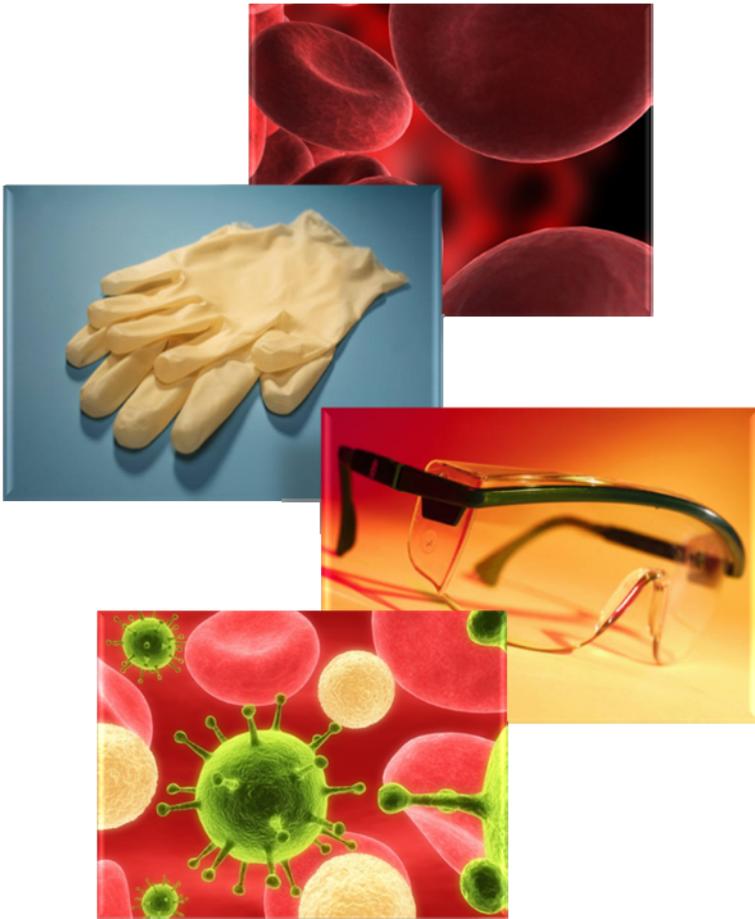


Bloodborne Pathogens



Universal Precautions

Exposure Control Plan

I. INTRODUCTION

The Center for Collaborative Solutions (CCS) is committed to provide a safe and healthful work environment for all employees. In the pursuit of this endeavor, the following Exposure Control Plan is provided to eliminate or minimize the risk of occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030 and PERRP OAC 4167-3-06(B).

The Exposure Control Plan is designed to protect CCS employees from possible infection caused by contact with bloodborne pathogens as a result of performing job duties. The bloodborne pathogens include, but are not limited to, human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Employees shall observe the use of universal precautions combined with the use of personal protective equipment to protect themselves, students, and any other persons in the school environment from the spread of infectious diseases. Universal precautions and personal protective equipment shall be used regardless of whether or not specific pathogens are known to be present in the bodies of individuals in the school setting.

The Exposure Control Plan includes:

- Determination of employee exposure
- Methods of compliance to the Bloodborne Pathogens Standard
- Procedures for evaluating and exposure incident
- Hepatitis B vaccination program and post-exposure follow-up
- Training and communication of hazards to employees
- Recordkeeping procedures

The Exposure Control Plan is:

- Available to all employees on the CCS Comprehensive Substitute Services website. Substitutes may refer to the electronic version or may print a hard copy as needed.
- Explained during initial, annual, and as needed training sessions for those employees who have been identified as risk for possible occupational exposure.
- Reviewed at least annually and updated to reflect modification in employee assigned tasks or procedures which may result in occupational exposure.

II. EMPLOYEE EXPOSURE DETERMINATION

Human Resources, in collaboration with HCESC's School Nurse Supervisor, will coordinate and maintain the Exposure Control Plan. All substitutes are required to comply with the procedures and work practices outlined in the Exposure Control Plan.

The OSHA Bloodborne Pathogens Standard, 29CFR, SubpartZ, Section 19010.1030(b), defines occupational exposure, which reads: "...reasonably anticipated skin eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties."

JOB TASKS

The following job tasks and procedures may be performed as a substitute and pose a potential risk of occupational exposure to bloodborne pathogens:

- Provision of first aid.
- Provision of rescue breathing.
- Clean-up of blood or other body fluids.

