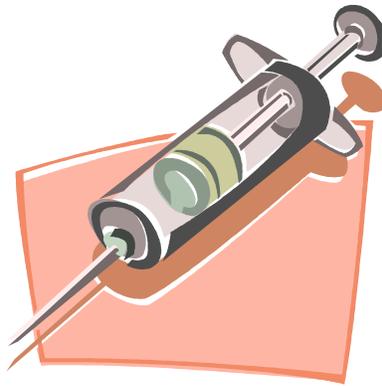


Bloodborne Pathogens Exposure Control Plan



A. PURPOSE

It is the policy of Kahlotus school district to provide a safe environment for employees and students. In accordance with board policy and the Washington Industrial Safety and Health Act (WISHA) Occupational Exposure to Bloodborne Pathogens standard (WAC 296-823), this district has developed the following Exposure Control Plan. This Exposure Control Plan has been adopted by the school district as an element of the Accident Prevention Program (Safety Program). The purpose of this exposure control plan is to:

- 1) Eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM);
- 2) Identify employees occupationally exposed to blood or other potentially infectious materials while performing their regular job duties;
- 3) To provide employees exposed to blood and OPIM information and training and,
- 4) Comply with all requirements as set forth in the WISHA Bloodborne Pathogens standard.

All employees whose tasks may expose them to blood, body fluids, or other potentially infectious materials shall be provided with a copy of this Exposure Control Plan or shall have access to it during their work shift and shall receive training as described herein. A copy of the plan can be found in the school office.

B. ADMINISTRATION AND COMPLIANCE

The district superintendent or designee is the administrator of this plan and is responsible for its implementation.

C. OCCUPATIONAL EXPOSURE IN THE SCHOOL DISTRICT

The Kahlotus school district has performed an exposure determination for all common job classifications that may incur occupational exposures to blood or other potentially infectious materials. Occupational exposure means “reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing of the skin) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties”. This exposure determination is made without regard to the use of personal protective equipment (PPE). Employees who are identified as having occupational exposure as listed below are required to comply with the procedures and work practices outlined in this exposure control plan.

1. Category One

All employees in the following job classifications may reasonably anticipate having an occupational exposure to bloodborne pathogens:

- School nurses and at-risk employees in the health occupations who provide physical care in which blood or blood tinged body fluids are present (suctioning, first aid, injections, etc.).
- Teachers and aides providing physical care with exposure to blood or blood tinged bodily fluids; e.g., first aid, feeding, diapering, work in classrooms for the developmentally disabled, medical needs students, and anyone with open cuts, abrasions, or skin disease or have contact with aggressive students who may bite or scratch.
- Bus drivers who transport students described above; i.e. the developmentally disabled, medical needs students and anyone with open cuts, abrasions, or skin disease.
- Classroom contacts with a student who is an HBV carrier
- Therapists (Physical, Communication, Occupational) providing therapy to students described above; i.e. the developmentally disabled, students who are HBV carriers and who behave aggressively (biting, scratching) or have special medical problems, such as open skin lesions that increase the risk of exposure to their blood or serous secretions.
- Coaches, assistants and physical education teachers who are required to provide first aid as part of their job classification (all coaches in Washington State schools).
- First aid providers who are required to provide first aid as a part of their job classification. (Note: Not all persons who have first-aid cards are required to provide first aid.).
- Custodians who clean and dispose of bloody wastes and/or who police areas with contaminated wastes (discarded drug paraphernalia, condoms, etc.).

2. **Category Two**

Some of the employees in the following job classifications could potentially be exposed to blood and/or body fluids in the performance of their duties resulting in an occupational exposure to bloodborne pathogens:

- Science teachers
- Special Education teachers and paraprofessionals
- Preschool teachers
- Staff playground monitors/aides
- Staff school crossing guards
- Vocational education teachers
- Physical education teachers
- Health Services Coordinators
- Athletic referees
- Plumbers and maintenance personnel who maintain bathroom and cleaning solution disposal facilities
- Teachers other than those listed in Category One

- Substitutes, classified and certificated
- Bus Drivers other than those in Category One

Employees in Category Two should examine the Tasks and Procedures list and then consult with their supervisors to determine if they are to be offered pre-exposure HBV vaccinations.

