

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Education Services
Policies and Procedures

EXPOSURE CONTROL PLAN

Effective Date: August 1, 2009
Original Effective Date: August 1, 2009
References: OSHA 29 CFR: Part 1910.1030;
NCAC 95-148 (2) (4)
10A NCAC 41A (.0202) (.0203)

Purpose:

To establish a comprehensive plan to prevent employee exposure to blood-borne pathogens and or other potentially infectious materials and to provide guidelines to staff following occupational exposure.

Policy:

The Office of Education Services shall provide a safe working environment for all employees. Policies shall be developed and enforced which decrease the potential for occupational exposure to blood-borne pathogens. These practices are to comply with OSHA 29 CFR Part 1910.1030- Occupational Exposure to Blood-borne Pathogens.

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- (1) Reflect changes in technology that eliminate or reduce exposure to blood-borne pathogens; and
- (2) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Input shall be solicited from non-managerial employees, such as Student Health Center staff, who are responsible for direct client care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the appropriate file.

Definitions:

For purposes of this Plan, the following shall apply:

1. *Blood* means human blood, human blood components, and products made from human blood.
2. *Blood-borne pathogens* means pathogenic microorganisms that are present in human blood, and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).
3. *Contaminated* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. *Contaminated laundry* means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
5. *Contaminated sharps* means any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
6. *Decontamination* means the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point they are no longer capable of transmitting infectious particles and the surface or items is rendered safe for handling, use or disposal.
7. *Engineering Controls* means controls (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the blood-borne pathogens hazard from the workplace.
8. *Exposure Incident* means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
9. *Handwashing facility* means a facility providing an adequate supply of running water, soap and single use towels or hot air drying machines.
10. *Licensed healthcare professional* is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by Section V Hepatitis Vaccination and Post exposure Evaluation and Follow-up.
11. *HBV* means Hepatitis B Virus.
12. *HIV* means Human Immunodeficiency Virus.
13. *Occupational Exposure* means reasonably anticipated skin, eye, mucous membrane, parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
14. *Personal Protective Equipment* means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniform, pants shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
15. *Standard Precautions* is an approach to infection control, wherein all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other blood-borne pathogens.

- a. Fluids to which Standard Precautions Apply: blood, body fluids with visible blood, and tissue (*semen, vaginal secretions, cerebral spinal fluid, fluids from the lung, around the heart, in joints and amniotic fluid.*)
 - b. Fluids to which Standard Precautions Do Not Apply Unless Contaminated with Blood: *feces, nasal, sputum (phlegm), sweat, tears, urine, emesis (vomit), saliva and breast milk.*
16. *Work Practice Controls* means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles by two-handed technique).
 17. *Source Individual* means any individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
 18. *Regulated Waste* means waste containing liquid or semi-liquid blood and other potentially infectious materials, including items caked with these materials if the items would release liquids when compressed. It includes contaminated sharps.
 19. *Mucous Membranes* mean the membranes lining passages and cavities which communicate with the exterior, as well as ducts and receptacles of secretion, and habitually secretes mucus (examples: mouth, nose, and eyes).

Exposure Determination

- A. All job classifications in OES are defined as having occupational exposure.
- B. Examples of tasks and procedures performed which might result in occupational exposure: transporting students/clients, cleaning procedures, laundry, using and disposing of sharps, assisting students with personal hygiene, and managing student activities and interacting with students.
- C. Methods of Compliance:
Standard precautions, engineering controls and workplace practice controls shall be used to protect employees from exposure to blood and other potentially infectious materials. 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.

