

Bates

EXPOSURE CONTROL PROGRAM

REVISION HISTORY

This written program and attached procedures is reviewed annually and revised when necessary by the Director of EHS.

| REVISION | DESCRIPTION OF CHANGE | REVISION EFFECTIVE DATE | REVISION COMPLETED BY: NAME / COMPANY | MANAGER APPROVAL / DATE |
|----------|--|-------------------------|---------------------------------------|--------------------------------------|
| A | <ul style="list-style-type: none">Initial program | 2003 | Dir. Of EHS | |
| B | <ul style="list-style-type: none">Revised program | 2023 | Andi Lassellee, EHS Coordinator | |
| C | <ul style="list-style-type: none">Revised and formatted by current EHS Dir.Updated employee exposure categoriesAdded Blood Spill Response Team | 2/2026 | Wade Behnke/ Dir. Of EHS | Geoff Swift / VP Fin. & Admin. |

This Program is maintained the Director of Environmental, Health, and Safety, please direct any questions about the program to EHS@bates.edu .

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1.0 PURPOSE

- 1.1 The purpose of the Exposure Control Program (ECP) is to identify employees at risk of occupational exposure to bloodborne pathogens (BBP) and implement control measures designed to decrease these risks of a bloodborne infection. The Program conforms to the requirements listed in OSHA Standard 1910.1030 Bloodborne Pathogens

2.0 SCOPE

- 2.1 All employees with a reasonably anticipated or routine exposure, to blood or other potentially infectious materials that may result from the performance of an employee's duties.

3.0 RESPONSIBILITIES

- 3.1 Responsibilities for oversight and implementation of Bates College's ECP are assigned below. Identified personnel may designate tasks assigned to them to a qualified employee or vendor, as appropriate.
- 3.2 Director of Environmental, Health, and Safety (EHS)
- Conduct annual review of the Program
 - Define employee exposure classifications
 - Conduct annually reviews of the controls and response protocols
 - Conduct or oversee employee training of classified employees per OSHA requirements and exposure classification
 - Review and following up on employee BBP exposures
- 3.3 Supervision
- Require Ensure that all affected employees are trained and equipped to comply with the requirements in this program
- 3.4 Category I and II Employees (defined below)
- Follow the requirements of this Program.
 - Report any observed deficiencies in the Program to their supervisor.

4.0 EMPLOYEE CLASSIFICATION AND EXPOSURE POTENTIAL

- 4.1 Employee potential for bloodborne pathogen exposure can be classified in one of the three following categories.

CATEGORY I: This classification includes employees whose duties involve the potential for routine or required exposures to blood and potential bloodborne pathogens.

CATEGORY II: This classification includes all employees who do not routinely have exposure to bloodborne pathogens but may, on occasion, perform tasks, which involve potential exposure.

CATEGORY III: This classification includes all employees who do not have any occupational exposure to bloodborne pathogens, primarily faculty, administrators and support staff not identified in Category I or II.

4.2 The following chart lists the specific job classifications by department with a routine occupational exposure (Category I) and non-routine (Category II).

| Department | Position | Category |
|--------------------------------|-------------------------------|----------|
| Health Center | Registered Nurse | I |
| Facilities | Custodian | II |
| | Custodian Spill Response Team | I |
| | Plumbers | II |
| Athletics & Physical Education | Equipment Manager | II |
| | Athletic Trainer (AT) | I |
| Campus Safety | Safety Officer | I |
| DCCE | Dinning Staff | II |

4.3 Task and procedures that have occupational exposure to blood or other potentially infectious materials at the College include:

- Handling of contaminated sharps and venous access (Heath Center).
- Cleaning of surfaces contaminated with body fluids, instrument clean up, and disinfection (AT, DCCE, and Custodial).
- Collection, handling and preparation of lab specimens/exposure of body fluids (Heath Center)
- Wound care/dressing changes/injections (Heath Center/AT).
- Responding to emergency situations (Campus Safety).
- Handling of contaminated trash/handling biohazard waste (Heath Center, AT, DCCE, and Custodial).
- Cleaning up blood or OPIM releases (Custodial Spill Response Team, DCCE)