3. Tasks and Procedures

The following are “Tasks and Procedures” that may be performed in this school district and include a risk of exposure to bloodborne pathogens:

- Medical treatments and procedures
- Physical therapy exercises
- Occupational therapy exercises
- First aid procedures
- Athletic procedures commonly involving damage to skin or mucous membranes
- Athletic therapy procedures
- Vocational educational procedures involving equipment and tools which, unless properly operated, may cause injury to the skin or mucous membranes, i.e. wood & metal shops, arts & crafts, etc.
- Health Services educational procedures
- Toilet procedures
- Laundering of contaminated clothing, uniforms, towels, etc.
- Cleaning procedures involving blood or body fluid visibly contaminated with blood
- Plumbing procedures involving maintenance and repair of bathrooms or cleaning solution disposal areas
- Interaction with students known to bite and scratch
- Use and disposal of hypodermic needles
- All “sharps” use and disposal procedures in laboratory, classroom, kitchen, shops, maintenance and other settings
- All procedures involving equipment or materials which may cause injury to skin or mucous membrane

D. COMPLIANCE METHODS

1. Universal Precautions

All employees of the Kahlotus school district are required to know and follow “universal precautions” as described by the Center for Disease Control (CDC). “Universal precautions” recognizes all body fluids as though they are infected with bloodborne pathogens. This requires that all employees of the district to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne

pathogens. Where differentiation of types of body fluid is difficult or impossible, all body fluids are to be considered as potentially infectious.

2. Engineering Controls and Work Practices

Engineering controls and work practices will be used by all employees to eliminate or minimize occupational exposure to bloodborne pathogens. The following controls are to be used:

- a. Hand washing facilities are readily accessible to all employees who have a potential for exposure. Waterless antiseptic hand cleansers or antiseptic towelettes are available to employees at risk of exposure if running water is not readily available (e.g. bus drivers). If waterless cleansers or towelettes must be used, the employee must follow-up with a soap and water wash as soon as possible.

Employees will wash their hands with soap and water:

- ♣ after removal of gloves or other personal protective equipment;
- ♣ after contact with blood, body fluids, or OPIM;
- ♣ when work is completed and before leaving for home;
- ♣ before eating, drinking, smoking, applying cosmetics, changing contact lenses or using the bathroom;
- ♣ before activities that entail hand contact with mucous membranes, eyes, or breaks in the skin;
- ♣ after using the restroom

If blood or OPIM contacts mucous membranes, those areas will be washed or flushed with water immediately or as soon as possible.

- b. Contaminated sharps shall, after use, be disposed of in the following manner:

- The person using the sharp instrument or item shall be responsible for its proper disposal immediately after use.
- All sharp items shall be placed in a closing, leak-proof, rigid, puncture-resistant, break resistant container, which is conspicuously, and/or color-coded, located as close as possible to the operation requiring sharps.
- Contaminated needles and other contaminated sharps must not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
- Use mechanical means (i.e. tongs, forceps, broom and dust pan) when cleaning up broken glass.

- c. Reusable items such as hand tools, equipment, etc., will be decontaminated using approved methods prior to re-use. A solution of one part household bleach in ten parts water (1:10) is an approved disinfectant for contaminated objects. All reusable contaminated items will be removed or secured from the work

environment and labeled with a biohazard warning label until decontamination is completed.

- d. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to prevent or minimize any splashing, spraying, or spattering of blood or other potentially infectious materials.
- e. Employees are prohibited from eating and drinking, applying cosmetics or lip balm, and handling contact lenses in areas where injuries or illnesses are treated or where there is reasonable likelihood of exposure to blood or other potentially infectious materials.
- f. Food and drink must not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or OPIM are present.

3. Personal Protective Equipment (PPE)

Where there is an occupational exposure, the district will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. Employees are required to use appropriate protective equipment for the task they are performing, and will receive training on the proper use of the PPE provided.

- a. The use of gloves is indicated and **MUST BE WORN**:
 - Where it is reasonable anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.
 - When the employee has cuts, abraded skin, chapped hands, or other non-intact skin and exposure to blood or other potentially infectious materials is reasonably anticipated.
 - When handling or touching contaminated items or surfaces.