The container for storage, transport, or shipping shall be labeled or color coded according to OSHA regulations and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with OSHA regulations is required when such specimens/ containers leave the facility. 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 standard. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

1. Engineering and workplace practice controls: engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

a. Handwashing: hand washing facilities shall be readily accessible to all employees. When providing handwashing facilities is not feasible, an appropriate antiseptic hand cleanser will be provided. When antiseptic hand cleansers are used, hands shall be washed with soap and running water as soon as feasible. After removal of gloves or other personal protective equipment, hands are to be washed immediately. If there is contact with potentially infectious materials hands must be washed.

b. Sharps: contaminated needles and other contaminated sharps shall not be bent or recapped (unless a mechanical device, or one handed technique is used). Immediately or as soon as possible after use, contaminated reusable sharps (i.e. scissors) shall be placed in appropriate containers until properly reprocessed. These sharps shall be placed in a container which is puncture resistant, labeled as contaminated, leak proof on sides and bottom and allows retrieval without reaching into the container. Contaminated disposable sharps (needles, razors, etc...) shall be discarded immediately or as soon as feasible in a designated sharps container. These containers are to be accessible to the staff through the Student Health Center. They are to remain upright at all times and not allowed to overfill. If there is reason to believe leakage might occur from the sharps container during transport, it shall be placed inside a leak proof container prior to transport.

c. Laundry: when handling contaminated laundry, employees are to practice standard precautions, including wearing gloves. Contaminated laundry is to be handled as little as possible, with minimum agitation. Contaminated laundry must be placed in red plastic bags or biohazard-labeled leak proof containers wherever it is generated. It is not to be sorted or rinsed.

d. Cleaning/servicing equipment: employees are required to clean equipment, environmental and work surfaces and decontaminate them immediately after contact with blood or other body fluids using OSHA approved disinfectant. Because of the potential for transmission for HBV from contaminated surfaces, eating, drinking,

smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood for occupational exposure. Hand cream is permitted provided hands are thoroughly washed immediately prior to application. Food and drink shall not be kept in refrigerators, freezers, shelves or cabinets or on countertops where blood or other potentially infectious materials are present.

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

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 workshift if they may have become contaminated during the shift.

- e. Personal protective equipment: Where there is a possibility of occupational exposure, personal protective equipment shall be provided such as, but not limited to gloves, gowns, face shields or masks, eye protection, resuscitation bags, pocket masks or other ventilation devices. All protective equipment shall be readily accessible at the work site or issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. All protective equipment shall be removed prior to leaving the work area and placed in an appropriately designated area or container for decontamination or disposal. Personal protective equipment shall be cleaned, repaired replaced, or disposed of as needed to maintain its effectiveness, at no cost to the employee.
- i. Gloves- shall be worn when it is reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin; when performing venipuncture and when handling or touching contaminated items or surfaces. Disposable gloves shall not be washed and reused. If they are torn, punctured or when their

ability to function as a barrier is compromised, they are to be replaced as soon as practical.

- ii. Masks- in combination with eye protection devices, such as goggles or glasses with solid side shields shall be worn whenever splashes, spray, splatter or droplet of blood or other potentially infectious material may be generated, and eye, nose or mouth contamination may be reasonably anticipated.
 - iii. Gowns, aprons, and other protective body clothing-appropriate clothing such as, but not limited to gowns, aprons, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
- f. Housekeeping: The worksite shall be maintained in a clean and 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.
- g. Other Regulated Waste Containment- regulated waste shall be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with OSHA regulations; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with OSHA regulations; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

Hepatitis B Vaccination and post exposure evaluation and follow-up

In accordance with [29 CFR 1910.1030 (f) (2) (i)-(v)], the Hepatitis Vaccination shall be made available to all affected employees, at a reasonable time and place, within ten (10) working days of initial assignment at no cost to the employee. If the employee has previously received the complete hepatitis vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons, then a statement of such should be made, signed by the employee and filed in the employee medical file in Human Resources. If there is a question regarding hepatitis status, appropriate hepatitis studies may be ordered by the agency physician in order to determine the need for vaccination. This will only be done with the employee's consent. Participation in the prescreening program shall not be a prerequisite for receiving hepatitis vaccination. If an employee initially declines hepatitis vaccination but at a later date decides to accept the vaccination, the employer shall make available the Hepatitis B vaccination at that time. All staff that receive Hepatitis B vaccine should be tested 1-2 months after completion of the 3-dose vaccination series for anti-HBs. Persons that do not respond to the primary vaccine series (i.e., anti-HBs <10mIU/mL) should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAG-positive. Revaccinated persons should be retested at the completion of the second vaccine series. Testing of the vaccine's efficacy as indicated above is recommended for all staff, but it is required for Student Health Center (SHC) staff after each instance of completing the Hepatitis B vaccination series. All affected employees upon each incident of exposure who decline to accept Hepatitis B vaccination shall sign a declination (refusal form) and it shall be filed in the employee medical file in Human Resources. If a routine booster dose (s) of Hepatitis B vaccine is recommended by the US Public Health Service at a future date, such a booster dose (s) shall be made available.