Any employee exposed to blood or other potentially infectious materials resulting from actions taken to assist a fellow employee with first aid, i.e., assisting a co-worker with a nosebleed or administering CPR, is **not** included in the Bloodborne Pathogen Standard, but is included in the “Good Samaritan” Act.

III. METHODS OF CONTROL

PREVENTION THROUGH THE USE OF UNIVERSAL PRECAUTIONS

CCS employees shall follow the guidelines of the Center for Disease Control regarding the use of Universal Precautions as outlined in [*Universal Precautions Procedures for the Handling of Blood and Body Fluid Spills*](#). Universal Precautions is an infection control method which requires employees to assume that all human blood and body fluids are infectious for bloodborne pathogens and as such must be treated accordingly.

ENGINEERING AND WORK PRACTICE CONTROLS

In addition to the use of Universal Precautions, the following work practice controls and procedures are to be followed:

- Any unprotected skin surface which comes into contact with blood shall be immediately washed with soap and running water.
- Mucous membranes contaminated with blood shall be flushed with water for at least fifteen (15) minutes.
- Hand washing will occur immediately after the removal of protective gloves or other personal protective equipment.
- When hand washing facilities are available in the classroom, the exposed employee shall wash his/her hands and any other exposed skin area with soap and running water,
- If a hand washing facility is not available the employee shall use an antiseptic cleaner with paper towels, or towelettes, which are to be kept in the designated area in the classroom, not accessible to students. This procedure shall be followed with the use of soap and running water as soon as possible.
- Puncture-proof, biohazard-labeled containers will be use for sharps.
- Forceps, tongs, brushes or dust pans will only be used to pick up broken glass.
- Contaminated needles and other contaminated sharps shall not be bent.
- Shearing or breaking contaminated needles is prohibited.
- Eating, drinking, smoking, applying cosmetics, or handling of contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure.
- Food or drink shall not be kept in refrigerators, freezers, shelves, cabinets, countertops, or bench tops where blood or potentially infectious materials are present.
- The handling and transporting of specimens of blood or other potentially infectious materials will be done in leak proof containers.

- Equipment that may be contaminated with potentially infectious materials must be properly labeled.
- Reusable equipment, such as bandage scissors, contaminated with blood shall be immediately placed in a puncture resistant, leak proof container containing a tuberculocidal disinfectant solution. The container is biohazard-labeled. Tongs are used to remove instruments from the container and to hold the instrument while removing organic material.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Eye and mouth protection (including resuscitation mouth pieces), gloves, and barrier gowns (waterproof is not required) shall be used by school nursing personnel when it is reasonably anticipated that blood will splash or splatter. Such PPE will be maintained in each health office (clinic) operated by the school nurse.

Items of PPE are to be removed as soon as possible after contamination and discarded according to HCESC Universal Precautions Procedures. Personnel are not permitted to wear personal PPE which may have become contaminated outside of the work area.

Gloves are to be worn by all personnel when it is reasonably anticipated that there will be hand contact with blood or body fluids. The appropriate size gloves, including hypo-allergenic gloves, powderless gloves, or other alternatives will be provided to personnel.

Training will be provided to instruct employees how and when to wear the appropriate PPE to prevent blood and other potentially infectious materials from passing through and/or coming in contact with clothes or skin.

IV. TRAINING

All personnel included in the job classifications identified to have reasonably anticipated occupational exposure to bloodborne pathogens are required to participate in an initial training program and annual refresher training program thereafter. The training program may be required more frequently, if indicated. Completion of all training programs will be documented. Records of training shall be maintained for at least three years from training date and shall be made available upon request for examination and copying to employees and employees' representatives.

New employees will complete the course prior to the first day of employment if the initial assignment is to duties in which occupational exposure may occur and prior to offering hepatitis B vaccination so the employee will be able to make an informed decision. Training will be provided at no cost to the employee.

The training program includes the following components:

- An explanation and copy of the OSHA Bloodborne Pathogens Standard 29 CFR Part 1910.1030.
- Information on the epidemiology, symptoms, and modes of transmission of bloodborne diseases.
- A review of the CCS Exposure Control Plan.
- The methods for recognizing exposure tasks and other activities that may involve exposure to blood.
- The use and limitations of methods that will prevent exposure, including appropriate engineering and work practice controls and PPE.
- How to recognize the potential for occupational exposure to blood and other potentially infectious materials.

