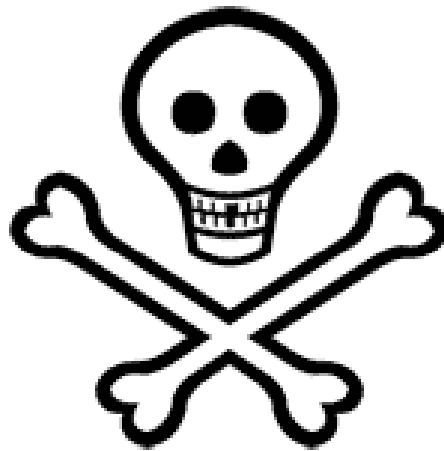


Exposure/Infection Control Policy and Procedures

Occupational Safety and Health Administration/U.S. Department of Labor
www.osha.gov



DENTAL HYGIENE PROGRAM
ROANE STATE COMMUNITY COLLEGE

General Policy

RSCC Dental Hygiene Program is committed to providing a safe and healthful workplace for all employees and dental hygiene students through compliance with applicable OSHA standards. Although students are not protected by OSHA regulations, this program follows the same protective measures for students as it does for employees.

This written exposure control plan has been developed to comply with OSHA's Bloodborne Pathogens Standard. The standard has been designed to protect employees (clinical faculty and staff) and students from occupational exposure to HIV, HBV, HCV and other bloodborne pathogens.

The following job classifications have occupational exposure:

- Program Director
- Clinical Faculty
- Clinic Dentist
- Receptionist
- Dental Hygiene Students

Standard Precautions

Standard precautions is an approach to infection control that treats blood and certain body fluids (including saliva in dental procedures) from all patients as infectious for HBV, HIV, HCV and other bloodborne pathogens, regardless of the patient's perceived infectious status.

Standard precautions are one of the most important measures for preventing transmission of bloodborne pathogens. This clinical facility uses standard precautions, and all employees and students are trained to understand this concept.

Work Practice Controls

Employees and students must wash their hands immediately or as soon as feasible after removing gloves or other personal protective equipment.

Employees and students must wash their hands and any other skin with soap and water, and flush mucous membranes (eyes, nose, mouth) with water, immediately or as soon as feasible after contact with blood or other potentially infectious materials.

Employees and students will be provided with antiseptic hand cleaner and towels if hand-washing facilities are not feasible.

Handling Contaminated Needles and Other Sharps

The standard defines contaminated sharps to mean any contaminated object that can penetrate the skin, including but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Contaminated sharps are handled as follows to minimize employee or student exposure:

- In general, contaminated sharps must not be bent, recapped, or removed.
- In cases where recapping/removal of contaminated sharps are permitted, employees and students must use a mechanical device or one handed-technique.
- Shearing or breaking of contaminated sharps is never permitted.

Eating and Drinking

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is never permitted in the Dental Hygiene Clinic. Food and drink may not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials may be present. Eating and drinking is not permitted in the laboratory/classroom setting.

Techniques to Minimize Splashing and Spraying

Procedures involving blood or other potentially infectious materials are performed in a manner to minimize splashing, spraying, spattering and generating droplets of these substances.

Contaminated Equipment

Equipment that becomes contaminated with blood or other potentially infectious materials must be examined before servicing or shipping and decontaminated as necessary, unless decontamination is not feasible.

Equipment that cannot be completely decontaminated before servicing or shipping must be marked with a biohazard label that states which parts are still contaminated. This information must be conveyed to employees, students, service people, and any others who might handle the contaminated equipment.

Personal Protective Equipment - (Clinic locations given in parentheses)

The standard defines personal protective equipment (PPE) as specialized clothing or equipment worn by an employee to protect against a hazard. General work clothes that are not intended to function as protection against a hazard are not regarded as PPE.

Gloves - **(Clinic Glove Dispenser Boxes Located on wall adjacent to Handwash sinks)**

Gloves must be worn whenever hand contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin can reasonably be anticipated. Gloves must also be worn when touching contaminated items or surfaces.

Disposable (single-use) gloves, such as surgical or examination gloves must be replaced as soon as practical when they become contaminated (e.g., between patients) or as soon as feasible if they are torn or punctured or their ability to function as a barrier is compromised. Disposable (single-use) gloves should never be reused.

