

**WHITE RIVER SCHOOL DISTRICT**  
**EXPOSURE CONTROL PLAN AND PROCEDURES**

**No. 6512P**

**DEFINITIONS:**

Refer to the WISHA STANDARD – WAC 296-62-08001

**RESPONSIBILITY:**

**Superintendent/Assistant Superintendent:**

1. Assures that initial training regarding the Exposure Control Plan is included in the orientation of new employees.
2. Assures the maintenance of training records for a minimum of three (3) years from the date of presentation.
3. Assures that the procedures of the Exposure Control Plan are understood and carried out by the employees under his/her direction.

**Director of Human and Administrative Services**

1. Assures a copy of the Exposure Control Plan is available in each building faculty room.
2. Assures that the procedures of the Exposure Control Plan are understood and carried out by the employees under his/her direction.
3. Assures the annual training of employees in job classifications where reasonable occupational exposure may occur.
4. Assures the annual review/revision of the Exposure Control Plan.
5. Assures the maintenance of annual training records for a minimum of three (3) years and immunization records for duration of employment.
6. Assures the maintenance of exposure incident records for the duration of employment plus 30 years.

## **Director of Business and Operations Services**

1. Assures the provision and distribution of all necessary supplies, equipment and engineering controls for a safe working environment.
2. Assures that the procedures of the Exposure Control Plan are understood and carried out by the employees under his/her directions.

## **District Safety Committee:**

1. Investigates and initiates action to correct any unsafe condition/occurrence reported.

## **School Nurse:**

1. Acts as the infection control representative in his/her building.
2. Evaluates any occupational exposure and makes the appropriate referral for post-exposure evaluation, counseling and follow-up as indicated.
3. Assists with annual staff training session.
4. Assures that the procedures of the Exposure Control Plan are understood and carried out by the employees under his/her direction.
5. Coordinates with the Executive Director of Business and Operations Services, the ordering of protective supplies and equipment.
6. Reports potential exposure incidents to the District Safety Committee for further evaluation, investigation and action.

## **Employee:**

1. All employees are required to adhere to the policies and procedures which are applicable to their specific work environment and follow universal precautions whenever an exposure to blood or other potentially infectious material is anticipated.
2. All employees not designated as working in job positions which may have a reasonable anticipated risk of exposure will avoid contact with blood and other potentially infectious materials by referring the person to a designated first-aid provider unless the injured person's life is in jeopardy.
3. All employees will report any unsafe conditions and incidents as they relate to the Exposure Control Plan to their immediate supervisor and/or the school nurse.
4. All designated employees will attend annual training sessions.

## **EXPOSURE DETERMINATION;**

The following exposure determinations are made without regard to the use of personal protective equipment.

A. List of all job classifications in which all employees may have a reasonable anticipated risk of an occupational exposure.

- |   |   |
|---|---|
| 1. School Nurse                                   | 14. DLC SPED Teachers<br>(High School)              |
| 2. Health Clerk                                   | 15. DLC SPED ParaEducator<br>(High School)          |
| 3. Playground Supervisor                          | 16. Pre-School SPED Teacher<br>(Mt. Meadow)         |
| 4. Plant Manager                                  | 17. Pre-School SPED ParaEducator<br>(Mt. Meadow)    |
| 5. Custodian                                      | 18. Secretarial Staff<br>(with health clerk duties) |
| 6. PE Teacher                                     | 19. Security Personnel                              |
| 7. Shop Teacher                                   | 20. Bus Drivers of Special Needs<br>Students        |
| 8. Light House SPED Teacher<br>(Elementary)       | 21. Principals                                      |
| 9. Light House SPED ParaEducator<br>(Elementary)  | 22. Assistant Principals                            |
| 10. Bridges SPED Teacher<br>(Elementary)          | 23. Kids Klub Worker                                |
| 11. Bridges SPED ParaEducator<br>(Elementary)     | 24. Head Wrestling Coaches<br>(WRHS & WRMS)         |
| 12. Pathways SPED Teacher<br>(Middle School)      | 25. Athletic/Activities Director                    |
| 13. Pathways SPED ParaEducator<br>(Middle School) | (List Updated August 30, 2004KB/tm)                 |

Employees who have not been designated as first-aid providers will avoid whenever possible direct contact with blood or other potentially infectious materials. Care of the injured person will be referred to a designated person as long as the injured person's health is not in jeopardy.