Gloves shall be of appropriate quality and material and shall comply with the standards of safety for the procedures performed. Hypoallergenic gloves, glove liners, powderless gloves or similar alternatives will be made available to those employees who are allergic to the gloves normally provided. Disposable gloves shall be single-use, are not to be washed or decontaminated for re-use, and shall be replaced and disposed of as soon as practical when they become contaminated or if they are torn, punctured, or when their ability to function as a barrier is compromised. Reusable utility gloves shall be decontaminated after each exposure to body fluids provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit any other signs of deterioration.

- b. Eye protectors or facemasks will be available and are required to be used whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- c. Appropriate protective clothing such as gowns, aprons, and lab coats may be worn depending on the task and degree of exposure anticipated.
- d. Resuscitation barrier equipment shall be provided in the event resuscitation is necessary.
- e. All personal protective equipment must be inspected prior to use to verify that it is in good condition.
- f. All contaminated or potentially contaminated personal protective equipment must be removed and placed in the appropriate area or container upon completion of the task and prior to leaving the work area.
- g. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

4. Housekeeping

- a. General Housekeeping Procedures

All equipment and work surfaces must be cleaned and decontaminated with an appropriate disinfectant as soon as possible after any contact with blood or other potentially infectious material.

Employees must wear appropriate personal protective equipment during all cleaning of blood or other potentially infectious materials.

Initial clean up of blood or OPIM must be followed with the use of a disinfectant chemical germicide or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted 1:10 to 1:64 (1/4 cup bleach per one gallon of water) with water.

Broken glassware, which may be contaminated, is not to be picked up by hand, but cleaned up by using a broom and dustpan or other appropriate tools.

Employees, who handle or empty waste containers must not unnecessarily handle, squeeze or push down waste with hands or feet. Waste should only be pushed or tamped down with a device that removes the hands or feet from contact with the waste. This could be accomplished with something as simple as a 2x4 board.

Restroom waste containers should be lined with a strong, leak-proof plastic liner. The liners should be long enough to enable employees to gather the top of the bag and

remove it without coming into contact with the contents or the interior of the liner. Employees will wear impervious utility gloves while handling waste and during general restroom cleaning. Employees will wash their hands with soap and water immediately after removing the gloves.

b. Regulated Waste

Regulated waste (see definition) must be disposed of in accordance with state, county or local health district regulations.

After use, disposable sharps are to be placed in the “sharps” container. The container shall be closable; puncture resistant; leakproof on sides and bottom; and labeled or color-coded as required. Employees shall not reach into such container with their hands. Sharps disposal containers are available at:

- Each nurse’s station
- Maintenance department
- Transportation department

Other regulated waste must also be placed in closable, leakproof containers that are labeled or color-coded properly.

c. Laundry

The following items are used in this school district and may be exposed to blood or body fluids:

- Sheets
- Pillowcases
- Blankets
- Towels
- Clothing (including athletic uniforms)

Contaminated laundry (see definition) shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed.

Contaminated laundry shall be placed in a bag or container marked with the biohazard symbol. Should the outside bag become contaminated, double bagging is required. For wet laundry, the bags should be strong enough to hold the contents and be leak-proof.

Employees who handle or have contact with contaminated laundry shall wear gloves at a minimum. Wet laundry may require additional personal protective equipment; e.g. aprons, waterproof shoes, utility gloves.

The district is responsible for the procedures used and any expense incurred in laundering and disinfecting of contaminated linen, towels, and athletic uniforms. Student clothing should be sent home for washing bagged and with appropriate directions to parents.

5. Contaminated Disposable Material

The following disposable equipment and material is used in this school district and may come in contact with blood or body fluids, and could potentially expose employees to HIV/HBV or other bloodborne pathogens:

- Tongue Depressors
- Cotton applicators
- Gauze pads and bandages
- Gloves (single use)
- Diapers
- Used tissues
- Feminine hygiene products

Contaminated disposable equipment and/or material should be handled with disposable gloves and should be segregated and disposed of in a leak-proof plastic bag which shall be available in the room where the item is used.