Utility gloves may be decontaminated for reuse as long as the integrity of the gloves is not compromised. However, they must be discarded if they become cracked or torn or show any other sign that their ability to function as a barrier is compromised.

Masks, protective eyewear and face shields (Clean Counter Cabinet F and Supply Closet)

A surgical mask that covers the nose and mouth in combination with protective eyewear (such as goggles or glasses with solid side shields) must be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. When using a face shield, a mask should also be worn.

Gowns and other protective clothing

Gowns, lab coats, clinic jackets, or other forms of protective clothing must be worn whenever the employees or student's skin, street clothing or underwear is subject to occupational exposure. The fabric and style selected depend on the task and degree of exposure anticipated. OSHA considers the standard cotton, cotton/poly clinic jacket, or lab coat to be appropriate for most routine dental procedures. Additional personal protective clothing, such as surgical caps or boots, may be required when gross contamination can reasonably be anticipated.

Cleaning, disposal, repair and replacement

PPE will be cleaned, laundered, repaired, replaced and disposed of at no cost to employees. PPE must be removed immediately or as soon as feasible after blood or other potentially infectious materials penetrate it. All PPE must be removed before employees and students leave the work area. After PPE is removed, it must be placed in the designated area or container for storage, washing, decontamination, or disposal.

Laundry (Hampers are in Dirty/Contaminated Room - Labeled First and Second Year)
The standard defines contaminated laundry as laundry that has become soiled with blood or other potentially infectious materials or may contain sharps. OSHA interprets the standard as prohibiting employees and students from taking contaminated laundry home to clean. However, employees and students are permitted to take uniforms or clothing they wear under PPE home to clean, as long as the clothing has not become contaminated. The following work rules apply in this facility/clinic to contaminated laundry:

- Handle as little as possible.
- Remove where used and place in the bag or container provided.
- Store or transport in bags/containers marked with the **biohazard symbol** or color-coded **red**.
- Never sort or rinse laundry where it is used.
- Handle laundry with gloves.

In this facility/clinic, contaminated laundry is cleaned in the washer and dryer on-site.

Housekeeping

The following **work rules apply** in this facility/clinic to housekeeping tasks:

- All equipment and environmental and work surfaces must be cleaned and decontaminated **after contact with blood or other potentially infectious materials**.
- Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are **overtly contaminated or after any spill of blood or other potentially infectious materials**, and at the end of the workday if the surface may have become contaminated since the last cleaning.
- **Contaminated work surfaces should be cleaned with appropriate disinfectants** which include a diluted bleach solution and EPA registered tuberculocides, sterilants or products registered against HIV/HBV.

Housekeeping - continued

- If they are used, protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper must be removed and replaced whenever they become overtly contaminated and at the end of the workday.
- All bins, pails, cans and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials must be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Spills of blood or other potentially infectious materials must be wiped up immediately, or as soon as feasible, and the area decontaminated using an appropriate disinfectant.
- **Employees and students must wear utility gloves when cleaning contaminated equipment and surfaces.**
- Employees and students must use mechanical means (e.g., brush and dust pan or forceps) to pick up broken glassware that may be contaminated. Broken contaminated glassware must never be picked up by hand, even if gloves are used.

Regulated Waste

The Standard defines regulated waste as:

- Liquid or semiliquid blood or other potentially infectious materials.
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semiliquid state if compressed.
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling of contaminated sharps (including dental wires).
- Pathological and microbiological wastes containing blood or other potentially infectious materials (including extracted teeth).

Contaminated disposable sharps

Immediately, or as soon as feasible after use, contaminated sharps must be disposed of in **sharps containers**. Containers provided for this purpose are closable, puncture resistant, leak-proof on sides and bottom and marked with the biohazard label or color-coded red. Sharps containers are located as close as feasible to the immediate area of use.

Containers for **contaminated sharps must be kept upright while in use**. They must be replaced routinely, and must not be overfilled. If the sharps container has an un-winder to separate needles from reusable syringes, the device must be used in a safe, one-handed manner. **SHARPS container is mounted on back wall of contaminated/sterilization room.**

Containers of contaminated sharps must be closed before they are moved to prevent spills. If leakage is possible, the first container must be placed in a second container with the same characteristics as the first. Reusable sharps containers may not be opened, emptied, or cleaned manually or in any another manner that would expose employees or students to the risk of percutaneous injury.

