SUMMARY OF OSHA STANDARD

Department of Labor
Occupational Safety and Health Administration (OSHA)

Final Rule: Occupational Exposure to Bloodborne Pathogens


Title: "Occupational Exposure to Bloodborne Pathogens: Final Rule"

Published: Federal Register - December 6, 1991

Effective: March 6, 1992

Purpose: To minimize the risk of bloodborne disease transmission in the workplace

Scope: Applies to all occupational exposures to blood or other potentially infectious materials

Who is Affected: Employees who are exposed to bloodborne pathogens (including but not excluded to HIV and Hepatitis B) in the course of their work

Body Fluids: Blood, body fluids visibly contaminated with blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures

SUMMARY OF EMPLOYER REQUIREMENTS

1. Delegate one administrative employee who will be responsible for developing, implementing, and monitoring of the company's program.

2. Develop a written "Exposure Control Plan" which is to be reviewed at least annually including:
   a. A list of job classifications and work tasks which involve exposure risk
   b. Procedure for evaluation of circumstances of exposure incidents

3. Provide initial training of all current employees. Training thereafter should occur at time of employment and annually for all employees.

4. Require use of Universal Precautions.
5. Implement engineering and work controls including:
   a. handwashing facilities
   b. proper packaging of blood specimens and all infectious materials
   c. decontamination procedures and labeling of all equipment for shipping
   d. decontamination of all equipment that is reusable

6. Provide employees with equipment necessary to protect their skin and clothing from contamination insuring that employees are using such equipment appropriately.

7. Implement procedures for the handling, disposal, and containment of contaminated.

8. Make hepatitis vaccine available to all "at risk" employees at no cost after training and within 10 days of assignment. If the employee declines the vaccination the employer must document the employee's refusal on a "declination form."

9. Implement procedures to make available to any employee involved in an incident of exposure a confidential medical evaluation and follow-up including:
   a. documentation of routes/circumstances of exposure
   b. identification/testing of source individual if possible
   c. testing of the exposed employee's blood (with consent)
   d. post-exposure prophylaxis

10. Maintain records of an exposed employee for the period of employment and 20 years thereafter.

11. Maintain and Monitor Compliance
    a. Periodic evaluation of job responsibilities for potential risk
    b. review and revise the infection control program at least annually
    c. evaluate incidents of exposure for potential policy and procedure revisions
    d. develop a curriculum to educate staff on the program and revisions of the program
    e. monitor compliance with the program
        - supervisory visits
        - performance evaluation
        - review of personnel files
        - records of training
        - audits
    f. monitor and evaluate the performance of any individual or company contracted to perform functions covered by the standard.
EXPOSURE CONTROL PLAN

A. OVERALL POLICY GOALS

The goals of this Exposure Control Plan are as follows:

1. To eliminate or minimize employee exposure to human blood and other potentially infectious materials.

2. To comply with the OSHA regulations concerning occupational exposure to bloodborne pathogens.

3. To ensure each employee with occupational exposure becomes familiar with and adheres to this Exposure Control Plan.

B. DEFINITIONS

The following terms, as used in this Exposure Control Plan, shall have the meanings explained below:

1. Exposure incident means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood that results from the performance of an employee's duties.

2. HBV means the hepatitis B virus.

3. HIV means the human immunodeficiency virus, the virus that causes AIDS.

4. OSHA regulations means the Occupational Safety and Health Administration's Standards (Part 1910.1030) concerning Occupational Exposure to Bloodborne Pathogens.

5. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood that may result from the performance of an employee's duties.

6. Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

C. EMPLOYEES WITH OCCUPATIONAL EXPOSURE

See lists of Determination by Job Classifications and Determination by Task/Procedure attached as Exhibit A.
D. METHODS OF EXPOSURE CONTROL COMPLIANCE

1. Universal Precautions. All employees shall use universal precautions when dealing with blood. This means that all blood shall be treated as if known to be infectious with HIV, HBV, and other bloodborne pathogens. Students shall be encouraged to handle their own scrapes, cuts, and injuries whenever feasible.