## **HEPATITIS B VACCINATION;**

The Hepatitis B vaccination series will be made available at no expense to all employees whose job classification has been identified as including a reasonably anticipated risk of direct contact with blood or other potentially infectious materials. The vaccine will be administered by a licensed health-care professional at a reasonable time and place to be arranged by the employee and the Office of the Director of Human and Administrative Services. The series must be initiated within ten (10) working days of the initial assignment unless the employee refuses vaccination, has previously completed the vaccine series or is immune. Pre-vaccination testing, if indicated, will be provided at the employer's expense. Testing for immunity after vaccination is not recommended routinely but may be advisable for persons for whom a suboptimal response

may be anticipated, such as those who have received vaccine in the buttock, persons <50 years of age, and persons known to have HIV infection. Post-vaccination testing should also be considered for persons at occupational risk who may have needlestick exposures necessitating post-exposure prophylaxis. When necessary, post-vaccination testing should be done between 1 and 6 months after completion of the vaccine series to provide definitive information on response to the vaccine. This decision to test for immunity is made by a licensed health care professional and is paid for by the employer.

Hepatitis B vaccination is not a condition of employment. If an employee initially declines hepatitis B vaccination and at a later date reconsiders while continuing to work in a designated at-risk classification, the district will provide the vaccination series at no cost when requested.

Routine booster dose(s) of hepatitis B vaccine will also be provided if at a future date the standard of care includes a recommended routine booster.

Employee vaccinations shall be documented and maintained in the employee's personnel file.

### **CONTROL METHODS:**

#### A. Universal precautions

The term "universal precautions" refers to a method of infection control in which all blood and other body fluids are treated as if they are infectious. No distinction is made between body fluids from persons with a known disease or those from persons without symptoms or an undiagnosed disease. The key components of this technique are addressed in the following sections and the attached "Guidelines for Handling Body Fluids in Schools" (Attachment #2).

#### B. Work practice controls

Employees are prohibited from eating and drinking, applying cosmetics or lip balm, and handling contact lenses in the student health room, laundry area, lab area, or any other work area where there is a reasonable likelihood of exposure to blood or other potentially infectious material. In addition, employees are prohibited from storing food or drink in refrigerators, freezers, shelves, cabinets or counter tops where blood or other potentially infectious material may be present.

Direct skin contact with body fluids should be avoided. If an exposure event occurs, the hands or other body parts should be washed with soap and running water as soon as is feasible. If hand-washing facilities are not immediately available antiseptic hand towelettes may be used for immediate cleansing with follow-up soap and running water cleansing when facilities are available.

Alternative practices such as providing an absorbent pad or tissue for the injured person to use in applying pressure to the site and referral to designated first-aid providers will be followed.

Students will be encouraged to clean their own wounds/scrapes, etc. There will be no sharing of towels and/or other absorbent materials between students.

Hands will be washed after removing gloves.

Blood or other potentially infectious body fluid spills will be cleaned up immediately using an absorbent material (paper towels or an absorbent agent) and the contaminated area disinfected with an Environmental Protection Agency (EPA) approved tuberculocidal agent.

## C. Engineering controls

### 1. Sharps

Contaminated needles and other contaminated sharps will not be bent, recapped or modified/manipulated in any way. They must be discarded in sealed, puncture-proof containers which have been appropriately labeled in accordance with the Tacoma-Pierce County Health Department Waste Management policy. A one or two liter disposable soda bottle may be used for the disposal of occasional used syringes, needles or other sharps, but a specific red, sharps container is required when potentially infectious sharps are generated on a regular basis. All sharps containers must be labeled as a biohazard, sealed and marked with instructions not to crush.

Broken glassware or other items which may cause an injury are not to be picked up directly with the hands. A brush/broom and dust pan or other mechanical means such as tongs or forceps will be used to place the items in a covered and labeled, puncture-proof container for appropriate disposal. Protective eyewear should be used.

### 2. Gloves

Gloves will be worn whenever direct hand contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning wounds, cleaning soiled areas). All gloves will be removed prior to leaving the work area and hands will be washed with soap and running water after glove removal.

Disposable (single use) gloves will be replaced as soon as possible if they become torn or punctured and are no longer effective barriers to prevent exposure. Disposable gloves will not be washed or decontaminated for re-use. Used gloves will be put in a plastic bag or lined trash can and discarded daily.

Utility gloves may be used to disinfect contaminated areas or spills. These heavy-duty gloves may be cleansed and disinfected for re-use if they show no signs of deterioration. If their barrier function is compromised in any way they will be discarded in the same manner as the disposable gloves.

### 3. Laundry

Disposable towels and tissues are recommended. Towels must be used for one individual only and then disposed of in containers located as close as possible to areas where used.

