adequate supply of running potable water, soap, single use towels, or hot air drying machines.

“Licensed Healthcare Professional” is a person whose legally permitted scope of practice allows him/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).

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

“Microbiological waste” means cultures and stocks of infectious agents, including 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

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contact with blood or other potentially infectious materials that may result from the performance of an employee's job duties.

"Other Potentially Infectious Materials" means 1) human body fluids such as 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 needle sticks, 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.

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

"Red Biohazard Bag" refers to the bag used for disposal of regulated medical waste.

"Regulated Medical Waste" means blood and body fluids in individual containers in volumes greater than twenty (20) milliliters (ml), untreated microbiological, and pathological waste. This definition refers to blood and body fluids that are in a liquid state and in a container, such as a suction container. This does not refer to blood absorbed by materials such as bandages and dressings.

"Regulated Waste" according to the Occupational Safety and Health Administration, refers to contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and, pathological and microbiological wastes containing blood or other potentially infectious materials.

"Required bloodborne pathogens training" refers to mandatory training within 10 working days of initial assignment for employees 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, cover slips, and scalpel blades.

"Sharps with Engineered Sharps Injury Protections" means a non-needle 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 students and employees, trauma victims, and individuals who donate blood.

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

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“Universal Precautions” (also referred to as “standard precautions”) refers to an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency virus (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).

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The guidelines apply to all employees in Yadkin County Public 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 assigned work duties. Procedures and policies of discipline for employees not complying with this Bloodborne pathogens exposure control plan shall be enforced.

A copy of this plan shall be made accessible to all employees. A copy shall be kept in an accessible area for employees in the main office at each school and reception area at each auxiliary location. The plan may also be obtained by notifying the YCS Safety Committee, safety coordinator, or school nurse. The bloodborne pathogens exposure control plan shall be reviewed at least annually and updated at any point to reflect changes in governing laws, safety guidelines, at-risk job categories, tasks, procedures, and protective measures, etc. 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.

Yadkin County Public Schools shall solicit input from non-managerial employees responsible for direct student care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls. Results of the solicitation shall be documented in the master copy of the bloodborne pathogens exposure control plan. All documentation shall be shared with employees upon request. Employees shall be encouraged to provide suggestions at any time during the course of employment to their supervisor, principal, or school nurse, or to the YCS Safety Committee, or Safety Coordinator. Yadkin County Public Schools shall request that parents/legal guardians who purchase needle devices for school personnel to use in caring for students provide the safest and most effective needle devices feasibly available for purchase. The YCS Safety 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 bloodborne pathogens exposure control plan and shared with employees upon request. The committee shall also review all of the Yadkin County Public Schools bloodborne pathogens 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 potentially 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.

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The Exposure Determination Questionnaire shall also be used to identify employees at-risk for occupational exposure to blood, bloodborne pathogens or other potentially infectious materials. The questionnaire shall be completed by each newly hired employee and employee having a position change that places him/her in an at-risk job category. Any employee who desires to have his/her occupational exposure status evaluated for at-risk status may complete this questionnaire at any time during the course of employment. 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 following table outlines examples of jobs considered to have occupational exposure, the tasks causing risk, protective barriers, and engineering controls.

At-risk jobs/Category I	Tasks causing risk	Protective barriers and engineering and work practice controls
Athletic Trainers/First Responders	Emergency first aid Handling contaminated laundry	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leak proof bags, hand washing, blood spill clean-up kit
Custodians	Cleaning up Decontaminating procedures Disposing of contaminated waste	Universal precautions, gloves, goggles, masks, protective clothing, disinfectants, decontamination supplies, approved disposal containers, hand washing, blood spill clean-up kit
Health Occupations Teachers	Health Screenings First aid Medically related procedures Direct patient care	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leak proof bags, disposal containers, hand washing, blood spill clean-up kit
School Nurses	Health Screenings First aid Medically related procedures Providing direct medical care for students and staff	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leak proof bags, disposal containers, hand washing, blood spill clean-up kit
Administration/Office Personnel	Emergency first aid CPR	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leak proof bags, disposal containers, hand washing, blood spill clean-up kit
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, hand washing
Coaches/PE Teachers	Emergency first aid Handling contaminated laundry	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, leak proof bags, hand washing, blood spill clean-up kit