Other regulated waste

Other regulated waste must be placed in containers that are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
- Marked with the biohazard label or color-coded red.
- Closed before removal to prevent the contents from spilling or protruding from the container during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, the container must be placed in a second container with the same characteristics as the first.

All regulated waste is disposed of according to applicable local, state, and federal laws. OSHA/TOSHA does not require regulated waste to be labeled after it is decontaminated.

Hepatitis B vaccination

Hepatitis B vaccination will be provided free of charge to all **employees** identified as having occupational exposure, unless:

- the employee previously received the complete vaccination series.
- testing reveals the employee is already immune.
- the vaccine is contraindicated for medical reasons.
- the employee chooses not to be vaccinated.

No employee will be required to participate in a prescreening program as a condition of receiving hepatitis B vaccination. See the Student Rights and Responsibilities section for informed refusal form.

An employee is entitled to refuse vaccination, but the employee must sign a form declining vaccination using the exact language in Appendix A of the Bloodborne Pathogens Standard. This is an OSHA requirement. A blank declination form is found under "Recordkeeping" tab in the Bloodborne Pathogens section. An employee who initially declines to be vaccinated may elect to be vaccinated later at no cost to the employee.

The first dose of vaccine will be administered within 10 working days of the employee's assignment to a job involving occupational exposure. Before the vaccine is made available, the employee will receive training about the efficacy, safety, method of administration and benefits of vaccination. Employees will also be told that vaccination is provided free of charge. **Students are responsible for any costs for their vaccination.**

The licensed healthcare professional selected to administer the vaccine will be provided with a copy of the Bloodborne Pathogens Standard. The employer will obtain from the healthcare professional within 15 days after the evaluation is completed a written opinion stating 1) whether hepatitis B vaccination was indicated for the employee 2) whether the vaccine was administered and 3) post vaccination testing for antibody to HBV surface antigen response is indicated. Knowledge of antibody response aids in determining

appropriate exposure prophylaxis. The employee will be given a copy of the opinion and the original will be kept in the employee's confidential medical record. **Students are required to receive hepatitis B vaccination per RSCC Admission Policy.**

Employees are not currently required to make available routine booster doses of hepatitis B vaccine. If in the future the U.S. Public Health Service recommends this service, the employer will provide it at no cost to employees (**students are not included**).

Post Exposure Evaluation and Follow-Up

The Standard defines an exposure incident as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or potentially infectious materials that results from performance of an employee's or a student's duties.

SHARPS INJURY/ Needlestick Protocol

- I. Post Exposure Protocol
 - A. First Aid
 1. **First aid for a puncture wound:**
 - a) In the event of a puncture wound from a contaminated needle, a contaminated sharp dental instrument or contaminated glass, the clinician should do the following:
 - b) Remove gloves.
 - c) Clean wound with soap and water – **do not scrub.**
 - d) No evidence of benefit for:
 - (1) application of antiseptics or disinfectants.
 - (2) squeezing ("milking") puncture site.
 - e) CDC guidelines state that use of topical antiseptics such as iodine solutions are not contraindicated.
 - f) Avoid the use of bleach or other caustic agents.
 - g) Cover the wound with a dressing.
 2. **First aid for a non-puncture exposure:**
 - a) In the event of the contamination of an open wound by patient's blood or saliva, the clinician should do the following:
 - (1) Remove gloves.
 - (2) Gently wash the wounded surface with an antimicrobial soap under running water – do not scrub.
 - (3) Disinfect the wound with iodine solution from the first aid kit.
 - b) Cover the wound with a dressing.
 3. **First aid for a mucous membrane exposure:**
 - a) In the event of a splash of blood or saliva into the eyes, nose or mouth, the clinician should do the following:
 - b) Remove gloves.
 - c) Wash nose or mouth with running water and use the eyewash station for eye exposure incident.
 4. Document the route(s) of exposure and how it occurred.
 - a) Include determining the risk associated with exposure, by type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious blood or tissue)
 - b) Include type of exposure (i.e., percutaneous injury, mucous membrane or non-intact skin exposure, and bites resulting in blood exposure.