2. Work Practice Controls and Personal Protective Equipment.

   (a) Disposable Gloves. Disposable gloves shall be worn to clean up blood. Disposable gloves shall be located ____________________________ and provided at no cost to employees.

   (Disposable gloves shall also be worn to clean up vomit, urine, and feces even if not visibly contaminated with blood because, although they are not known to carry bloodborne pathogens, they still carry other types of pathogens.)

   Disposable gloves shall be worn in providing first aid, pursuant to an employee's duties, when blood is present unless the employee temporarily and briefly declines to use gloves when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of healthcare or public safety services or would have posed an increased hazard in the safety of the worker or co-workers. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

   (b) Biohazard Waste Containers. Biohazard waste containers, lined with biohazard bags for transport, shall by located in ____________________________.

   Biohazard waste shall be disposed of by ____________________________.

   The custodian shall wear gloves when handling the biohazard waste.

   (c) Handwashing Policy. Employees shall wash their hands with soap and water immediately or as soon as feasible after removal of gloves. Employees shall wash their hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood.

   (d) Handwashing Facilities. Handwashing facilities, including disposable paper towels, running water, and soap shall be in the restrooms on each floor of the building, in the cafeteria kitchen, in any science laboratory in which sharps are used, and in ____________________________. Employees shall report to the custodian if a handwashing facility has no paper towels or soap.
3. **Engineering Controls.** The School has implemented the following engineering controls to help prevent injuries and thus to eliminate or minimize employee exposure to another's blood which may contain bloodborne pathogens:

(a) **Guard on meat cutter.** The cafeteria shall only use meat cutters that have a protective guard to help prevent injuries to the user. Each meat cutter shall be inspected by maintenance personnel on a semi-annual basis to be certain that it is working safely.

The purpose of inspecting engineering controls on a regular schedule is for proper maintenance and replacement of engineering controls to ensure their effectiveness.

4. **Housekeeping.** All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood by use of a solution of household chlorine bleach and water that is one part bleach to nine parts water, or, in the case of carpet or fabric, by the use of _______________________________, or other appropriate cleaning method.

Broken glassware 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.

Whenever feasible, reusable sharps that are contaminated with blood shall be cleaned by the person whose blood has contaminated the sharp.

E. **HEPATITIS B VACCINATION**

Hepatitis B vaccination an booster doses recommended by the U.S. Public Health Service shall be made available to all employees with occupational exposure, at no cost and at a reasonable time and place. The vaccination will be provided within 10 working days of initial assignment unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contra-indicated for medical reasons. The vaccination shall be performed by or under the supervision of ________________________________ who shall be given a copy of the OSHA regulations.

F. **HANDLING EXPOSURE INCIDENTS**

1. **Determination of Exposure Incident.** Any employee who suspects or believes he or she has sustained an exposure incident shall immediately report the incident to the School’s principal. Unless it is obvious that no exposure incident occurred, the School principal shall contact a physician and explain to the physician the route(s) of the alleged exposure occurred. The physician shall determine if an exposure incident in fact took place.

2. **Confidential Medical Evaluation and Follow-up.** If the physician determines that an exposure incident took place, a confidential medical evaluation and follow-up will be made available to
the employee. It will include the following elements:

(a) Documentation of the exposure incident (circumstances and route(s) of exposure).

(b) Testing of source person's blood as soon as feasible to determine HIV and HBV infectivity if valid consent obtained, unless the source person is already known to be infected with HBV or HIV.

(c) Testing of employee's blood as soon as feasible to determine HIV and HBV infectivity if valid consent obtained.

(d) Post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service.

(e) Counseling.

(f) Evaluation of reported illnesses.

3. Source Person Does Not Consent to Blood Test. If the source person does not consent to a blood test to determine HBV and HIV serological status and is known or suspected to have risk factors for bloodborne pathogens, the School may attempt to seek a court order for the blood test and for permission to disclose the test results to the affected employee.