6. Contaminated Reusable Equipment

The following reusable equipment is used in this school district and may come in direct contact with blood or other body fluids and could potentially expose employees to HIV/HBV:

- Athletic equipment such as wrestling and gymnastic mats
- Earphones
- Toys
- Garbage cans
- Cleaning tools, i.e., mops, mop bucket, dust pan, broom, and brushes
- Utility gloves

If an incident occurs where the body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing an activity to continue. During athletic events an ample supply of towels should be available. Disposable towels and tissues are recommended. **Towels must be used for one individual only and then disposed of in an appropriate receptacle.** “Competitors who are bleeding, have an open wound or blood on the uniform shall not participate in an event until proper treatment has been administered. . . The bloodied portion of the uniform must be properly disinfected or the uniform changed before the athlete may participate.” (WIAA Sport Rules).

Mops should be soaked in disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Non-disposable cleaning equipment (buckets) should be thoroughly rinsed in the disinfectant. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or OPIM must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination. Gloves must be worn during all cleaning and disinfecting procedures. After complete, remove gloves and wash hands.

Utility gloves may be decontaminated for re-use provided the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

7. Signs and Labels

Biohazard warning labels shall be affixed to all containers containing blood or other potentially infectious material designated as “regulated waste.”

Warning labels will include the biohazard symbol and will be fluorescent orange, or orange-red, or predominately so, with lettering and symbols in a contrasting color.

Warning labels will be affixed to containers by tape, string, wire, or adhesive in order to prevent their unintentional removal. Labels are not required when red bags or red containers are used.

8. Hepatitis B Vaccination

Hepatitis B vaccinations shall be offered to employees identified as likely to experience occupational exposure. The vaccination will be provided by the school district at no cost to the employee. Vaccinations will be provided to employees during normal working hours and any travel expenses incurred will be borne by the employer.

Vaccinations are encouraged and will be provided after the employee has received the training outlined in this plan, but within 10 days of assignment to duties unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination; or
- the employee chooses not to participate

A copy of the health care professional’s written opinion will be provided to the employee.

Vaccinations will be provided by a Professional Health Care Provider of the school district’s choosing or the Local Health District.

Employees for whom the vaccine is contraindicated will still be covered by all other portions of this plan.

If the Healthcare Professional decided the hepatitis B vaccine is contraindicated, he/she will so indicate that in the report to the district.

Routine booster dose(s) of the HBV vaccine shall be provided in accordance with U.S. Public Health Service recommendations at no cost to the employee if required.

If an employee declines the vaccinations, the employee will be required to document that refusal on the HBV Declination Statement form which will be maintained in the employee's medical record for the duration of employment plus 30 years. If, however, an employee subsequently decides to have an HBV vaccination, it will be made available under the same terms and conditions as stated above.

All school district employees will be offered a post-exposure HBV vaccination if an occupational exposure incident occurs.

E. FOLLOW-UP PROCEDURES AFTER POSSIBLE EXPOSURE TO BLOODBORNE PATHOGENS

1. Documentation and Testing:

If an exposure incident occurs (i.e. an employee comes into contact with blood or OPIM), provide the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes. Report the incident to your supervisor immediately in the school office. An exposure incident report form (pages 21-22) as well as an accident report form must be completed. The supervisor must also contact the insurance department at ESD 112 (360-750-7504).

Following a reported exposure incident, the exposed employee will receive a confidential medical evaluation. The evaluation will include:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the district can establish that identification is infeasible or prohibited by state or local regulations).
- Obtain consent and arrange to test the source individual (if a student, must contact parent or guardian) as soon as possible to determine HIV and HBV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. Check with your local health department.
- Document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.

- Provide the exposed employee with the source individual's test results if the source individual, or the parents or guardian, has given permission.
- Provide the exposed employee information about laws on confidentiality for the source individual.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident, and test for HBV, HCV, and HIV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if exposed employee elects to have the baseline sample tested during this waiting period, perform the testing as soon as feasible.

While this school district will always strive to comply with the requirements of the WISHA Bloodborne Pathogens regulation, the district will also use every precaution to protect the privacy of each individual in accordance with all applicable Washington State laws and all regulations issued by the Office of the Superintendent of Public Instruction.