5.0 PROGRAM REQUIREMENTS

5.1 Universal Precautions.

- 5.1.1 Bates College uses the Universal Precautions approach to infection control. Specifically, all human blood and other potentially infectious body fluids will be treated as though they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens.
- 5.1.2 Body fluids containing visible blood, semen, vaginal secretions, synovial fluid, cerebrospinal fluid, pleural fluid, peritoneal and pericardial fluid and amniotic fluid will also be assumed to be infectious.
- 5.1.3 The universal precautions does not apply to feces, nasal secretions, sputum, sweat, tears, urine, saliva (in most settings), breast milk and vomitus, unless visible blood is present.
- 5.2 Engineering and Work Practice Controls**
 - 5.2.1 Bates College has instituted the following engineering controls and work practices to help minimize employee exposure to bloodborne pathogens. It is imperative that all employees utilize these techniques and observe these rules.
 - 5.2.2 Hand Washing/Personal Hygiene: Hand washing is the single most important means of preventing the spread of infection. It is also an important measure to decrease occupational exposure to bloodborne pathogens. According to hand hygiene guidelines, when hands have no visible soil, they may be disinfected with either an alcohol-based hand rub (ABHR) or soap and water; however, when visible soiling is evident, soap and water must be used. Staff is encouraged to use ABHR when no soiling is present and hand hygiene guidelines recommend that all health care organizations make ABHR available for staff
 - 5.2.3 Hand washing facilities have been provided for the employee's use in all exposure-prone areas of this facility. Where no sink is available, an antimicrobial product will be used as an intermediate measure, to be followed by washing with soap and water as soon as feasible. Hands are to be thoroughly washed with water and/or an antimicrobial solution under the following circumstances:
 - Before gloving (non-emergency)
 - After removing gloves
 - After each patient procedure
 - Before leaving the work area
 - Before eating or food preparation
 - After hands have touched a possibly contaminated surface
 - After touching any patient secretions, or any potentially infectious material
 - Before performing any invasive procedures
 - Before touching any immunosuppressed patient
 - After performing personal bodily functions
 - 5.2.4 Effective hand washing means scrubbing with soap for at least 15 seconds on the palms, between the fingers, the back of the hands, and the wrist.

Scrubbing is followed by a thorough rinse with water and complete drying. If a paper towel is used for drying, it should be used to turn off the water.

- 5.2.5 Hand-to-Hand Transfer: Hand-to-hand transfer of contaminated sharps such as scalpels, hand pieces, picks, probes, and burrs is forbidden where other methods are available. Transfer contaminated items by placing the sharp(s) on a flat surface, then using a "pick-up" to retrieve the item when feasible.
- 5.3 Blood Spills or Other Potentially Infectious Material Response
 - 5.3.1 Bates College maintains a specific team of trained and equipped Custodians to cleanup and respond to blood releases on Campus. All other staff are trained to isolate and restrict access, when possible, to blood and OPIM releases.
 - 5.3.2 The Blood Spill Response Team will follow the Blood Spill Response, Standard Operating Procedure (Appendix C) when responding to blood or body fluid spills.
- 5.4 Biohazardous Communication
 - 5.4.1 Biohazard labels and signs are used by the College to communicate hazards to employees. The biohazard label or sign includes the universal biohazard symbol and the word "BIOHAZARD" clearly marked. They are either an integral part of the container or located as close to the hazard as possible.
 - 5.4.2 Labels shall be affixed to:
 - Containers of regulated waste.
 - Refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious material except for:
 - Red/orange bags or red containers
 - Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal.
 - Regulated waste that has been decontaminated.
 - 5.4.3 Signs shall be posted at the entrance of work areas where the potential exists for biohazard exposure. Signs shall be official biohazard signs with letters and symbols clearly marked.
- 5.5 Other Specific Control Practices
 - 5.5.1 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in patient treatment areas, sterilization areas, and laboratory areas or waste storage areas.
 - 5.5.2 Food, drink and cosmetics shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benches where blood or their potentially infectious materials are stored or handled.
 - 5.5.3 Mouth pipetting or suctioning of blood or other potentially infectious materials is strictly prohibited.