4. Source Person Consents to Blood Test. If the source person agrees to take the HIV blood test and disclose the HIV test results to the affected employee, the physician shall disclose the results to the affected employee in accordance with Ohio law including applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

5. Physician's Written Evaluation. The School shall obtain and provide the employee with a copy of the physician's written opinion within 15 days of the completion of the evaluation.

(a) The physician's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(b) The physician's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(i) that the employee has been informed of the results of the evaluation, and

(ii) that the employee has been told about any medical conditions resulting from exposure to blood which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the
6. **Baseline Blood Collection.** If the employee consents to baseline blood collection, but does not give consent for HIV serologic testing, the blood 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.

7. **Information Provided to the Physician.** The School shall ensure that the physician evaluating an employee after an exposure incident shall be provided the following information:

   (a) A copy of the OSHA regulations.
   
   (b) A description of the exposed employee's duties as they relate to the exposure incident.
   
   (c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
   
   (d) Results of the source individual's blood testing, is available. (The results shall not be revealed to the School unless the source individual requests disclosure to the School and a valid consent to disclose is obtained.)
   
   (e) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the School's responsibility to maintain.

8. **Evaluation of Exposure Incident.** In addition, the circumstances of the exposure incident will be evaluated including the following:

   (a) Engineering controls in place at the time of the incident.
   
   (b) Work practice controls in use at the time of the incident.
   
   (c) Personal protective equipment in use at the time of the incident.
   
   (d) Failure of policy or controls.

   The goal is to address any problem to improve exposure control in this work site.

G. **TRAINING EMPLOYEES**

1. **Training Program.** Information and training on this Plan and bloodborne pathogens shall be provided to all employees with occupational exposure, at no cost and during working hours. The training program shall contain at a minimum the following elements:

   (a) An accessible copy of the OSHA Bloodborne Pathogens Standard, Section 1910.1030, and an explanation of its contents.
(b) A general explanation of the epidemiology and symptoms of bloodborne diseases.

(c) An explanation of the modes of transmission of bloodborne pathogens.

(d) An explanation of the School's Exposure Control Plan and the means by which an employee can obtain a copy of the written plan.

(e) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

(f) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

(g) An explanation of the basis for selection of personal protective equipment.

(h) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(i) Information on the appropriate actions to take and persons to contact in an emergency involving blood.

(j) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

(k) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

(l) An opportunity for interactive questions and answers with the person conducting the training session.

2. **Training Records.** Training records shall include the following information:

(a) The dates of the training sessions;

(b) The contents or a summary of the training sessions;

(c) The names and qualifications of persons conducting the training; and

(d) The names and job titles of all persons attending the training sessions.

Training shall be provided at the time of initial work assignment and shall be repeated at least annually (within one year of previous training). Training records shall be maintained for three
years from the date of training. See the Training Record attached as Exhibit D.

H. MEDICAL RECORDS

A medical record shall be maintained for each employee with occupational exposure. This record shall include:

1. The 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 vaccination.

3. All results of examination, medical testing, and follow-up procedures as required by Section F. 2. above except that the results of the affected employee's and source individual's blood testing shall not be revealed to the School unless the affected employee and source individual respectively request disclosure to the School and a valid consent to disclose is obtained.

4. The School's copy of the physician's written opinion as required by Section F. 5. above.

5. A copy of the information provided to the physician as required by Section F.7. (b), (c), and (d) above except that the results of the source individual's blood testing shall not be revealed to the School unless the source individual requests disclosure to the School and a valid consent to disclose is obtained.

These records are confidential and shall not be released without consent or as required by law. These records will be maintained for the duration of employment plus 30 years.

I. AVAILABILITY OF RECORDS

Their own medical records and training records shall be available to employees upon request for review and copying. Records will also be made available to anyone having the written consent of the employee or as required by the OSHA regulations or by law.

J. AVAILABILITY OF EXPOSURE CONTROL PLAN

A copy of this Exposure Control Plan shall be available to all employees in the principal's office.