Exposed employees shall have post-exposure prophylaxis made immediately available as recommended by the U.S. Public Health Service when medically indicated. Post exposure prophylaxis includes HBV immunization series if not already completed. Post exposure immunizations must be initiated within 24 hours of exposure for optimum results.

Any employee who declines a post exposure evaluation must sign a statement of declination.

Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile (feverish) illness within the 12 weeks following exposure.

The employer must ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

2. Information to Healthcare Professional:

The district shall ensure that the following information is provided to the Healthcare Professional performing the post-exposure evaluation:

- A copy of the WISHA's bloodborne pathogens standard
- A description of the employee's duties relating to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred
- If possible, results of the source individual's blood test
- All relevant medical records of the employee, including vaccination status, and any known information on other findings maintained by healthcare professionals; e.g. information from earlier exposure incidents

3. Healthcare Professional's Written Report to the Employer:

The district will obtain and provide a copy of the healthcare professional's written opinion on post-exposure evaluation to the employee within 15 days of the completion of the evaluation:

- If the health care professional provides the written opinion directly to the employee, the district is not required to provide the report.
- If the employee's personal health care professional completes the evaluation, the district is not required to obtain the health care professional's written opinion.

This report shall be limited to:

- Whether or not the employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment.

4. Review of Exposure Incidents

The plan administrator will review the circumstances of all exposure incidents to determine:

- Why the exposure incident occurred;
- If procedures were being followed; and
- If procedures, protocols, and/or training need to be revised.

If it is determined that revisions need to be made, the plan administrator will ensure that appropriate changes are made to this plan. Documentation of this evaluation should accompany the exposure report.

F. EDUCATION AND TRAINING OF EMPLOYEES

All public school employees are required by the State of Washington (WAC 392-198: Training-School Employees-HIV/AIDS) to receive appropriate education and training about the transmission, prevention, and treatment of HIV/AIDS. This school district will provide newly hired school district employees this training within six months from the first day of employment in the district. It is highly recommended that similar training for the Hepatitis B virus be provided concurrently.

All employees whose job functions involve the risk of occupational exposure to blood or body fluids shall receive appropriate education and training prior to the commencement of their duties, annually thereafter, and when changes in task or procedures take place that affect occupational exposure.

Such education and training shall, at a minimum, include:

- Training by a person knowledgeable in the subject matter
- Access to a copy of the WISHA regulation WAC 296-823, Occupational Exposure to Bloodborne Pathogens, and an explanation of its contents. A personal copy of the regulations will be provided to any employee who requests one.
- Information on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases (HIV/HBV/HCV).
- An explanation of the use and limitations of engineering controls, work practices, and PPE.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- An explanation of the employer's exposure control plan and means by which the employee can obtain a copy of the written plan.
- An explanation of Universal Precautions.
- Training in the selection, types, use, location, handling, removal, decontamination, and disposal of PPE.
- Information on the HBV vaccine, including its efficacy, safety, method of administration, offered free of charge and the benefits of being vaccinated.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, methods of reporting the incident, and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up following an exposure incident.
- An explanation of the signs, labels, tags, and/or color-coding used to denote biohazard.
- An opportunity for interactive questions and answers with the persons conducting the training.

Training records will be completed for each employee upon completion of training. These records will include:

- Date of training
- Summary of contents
- Name(s) and qualifications of person conducting the training sessions
- Names and job titles of all persons attending the training sessions

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be made available to employees, their representatives, and appropriate government representatives upon request within 15 working days from the district's Human Resources/Personnel department

G. RECORDKEEPING

1. Medical Records

The district will maintain a medical record for each employee whose duties include potential occupational exposure, in compliance with WAC 296-802, "Employee Medical and Exposure Records". These records will include:

- Name and Social Security number of the employee
- A copy of the employee's HBV vaccination status, including the dates of vaccination and any medical records regarding the employee's ability to receive the vaccination
- The HBV declination statement for employees who decline the vaccination
- A copy of any healthcare professional's written report to the employer involving post-exposure incidents
- A copy of any information provided to a healthcare professional regarding the possible exposure.

The Human Resources/Personnel department is responsible for maintaining medical records.