- 5.5.4 All procedures involving blood or other potential infectious materials shall be performed in such a manner as to minimize splashing.
- 5.5.5 Equipment to be Serviced or Repaired: Contaminated instruments or equipment must be decontaminated prior to servicing or shipment. If these are unable to decontaminate, proper labeling and notification is required.
- 5.5.6 Procedure review: Procedures involving exposures at the College will be reviewed at least annually to determine if any new engineering controls are available to reduce the risk of contamination or if a modified technique would minimize or eliminate exposure.
- 5.5.7 Equipment review: The Heath Center is primarily staffed and equipped by Central Maine Medical Center employees on a contract basis. CMMC is responsible for conducting annual evaluations of safer sharp options and safety devices that may reduce BBP exposures.

6.0 PERSONAL PROTECTIVE EQUIPMENT

- 6.1 PPE is used to decrease occupational risk to bloodborne pathogens by preventing blood or other potentially infectious material from passing through or contacting the employees' work clothes, street clothes, or undergarments, or to the skin, eye, mouth, or other mucous membranes. PPE is not 100% effective and is considered the last line of protection for the employee.
- 6.2 The College maintain an inventory of personal protective equipment provided to employees at no cost.
- 6.3 All employees shall be trained in the use of PPE before being exposed to BBP.
- 6.4 All protective equipment must be removed prior to leaving the work area and discarded properly. It must be replaced when damaged or contaminated
- 6.5 The following chart represents procedures with the potential for bloodborne pathogen exposure and the required PPE to reduce the risk of exposure. Selection of Appropriate PPE listed below are the minimum requirements recommended during controlled situations to protect the employee from potentially infectious agents. This list is not all-inclusive, and so judgment is required on the part of the employee to assess the need for additional barrier protection in less-controlled situations.

| Procedure | Gloves | Eye Protection | Gown/Lab coat or Apron | Face Mask |
|--|--------|----------------|------------------------|-----------|
| <u>Custodial</u> | | | | |
| Changing visibly soiled beds | X | X | X | |
| Clean-up of: | | | | |
| Spills of blood/body subs | X | X | X | ** |
| Surfaces contaminated by blood/body substances | X | X | X | ** |
| Blood-soaked laundry | X | X | ** | |

| <u>Laboratory</u> | | | | |
|--|---|---|---|----|
| Hemocult | X | | X | |
| Lab send-out prep (bagging, etc) | X | | X | |
| Reprocessing contaminated devices/sterilizations | X | X | X | X |
| Specimen separation, | X | | X | ** |
| Strep A, HCG test, Chlamydia test, Flu test | X | | X | |
| Mono test, Hgb, ESR, KOH/Wet Prep, HIV | X | | X | |
| UA, UA-mico, UA-culture, Urine pregnancy | X | | X | |
| Venous or capillary punctures | X | | X | |
| <u>AT/Nursing Procedures</u> | | | | |
| Bleeding, pressure application to control | X | X | X | ** |
| Breathing treatment | X | | | |
| Dressing change for wounds | X | X | X | |
| Irrigation - wound | X | X | X | ** |
| Wound packing | X | | X | |

** The PPE type is recommended

6.6 Disposable nitrile or vinyl gloves are required to be worn for all procedures with any potential for exposure. Despite the additional protection provided by gloves, they gloves are not puncture-resistant, nor are they 100% protective against infectious agents.