K. REVIEW OF EXPOSURE CONTROL PLAN AND AMENDMENTS

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<th>Action (Reviewed or Amended)</th>
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EXPOSURE DETERMINATION

A. Job classifications in which all employees have occupational exposure:

B. Job classifications in which some employees may have occupational exposure:

C. Procedures and tasks performed by employees listed in Section B above in which occupational exposure occurs:

Signed:________________________________________

Dated:________________________________________

This exposure determination was made without consideration of the use of personal protective equipment.
INDIVIDUAL MEDICAL RECORD
FOR EACH EMPLOYEE WITH OCCUPATIONAL EXPOSURE

Name_________________________________________ Job Classification______________________________________

S.S. No_______________________________________ Starting Date___________________________________________

Address_______________________________________ Termination Date______________________________________

Hepatitis B Vaccination:

Date of each Vaccination__________ By____________ Comments (including any medical records about the
employee's ability to receive the hepatitis B vaccination)

________________________________________

________________________________________

If the employee has an exposure incident then the following records shall be attached:

1. A copy of all results of examinations, medical testing, and follow-up procedures as required by Section F. 2. of the Exposure Control Plan except that the results of the affected employee's and source individual's blood testing shall not be revealed to the School unless the affected employee and source individual respectively request disclosure to the School and a valid consent to disclose is obtained.

2. The School's copy of the physician's written opinion as required by Section F. 5. of the Exposure Control Plan.

3. A copy of the information provided to the physician as required by Section F. 7. (b), (c), and (d) of the Exposure Control Plan except that the results of the source individual's blood testing shall not be revealed to the School unless the source individual requests disclosure to the School and a valid consent to disclose is obtained.

Exhibit B
HEPATITIS B VACCINE DECLINATION
(Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with 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 hepatitis B, 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_________________________________________  __________________________
Print Name                                           Signature

______________________________________________
Date

Exhibit C
TRAINING RECORD

Date of Training Session:____________________________________________________

Conducted by:______________________________________________________________

(name)

(credentials)

Summary of Training Information attached as Exhibit 1.

Attendees:

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<tr>
<th>Name</th>
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Exhibit D
SAMPLE LETTER TO INFECTIOUS DISEASE SPECIALIST

(LETTERHEAD OF ______________________ SCHOOL)

(Inside Address of Infectious Disease Specialist)

Dear Dr. ____________:

Thank you for agreeing to assist _________________ School in providing a confidential medical evaluation and follow-up to an incident at the School that may have caused occupational exposure to bloodborne pathogens. The School has developed the enclosed Exposure Control Plan to comply with the Occupational Safety and Health Administration's Standards (Part 1910.1030) concerning Occupational Exposure to Bloodborne Pathogens (the "OSHA regulations") and the Ohio law regarding AIDS (ORC ' 3701.24 et seq.).

In accordance with OSHA regulations and the School's Exposure Control Plan we would like you to perform the following tasks:

1. Review the route(s) of the alleged exposure and circumstances under which the alleged exposure occurred and confirm that an "exposure incident", as defined by the OSHA regulations, in fact occurred. If you conclude that no exposure incident occurred, please document this in a written letter to us and the tasks listed below shall not apply.

2. Test the source person's blood as soon as feasible and after obtaining consent to determine HIV and HBV infectivity.

3. Test the employee's blood as soon as feasible and after obtaining consent to determine HIV and HBV infectivity.

4. Conduct a confidential medical evaluation of the employee and follow-up as required by Section F. 2. of the Exposure Control Plan.

5. Prepare a written evaluation as required by Section F. 5. of the Exposure Control Plan.

In complying with the procedures required by the OSHA regulations and set forth in the School's Exposure Control Plan, we want to be certain that Ohio law concerning AIDS is followed. This law includes, without limitation, the following requirements:

1. **Confidentiality.** The identity of any individual on whom an HIV test is performed, the results of an HIV test in a form that identifies the individual tested, and the identity of any individual diagnosed as having AIDS or an AIDS-related condition is confidential and may not be disclosed except as provided by Ohio law.

2. **Consent to HIV Test.** An HIV test may not be performed unless, prior to the test, informed consent
is obtained, which consent must meet all of the requirements of Ohio law.