Department of Health and Human Services
Office of Education Services

Hepatitis B Vaccine Declination
(Mandatory)

I, _____, understand that due
(Print Name)
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 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.

(Signature)

(Agency)

(Date)

*I have/have not (please circle) had the completed Hepatitis B series.

**A new declination (refusal form) shall be signed each occurrence.

Post - Exposure Follow-up

If an employee is involved in an incident where exposure to blood-borne pathogens may have occurred, an Incident Report (Employer's Report of Employee's Injury or Occupational Disease FORM 19) is to be completed and filed with Human Resources. There shall be an investigation of the circumstances surrounding the exposure incident, and the employee shall receive medical consultation and treatment (if required) as expeditiously as possible. If medical treatment is administered to the exposed employee, record the exposure as an injury, not an illness on the OSHA 300 Log, with Human Resources.

The Safety Director investigates every exposure incident that occurs. This investigation is initiated within twenty-four (24) hours after the incident occurs and involves gathering the following information.

- When the incident occurred (date and time)
- Where the incident occurred (location)
- What potentially infectious materials were involved in the incident (type of material, blood amniotic fluid etc...)
- Source of material
- Under what circumstances the incident occurred (type of work being performed)
- How the incident occurred (accident, unusual circumstances, i.e. equipment malfunction power outages etc...)
- Personal protective equipment being used at the time of the incident
- Actions taken as result of the incident
 - Employee decontamination
 - Clean-up
 - Notifications made

Post Exposure Evaluation

Following an exposure incident, Human Resources, or the Supervisor/On-Site Supervisor shall make a referral for a confidential medical evaluation and follow-up available immediately as specified by protocol. This evaluation and follow-up will be provided by/or under the supervision of a licensed physician or by another licensed healthcare professional designated by the agency at no cost to the employee within twenty four (24) hours of the exposure. It shall be provided according to the US Public Health Service recommendations current at the time of evaluation. If there is exposure to a potential blood-borne pathogen, OSHA requires a post exposure evaluation and follow-up which is to include at a minimum, the following components: route exposure, circumstances of exposure; identification and documentation of source; collection and testing of blood for HBV and HIV serological status; post exposure prophylaxis when medically indicated; counseling; evaluation of reported illnesses within 12 weeks after exposure, and retest for HIV and HBV at six (6) weeks, twelve (12) weeks and six (6) months.

Every effort will be made to obtain consent for testing of the source individual, according to the current laws and regulations (10A NCAC 41A (.0202) (.0203)). If the source individual is already known to be infected with HBV or HIV, testing for the source individual's known infectious status need not be repeated. The results of the source individual's testing shall be made available to the exposed employee. The employer does not have the right to know the test results of the exposed employee unless such is necessary in employee claim filing for damages. Exposed employees shall be informed of applicable laws and regulations concerning disclosure of identity and infectious status of the source individual. The designated physician shall make available to exposed employees collection and testing of blood for HBV and HIV serological status. Blood is to be collected as soon as feasible after an exposure and tested after consent is obtained. Since post exposure testing and prophylaxis is a rapidly changing and developing field, it will be provided according to recommendations of the US Public Health Services current at the time of exposure. Testing will only be conducted after informed consent is obtained. Informed consent shall include:

1. nature of test to be performed
2. benefits and risks of testing
3. alternatives to testing
4. exact limits of confidentiality

If employee consents to baseline blood collection, but does not consent at time for HIV serologic testing, the sample shall be preserved for 90 days and the physician drawing the blood shall be notified. Post exposure prophylaxis shall be made immediately available to the exposed employee as recommended by United States Public Health Service. Counseling shall also be made available and coordinated by Human Resources through the Employee Assistance Program, concerning infection status, including results of and interpretation of all tests. This counseling will assist the employee in understanding the risk of infection and in making decisions regarding the protection of personal contacts.