II. Reporting the Exposure

- A. Immediately after first aid measures are taken, the student clinician or employee must report the exposure to the Program Director or Infection Control Coordinator. The Program Director will then do the following:
 1. Fill out the Tennessee Division of Claims Administration Accident Report Form (TR 0231).
 2. Request that the source patient consent to and have their blood tested for HBV, HCV and HIV as soon as possible, and report the test results to the Program Director. If HBV, HCV and HIV status are not known, document any refusal.
 3. Request that the exposed clinician consent to and have a blood sample collected as soon as possible after the exposure.
 4. Make available to the employee a confidential medical evaluation and follow-up.

III. Post Exposure Protocol (PEP) Follow-up

- A. The OSHA Standard does not provide specific recommendations for PEP. Instead, the recommendation of the evaluating health care professional regarding the use of PEP is to be based on current CDC recommendations. These are summarized in table form below and appear in Appendix F (Bloodborne Pathogen Standard) for HIV.
- B. Management of Exposure to HIV
 1. If the source patient is HIV positive or the source patient refuses to be tested, or the source of exposure is unknown; the exposed clinician's blood should be tested immediately for HIV, and tested again at six weeks, twelve weeks and six months post-exposure.
 2. During this time period the clinician will be counseled on the Public Health Service recommendation for preventing the transmission of HIV.
 3. The exposed clinician will be advised to report to the Program Director and seek medical evaluation of any acute illness accompanied by a fever that occurs within twelve weeks of the exposure incident.
 4. The exposed clinician should consider the following recommendations:

Exposure type	Infection status of source				
	HIV-Positive Class 1 [†]	HIV-Positive Class 2 [†]	Source of unknown HIV status [‡]	Unknown source [§]	HIV-Negative
Small volume**	Consider basic 2-drug PEP ^{¶¶}	Recommend basic 2-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP ^{¶¶} for source with HIV risk factors ^{¶¶}	Generally, no PEP warranted; however, consider basic 2-drug PEP ^{¶¶} in settings where exposure to HIV-infected persons is likely	No PEP warranted

* For skin exposures, follow-up is indicated only if there is evidence of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).

† HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

‡ Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

§ Unknown source (e.g., splash from inappropriately disposed blood).

** Small volume (i.e., a few drops).

¶¶ The designation, "consider PEP," indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

¶¶ If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

¶¶ Large volume (i.e., major blood splash).

C. Management of Exposure to HBV

1. If the source patient is HBV positive or the patient refuses to be tested, or the source of exposure is unknown; the exposed clinician should follow the appropriate course of action as indicated in the chart that follows:

Table – Recommended post exposure prophylaxis for exposure to Hepatitis B virus

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg [†] positive	Source HBsAg [†] negative	Source unknown or not available for testing
Unvaccinated	HBIG [‡] x 1 and initiate HB vaccine series [§]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder [¶]	HBIG x 1 and initiate revaccination or HBIG x 2 [§]	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs [¶] 1. If adequate,** no treatment is necessary 2. If inadequate, [¶] administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, [¶] no treatment is necessary 2. If inadequate, [¶] administer vaccine booster and recheck titer in 1–2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[‡] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[§] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

[¶] A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

[§] The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

[¶] Antibody to HBsAg.

D. Management of Exposure to HCV

For the source, perform testing for anti-HCV.

1. For the person exposed to an HCV-positive source
 - a) Perform baseline testing for anti-HCV and ALT activity; and
 - b) Perform follow-up testing (e.g., at 4--6 months) for anti-HCV and ALT activity (if earlier diagnosis of HCV infection is desired, testing for HCV RNA may be performed at 4-6 weeks).
 - c) Confirm all anti-HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing (e.g., recombinant immunoblot assay [RIBA™])

E. The Program Director will be responsible for recording all results of tests and outcomes on the clinician's medical record and provide all required information to the Roane State Community College Safety Committee Chair.

F. The circumstances of the exposure incident will be reviewed by Program Director to determine if procedures, protocols, and/or training need to be revised to prevent the incident from happening again.