3. **Counseling.** The person ordering an HIV test must provide counseling for the individual who is tested at the time he is told the result of the test or informed of a diagnosis of AIDS or AIDS-related condition. The counseling must meet all of the requirements of Ohio law.

4. **Written Statement on Redisclosure.** Certain disclosures of HIV infection or a diagnosis of AIDS or AIDS-related condition must be in writing and accompanied by a written statement set forth in the Ohio law regarding redisclosure of the information.

To assist you in completing these tasks, enclosed are the following documents:

1. A copy of the OSHA regulations;
2. A copy of the Ohio law concerning AIDS;
3. A description of the exposed employee's duties as they relate to the exposure incident;
4. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the School's responsibility to maintain.

Additionally, the School is required to ensure that you are provided the results of the source individual's blood testing, if available. However, the School does not want to know the testing results of either the source individual or the employee unless they request such disclosure and sign a valid consent.

The School has retained legal counsel, (insert legal counsel's name, address, and telephone number), to assist in complying with our Exposure Control Plan, the OSHA regulations, and Ohio law. We encourage you to work with our legal counsel and to feel free to contact our legal counsel in completing your duties outlined above.

Very truly yours,

_________________________________ SCHOOL

By ____________________________________________

Its ____________________________________________

cc: legal counsel
In response to the increasing frequency of the hepatitis B (HBV) and human immunodeficiency virus (HIV) infections, the Occupational Safety and Health Administration (OSHA) has recommended "universal blood and body-fluid precautions," most commonly referred to as "Universal Precautions." Universal Precautions are procedures to protect a person from becoming infected with germs (i.e. microorganisms such as bacteria and viruses which can cause disease).

"Universal Precautions" means:

a. all persons' blood and certain body fluids should be considered infected with HIV, HBV and/or other bloodborne pathogens.
b. infection-control precaution should be maintained to minimize the risk of exposure to these specimens.

These Universal Precautions should be used when handling blood and body fluids containing visible blood. Universal precautions do not apply to saliva, feces, nasal secretions, sputum, sweat, tears, urine and vomit unless they contain visible blood. If it is difficult or impossible to differentiate between body fluid types in a particular circumstance, all body fluids must be considered potentially infectious materials.

The single most important step in preventing exposure to and transmission of any infection is anticipated potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, one should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper handwashing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques to infection control. Using common sense in the application of these measures will enhance protection of both the school employee and the student.

HANDWASHING

Proper handwashing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists (such as rings with stones) should be removed prior to washing and kept off until completion of the care procedure and hands are rewashed. Use of running water, lathering with soap and using friction to clean all surface of remaining jewelry and hands is key. Rinse well with running water and dry hands with paper towels. If soap and water are unavailable, wet towelettes or "Handi-wipes" may be used.

- Hands should be washed before physical contact with student and after the contact is completed.
- Hands should be washed after contact with any used equipment.
- If hands (or other skin) become soiled with blood or body fluids, they should be washed immediately before touching anything else.
- Hands should be washed whether gloves are worn or not and after gloves are removed.
BARRIERS

Barriers include disposable gloves, protective eye-wear, and masks. The use of a barrier is intended to reduce the risk of contact with blood and body fluid for the one helping as well as to control the spread of infectious agents from student to student. It is essential that appropriate barriers be used when contact with potentially infectious material is possible.

Gloves must be worn in each situation when an employee has the potential to have direct skin contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin, and when handling or touching items or surface soiled with blood or other potentially infectious materials. Gloves should be removed without touching the outside and disposed after each use.

1. Disposable single use gloves must be changed as soon as possible when visibly soiled, torn, punctured, or when they no longer function as an adequate barrier.

2. Disposable single use gloves shall not be washed or decontaminated for reuse. They must be removed and discarded after each individual contact.

3. Utility gloves may be disinfected for reuse as long as there are no breaks in the gloves. However, they must be discarded if they are cracked, peeling, torn, punctured, or show other signs of deterioration such that they no longer serve as an adequate barrier.