- Signs and labels to be used to identify contaminated materials.
- The procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that is available.
- Information on the Hepatitis B vaccine, its efficacy, safety, method of administration, benefits, and that the cost will be paid by HCESC.
- An opportunity to secure additional information.

V. HEPATITIS B VACCINATION PROGRAM

For all medical services related to the hepatitis B vaccination program, CCS will use BethesdaCare. For a list of locations, refer to the [Accident/Exposure Incident Reporting Procedure](#).

All employees identified as being covered by OSHA Bloodborne Pathogen Standard have the opportunity to receive the hepatitis B vaccine. Employees with a reasonable anticipated risk of occupational exposure will be trained, within ten (10) working days of the initial assignment, and offered the vaccination series, if requested and appropriate.

It would not be considered appropriate to administer the vaccine if the employee has already had the full series or if the employee has immunity determined by an antibody titre, or if the vaccine is medically contraindicated for the employee. If the employee wishes to have an antibody titre, it is available at no cost to the employee; this testing is voluntary. If the employee indicates having already received the vaccination series, the employee will be asked to provide medical documentation of the hepatitis B series.

All evaluations and vaccinations are made available at no cost to the employee and at a reasonable time and place.

The employee's wishes regarding the consent for or declination of the administration of the hepatitis B vaccine will be conveyed through the Hepatitis B Vaccine Consent / Declination form provided to each new employee by Human Resources. If the employee decides to receive the vaccination series at a later date, it is available to the employee at no cost and at reasonable times. It is the employee's responsibility to initiate such a request. The employee shall convey this request to Human Resources.

Vaccination protocols used by BethesdaCare follow the recommendation of the Center for Disease Control, U.S. Public Health Service.

VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP

All medical services related to post-exposure medical evaluation and follow-up will be provided by BethesdaCare. BethesdaCare has been provided a copy of CCS's Exposure Control Plan for Bloodborne Pathogens and will receive subsequent revisions as issued.

The post-exposure medical evaluation and follow-up will be immediately available to employees who have had an **exposure incident**. At a minimum, the evaluation and follow-up will include:

- The immediate reporting to the employee's supervisor and timely documentation and notification of the exposure incident to HCESC's Human Resources as set forth in the [Accident/Exposure Incident Reporting](#)

[Procedure](#). Human Resources will oversee the completion of the post-exposure follow-up procedures as identified in the Post-Exposure Report.

- The exposed employee will be immediately directed to a healthcare provider at one of the BethesdaCare locations. The healthcare professional will be provided with a description of the job duties as they relate to the incident, and a copy of the [Accident/Exposure Incident Report](#).
- The identification and documentation of the source individual, unless HCESC can establish that identification is infeasible or prohibited by law.
- The consent and test source individual's blood will be obtained as soon as possible to determine HIV and HBV infectious status, if any, and document the source's blood test results.
- The exposed employee will be provided with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- The exposed employee will be provided with HBV and HIV serological testing counseling and safe and effective post-exposure prophylactic treatment currently recommended by the Center for Disease Control, U.S. Public Health Service.
- The healthcare professional providing evaluation and follow-up will provide a written opinion within 15 days, stating whether Hepatitis B vaccine is indicated and whether the employee has been informed of the results of the evaluation and told of the need if any for further evaluation and treatment. All other findings or diagnosis will remain confidential and not be included in the report. A copy of the healthcare professional's statement is to be given to the exposed employee by Human Resources.

RECORDKEEPING

Employee Medical Record

A medical record for each employee with an exposure incident will be established by Human Resources. This record is **confidential**. It is kept locked and separate from personnel records. The record contains the name and social security number of the employee, the HBV vaccination status, including dates of vaccination and a written opinion of the healthcare professional regarding HBV vaccination if appropriate.

If additional exposure incidents occur, reports are added to the employee's medical record to document the incidents as well as the written opinions of the healthcare professional. The record will also indicate which documents have been provided to the healthcare professional.

Medical records are kept 30 years past employment. No medical record or part of a medical record will be disclosed without the written consent of the employee or as required by law.

PERRP Reporting

OAC 4167-3-06(B) requires employers to record all needle stick and sharps injuries involving contamination by another person's blood or other potentially infectious material. In addition to recording, all sharps injuries must be reported to PERRP electronically or by the approved form (Sharps Injury Form Needle Stick Report).