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EC Teachers/Staff	Medically-related procedures	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, approved disposal containers, hand washing
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At-risk jobs/Category I	Tasks causing risk	Protective barriers and engineering and work practice controls
Maintenance Workers	Working with equipment that could cause injuries, Emergency first aid	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, blood spill clean-up kit, hand washing
Pre-K Teachers, Pre-K Teacher Assistants, OOST staff	Providing first aid to children of ages that are more prone to injury	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, blood spill clean-up kit, hand washing
Career and Technical Education Teachers (Ag., Auto., Construction, Masonry, and Foods)	Emergency first aid, Working with equipment that could cause injury	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, hand washing

The following table outlines examples of jobs considered to have collateral (potential) exposure, the tasks causing risk, protective barriers and engineering controls.

Jobs with collateral (potential) exposure/Category II	Tasks causing risk	Protective barriers and engineering and work practice controls
Biology/Chemistry Lab Teachers	Emergency first aid Working with equipment that could cause injuries	Universal precautions, gloves, goggles, masks, protective clothing, leak proof bags, first aid supplies, blood spill clean-up kit, hand washing
Bus Drivers, Substitute Drivers	Emergency first aid Potential for handling/cleaning up body fluids	Universal precautions, gloves, goggles, masks, protective clothing, leak proof bags, first aid supplies, disinfectants, blood spill clean-up kit, hand washing
Classroom and Substitute Teachers	Emergency first aid Potential for handling/cleaning up body fluids	Universal precautions, gloves, goggles, masks, protective clothing, leak proof bags, first aid supplies, blood spill clean-up kit, hand washing
Employees responsible for first aid	Emergency first aid, CPR	Universal precautions, gloves, goggles, masks, protective clothing, first aid supplies, disinfectants, microshields, blood spill clean-up kit, hand washing

“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 at-risk for occupational exposure.

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Employees who render such assistance shall be entitled to the same post-exposure follow-up as employees who are at-risk for occupational exposure to bloodborne pathogens.

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

Methods of compliance and safe work practices

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 on a regular schedule to ensure their effectiveness.

Hand washing facilities with running water and soap are accessible to employees in each school and auxiliary site. Antiseptic hand cleansers or towelettes are placed in school vehicles and buses. Employees shall wash their hands as soon as possible, after using antiseptic hand cleansers and towelettes.

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

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

Activities likely to produce self-contamination such as eating, drinking, applying cosmetics or lip balm, and handling contact lenses shall be avoided in settings/work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens. 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.

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 wellness and volunteer blood donation services to employees and students involving the collection, storage,

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maintenance, and transportation of specimens shall be responsible for complying with the guidelines of this bloodborne pathogens exposure control plan.

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. The 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: Personal protective equipment, such as disposable gloves, gowns, face shields/masks, eye protection, mouthpieces, resuscitation devices, pocket masks shall be provided in areas where there is likelihood of occupational exposure to bloodborne pathogens. The personal protective equipment shall not permit blood or other potentially infectious materials to pass through to/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: Yadkin County Public Schools shall ensure that employees have readily-available access to personal protective equipment and are properly trained to correctly and safely use personal protective equipment. Employees are advised of their responsibility in choosing to use personal protective equipment versus declining or refusing to use personal protective equipment. When an employee makes the judgment to decline the use of personal protective equipment [made available to them], the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. An example of declining usage of personal protective equipment is 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 healthcare or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

Accessibility: Personal protective equipment shall be readily accessible to employees including hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives for employees with known allergies.

Ordering: Personal protective equipment is stocked at each school and auxiliary site. PPE for custodians/maintenance/bus garage is supplied by the district's school maintenance department.

Repair and replacement: Yadkin County Public Schools shall, at no cost to the employee, repair or replace personal protective equipment 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 leak-proof plastic bag.

Removal and disposal: All personal protective equipment shall be removed prior to leaving the work area. Contaminated gloves shall be removed immediately after use using the proper removal technique. The personal protective equipment 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 personal protective equipment is removed it shall be placed in a leak-proof plastic bag and put in a trash can with a biohazard warning label on the container.

Gloves: Gloves shall be worn when it can be reasonably anticipated that hand contact may occur with blood, other potentially infectious materials, mucous membranes or non-intact skin, performance of vascular access procedures or handling of contaminated items or surfaces. Gloves shall be worn when

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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 exhibits 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. Shoe covers and/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 (BBP boxes) are available in the clean-up/hygiene stations, in school vehicles and buses. They shall only be used in situations where a custodian is not available for cleaning up and decontamination

Housekeeping

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

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

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and damaging to many materials and is relatively toxic.