Labeling

In the RSCC Dental Hygiene Clinic, potentially bio-hazardous materials are color-coded red or identified with the following biohazard symbol and the word “biohazard” in contrasting color in a fluorescent orange or orange-red label:

**Labels**

- Labels should be affixed or attached as closely as possible to the container, so that there is no possibility of loss. Alternately, labels can be imprinted on the container or bag.
- Red bags or red containers may be substituted for labels.
- Regulated waste that has been decontaminated need not be labeled or placed in red bags. For example, autoclaved waste would not be labeled.
- Biohazard labels are to be placed on containers of regulated waste, e.g., sharps containers.
- Laundry contaminated with blood or potentially infectious materials must also be labeled or color-coded.

Medical Records

A confidential medical record is maintained for each employee and student with occupational exposure. The medical record includes:

- The employee’s or the student’s name and social security number
- A copy of the employee’s or the student’s hepatitis B immunization status, including dates received, and any medical records relative to the employee’s or student’s ability to receive vaccination.
- And any of the following that apply:
 - Exposure incident report
 - Written opinion of health care professional
 - Form refusing hepatitis B vaccination
 - Form refusing post-exposure evaluation and follow-up.

Employee medical records for this office are maintained within the office of the Dental Hygiene Program Director. Employee medical records are kept confidential and will not be disclosed without the employee’s consent or as required by law.

Employee medical records are retained for the length of employment. Student medical records are retained for the length of attendance. Employees and students must contact the Dental Hygiene Program Director to inspect or obtain a copy of their medical records.

Training

All employees and students will be provided with training before they begin work involving occupational exposure. Thereafter, training will be provided annually, and whenever changes in tasks and procedures require. Training will be provided during work hours at no cost to the employee by someone who is familiar with the standard as it relates to the dental office. Training for students will be provided throughout the curriculum.

The Training Coordinator for the RSCC Dental Hygiene Program is Michelle Jones. Any employee or student who has questions about this exposure control plan or how it is implemented in this facility is encouraged to contact Michelle Jones.

Training will cover:

- An explanation of the Bloodborne Pathogens Standard and where a copy of the standard is filed (e.g., under "Appendices" tab) in the Bloodborne Pathogens section of the Manual.
- General information about the epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- An explanation of the Dental Hygiene Clinic exposure control plan and how to obtain a copy.
- How to recognize tasks involving occupational exposure.
- The use and limits of engineering controls, work practice controls and personal protective equipment.
- Where PPE is located and how to use, remove, handle, decontaminate, and dispose of it.
- How- to select appropriate PPE.
- The effectiveness, safety, benefits, and method of administering hepatitis B vaccine. This vaccination will be provided free of charge to employees only.
- What to do if there is an emergency spill of blood or other potentially infectious material.
- What to do if an exposure incident occurs.
- Post-exposure evaluation and follow-up that will be made available to employees and students in case of an exposure incident.
- The system of labels and color-coding used in this office to warn employees of biohazards.
- An opportunity for interactive questions and answers.

Management of Accidents in the Clinic and Laboratory

- HCLS Chem-Sorb™ Kit is located in the Classroom above Cabinet T.
- Spill Control Kit is located in Cabinet A in the Clinical facility in the Contamination Room.

Management of Non-Volatile Chemical Spills

Utilize Chem-Sorb™ according to the following instructions:

- Chem-Sorb™ is a highly absorbent material designed for the easy cleanup of liquid spills in the workplace.
- Pour Chem-Sorb™ material over the liquid until fully absorbed. Wearing safety eyewear, and nitrile gloves, and appropriate respiratory protection, pick up the absorbed material with a small dustpan and scooper. Put the material into a plastic bag and seal.
- If the spill contains blood and/or body fluids, follow up with Biological Spill Powder (HCLS Product #: (RIO-05) to disinfect the contaminated area.

Chem-Sorb™ is excellent for use on all liquids, but remember to consult the MSDS sheets for the chemicals' specific hazards.

Spills should be handled by trained personnel only! Dispose of wastes in accordance with federal, state and local regulations.

Management of Volatile Chemical Spills

1. Evacuate the immediate area closing doors to the area if it is safe to do so.
2. Inform the supervising clinic dentist and clinic instructor immediately.
 - a. The supervising clinic dentist will direct the evacuation of the clinic.
 - b. The student will call security at extension 2020 and report the location of the spill and the nature of the spill.
3. Cleanup will be accomplished by the maintenance staff.