GLOSSARY

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). Acquired Immune Deficiency Syndrome is the name given to the latter stages of HIV infection characterized by severe symptoms of illness and other specific clinical manifestations such as opportunistic infections and severe reduction of white blood cells.

CONTAMINATED. The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

COVERED EMPLOYEES. Those employees designated in the Exposure Control Plan to have a reasonable, job-related risk of exposure to blood and other potentially infectious materials. The 'covered' employees are subject to the rules and regulations of OSHA concerning occupational exposure to bloodborne pathogens.

DECONTAMINATION. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where pathogens no longer are capable of transmitting disease and the surface or item is rendered safe for handling, use, or disposal.

ENGINEERING CONTROLS. Policies and practices of the **employer** that eliminate or minimize employee exposures to bloodborne pathogens such as providing protective equipment, hand washing facilities, and supplies needed for cleaning, disinfecting, and proper disposal of waste. (SEE WORK PRACTICE CONTROLS.)

EXPOSURE CONTROL PLAN. A plan developed and reviewed annually by CCS that is designed to eliminate, reduce, and respond to incidents of possible exposure to bloodborne pathogens of specified employees.

EXPOSURE INCIDENT. An incident when an employee has direct contact with blood, body fluids containing blood, semen, vaginal secretions, or unidentified fluids from a needle stick, cut, bite, eye-splash, or mouth splash.

HANDWASHING FACILITIES. A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

HEPATITIS B VIRUS (HBV). The pathogen that causes one form of liver infection (hepatitis B) and is transmitted by blood and other body fluids containing blood such as semen, vaginal fluids and saliva containing blood.

HUMAN IMMUNODEFICIENCY VIRUS (HIV). The pathogen that causes HIV infection from which the infected person can be without symptoms of illness for 10 to 20 years. However, presence of the infection can be detected within a few weeks to six months of HIV antibody tests. *Unlike hepatitis B virus, HIV is not transmitted by saliva.* The body fluids that successfully transfer the infection from one person to another are blood, semen, vaginal secretions, and breast milk.

OCCUPATIONAL EXPOSURE. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other materials potentially contaminated with HIV or HBV *as a result of performance of job duties.*

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA). A federal regulatory agency within the U.S. Department of Labor.

OTHER POTENTIALLY INFECTIOUS MATERIALS. A term used in the federal regulation to be inclusive of materials in addition to blood that are potentially capable of transmitting HIV and HBV. All of those materials (e.g., semen and

vaginal fluids) contain the components of blood, but this is not always obvious to the naked eye. (See also POTENTIALLY INFECTIOUS MATERIALS.)

PARENTERAL. Injected through or penetrating 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.

PUBLIC EMPLOYEE RISK REDUCTION PROGRAM (PERRP). A program through Ohio Bureau of Workers' Compensation.

POST-EXPOSURE EVALUATION. An evaluation by a licensed health care professional or agency after an incident where an employee was exposed to blood or other potentially infectious materials while performing job duties.

POTENTIALLY INFECTIOUS MATERIALS. The OSHA Bloodborne Pathogen Standard specifies potentially infectious materials to include: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and all body fluids in situations where it is difficult or impossible to differentiate between fluids. In the school setting, the only fluids of practical importance are blood, body fluids visibly contaminated with blood, semen, vaginal secretions, and unidentified fluids. This does not mean that other body fluids, such as urine and saliva, should be handled without fear of disease transmission. It only means that the fluids that may transmit the two viruses addressed in the OSHA regulation are those included in the definition of 'potentially infectious.' (See **OTHER POTENTIALLY INFECTIOUS MATERIALS.**)

PREEXPOSURE TRAINING. Training required for employees determined to be at reasonable 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.

REGULATED WASTE. 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. Sanitary supplies used for menstrual flow are not considered "regulated waste".

SOURCE INDIVIDUAL. The person whose blood or other infectious material was either injected through the skin of an employee or came in contact with the mucous membranes or broken skin of an employee in an **EXPOSURE INCIDENT.**

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.

WORK PRACTICE CONTROLS. Behavior of the employees which eliminates or reduces exposure to bloodborne pathogens, such as using protective gloves, hand washing proper waste disposal, and appropriate use of disinfectants.