Contaminated laundry will be handled as little as possible with a minimum of agitation.

Contaminated laundry will be placed and transported in leak-proof bags or containers which are appropriately labeled. Contaminated laundry will not be sorted.

Employees who have contact with contaminated laundry will wear gloves and other protective equipment (e.g., water-resistant apron). The elimination of potentially infectious agents from laundry may be accomplished by appropriate washing with soap, water and ½ cup of household bleach (sodium hypochlorite) to the wash cycle.

Student clothing should be placed in a plastic bag and sent home with appropriate instructions for handling and washing.

### 4. Housekeeping practices

Any materials which may be saturated with blood or other potentially infectious fluids will be placed in a plastic trash bag and saturated with an Environmental Protection Agency (EPA) approved disinfectant or fresh household bleach solution (sodium hypochlorite) diluted 1:10 prior to disposal in accordance with the Tacoma-Pierce County Health Department Waste Management policy.

All containers, bins, trash cans, or re-usable receptacles which are used for the disposal of contaminated materials will be lined with plastic bags and inspected/decontaminated on a daily basis.

Equipment or surfaces which may have become contaminated with blood or other potentially infectious materials will be decontaminated with an Environmental Protection Agency (EPA) approved disinfectant or a fresh household bleach (sodium hypochlorite) solution diluted 1:10 as soon as is feasible after an event.

The building custodian, health clerk or other designated person will decontaminate all surfaces in the health room prior to leaving each day. All trash will be double-bagged if there is any possibility the outside of the plastic bag has been contaminated during use. All bags will be appropriately secured and labeled prior to being picked-up with the regular trash.

### 5. Labels

Biohazard warning labels shall be affixed by string, wire or adhesive to all containers of contaminated waste and disposable sharps.

Warning labels will include the following symbol and will be [state color – e.g. fluorescent orange or orange-red, or predominantly so, with lettering and symbol in a contrasting color].



## **BIOHAZARD**

Red Bags will be used only for large volumes of contaminated material which cannot be absorbed or adequately disinfected.

### **INFORMATION AND TRAINING:**

Upon hiring, in accordance with WAC 392-198-030, all employees will receive training regarding the Exposure Control Plan and the use of Universal Precautions in the school setting. In addition, all employees with reasonable anticipated risk of exposure to blood or other potentially infectious material will participate in an annual review of the procedures established in the Exposure Control Plan. The above training will be presented at no charge to the employee. The district will also provide additional training when modification of tasks or procedures are made which affect the employee's possible occupational exposure.

The training program will contain, at a minimum, the following:

- Copy of the regulations and an explanation of the contents;
- A general explanation of the epidemiology, symptoms and modes of transmission of bloodborne pathogens;
- An explanation of the employer's Exposure Control Plan and its location;
- An explanation of the appropriate methods for recognizing tasks which may involve exposure to blood and OPIM;

- An explanation of the appropriate use and limitations of work practices, engineering control and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated, and that the vaccine and vaccination are offered free of charge (for those employees who are identified as having a reasonable anticipated risk of an occupational exposure as per Board Policy 5130);
- Information on the appropriate actions to take and persons to contact in an emergency involving exposure to blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs as well as the procedure for medical follow-up;
- Information of the post-exposure evaluation and follow-up for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required; and
- An opportunity for interactive questions and answers with the person conducting the training.

Questions regarding these procedures should be addressed to the employee's immediate supervisor and/or the School Nurse.

### **RECORD KEEPING:**

#### 1. Training records

All training records will include the following:

1. The dates of the training session.
2. The contents or a summary of the training sessions.
3. The name(s) and qualification(s) of the person(s) conducting the training.
4. The names and the job titles of all persons attending the sessions.

All training records will be maintained for 3 years from the date on which the training occurred. Training records are not confidential and will be made available upon request.

#### 2. Medical/immunization records

Immunization records are not considered confidential information. The district will maintain; a) the signed consent or refusal form, b) a list of the dates vaccine was administered and, if indicated, c) date and testing results for each employee determined to be at risk.



All employees will be encouraged to maintain their own immunization records and serological testing. The employee is responsible for timely completion of the vaccine series and notifying the employer of the dates that the vaccine was received.

