

Bloodborne Pathogens Exposure Plan

Developed 2015



Rockingham County EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS PART I

Subject: Board Policy

Purpose: The Rockingham County Board of Education is committed to providing a safe and healthy working environment for all employees to eliminate or minimize occupational exposure to the Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens. Rockingham County Board Policy #7260 requires the district to adhere to federal and state occupational safety regulations and standards as set forth in the Federal Register, 29 CFR § 1910.1030 and the North Carolina Administrative Code, 13 NCAC 07F, by attempting to limit or prevent occupational exposure of employees to blood or other potentially infectious bodily fluids and materials that may transmit blood borne pathogens and lead to disease or death.

Scope: Occupational Exposure includes any reasonably anticipated skin, eye, mucous membrane or parenteral (i.e., piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts and abrasions) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts, such as assisting a co-worker or student with a nosebleed, would not be considered "reasonably anticipated occupational exposure," and employees whose only anticipated exposure to blood borne pathogens would be a result of such acts are not considered to have occupational risk.

Universal precautions shall be used at all times. Employees shall handle all blood, body fluid and other potentially infectious material as if the material is infected. The program standards for the control of potential exposure to Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) as outlined in the OSHA Rule "Occupational Exposure to Blood borne Pathogens" Standard 1910.1030, the NC Administrative Codes, or the most current standards available shall be followed.

Responsibilities:

Principals and/or Assistant Principals will:

- a. Identify and send at risk employees at their school to scheduled Bloodborne Pathogens Training for At-Risk Employees. Ensure that all elements of the Exposure Control Plan, including exposure determination and work place standards.
- b. Initiate and document disciplinary action for continued non-compliance. Ensure that suitable education/training programs are provided to employees by a knowledgeable trainer(s).
- c. Ensure that all employees have access to a copy of the **Policy and Exposure**.
- d. Ensure that employees continue to complete the online annual bloodborne pathogens training requirement.
- e. Evaluate the circumstances surrounding exposure incidents and evaluation of "failures

of controls” at the time of the exposure.

Occupationally At-Risk Employees shall:

- a. Know what tasks they perform which could cause occupational exposure.
- b. Attend the initial blood borne pathogens training (live session) and complete annual on-line refresher.
- c. Practice good handwashing and safe work practice habits to reduce bloodborne pathogen exposure.
- d. Immediately report occupational exposure to blood and body fluids to their immediate supervisor for incident follow-up. Ensure completion of all reports as indicated to evaluate the exposure.

Potentially Exposed Students:

While students are not covered under Federal OSHA regulations, the North Carolina State Department of Public Instruction and Rockingham County Schools Board of Education recognize that some students, such as those enrolled in Health Occupations maybe exposed to individuals with blood borne pathogens. The North Carolina Universal Childhood Vaccine Distribution Program makes available the Hepatitis B vaccine to children through 18 years of age. At-risk students have an exposure incident; the incident shall be reported to the superintendent or school principal as quickly as possible.

Student-to-Student Exposure:

For biting incidents:

- A. For “Person Bitten”:
 1. Inspect area to see if skin is broken and if blood is visible.
 2. Refer to protocol for treatment of wound.
 3. Promptly advise school nurse and principal of incident and plan for prompt parental notification.
 4. Advise parent or legal guardian of pertinent health recommendations. Whenever skin is broken, prompt consultation with health care provider for direction regarding any necessary treatment measures, including tetanus immunization. (There is a minimal risk of contracting communicable diseases [Hepatitis B/C] from a human bite. HIV is not identified by the Centers for Disease Control as a risk factor.)
- B. For a “Biter”:
 1. When blood is drawn during biting incident, assist student to rinse mouth with water to remove possible residual blood.
 2. Promptly advise school nurse and principal of the incident and plan for prompt parental notification.
 3. Advise parent or legal guardian of pertinent health recommendations. Whenever skin is broken, prompt consultation with a health care provider for direction regarding any necessary treatment measures, including tetanus immunization should occur. (There is a minimal risk of contracting communicable diseases [Hepatitis B/C] from a human bite. HIV is not identified by the Centers for Disease Control as a risk factor.)

Testing and Examination:

An employee who suspects that he or she has a blood or body fluid exposure must report the incident to their immediate supervisor and complete the on-line employee accident report. The immediate supervisor would then call the Employee Benefit Specialist and Workers Compensation Administrator at the Central Office to arrange for medical consultation.