6.6.1 Proper work practices for using gloves include:

- Replacing gloves as soon as practical when contaminated (at a minimum, after each patient).
- Replacing torn or punctured gloves as soon as feasible.
- Removing gloves prior to leaving the treatment area.
- Removing gloves prior to answering the telephone.
- Discard grossly contaminated gloves into the biohazardous waste container located in each of the treatment rooms. Uncontaminated gloves may be managed as regular solid waste (trash).
- Employees shall wash their hands with soap and running water or use alcohol-based hand rub immediately after removing their gloves. Hand sanitizer may be used as an intermediate measure but not in place of hand washing.

6.6.2 Campus Safety, Athletic Trainers, and Heath Center employees are instructed to use gloves under the following conditions:

- If the skin of the employee is cut, abraded, or chapped.
- During exam of the mouth, oropharynx, GI tract, or genitourinary tract.
- When examining abraded or non-intact skin or patients with active bleeding.
- During invasive procedures

- During decontaminating procedures
 - When performing phlebotomy, processing and/or testing blood or other potentially infectious specimens
 - During all surgical or dental procedures
- 6.7 Eyewear:**
- 6.7.1 Protective eyewear is required when the procedure presents a danger of splashing or if a manufacturer recommends that goggles be worn when using their chemical product.
 - 6.7.2 Protective eyewear includes safety glasses, goggles and face shields.
- 6.8** Gowns, aprons, lab coats, are worn to protect street wear and the arm and neck areas from contamination. They may be worn until or unless they become soiled, damaged, or wet, at which time they must immediately be removed and replaced.
- 6.9** If street clothing becomes contaminated while on duty, the College shall replace or launder this clothing free of charge to the employee. The employee shall then be given a College-issued uniform to wear in the interim.
- 6.10** To protect employees from bloodborne exposure to the mouth, surgical masks are recommended when splashing is possible.
- 6.11** Resuscitation Equipment: In the event that CPR must be performed on the patient, the employee shall use a mechanical device designed to protect the employee from bodily fluid exposure.

7.0 HEPATITIS B VACCINATION POLICY

- 7.1** Bates provides the Hepatitis B (HBV) vaccine free of charge to all Category I employees. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the 3 shot series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated. All employees who are eligible for the vaccine are trained on the provisions of this standard and are offered the vaccine within ten (10) days of employment. If eligible employees decline the vaccination, a declination form must be signed and kept on file by Human Resources.

8.0 EXPOSURE INCIDENT

- 8.1** The following steps are to be taken in response to an employee exposure incident as defined in Section 11.
1. Employee will be administered first aid. Employee should first clean the area. If the exposure is to the face, splash with copious amount of clean water. If the exposure is elsewhere, clean it with soap and water.
 2. Each incident is to be reported to the Supervisor immediately, Human Resources via phone and online form, and the Director of EHS. Following a report of an exposure incident, Bates will immediately make available, a confidential medical evaluation and follow-up to be conducted at local occupational Medical Provider or ER if not available.

3. If the source of the exposure can be identified and consents, the source should also go to the medical provider. INFORMATION CONCERNING THE SOURCE INDIVIDUAL'S HIV, HBV, OR HCV STATUS MUST BE TREATED AS CONFIDENTIAL. THIS OBLIGATION EXTENDS TO ANY EMPLOYEE TO WHOM THE INFORMATION IS DISCLOSED.
4. The supervisor and the employee will complete the Incident/Accident Report and Exposure Incident Report (See Appendix A) as soon as possible after the exposure incident. If indicated, the employee will receive further training to correct any problems detected. The incident report shall be forwarded to the Director of EHS.
5. The medical provider will perform a confidential post exposure medical follow-up after each exposure incident.
6. Employee is provided with a verbal and/or written post-exposure evaluation opinion within fifteen (15) days after the completion of the evaluation. This documentation will include the results of the medical evaluation and any medical conditions, which may arise from the exposure that may require further treatment.
7. Human Resources or EHS will document all needle stick and other BBP exposure incidents that result in medical treatment on Appendix B, Bates College Bloodborne Pathogen Exposure Control Program Exposure Incident Report Form. The form can also be completed by following this [link](https://batescollege.na2.documents.adobe.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhD5H2SFrIN-KPi_SBcXoJxaLcM4RsawQA5S5z_WagwBe5bjY9j9vD-z5DwuK8w9C7c*) or at:
*https://batescollege.na2.documents.adobe.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhD5H2SFrIN-KPi_SBcXoJxaLcM4RsawQA5S5z_WagwBe5bjY9j9vD-z5DwuK8w9C7c**