4. All employees will receive gloves. Extra gloves are available in the school nurse's office.

Masks and protective eyewear must be worn whenever splashes, spray, splattering or droplets of blood or other potentially infectious materials are likely to occur and contamination to eyes, nose or mouth can be reasonably anticipated.

1. Goggles, glasses or solid shields should be cleaned with germicidal detergent when contaminated or at least daily.

2. Single-use masks or shields are disposed following use.

3. Masks and eyewear are available in the school nurse's office.

If blood splattering or smearing is likely, gowns or other protective clothing which do not permit blood or other potentially infectious materials to penetrate to employee's clothing or skin under normal use conditions, must be worn.

Resuscitation masks are available for use in the event CPR becomes necessary. They can be found in the school nurse's office.

First Aid Packs containing gloves, paper towels, antiseptic wipes, and sealable plastic bags shall be available for use by staff supervising playgrounds, on field trips, or in other situations where protective equipment and soap and water
are not readily available.

**DISPOSAL OF WASTE**

All used or contaminated supplies (including gloves and other barriers) - except for syringes, needles and other sharp implements - should be placed in a plastic bag which is then sealed. The waste can then be thrown in the garbage, out of the reach of children or animals.

Needles, syringes and other sharp objects should be placed in a puncture-proof container immediately after use. To reduce the risk of an accidental needle stick or cut, needles should not be recapped, bent or removed from the syringe before disposal. Sharps disposal units are located in the school nurse's office.

Bodily wastes such as urine, vomitus or feces should be disposed of in the toilet. A band-aid, towel, sanitary napkin or other absorbed waste should be discarded into waste containers lined with a plastic bag. Biohazard bags will be located in each nurse's office. Special disposal is required when blood or other potentially infectious materials is liquid, semi-liquid, caked with dried blood, is not absorbed in materials, and is capable of releasing the substance if compressed. It is anticipated schools would only have this in case of a severe incident.

**CLEAN-UP**

Spills of blood and body fluids should be cleaned up immediately. The method is as follows:

- Wear gloves.
- Clean up the spill with paper towels or other absorbent material.
- Using a solution of one part household bleach (sodium hypochlorite) to one hundred parts of water (1:100) or other EPA approved disinfectant, wash the area well.
- Dispose of gloves, soiled towels and other waste in a sealed plastic bag and discard in the usual manner.
- Clean and disinfect reusable supplies and equipment.

Routine environmental clean-up of facilities (such as the health room and bathrooms) does not require any modification unless contamination with blood or body fluids covered under universal precautions should occur. If so, the area should be decontaminated using the procedure outlined above. Regular cleaning of non-contaminated surfaces such as toilet seats and table tops can be done with the standard cleaning solution already used or the bleach solution outlined above. Regular cleaning and removal of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.

Laundry with blood or other potentially infectious materials is handled as little as possible. The linen should be placed and transported in bags that prevent leakage. School personnel who have contact with this laundry wear protective barriers.
CARE FOR STUDENTS

1. When possible, students should be encouraged to take care of their own injuries. Students can wash cuts and apply bandages. Students should be encouraged to apply pressure with their own hand or tissue over a bloody nose or wound.

2. If needed, ask the school nurse, health aide, athletic trainer, and/or designated First Aid Responder to assist.

3. If you must assist, you should provide a barrier between your skin and the blood of others. This can be done with gloves. A thick layer of paper towels or cloth can also be used as a barrier if gloves are not readily available. Follow procedure for glove wear.

EXPOSURE

An exposure incident to blood or other potentially infectious materials through contact with broken skin, mucous membrane or by needle or sharp stick requires immediate washing, reporting and follow-up.

- Always wash the exposed area immediately with soap and water.
- If a mucous membrane splash (eye or mouth) or exposure of broken skin occurs, irrigate or wash the area thoroughly.
- If a cut or needle stick injury occurs, wash the area thoroughly with soap and water.

Exposure needs to be reported immediately to the principal. If you have any questions please contact the school nurse and/or principal.