Anti-Discrimination:

The Rockingham County School System will not discriminate against an applicant or employee who has or may be suspected of having TB, HBV, HIV infections, or AIDS. An employee may continue to work as long as the employee is able to satisfactorily perform the essential functions of the job and there is no medical evidence indicating that the employee's condition is significant and a direct threat to coworkers, students or the public.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS PART II

Subject: OSHA terms utilized in the Rockingham County School System Exposure Control Plan for Bloodborne Pathogens.

TERM	DEFINITION
At-RiskTraining	Training required for employees determined by the employer agency to be at risk for occupational exposure to bloodborne pathogens to help eliminate and reduce exposure incidents, make employees aware of the plan and intensely inform the designated employees about universal precautions and how to report exposure incidents.
Blood	Human blood, human blood components and products made from human blood.
Bloodborne Pathogens	Pathogens 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).
Contaminated Laundry	Laundry which is wet or soiled with blood or other potentially infectious materials.
Contaminated Sharps	Any contaminated object that can penetrate the skin including (but not limited to) needles, scalpels, broken glass and broken capillary tubes.
Decontamination	The use of physical or chemical means to remove inactive, or destroy bloodborne pathogens on a surface or item.
Engineering	Policies and practices of the employer that eliminate or minimize employee exposure to bloodborne pathogens such as providing protective equipment, handwashing facilities and supplies needed for cleaning, disinfecting and proper disposal of waste.
Exposure Incident	An incident when an employee has direct (parenteral) contact with blood, body fluids containing blood, semen, vaginal secretions or unidentified fluids from a needle stick, cut, bite, eye-splash or mouth splash.
Hepatitis B Virus (HBV)	The pathogen that causes one form of liver infection and is transmitted by blood and other body fluids containing blood.
Human Immunodeficiency Virus (HIV)	Is the virus that can cause AIDS? This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Most of these people will develop AIDS as a result of their HIV infection.

TERM	DEFINITION
Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of any employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonable nor routinely expected, and that the worker is not required to incur in the normal course of employment.
Other Potentially Infectious Materials	(1) The following body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and 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 human (living or dead); and (3) HIV or HBV containing cell or tissue cultures, organ cultures, medium or other solutions.
Percutaneous	Describes medication that is administered or absorbed through the skin.
Parenteral	Injected through or penetrating the barrier of the skin or absorbed through the mucous membrane, for example, a needle stick, transfusion, cut, bite, eye splash or mouth splash involving the blood or other potentially infectious materials from the body of another person.
Permucosal	A path of entry via the mucous membranes.
Personal Protective Equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state (if compressed); items that are caked with dried blood or other potentially infectious materials, and are capable of releasing during handling; contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

TERM	DEFINITION
Universal Precautions	Precautions recommended for handling the blood, and body fluids containing blood, of all persons in a way that would eliminate transmission of disease rather than limiting those precautions to the situations where there is knowledge of the presence of HIV, HBV or other pathogens. The precautions are thus used universally.
Work Practice Controls	Behavior of employees that eliminates or reduces exposure to blood borne pathogens, such as using protective gloves, hand-washing, proper waste disposal and use of disinfectants to clean work area.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS PART III

Subject: Exposure Determination

Policy: The work environment must be evaluated to determine the actual and potential hazards, including biological hazards for HIV, HBV and other bloodborne pathogens. Rockingham County Schools has prepared an **Exposure Determination List** which identifies all job classifications in which there is or may be occupational exposure to bloodborne pathogens. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs has been completed. Tasks are identified and examined with recommendations made on how to reduce the potential of exposure to blood or other infectious materials through workplace controls, protective equipment or other methods. Exposure status will be determined by the principal, school nurse and an employee of Rockingham County Health Department. Exposure determination will be made without regard to the use of Personal Protective Equipment.