THE CENTER FOR COLLABORATIVE SOLUTIONS

UNIVERSAL PRECAUTIONS

PROCEDURES FOR THE HANDLING OF BLOOD AND BODY FLUID SPILLS

Universal precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.

A. EQUIPMENT NEEDED

1. **Disposable gloves** (utility gloves may be used for clean-up procedures)
2. **Disposable plastic bags**
3. **Soap**
4. **Water**
5. **Paper towels**
6. **Dust pans**
7. **Buckets**
8. **Mops**
9. **Tongs** (for pick-up of sharps)
10. **Disinfectant:**

- i. Sodium hypochlorite solution (household bleach)

Add ¼ cup to one (1) gallon of water, **mixed fresh daily**. This solution may be applied with a household spray bottle and allowed to air dry.

When bleach solution is used, handle carefully. Bleach will discolor fabrics and metal surfaces. Fumes from bleach can be irritating to the airways of those suffering from allergies, asthma, and chronic respiratory disorders and should **not** be used in the presence of such individuals.

- ii. Tuberculocidal disinfectant solution, spray or wipe.
- iii. Sanitary absorbing agent (Clora Sorb*, X-O Oder Away*)

*Brand names are used for examples and are **not** an endorsement of products. Disinfectants approved by the Environmental protection Agency (EPA) are effective.

B. PROCEDURES

For an injury that results in bleeding, such as nosebleeds, cuts, lacerations, etc., the person assisting the student should wear gloves whenever possible. Direct contact with blood is potentially infectious when there are breaks in the skin, as in severe chapping or eczema. Proper hand washing significantly reduces the risk of infection from contact with all potentially infectious body fluids, whether or not gloves are worn.

1. General Guidelines

- a) Wear disposable gloves before making contact with body fluids, during care, treatment, and all clean-up procedures.
- b) Use disposable items to handle body fluids whenever possible. Use paper towels to pick up and discard any solid waste materials such as vomitus or feces.
- c) Discard disposal items such as paper towels, used bandages, tissues, and dressings in a plastic bag that is not to be used again.
- d) Remove gloves after all care, treatment, and cleaning procedures have been completed, and dispose of gloves in the plastic bag used to contain disposal items and waste materials.
- e) Disposable gloves should be replaced immediately if torn during care, treatment, or clean-up procedures. Gloves should never be reused.
- f) Utility gloves used for clean-up procedures should be decontaminated after each use and discarded as soon as they begin to deteriorate.
- g) Thorough hand washing should **always** follow, after gloves (disposable or utility) are removed.
- h) Plastic bags used to contain disposable items and waste material must be double bagged and disposed of in the normal procedure for trash disposal. Plastic bags are **never** reused.
- i) A plastic bag-lined trash container with lid is to be used to contain the routine disposal of tampons. The plastic bag is sealed and discarded daily in the normal procedure for trash disposal.
- j) Gloves are always to be worn when picking trash bags out of waste cans and containers.
- k) Broken glass is **not** to be picked up by hand. Tongs **must** be used.

2. Hand washing

- a. Use soap and running water (avoid the use of hot water which can contribute to skin irritation). Soap suspends easily removable soil and micro-organisms allowing them to be washed off easily.
- b. Rub hands together for no less than **15 seconds** to work up a lather.

- c. Scrub between fingers, under rings, backs of hands, knuckles, and nails.
- d. Rinse hands under running water. Running water is necessary to carry away debris, soil, and micro-organisms.
- e. Use paper towels to thoroughly dry hands.
- f. Use paper towels to turn off faucet.
- g. Discard paper towels.

3. Diapering and Toileting Accidents

- a. Diapers or clothing, used during diaper changing and brought from the student's home, are stored in a space assigned exclusively for each student's belongings.
- b. Change diapers and toileting accidents in a space with a hand washing facility.
- c. Disposable materials are to be used for diaper changing and toileting accidents and discarded after each use.
- d. Any product, such as wipes, that is used from a common container for more than one student, must be used in such a way that the product or its container does not become contaminated.
- e. Place a separation material, such as a plastic barrier, between the student and the changing surface. The separation material is **never** to be used again.
- f. After changing student, use disposable items to wash any soiling of the changing surface with soap and water. Disinfect the area.
- g. Disposable diapers and wipes, separation material, disposable clean-up items, and gloves are placed directly into a plastic bag. The plastic bag is sealed, placed in a trash can with a plastic bag liner, or double bagged. And discarded in the normal procedure for daily trash removal
- h. Cloth diapers or soiled clothing that are to be sent home with the student need not be rinsed at school, but placed directly into a leak proof plastic bag, sealed tightly, and stored away from the rest of the student's belongings and out of reach of the other students.
- i. Wash hands as described above.