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

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

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

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

Disposal of waste contaminated with blood and other potentially infectious materials

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

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

Disposal of regulated medical waste

The North Carolina Medical Waste Management General Requirements and Definitions shall be followed except when the OSHA standard preempts the North Carolina rules because the state rules are less restrictive. Regulated medical waste is defined in North Carolina's Waste Management Rules as blood and body fluids in individual containers in volumes greater than 20 ml, microbiological waste, such as

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laboratory cultures and stocks and pathological waste such as human tissue, organs, or body parts. These three types of waste must be treated (rendered non-hazardous by a method such as incineration, steam sterilization, or sanitary sewage disposal for bulk blood of greater than 20 ml. per container) prior to disposal with other general solid waste. Acceptable methods of treatment are incineration or sanitary sewage systems, provided the sewage treatment authority is notified.

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

labeled with a water-resistant universal biohazard warning symbol. Each package of regulated medical waste shall be marked on the outer surface with the following information: the generator's name, address and telephone number; the transporter's name, address and telephone number; storage facility name, address and telephone number, when applicable; treatment facility name, address and telephone number; date of shipment; and "INFECTIOUS WASTE" or "MEDICAL WASTE".

The container leaving the facility shall be labeled with the biohazard warning symbol or properly color-coded. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this policy.

A waste management company that treats and renders the regulated medical waste as non-hazardous prior to disposal shall be contacted for such disposal. The Yadkin County Public Schools Safety Coordinator shall be notified for questions about disposal of regulated medical waste.

Contaminated Sharps

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

During use, containers for contaminated sharps shall be easily accessible to personnel and located as closely as possible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., in classrooms and buses. They shall be maintained upright throughout use, replaced when necessary and not be allowed to overfill. Each clean-up/hygiene station shall have a disposal container for sharps.

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

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which would expose employees to the risk of percutaneous injury. The filled sharps container shall be placed in a closable, leak-proof container labeled with a biohazard warning symbol and may be placed in a trash can.

Contaminated Laundry

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

Yadkin County Public Schools Athletics Departments shall comply with the Infectious Disease Policy of the North Carolina High School Athletic Association. 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 leak-proof plastic bag for transport home.

Hepatitis B Vaccination

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

The hepatitis B vaccination series and post-exposure evaluation and follow-up, including prophylaxis, shall be made available at no cost to the employee, made available to the employee at a reasonable time and place; performed by or under the supervision of a licensed physician or other 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 appropriate central office staff and made available to employees upon request.

Hepatitis B vaccination 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 BBP training video

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session and within 10 working days of initial assignment. Documentation of previous vaccination series or antibody testing must be provided to Human Resources. Information about the hepatitis B vaccination shall be given to each employee confirmed to be at-risk for occupational exposure to BBP and discussed during the BBP Training sessions. Employees accepting the hepatitis B vaccination shall either be scheduled by Human Resources or self to receive the vaccination at the Yadkin County Medical Clinic. Employees shall be responsible for making and/or keeping appointments at the specified intervals for vaccination administration. At completion of the Hepatitis B vaccination series, a copy will be provided to YCS Human Resources, being filed in their individual employee file.

Employees who decline the Hepatitis B vaccination offered by Yadkin County Public Schools must sign the Yadkin County Public Schools Hepatitis B Vaccination Declination form. The signed declination forms will be filed in individual employee files at YCS Human Resources. 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 vaccination for employees having collateral exposure

The hepatitis B vaccination 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. 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.

Hepatitis B vaccination, Post-Exposure Evaluation and Follow-up, and BBP Training for contract workers

Yadkin County Public Schools shall not be responsible for the provision of BBP training, the hepatitis B vaccination, or post-exposure evaluation and follow-up to persons contracted to perform services for the school system; e.g., medical services.

Hepatitis B vaccination for school nurses and athletic trainers/first responders

School Nurses and Designated First Responders who initiate the Hepatitis B vaccination series after employment shall have an antibody titer drawn three 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 three months after the Hepatitis B vaccination series is completed. There is no further recommendation for vaccination after the second series is completed.