The following is a list of job classifications in which employees may have reasonably anticipated occupational exposure:

- ◆ All School Administrators or Personnel Assigned to Break up Fights
- ◆ Coaches
- ◆ Custodians
- ◆ First Responders for school medical emergencies
- ◆ Health Occupation Instructors
- ◆ Maintenance Staff Workers
- ◆ School Nurses
- ◆ Other school personnel who are responsible for performing medical procedures
- ◆ Teacher and Teacher Assistants Working with Developmentally Disabled Students

	Job Classifications at Risk	Tasks Causing Risks	Protective Barrier
.	Occupational exposure occurs, bloodborne pathogens DOES apply to these type of job classifications	Ongoing exposure	Universal Precautions Work Practice Control
	First Responders	Care of wounds, epi-pens, and CPR	Latex gloves, training, and handwashing and CPR Face Shields
	School Nurses	Care of wounds, CPR & Medical Procedures	Latex gloves, training, and handwashing
	Exceptional children teachers/ assistants in preschool classes and/or self-contained classes	Contact with body fluids / spills	Latex gloves, training, and handwashing
	Exceptional Children assistants designated to provide assistance to students after restroom use	Contact with body fluids / spills	Latex gloves, training, and handwashing
	Health Occupation Teachers	Direct patient care when teaching students in the clinical setting	<ul style="list-style-type: none"> • Latex gloves, handwashing and training • D e p e n d e n t on type of anticipated exposure work practice contacts at the clinical site.
	Physical Education teachers/coaches	Care of accidental injuries	Latex gloves, training, and handwashing
	Maintenance/Custodians	Mopping up blood and body fluid spills	Latex gloves, training, handwashing, and work practice controls.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS PART IV

Subject: Methods of Compliance

Purpose: The use of universal precautions and work practice controls will protect employees who have occupational exposure to blood or other potentially infectious materials.

A. Safe Work Practices:

Universal precautions, as outlined by the Centers for Disease Control, shall be observed to prevent contact with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1) Handwashing:

- Hands must be thoroughly washed between all direct student contacts and after handling soiled or contaminated equipment.
- Hands or other skin surfaces must be washed immediately or as soon as feasible if contaminated with blood or other potentially infectious materials.
- Hands must be washed immediately after gloves (or other Personal Protective Equipment) is removed.
- Flush mucous membranes with water immediately or as soon as feasible following contact with blood or body fluids. When hand washing facilities are not feasible, employees will use antiseptic hand cleansers or towelettes. When antiseptic cleansers or towelettes are used; employees will wash their hands with soap and water as soon as feasible.

2) Personal Protective Equipment (PPE):

All personnel must routinely use PPE when there is a potential for exposure to blood or other potentially infectious materials. When there is occupational exposure, Personal Protective Equipment will be provided by the employer at no expense to the employee. Personal Protective Equipment in the appropriate size will be readily available in the work area. Special arrangements can be made for unique needs (e.g., glove liners, hypoallergenic gloves) of staff members through their principal or supervisor.

B. Personal Protective Barriers:

Employees who are part of the response team should have access to appropriate gloves, CPR mouth shields and other personal protective equipment as needed.

1. Gloves must be worn when there is reasonable likelihood of hand contact with blood and/or potentially infectious material, mucous membranes, or non-intact skin and when handling contaminated items or surfaces.

- a. Gloves must be changed when they become contaminated, torn, or punctured, and hands must be washed after gloves are removed.

- b. Gloves must be changed between students.
- c. Employees who have allergies to latex gloves will be provided with gloves that are hypoallergenic, glove liners or powderless gloves.
- d. Gloves are available in each classroom and all other areas where exposure to blood and/or body fluid may occur, such as the library, cafeteria and gym.
- e. Utility gloves may be disinfected for re-use, if integrity of the glove is not compromised.
- f. CPR mouth shields and extra gloves are available in each school's office.

2. Requirements for Use of Protective Barriers:

- a. It is required that all employees use the protective barriers and equipment unless there are rare and extraordinary circumstances in which the employee believes that the use of the barriers would prevent the delivery of emergency care or increase the risk to the worker or a co-worker.
***SUCH DECISIONS NOT TO USE PROTECTIVE BARRIERS IN THOSE RARE AND EXTRAORDINARY CIRCUMSTANCES WILL NOT BE APPLIED TO A CERTAIN WORK AREA OR A RECURRING TASK.**
- b. All instances of appropriate barriers not being used will be documented and investigated by the principal or principal's designee to determine whether prevention of similar occurrences in the future is possible.
- c. Interference with proper performance of a procedure or improper fit is not acceptable reasons to disregard the use of protective barriers.
- d. Protective barriers will be provided in appropriate sizes and kept in accessible and convenient locations.

3. Training of Employees in Proper Use of Protective Barriers:

- a. All employees will be trained in the proper selection, indications, mandated use and disposal or reprocessing of personal protective equipment.
- b. If an employee's own personal clothing or employee-owned uniform becomes contaminated during the course of work, it will be laundered.
- c. Protective clothing must be removed prior to leaving the work area to prevent contamination beyond the work area.