### 3. Exposure incident records

Exposure incident records are confidential information. They are not to be disclosed or reported without the specific written consent of the employee to any person. The employer will establish and maintain a written record for the duration of employment plus 30 years for each employee that has had an occupational exposure. The written record will include:

- Employee name and social security number
- Information regarding HBV immunization vaccination status including dates of vaccination and any testing results
- Documentation of informed consent or refusal of HBV vaccination
- Copy of incident report and exposure evaluation
- Copy of the Labor and Industry Claim form
- Health-care professional's written opinion

If the school district ceases to do business for any reason and there is no successor employer to receive and retain the records as prescribed by WISHA, the district will notify the regulatory agency three months in advance and transmit the records to them if requested to do so.

Requests for copies of any records maintained in relation to an exposure incident must be made in writing and submitted to the Office of the Director of Human and Administrative Services and released only at the employee's direction.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP:**

### Procedures in the Event of Personal Exposure

1. All employees are required to use the following procedures in the event of exposure to possibly infectious blood or body fluids:
  - (a) Needle Stick: Milk the exposure to express blood and clean the wound vigorously with soap and water for 10-15 seconds using friction.
  - (b) Mucosal Splash: For a mucosal splash to eyes, nose, or mouth, flush or rinse with saline or water. For a mucosal splash to the skin or contamination of open wound, wash with soap and water. Change clothes if necessary.

- (c) Reporting: Report all needle sticks, mucosal splashes, and contamination of open wounds with blood and/or body fluids to immediate supervisor and/or the school nurse.
2. All employees are required to report any personal exposure to blood and/or body fluids to their immediate supervisor and/or school nurse.
  3. The personal exposure will be evaluated by the school nurse on site to determine if an exposure incident has occurred. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
  4. If an exposure incident has not occurred the event will be evaluated by the District Safety Committee and recommendations made regarding future avoidance of contact with blood or other potentially infectious materials. The employee's job description will be further evaluated by the Director of Human and Administrative Services if indicated, to determine if this is an isolated event or if the employee should be considered at reasonable risk and offered Hepatitis B vaccination.
  5. If an exposure incident has occurred an exposure determination form (attachment #3) will be completed and the employee will be instructed to complete a Labor and Industries Claim form. Possible exposure incidents include percutaneous needle sticks or cuts, or mucous membrane exposure to blood or body fluids via chapped, abraded, or otherwise non-intact skin surfaces.
  6. The employee will be referred to their physician or other designated health care provider for evaluation. The following information will be provided to the physician performing the post-exposure evaluation:
    - A copy of the OSHA or WISHA regulation pertaining to bloodborne pathogens.
    - A description of the employee's duties.
    - Documentation of the route(s) of exposure and circumstances under which the exposure occurred. This form will be completed by the school nurse.
    - Results of the source individual's blood testing, if available.
    - All relevant medical records of the employee, including vaccination status.
  7. The medical evaluation, testing and post-exposure prophylaxis will be provided at no cost to the employee.

8. The source individual shall be notified of the exposure incident and be requested to obtain testing for HIV/HBV. The refusal of the source individual to consent for testing will be documented. HIV/HBV results are confidential and should the source person disclose their test results to the employer or the exposed employee all concerned will be reminded of the laws and regulations
9. If the exposed employee refuses clinical evaluation and/or HBV/HIV testing, such refusal will be documented and maintained in the employee's exposure record.
10. Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile illness within 12 weeks following exposure.
11. The employer will obtain a written report and opinion from the physician performing the post-exposure evaluation which shall be limited to:
  - Whether an HBV vaccination is indicated, and if the employee has received such vaccination.
  - That 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 warrant further evaluation or treatment.

### **ATTACHMENTS:**

- #1 WISHA STANDARD – WAC 296-62-08001
- #2 Guidelines for Handling Body Fluids in Schools
- #3 Exposure Incident Evaluation Form

### **REFERENCES:**

1. Guidelines for Implementation of Hepatitis B and HIV School Employee Training, Olympia, Washington, Office of Superintendent of Public Instruction, May 1992.
2. Guidelines for Handling Body Fluids in School, Olympia, Washington, Office of Superintendent of Public Instruction, May 1992.
3. Specifications for School Buses, Olympia, Washington, Office of Superintendent of Public Instruction, September 1991.
4. WISHA Standard - - WAC 296-62-08001

5. Hepatitis B Virus: A Comprehensive Strategy for Elimination Transmission in the U. S. through Universal Childhood Vaccination. Morbidity and Mortality Weekly Report. November 22, 1991.
6. Update: Universal Precautions for Prevention of Transmission of HIV/HBV Bloodborne Pathogens in Health Care Settings. Morbidity and Mortality Weekly Report. June 24, 1988, Vol. 37, No. 24.
7. Infectious Disease Control Guide for School Staff, Olympia, Washington, Office of Superintendent of Public Instruction, 1990

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