9.0 EMPLOYEE TRAINING

- 9.1 All Category I employees must participate in a training program
- 9.2 BBP training will be completed as follows:
 - At the time of initial assignment tasks with risk for occupational exposure.
 - At least annually thereafter (Category I only).
 - When changes, such as modifications of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. Additional training may be limited to the new exposures.
- 9.3 BBP training shall include the following:
 - A general explanation of the epidemiology and symptoms of the bloodborne pathogens.
 - An explanation of the modes of transmission of bloodborne pathogens.
 - An explanation of the exposure control Program and the means by which the employee can obtain a copy of the written Program.
 - An explanation of the appropriate methods of recognizing risks and other activities that may involve exposure to blood and other potentially infectious materials.

- An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering control, work practices, and personal protective equipment.
- Information of the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate action to take and the person to contact in an emergency involving blood or other potentially infectious materials.
- 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.
- Information on the post exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color-coding used to identify hazards.
- An opportunity for interactive questions and answers with the person conducting the training.

10.0 RECORDS

- 10.1 The Program will be available to all employees by contacting the Director of EHS Director.
- 10.2 A hard copy will be provided to any employee within 15 days of the employee's request. Employees are encouraged to discuss any concerns with their supervisor or the EHS Director.
- 10.3 Training records will be retained by the Director of EHS Director.

11.0 DEFINITIONS

- 11.1 Alcohol-Based Hand Rub (ABHR): Waterless hygiene agent generally containing >60% alcohol, used for hand washing in lieu of soap and water.
- 11.2 Blood: Human blood and blood components and products made from blood.
- 11.3 Bloodborne Pathogens (BBP): Microorganisms present in human blood, which may cause disease in humans.
- 11.4 Clinical Laboratory: A work place where diagnostic and screening procedures are performed on blood or other potentially infectious material.

- 11.5 Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 11.6 Contaminated Laundry: Laundry, which has been soiled by blood or other potentially infectious materials or may contain sharps.
- 11.7 Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to needles, broken glass, and capillary tubes.
- 11.8 Decontamination: Physical or chemical means of removing or inactivating blood-borne pathogens to the point where they are considered safe for handling, use or disposal.
- 11.9 Engineering Controls: e.g., sharp containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps injury protections and needleless systems that isolate or remove blood-borne pathogen hazards from the work place.
- 11.10 Exposure Control Program: A written established Program designed to eliminate or minimize employee exposure to bloodborne pathogens. The program is available to any employee upon request, and will be reviewed/revised annually.
- 11.11 Exposure Determination: List of all job classifications, which have occupational exposure.
- 11.12 Exposure Incident: Specific eye, mouth, other mucus membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 11.13 HBV = Hepatitis B Virus
- 11.14 HCV = Hepatitis C Virus
- 11.15 HIV = Human Immunodeficiency Virus
- 11.16 Needleless Systems: a device that does not use needles for: 1. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; 2. The administration of medication or fluids, or 3. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- 11.17 Occupational Exposure: Reasonably anticipated skin, eye and mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's routine duties.
- 11.18 Parenteral Exposure: Piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.
- 11.19 Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered as protective equipment.