Post-Exposure Evaluation and Follow-Up

Employees shall be required to remove personal protective equipment and follow the procedure for disposal of contaminated waste. Employees shall then wash exposed areas, e.g., hands and other skin surfaces, with soap and water and immediately flush exposed mucous membranes and eyes with water. Arrangements shall be made immediately for clean-up of blood or other potentially infectious materials and for decontamination with an EPA-approved disinfectant by an employee (e.g., custodian) trained in its use.

Employees providing first aid and cleaning up blood or other potentially infectious materials, blood spill clean-up kits are available in the individual school's main office/health rooms, in school vehicles and buses. They shall only be used in situations where a custodian is not available for cleaning up and decontamination.

The red bag in the kit shall only be used for regulated medical waste (20 ml. of blood or more in a container, such as a suction container; contaminated items that would release blood or other potentially

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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).

An exposure to Bloodborne pathogens or other potentially infectious materials shall be reported immediately, in all circumstances within 24 hours by the employee, in writing, using the YCS Employee Exposure Report Form. The supervisor shall immediately notify the Safety Coordinator and/or School Nurse of the exposure incident, assist the employee in completing the exposure report form.

As soon as practicable following completion of the Yadkin County Public Schools Bloodborne Pathogens Exposure Report form, the Yadkin County Public Schools shall make available to the exposed employee a confidential medical evaluation and follow-up. The Yadkin County Public Schools shall ensure that the physician evaluating the exposed employee has:

1. A copy of OSHA's Bloodborne Pathogens final standard 29 CFR 1910.1030 and a copy of Yadkin County Public Schools Bloodborne pathogens 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; and,
5. All medical records relevant to the appropriate treatment of the employee including Hepatitis B vaccination status.

The physician evaluating the exposed employee, at Yadkin County Schools designated medical provider, 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. The physician's written opinion shall be provided to the Safety Coordinator and/or Human Resources within 15 days of the completion of the medical evaluation. The written opinion shall be limited to the following:

1. Whether the Hepatitis B vaccination 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; and,
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

The completed employee post-exposure and source incident report forms shall be mailed to the Safety Coordinator and/or Human Resources immediately after the employee's medical evaluation. This information shall be reviewed by the members of the YCS Safety Committee and used to develop or upgrade policies, procedures, and training to prevent future occurrences.

Medical records shall be established by the Safety Coordinator and/or Human Resources and confidentially maintained for the duration of the exposed employee's employment plus 30 years. The

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record shall include:

1. The name and social security number of the exposed employee;
2. A copy of the employee's hepatitis B vaccination record;
3. Medical records relevant to the exposed employee's ability to receive the hepatitis B vaccination;
4. A copy of the Yadkin County Schools Employee Exposure Report form; and,
5. A copy of the physician's written opinion.

The Safety 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. Yadkin County Schools shall strictly adhere to existing confidentiality rules and laws regarding employees with communicable diseases, including bloodborne diseases caused by HBV, HCV, and/or HIV. If medical treatment is administered to the exposed employee (e.g., HBIG, a booster Hepatitis B vaccination, HIV prophylaxis), the exposure is recorded as an injury, not an illness, on the OSHA 300 Log by the Safety Coordinator.

Communication of Hazards to Employees

Labels

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

Labels shall include the following legend:



Information and Training

Yadkin County Public Schools shall offer training opportunities to all employees on the basic knowledge and prevention principles for bloodborne diseases caused by bloodborne pathogens such as HBV, HCV, and HIV. Bloodborne Pathogens BBP Training shall be offered to all new employees during orientation and to those at-risk for occupational exposure within 10 days of working. At-risk employees shall attend annual refresher BBP training and supplemental training when indicated to receive updates and revisions in the state and federal OSHA BBP final standard, North Carolina's Waste Management Rules and

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Bloodborne pathogens exposure control plan. All BBP Training shall be offered at no cost to the employee during normal working hours. Bloodborne Pathogens Training information shall be available on the NRMS web site.

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.

The contents of the training shall include the information required by OSHA's Bloodborne Pathogens final standard and present the district's Exposure Control Plan, discussing personal protective measures, benefits of hepatitis B vaccination, and what to do if an exposure incident occurs.

Recordkeeping and Surveillance

Records will be kept by Yadkin County Schools and stored in one central location at each site.

Training Records

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

Training records shall be maintained for 3 years from the date on which the training occurred.