4. Care of Potty Chairs

- a. Potty chairs **must not** be located in areas used for food preparation or serving, or in areas **not** normally used for diaper changing or toileting.
- b. Potties are to be emptied into a toilet.
- c. Soiled potties are to be washed with soap and water, disinfected, and rinsed with water after each use.

- d. The cleaning solution, disinfectant solution, and water used for rinsing the potty must be disposed of in to a toilet, **not** into a sink.
- e. Paper towels used for cleaning potties are disposed of in a plastic bag, sealed tightly, placed in a trash can with a plastic bag liner, or double bagged, and discarded in the normal procedure for daily trash disposal.

5. Washable Surfaces

a. Tables, desks, etc.

- 1) Use paper towels and/or absorbing agent to remove liquid and/or solid material.
- 2) Wash soiled area with soap and water.
- 3) Disinfect area with household bleach solution (1/4 cup bleach to one (1) gallon of water, mixed fresh) or tuberculocidal solution, spray, or wipe.
- 4) Rinse area with water, if so directed on the disinfectant.

b. Floors

- 1) Use paper towels and/or an absorbing agent to remove liquid and/or solid material.
- 2) Wash soiled area with soap and water.
- 3) Disinfect area with household bleach solution (1/4 cup bleach to one (1) gallon of water, mixed fresh) or tuberculocidal solution, spray, or wipe.
- 4) Use the two bucket system-one bucket to wash the soiled surface, and one bucket to rinse as follows:
 - a) In bucket #1, dip, wring, mop up spill.
 - b) Dip, wring, and mop once more.
 - c) Dip, wring out mop in Bucket #1.
 - d) Put mop into bucket #2 (rinse bucket) that contains the clean disinfectant solution such as a bleach solution.
 - e) Mop or rinse the area.
 - f) Return the mop to bucket #1 to wring out. This keeps the rinse bucket clean for second spill in the area.
 - g) After all spills are cleaned up, proceed with the following steps.

- 5) Soak mop in the disinfectant after use.
- 6) Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate.
- 7) Rinse non-disposable cleaning equipment (utility gloves, if used, dustpans, buckets, tongs) in disinfectant.
- 8) Dispose disinfectant solution down a drain pipe or toilet.
- 9) Remove utility of disposable gloves. If using disposable gloves discard with disposal items and waste material.
- 10) Wash hands as described above.

c. Toys

1. Toys and other items placed in children's mouths must be cleaned thoroughly, disinfected, and allowed to air dry at least once a week.
2. Toys becoming soiled with blood, feces, urine, or vomitus **must** be washed thoroughly, disinfected, and allowed to air dry **immediately**.

6. **Non-washable Surfaces** (rugs upholstery)

- a. Apply sanitary absorbing agent, let dry, vacuum.
- b. If necessary, use broom and dustpan to remove solid materials.
- c. Apply rug or upholstery shampoo as directed. Re-vacuum according to directions on shampoo.
- d. If a sanitizing cleaner is only available by water extraction method, follow the directions on the label.
- e. Wash dustpan and broom with soap and water if used. Rinse in disinfectant solution.
- f. Air dry.
- g. Remove gloves and discard with disposal items and waste material.
- h. Wash hands as directed above.

7. **Soiled washable materials** (clothing, towels, etc.)

- a. Rinse item under running water using gloved hands.
- b. Place item in a plastic bag and seal until item is washed. Plastic bags containing soiled, washable material must be clearly identified if outside laundry service is used.
- c. Wash hands as described above.

- d. Wipe sink with paper towels, discard towels.
- e. Wash soiled items separately, washing and drying as usual.
- f. If material is bleachable, add ½ cup bleach to the wash cycle. Otherwise, add 1/2 cup non-chlorine bleach (Clorox II, Borateem) to the wash cycle.
- g. Discard plastic bag.
- h. Wash hands as described above after handling soiled items.

If you have any questions, contact Human Resources

- Robin Bates at 674-4242
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- Kelly Samad at 674-4201