Such records will be kept confidential and will not be disclosed to any person, except as required by law, without the express written consent of the employee.

Employee medical records must be maintained for at least the duration of employment plus 30 years.

Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

2. Sharps Injury Log

In addition to WAC 296-27, Recordkeeping Requirements (OSHA 300 log), all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:

- Date of injury
- Type and brand of the device involved
- Where the incident occurred
- How the incident occurred

This log will be maintained in a way that protects the confidentiality of the injured employee. Copies that are provided upon request must have any personal identifiers

removed. The log will be reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year

H. EVALUATION AND REVIEW

The plan administrator is responsible for review of this program and its effectiveness, and for updating as needed, at least annually or whenever necessary, to include new or modified tasks and procedures.

I. POLICY FOR VOLUNTARY WORKPLACE FIRST AID AND OTHER UNANTICIPATED CONTACTS

This section is intended to apply only to employees who perform infrequent, voluntary, “good samaritan” first aid activities. This policy is also intended to apply to employees who may have unanticipated, potential occupational exposures to blood or other potentially infectious materials.

A voluntary, “good samaritan” first aid provider:

- Does not render first aid as primary job duty
- Renders first aid only as a collateral duty
- May respond only to work place injuries on a non-routine basis
- Is not obligated by the district to render first aid assistance

Any employee responding to help another person with a first aid situation that involves the presence of blood or OPIM shall as a minimum put on gloves and be careful not to allow the blood or OPIM to come into contact with any part of the body or clothing.

Contaminated gloves or clothing should be removed as soon as possible after the incident. They will be placed in an impervious plastic bag as near as possible to the incident to control the spread of contamination.

Hands must be washed with soap and water immediately after removing gloves. Any other affected body surfaces will be washed immediately with soap and water. If there is exposure to the mucous membranes, flush with water immediately or as soon as possible.

Employees will report all first aid responses and incidents to their supervisor/principal before end of work-shift when first aid incident occurred (regardless of use of PPE).

The supervisor or designee will determine if an “exposure incident” occurred. If exposure incident occurred, follow the district’s bloodborne pathogens procedures found on pages 19-20 of this document.

DEFINITIONS

AIDS: Acquired Immunodeficiency Syndrome, the most severe manifestation of infection with the human immunodeficiency virus (HIV).

Antibody: Substance that a person's immune system develops to help fight infection.

Asymptomatic: Having a disease-causing agent in the body but showing no outward symptoms of disease. An infected person, even without symptoms, is capable of transmitting a disease to others.

Blood: Refers to human blood, human blood components, and products made from human blood. The term "human blood components" includes plasma, platelets, and serosanguinous fluids (e.g. exudates from wounds).

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Other examples include hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, Creutzfeldt-Jakob disease, Human T-lymphotrophic Virus Type 1, and viral hemorrhagic fever.

Centers for Disease Control (CDC): Federal health agency, which is a branch of the U.S. Department of Health and Human Services. CDC provides national health and safety guidelines and statistical data on AIDS and other diseases.

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

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

Contaminated Sharps: 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.

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

Engineering Controls: Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. "Non-intact skin" includes skin with dermatitis, hang nails, cuts, abrasions, chafing, etc.

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

HBV: Hepatitis B virus is a viral infection that affects the liver. The effects of the disease on the liver can range from mild to severe or fatal.

High-Risk Behavior: A term that describes certain activities that increase the risk of transmitting HIV or HBV. These include anal intercourse, vaginal intercourse without a condom, oral-anal contact, semen in the mouth, sharing intravenous needles and intimate blood contact.

HIV: Human Immunodeficiency Virus.

Immune System: A body system that helps resist disease-causing germs, viruses or other infections.

Infection: A condition or state of the body in which a disease-causing agent has entered it.

Mucous Membrane: A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus or urethra.

Non-intact Skin: Skin that is chapped abraded, weeping or that has rashes or eruptions.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. The term "reasonably anticipated" includes the potential for exposure as well as actual exposure.

Other Potentially Infectious Materials (OPIM):

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead), and
- HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral: The piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Pathogen: A disease-causing substance.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro-biological wastes containing blood or other potentially infectious materials.

Sharps: (see Contaminated Sharps)

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life.