4. Disposal of Protective Barriers:

- a. Protective barriers that contain blood should be placed in a regular trash bag. The trash bag should be tied shut and taken to the dumpster.

5. Repair and Replacement:

The employer shall repair and replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for washing, decontamination or disposal.

6. Clinical Areas and Laboratories:

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.

7. Contaminated Needles and Other Contaminated Sharps:

Contaminated needles and other contaminated sharps shall not be bent, recapped, sheared or broken, with the following exceptions:

- a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure; and/or:
- b. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers for disposal. These containers shall be: (1) puncture resistant (2) labeled or color-coded in accordance with this policy and (3) leak proof on the sides and bottom. 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 shall include the following symbol:

8. Environmental Services (Disinfection/Sterilization):

All contaminated equipment, environmental and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Reusable trash containers must be cleaned on a regular basis and, after contamination. Gloves must always be worn for cleaning spills of blood or other potentially infectious materials.

- a. A fresh mixture of bleach and water (10%) in a 10:1 ratio (one part bleach and nine parts water) is adequate to sterilize or disinfect items contaminated with blood or potentially infectious materials. Fresh solutions should be made up every 24 hours.
- b. Germicides and disinfectants that are registered with United States Environmental Protection Agency may be used for disinfection.
- c. Contaminated broken glass will be cleaned using a mechanical means (e.g., brush and pan, tongs) and discarded in a closable, puncture resistant container.

9. Laundry:

Contaminated laundry shall be handled as little as possible at the site of contamination.

It should not be sorted or rinsed before being placed in a bag or a container and it should be taken to a place where the laundry will be done. Example: Athletic wear

Contaminated laundry that is wet and presents a reasonable likelihood of soak through or leakage from the bag shall be placed and transported in bags which prevent soak-through.

Any employees handling contaminated laundry must wear gloves and other personal protective equipment. Contaminated laundry may not be taken home by employees to launder.

10. Other:

- All procedures involving blood and other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- Equipment, such as sports equipment, which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated.
- A readily observable label in accordance with this policy shall be attached to the equipment stating which portions remain contaminated.
- The employer shall ensure that this information is 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.
- Standard disinfecting procedures for student-care equipment are adequate to disinfect instruments, devices or other items contaminated with blood or other potentially infectious materials.

11. Compliance Monitoring:

OSHA requires that employers comply with the required protective measures. To ensure that employees are complying with recommended practices, a list of responsibilities was formed. (See Responsibilities on Page 1)

- a. Compliances will also be monitored and evaluated in the following ways (by principal or principal designee):
 - Following up on problems identified through informal reports or complaints from staff
 - Safety Reports/Employee Event Reports + Minutes from Committees
 - Comments received during evaluations of education and training programs
 - Direct observation of individual employee performance during specific procedures
 - Safety inspections
 - Indirect observation
- b. Non-compliance with recommended practices will be documented by the principal and reported to the superintendent or designee.
- c. Follow-up from non-compliance will be done by identifying needs, assuring adequate and appropriate supplies or equipment and providing additional education and training.
- d. Follow-up for non-compliance will be done by identifying needs, assuring adequate and appropriate supplies or equipment and providing additional education and training,
- e. If monitoring reveals repeated failures to follow recommended practices after additional supplies, education and/or retraining and counseling have been provided, disciplinary action may be necessary.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS PART V

Subject: Post-Exposure Evaluation and Follow-up

All employees who have an exposure incident to blood or other potentially infectious material should immediately report to the school principal for evaluation. Following a report of an exposure incident, Rockingham County Schools will make immediately available to the exposed employee confidential medical evaluation and follow-up, including at least the following elements:

1. **Documentation** of the routes of exposure and the circumstances under which the exposure occurred under the completion of the employee accident report. Employee's options would include access to a hard copy of the Employee Accident Report or the employee can complete the form on line.
2. **Identification and documentation of the source individual**, unless the employer can establish that identification is infeasible or prohibited by state or local law. The supervisor will assure that the source individual's blood is tested as soon as feasible and after consent is obtained, in order to determine and document the HBV and HIV infectivity status. If consent is not obtained, the supervisor shall communicate that legal consent could be obtained. When the source individual is already known to be positive for HBV or HIV, the test should not be repeated. Results should be made available to the exposed employee but the employee should be made aware of confidentiality requirements. The exposed employee would be referred to the district's Employee Workers Compensation Administrator in order to receive instruction and referral to specified health care providers for medical evaluation and post exposure serological testing.
3. **Collection and testing of the exposed employee's blood** for HBV and HIV serological status will be done as soon as possible (prefer 2 hours after exposure but no later than 24 hours) and after consent is obtained. Referral will be made to the Workers Compensation Administrator local health department or to the employee's family physician who shall consult with the local health department for Centers for Disease Control recommendation in follow-up protocol.
4. **Post-exposure prophylaxis**, when medically indicated, will be made available as recommended by the U.S. Public Health Service; counseling and evaluation of reported illnesses will also be provided.
5. **Information will be provided to the healthcare professional** responsible for the employee's Hepatitis B vaccination as follows:
 - a copy of the policy and guidelines,
 - a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and the circumstances under which exposures occurred,
 - the source individual's vaccinations records
6. The 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 diagnosis shall remain confidential and shall not be included in the written report.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS PART VI

Subject: Training -and Record Keeping

Purpose: The purpose of this document is to provide an outline for the training of all occupationally exposed employees to ensure that all elements of training are addressed in educational programs.

Policy:

A. General

It is recommended that all employees be offered training opportunities on the basic knowledge and prevention principles for HBV and HIV. **These employees must be informed:**

- Employees with occupational exposure are required to receive training that includes precautionary measures, epidemiology, modes of transmission, prevention of HBV and HIV, universal precautions and reporting procedures. **This training must be updated annually. New employees are required to be trained within ten (10) days of employment, or within ten (10) days from the time of the initial assignment of a task with occupational exposure. Training shall be provided at no cost to the employee and during working hours. Annual training for all occupationally exposed employees shall be provided within one year of their previous training.**

B. Training Program Content

Training programs for employees with occupational exposure will contain, but not be limited to the following:

1. A copy of the workplace policy and guidelines as well as a copy of the OSHA Standard. The content of both shall be explained during training.
2. An explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne diseases.
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal.
7. Information on the types, proper use, location removal, handling decontamination and disposal of PPE.
8. An explanation of the basis for selection of PPE.
9. Information on the Hepatitis B vaccination, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vacation will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

11. 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.
12. Information of the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color-coding required by OSHA in communication hazards.
14. An opportunity for interactive questions and answers with the person conducting the training session.

C. Quality of Training:

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.

D. Training Records:

Training records must include the following elements:

1. The dates of the training sessions
2. The contents or a summary of the training sessions
3. The names and qualifications of the persons conducting the training
4. The names and job titles of all persons attending the training sessions
5. These records must be maintained for three (3) years from the date on which the training occurred

The employer shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary (refers to the Assistant Secretary of Labor for Occupational Safety and Health or designated representative) and the Director (is the OSHA Director or designated representative) for examination and copying. Employee training records required shall be provided upon request for examination and copying to employees or to persons designated by the employee.

References:

- The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
- North Carolina Administrative Code, 15A NCAC 19.0200
- Local Board Policy Code 7260 - Occupational Exposure to Bloodborne Pathogens (Adopted August 28, 2000)
- Local Board Policy Code 4201/7271 – Injury and Loss Prevention (Adopted December 14, 2015)
- Good Samaritan Law of North Carolina - "Good Samaritan" acts such as assisting a coworker or student with a nosebleed would not be considered "reasonably anticipated occupational exposure."
- In North Carolina these laws apply to anyone acting in an unpaid capacity rendering medical assistance. For instance, this would apply to a physician giving care at a free clinic, a bystander giving first aid care, a volunteer fire person, etc. "Any person who renders first aid or emergency assistance at the scene of a motor vehicle crash cannot be liable in civil action for their acts or omissions unless there was wanton conduct or intentional wrongdoing. [NC State Statute §20-166(d)] (NC DOT Website)
- OSHA Rule "Occupational Exposure to Bloodborne Pathogens" Standards.

RCS Health and Safety Leadership Team

The Health and Safety Leadership Team meets, as needed, to discuss various topics and concerns as they relate to employee health and safety across the district. The team consists of the following representatives:

- Assistant Superintendent of Operations and Logistics
- Assistant Superintendent of Instructional Support Services
- Executive Director of Human Resources
- Assistant Director of Maintenance
- Lead School Nurse
- Employee Benefit Specialist and Workers Compensation Administrator

Bloodborne Pathogens Exposure Plan