Management of Infectious Spills

- *Clinitex Spill Control Kit* *STEPS 1-4*
 1. Microban^R is an EPA Registered antimicrobial agent utilized in several of the items contained in the *Clinitex Spill Control Kit*.
 2. Open one of the single-application bags. Identify and prepare the following components for use:
 - a. Microban Vinyl Utility Gloves
 - b. Microban Super Absorbent Media
 - c. Microban Towel
 - d. Microban Collection Band & Tie
 3. Remove the scoops, disinfectant foam cleaner, disinfectant deodorant, and Microban Hand Sanitizing Rinse. Place all items at the spill site for use in the following manner.

4. PROCEDURE

- a. Put on vinyl gloves
- b. Sprinkle super absorbent media over the area of the spill until completely covered. Within seconds, the liquid will congeal.
- c. Collect the congealed material in the cardboard scoops provided in the kit.
- d. Carefully deposit the collected material in the collection bag along with the cardboard scoop. Exercise care to avoid contaminating the exterior of the collection bag.
- e. Spray the area of the spill with disinfectant foam cleaner. Allow foam to stand for one minute. Wipe with Microban towel. Repeat spray and let stand for ten minutes. Wipe again and place the soiled towel in the collection bag.
- f. Spray the general area with disinfectant deodorant.
- g. Remove gloves and deposit in the collection bag.
- h. Close the collection bag with the twist tie and spray the outside surface of the collection bag with disinfectant deodorant. Dispose of the collection bag in accordance with applicable regulations.
- i. Return disinfectant foam cleaner and disinfectant deodorant to kit. Clean hands with Microban Hand Sanitizing Rinse and replace bottle in kit. Return kit to assigned location (Cabinet A) so it will be ready for the next spill clean-up.

Management of Mercury Spills

- Mercury Spill Kit and How-to Instructions are located in Cabinet T in the classroom.

Utilize the Mercury Magnet according to the following instructions:

1. Wear approved masks, gloves and goggles.
2. Ensure adequate ventilation.
3. Sprinkle mercury powder over spill.
4. Wet with water just enough to form a paste.
5. Ensure contact by scrubbing with plastic scouring pad.
6. Reaction is complete when ALL mercury is solidified.
7. Additional drops should be treated in the same manner (the solidified amalgam lowers the vapor pressure of mercury below the unsafe level)
8. Pick up the amalgam with the OMNI pick up magnet.
9. Place a zip lock (type) bag turned inside out over the magnet prior to collection.
10. The bag can be turned right side up thus eliminating contact during clean up. See directions and safety precautions on containers.

Carpeted areas present a problem when using the mercury magnet and its use in these areas should be avoided. The following method usually works best on carpet spills (test on small area of carpet before cleanup).

1. Pour a small amount of powder in a glass or plastic container.
2. Add water like above.
3. Stir and allow to stand 5 minutes.
4. Drain off and discard excess water.
5. Remoisten powder with water, pour over spill and proceed as above, scrubbing powder to ensure total reaction.
6. Pick up with vacuum or magnet.

Management of Fire

1. Activate the nearest fire alarm pull station.
2. Notify the Campus Security Office at phone extension 2020. Give exact location of the fire. Security will in turn contact the Fire Department and escort them to the location.
3. All occupants of the building should leave the building when the fire alarm sounds and move to a safe distance away from the building (200 feet).
4. Stairways should be used when evacuating the building. **DO NOT USE THE ELEVATOR.**

When Attempting to Extinguish a Fire Using a Portable Fire Extinguisher, Note the Following:

1. Never attempt to extinguish a fire larger than a trash can.
2. Hold the extinguisher upright and pull the ring (safety) pin breaking the plastic seal.
3. Stand back from the fire. Aim at the base of the fire.
4. Keeping the extinguisher upright, squeeze the handles together to discharge and sweep from side to side. Move closer as the fire is extinguished but not so close as to scatter the burning material or liquid. When the fire is out, back away while watching for possible re-ignition.

Remember this simple word - PASS, when using an extinguisher.

- **Pull**
- **Aim**
- **Squeeze**
- **Sweep**

FIRE EXTINGUISHERS are located in DH Classroom and DH Clinic