Syndrome: A collection of signs and symptoms that occur together.

Universal Precautions: An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Vaccine: A substance that produces or increases immunity and protection against a particular disease.

Virus: An organism that causes disease.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

EXPOSURE INCIDENT PROCEDURE

For The Exposed Employee:

Steps to follow in the event of exposure to blood or other potentially infectious materials:

1. Immediately and thoroughly clean or flush the area of direct contact.
2. Report incident immediately to your supervisor. Determine if the exposure was a significant exposure incident, i.e. blood or OPIM contacted eyes, mouth, other mucous membrane, and non-intact skin or there was a piercing of the skin or mucous membrane by a contaminated item. If yes go to step 3. If no, go to step 4.
3. If it is determined to be a significant exposure incident contact a licensed health care professional or your county health department immediately. Current recommendation is that treatment begins within 2 hours of exposure.
4. Contact licensed health care professional or your local health department within 24 hours for determination of the need for post exposure medical evaluation and follow-up.
5. Complete the exposure incident documentation form.
 - Document the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - Identify and document the name of the source individual if feasible;
 - Identify and document the name, address, and telephone number of the health care professional who will evaluate the need for post-exposure medical evaluation and follow-up;
6. Complete Report of Accident/Injury as soon as feasible.
7. Report incident to the ESD 112 Insurance Department @ 360-750-7504. They will provide additional information and forms. (Supervisor may do this)
8. Receive copy of healthcare professional's written opinion. Follow through on the advice of the licensed health care professional.
9. Submit licensed health care professional's bill to Personnel Office.
10. Abide by any applicable laws and regulations concerning disclosure of the identity and infectious status on the source individual.

For The Immediate Supervisor:

Steps to follow in the event of an employee's exposure to blood or other potentially infectious materials:

1. Using the exposure incident documentation form, assist the exposed employee with completing the following:
 - Exposed employee information
 - Exposure incident information
 - Source individual information
2. Assist the exposed employee with contacting the identified health care professional for determination of the need for medical follow-up if the employee has not done so. Explain to the employee that the vaccination and follow-up is "at no cost to the employee."
3. Send all completed documents to the personnel office as soon as possible.
 - Exposure incident documentation form (completed through the fourth item under Post-Exposure evaluation information).
 - Report of accident or injury form
4. Abide by any applicable laws and regulations concerning disclosure of the identity of the source individual.

For The Personnel Department:

Steps to follow in the event of an employee's exposure to blood or other body fluids:

1. Place all documentation of the exposure incident in the employee's medical file:
 - Exposure incident documentation form (complete through the third item under post-Exposure Evaluation Information).
 - Report of accident or injury form (district form)
 - Exposed employee consent form.
2. If post-exposure medical evaluation is considered necessary, provide the following information to the evaluation health care professional:
 - A copy of Chapter 296-62-08001 WAC;
 - A copy of the exposure incident documentation form
 - All medical records relevant to the appropriate treatment of the employee including hepatitis B vaccination status, which are the employer's responsibility to maintain.
3. Complete the final items on the exposure incident documentation form.
4. Establish and maintain an accurate record, pre-exposure incident, for each employee, in accordance with WAC 296-62-052, including:
 - The name and social security number of the employee
 - A copy of the employee's hepatitis B vaccination status including the date of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
 - A copy of all results of examinations, medical testing, and follow-up procedures required.
 - The employer's copy of the health care professional's written opinion;
 - A copy of the information provided to the health care professional
5. Provide employee a copy of the healthcare professional's written opinion.
6. Ensure that employee medical records are:
 - Kept confidential
 - Not disclosed or reported without the employee's express written consent to any person within or outside the work except as required by law.
7. Maintain employee medical records for at least the duration of employment plus thirty years.

For The Healthcare Professional:

1. Evaluate the exposure incident.
2. Arrange for testing of the employee and the source individual.
3. Notify employee of results of all testing.
4. Provide counseling.
5. Provide post-exposure prophylaxis.
6. Evaluate reported illnesses.
7. Send (only) the written opinion to the employer. This includes documentation that the employee was informed of the evaluation results and the need for any further follow-up, and whether hepatitis B vaccine is indicated and if vaccine was received.