All findings or diagnoses shall remain confidential and will only be available to the healthcare providers.

Information Provided to the Healthcare Professional- the healthcare professional responsible for the employee's Hepatitis B vaccination is to be provided a copy of this Exposure Control Plan.

The healthcare professional evaluating an employee after an exposure incident shall be provided the following information:

1. A copy of this Exposure Control Plan;
2. A description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which 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 vaccination status which are the employer's responsibility to maintain.

Healthcare Professional's Written Opinion- a copy of the evaluating healthcare professional's written opinion shall be provided to the employee, and maintained in the employee's Medical/ADA file, within 15 days of the completion of the evaluation. The healthcare professional'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.

The healthcare professional's written opinion for post exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and
2. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Medical Recordkeeping- medical records required by this standard shall be maintained in accordance with OSHA regulations.

Communications of Hazards to Employees:

1. Labels and Signs: warning labels shall be affixed to containers of regulated waste and containers used to store, transport or ship blood or other potentially infectious materials. Labels required shall either contain the biohazard legend or be a solid red round sticker (2 inches in diameter). Red bags or red containers may be substituted for labels.
2. Information and training
 - a. All affected staff shall be given information on exposure control and the Hepatitis B vaccine program within the first 10 days of entry on duty.
 - b. All employees shall attend a session on blood-borne pathogens training during New-hire Orientation (NHO) within thirty days (30) of entry on duty. Contact the Student Health Center if you have not been scheduled for NHO within this timeframe.
 - c. Additional training shall be provided annually and at such times that modification of tasks or new procedures affect the employee's risk of occupational exposure.
 - d. The training shall include:
 - i. General explanation of the modes of transmission of blood-borne pathogens
 - ii. General explanation of the epidemiology and symptoms of blood-borne diseases
 - iii. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy
 - iv. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
 - v. An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment
 - vi. Information on the types, proper use location, removal, handling, and disposal of personal protective equipment
 - vii. An explanation on basis of selection of personal protective equipment
 - viii. Information on the hepatitis vaccine including information on its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge
 - ix. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
 - x. 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
 - xi. Information on the post exposure evaluation and follow-up the employer is required to provide for the employee following an exposure incident

- xii. Explanation of signs and labels
- xiii. Opportunity for interactive questions during the training session
- xiv. An accessible copy of the regulatory text of this standard and an explanation of its contents

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.

Recordkeeping

Medical Records- shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

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 as required by OSHA regulations
3. A copy of all results of examinations, medical testing, and follow-up procedures as required by OSHA regulations
4. The employer's copy of the healthcare professional's written opinion as required by OSHA regulations
5. A copy of the information provided to the healthcare professional as required by OSHA regulations

Confidentiality- employee medical records shall be kept confidential; and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by OSHA regulations or as may be required by law. These records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

Training Records- shall be maintained for 3 years from the date on which the training occurred, and shall include the following information:

1. The dates of the training sessions
2. The contents or a summary of the training sessions
3. The names and qualifications of persons conducting the training
4. The names and job titles of all persons attending the training sessions

All records required to be maintained by this Plan shall be made available upon request to the Assistant Secretary and the Superintendent for examination and copying. Employee training records required by this Plan shall be provided upon request for examination and copying to employees, to the Superintendent, and to the Assistant Secretary. Employee medical records required by this Plan shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Superintendent, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

Transfer of Records- shall transfer records in compliance with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h). If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Superintendent, at least three months prior to their disposal and transmit them to the Superintendent, if required by the Superintendent to do so, within that three month period.