Medical Records

Medical records, if returned, of occupationally exposed employees shall be established and accurately maintained by Yadkin County Public Schools for the duration of employment plus 30 years as required by OSHA's regulations in 29 CFR 1910.1020 access to employee exposure and medical records. The exposure medical information will be housed with the Safety Coordinator.

Confidentiality of the exposed employee's medical records shall be maintained. 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. The medical records shall be made available to the occupationally exposed employee if requested by the employee.

Surveillance

A **Yadkin County Schools Bloodborne Pathogens Surveillance and Monitoring Form** may be conducted annually and/or randomly by each school principal or designee and a representative from each auxiliary location to monitor compliance with safe workplace practices and use of personal protective equipment. The Bloodborne Pathogens Coordinator shall coordinate, review and file the annual workplace surveys. Compliance with the required use of protective measures shall also be monitored and evaluated in the following ways by principal/supervisor or designee, school nurses, BBP coordinator, and/or Safety Coordinator:

1. Following-up on problems identified through informal reports from staff safety reports;

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2. Comments received during evaluations of education and training programs;
3. Direct observation of individual employee performance;
4. Walking rounds; and
5. Indirect observation.

When monitoring reveals an employee's noncompliance with the standard operating procedures of the Bloodborne pathogens exposure control plan, corrective action shall be initiated and documented by the Safety Coordinator and/or school administrator. 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.

Follow-up for noncompliance shall be done by identifying needs, assuring adequate and appropriate supplies or equipment and providing additional education and training. 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. The Executive Director of Human Resources shall be consulted for disciplinary action of employees not in compliance with the standard operating procedures of the Bloodborne pathogens exposure control plan. 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

Yadkin County Public Schools shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. 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. 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.

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I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection caused by the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccine at no charge to me.

Date: _____

Name of Employee (print): _____

Signature of Employee: _____

Last 4 digits of Social Security # XXX-XX-_____

Signature of Witness: _____

Return form to YCS Human Resources

Bloodborne Pathogens Exposure Control Plan

Yadkin County Public Schools Annual Survey

Bloodborne Pathogens Surveillance and Monitoring Form

Return Safety Coordinator, Maintenance Office

School/Auxiliary Site _____

Monitored by (Principal/Supervisor) _____ Date: _____

Corrective action completed by _____ Date: _____

Reviewed by (Nurse) _____ Date: _____

1. Are staff familiar with the location of Exposure Control Plan in the facility (e.g., main office in the

school, reception area in auxiliary site)?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

2. Are staff using proper handwashing techniques?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

3. Are staff using universal precautions and wearing gloves when performing techniques involving

blood, body fluids, or other potentially infectious materials?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

4. Are staff wearing gowns when soiling of clothes with infective material is possible?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

5. Are staff wearing gowns masks, face shields, and/or eye wear when splashing of blood, body fluids, or other potentially infectious materials is likely?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

6. Are staff complying with not recapping, bending, breaking, or manipulating of needles?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

7. Are staff using puncture-resistant containers to dispose of needles and other sharp objects?

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Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

8. Are staff complying with the proper techniques of cleaning up blood and other potentially infectious materials? (e.g., using the proper disinfectants)

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

9. Are staff disposing of contaminated medical waste (e.g., band-aids, gauze contaminated with blood) in plastic liners and placing it in waste containers labeled with the orange/red 'biohazard' symbol?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

10. Are staff complying with disposing of any regulated waste (20 ml. of blood or more in a container, such as a suction container; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials, and are capable of releasing these materials during handling)? e.g. using standard red bags or properly labeled plastic containers and calling the Maintenance Supervisor/Safety Director and/or Bloodborne Pathogens Program Coordinator for information on notification of the hazardous waste pick-up company?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

11. Are all areas that have been contaminated with blood or other potentially infectious materials cleaned between students?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

12. Are staff cleaning all equipment contaminated by blood or other potentially infectious materials according to standard procedures in the Exposure Control Plan?

Yes _____ No _____ N/A _____ Partial Compliance _____

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Explain _____

13. Are staff familiar with how to properly report an exposure incident to blood and other potentially infectious materials?

Yes _____ No _____ N/A _____ Partial Compliance _____

Explain _____

Incidents of non-compliance: State persons involved, date, and complete the Bloodborne Pathogens Surveillance and Monitoring Log.