- 11.20** 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 dry blood or other potentially infectious materials and are capable of releasing these materials during handling. Contaminated sharps; pathological and microbiological wastes containing blood or other potentially infectious materials.
- 11.21** Sharps with engineered sharps injury protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- 11.22** Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- 11.23** Sterilize: The use of physical or chemical procedure to destroy all microbial life including highly resistant endospores.
- 11.24** Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

APPENDIX A: EXPOSURE INCIDENT REPORT FORM

Located online at this [link](#) or at

https://batescollege.na2.documents.adobe.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhD5H2SFrIN-KPi_SBcXoJxaLcM4RsawQA5S5z_WagwBe5bjY9j9vD-z5DwuK8w9C7c*

Administrative Control _____

Work Practice Control _____

If treated, location of follow-up: _____

Signed: _____

Date: _____

Exposed Employee

Date: _____

Supervisor

Date: _____

EHS Director

APPENDIX B: OSHA OCCUPATIONAL CONTAMINATED SHARPS INJURY LOG

Bloodborne Pathogens Exposure Control Program OSHA Occupational Contaminated Sharps Injury Log

| Date | Case/ report # | Type of Device(e.g., Needle, syringe) | Brand Name of Device | Work area where injury occurred | Brief Description of how incident occurred |
|------|----------------------|---|-------------------------------|---------------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Year Total _____

Reviewed by _____

Date _____

Keep original on file in your department. Forward a copy to the EHS Director

APPENDIX C: BLOOD SPILL RESPONSE, STANDARD OPERATING PROCEDURE

STANDARD OPERATING PROCEDURE

BLOOD SPILL RESPONSE

PURPOSE: To define a safe and effective protocol for dealing with cleaning up blood spills that is compliant with requirements around blood borne pathogens.

PROCEDURE:

- If discovered by a custodian on campus, report blood spill to Custodial Services leadership, and request a work order from Work Control. A member(s) of the blood spill team will be dispatched to the location.
- If discovered or reported by a member of the campus community through normal request processes, Work Control will notify Custodial Services Leadership and generate a Work Order.
- After hours Security will notify Custodial Services on-call person and request a Work Order from Work Control. The same protocols will be followed by the on-call custodian responding to campus..

How to Safely Clean and Decontaminate a Blood or Bodily Fluid Spill.

1. Prepare and Be Safe. Put wet floor signs around the spill, wear gloves and other appropriate PPE, gloves are mandatory, use of a mask, goggles, gown or face shield depends on size of spill and chance of splashing during clean-up.
2. Pick up and dispose of debris. Use a dustpan/brush for sharp objects and blood-soaked bandages/gauze, place debris in appropriate containers, do not touch the outside of the container, hold disposable containers away from the body, place disposable containers in designated Biohazard waste areas located in Carnegie Science room 308.
3. Apply Hyperfect disinfectant over spill, follow label instructions. For major spills on floors or carpets, immerse mop in a bucket of disinfectant and drain on and around the spill.
4. Contain or pick up spills. For a minor spill, absorb with a cloth or paper towel, for a major spill on floor, pick up spill with a mop, for a major spill on carpet, pick up with a carpet extractor
5. Dispose of contaminated material, place cloths or paper towels, contaminated mop in appropriate container. Dispose of contaminated mop or extractor water in floor sink and disinfect sink.
6. Disinfect Spill Area. For minor surface or major floor spills...Use a fresh solution of disinfectant, spray and wipe OR use a new mop and damp mop the spill area. For major spills on carpet...Reapply a fresh solution of disinfectant. Pick up with carpet extractor and remove as much liquid as possible, then extract the decontaminated area with hot water to remove disinfectant residue.

7. Clean Your Equipment. Empty mop bucket or extractor, rinse out mop bucket and wringer or extractor with a fresh solution of disinfectant. allow mop buckets or extractor to air dry, store equipment.
8. Remove PPE and Wash Hands. Remove contaminated PPE, dispose of contaminated PPE. Wash hands!