Sharps Injury Log- shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1. The type and brand of device involved in the incident
2. The department or work area where the exposure incident occurred
3. An explanation of how the incident occurred

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. The sharps injury log shall be maintained for the period required by 29 CFR 1904.6

Training

The Nurses will provide training to all new-hires on Blood-borne Pathogens, Exposure Control policy, process for completing the Tuberculosis screen, and process for completing the Hepatitis B vaccination series during New Hire Orientation, and for existing staff and new-hires during annual training at the opening of the school year.

Staff found to have handled a blood-borne pathogen and other infectious materials spill incorrectly are required to immediately reread the Exposure Control Plan, and will be directed by their supervisor to attend an additional Blood-borne Pathogen and Exposure Control Plan training session during a New Hire Orientation.

BLOODBORNE PATHOGEN OR OTHER POTENTIALLY INFECTIOUS MATERIAL POST EXPOSURE PROCESS

PROTOCOL:

Process to be completed upon an employee exposure to a blood-borne pathogen or other potentially infectious material.

STEPS:

1. Employee should remove any contaminated personal protective equipment as applicable, and place in a biohazard bag.
2. Employee should wash the affected area(s) with soap and water, flush exposed mucus membranes with water, and if eyes are exposed, employee should go to the nearest first aid station and flush eyes with large amounts of water and/or eye solution.
3. Employee should immediately report incident to his/her immediate supervisor, Administrative Watch on duty (**2nd and 3rd shifts only**), and Human Resources (as soon as time and availability permit).

Please note: information reported to the parties referenced above shall only be shared with the employee's management chain-of-command and the HR chain-of-command, and shall otherwise be kept confidential.

4. Employee is encouraged to seek medical evaluation when first aid is needed, signs or symptoms of infection occur, and/or if employee has concerns.

1ST Shift Staff- Obtain 'Key Risk Management Services, Inc. Workers' Compensation Medical Authorization' forms from Human Resources, and go to treatment facility identified by Human Resources. Depending upon the severity of the incident, proceed immediately to a hospital emergency room via an ambulance, or be transported by the supervisor or his/her designee.

2nd and 3rd Shift Staff- if Human Resources is unavailable, and/or depending upon the severity of the incident, proceed immediately to a hospital emergency room via an ambulance, or be transported by the supervisor or his/her designee.

Employees are strongly encouraged to follow instructions received by the treating physician for post treatment follow-up.

5. If there is a blood-borne pathogen or other potentially infectious material spill, the supervisor shall immediately arrange for decontamination of the affected area with an OSHA approved disinfectant.

In the case of a spill related to a potential Directive III-5 (Reporting Abuse, Neglect, and Exploitation) incident, the supervisor shall secure the scene and notify his/her chain-of-command and/or Administrative Watch (2nd and 3rd shifts only).

6. Employee and immediate supervisor shall work together to complete the Workers' Compensation '*Form 19/Employer's Report of Employee's Injury or Occupational Disease to the Industrial Commission*'.
7. Human Resources shall record the exposure on the OSHA 300 Log as an injury not an illness.
8. Supervisor completes the 'Key Risk Management Services, Inc. Incident *Investigation Report*' form, and attaches a written/signed statement from the employee providing a description of the incident.
9. School Safety Director initiates an investigation within 24 hours of the incident, and files a report with the School Director, OES Safety Officer, and Human Resources Manager. At a minimum the report shall include the following information:
 - a. When the incident occurred (date and time)
 - b. Where the incident occurred (location and specific place)
 - c. What potentially infectious materials were involved in the incident (type of material, blood, amniotic fluid, etc...)
 - d. Source of material
 - e. Circumstances involved in the incident (type of work being done)
 - f. How the incident occurred (accident, equipment malfunction, bite, bodily fluid clean-up, etc...)
 - g. Personal protective equipment used at the time of the incident
 - h. Actions taken as a result of the incident
 - i. Employee decontamination
 - ii. Clean-up
 - iii. Notifications made