

# **Bloodborne Pathogens**

## **EXPOSURE CONTROL PLAN**

# **Yakima Valley Community College**

This Exposure Control Plan was written for the exclusive use of Yakima Valley Community College, and for its employees' personal use. This Plan is copyrighted by James Martinez and may not be used by other school districts, facilities or employers. Photocopying or reproduction of this Plan in any form for purposes other than those described above is prohibited by law unless express written permission is obtained from the author.

*Written by: James Martinez  
Nationally Registered EMT-B/Firefighter,  
Firepoint Training Associates  
Infection Control Consultant  
(509) 576-7377*

**Updated: November 2013**

© COPYRIGHT PROTECTED

# TABLE OF CONTENTS

- INTRO: Background / Bloodborne Diseases / Exposure Control
1. Exposure Determination: Who is at risk?
  2. Training Requirements
  3. Control Methods
    - A. Universal Precautions
    - B. Engineering & Work Practice Controls
      - (1) Hand washing
      - (2) Giving first aid
      - (3) Athletic events
      - (4) Handling contaminated sharps
      - (5) Other work practice controls
    - C. Personal Protective Equipment (PPE)
      - (1) What to use & when
      - (2) Locations of PPE
      - (3) Repair & replacement
      - (4) Decontamination / disposal
      - (5) Gloves
    - D. Housekeeping Practices
      - (1) Body fluids clean-up
      - (2) Contaminated equipment cleaning
    - E. Laundry Practices
      - (1) Initial handling of contaminated towels & uniforms
      - (2) Laundering procedures
      - (3) Contaminated student clothing
    - F. Hazard Communication: warning others
      - (1) Regulated waste
      - (2) Non-regulated waste
  4. Hepatitis B Vaccination
  5. Exposure Incident Procedures & Follow-up Treatment
    - A. What is an "exposure incident"?
    - B. What to do
    - C. District evaluation of the circumstances
  6. Records & Confidentiality
    - A. Medical Records
    - B. Training Records
    - C. Availability of Records
    - D. Transfer of Records
  7. Schedule for Implementing Methods, Changes & Procedure Reviews

REFERENCE:

- A The Regulations "A"
- B School District's Infection Control Policy "B"
- C Glossary of Terms "C"
- D Detailed Medical Information "D"

## INTRODUCTION:

### Background

Some of our employees have job duties that may expose them to organisms in blood that cause diseases. The two deadliest diseases are hepatitis B, a serious liver disease, and AIDS.

Since most of these workplace exposures and deaths are preventable, the Occupational Safety and Health Administration (OSHA) and the Washington Industrial Safety and Health Act (WISHA) wrote some rules that will help protect you while you're doing your job. These regulations, which took effect in 1992, contain requirements that BOTH employer AND employee must follow.

Following the recommendations by the Center for Disease Control (CDC), OSHA concludes that this hazard can be reduced or completely eliminated using a combination of engineering and work practice controls (the way we do things and devices we might use), personal protective equipment (such as gloves), training, medical surveillance, hepatitis B vaccination, signs and labels to warn others of the hazards, as well as other provisions.

It is not only important for you to protect yourself and your family, but it is now part of your job to learn and follow the risk reduction/elimination methods described in this Exposure Control Plan. OSHA expects each employee to follow these work practices, and requires each employer to enforce them.

### Bloodborne Diseases

Bloodborne pathogens are disease-causing viruses, bacteria and parasites that are carried in the blood. These diseases are hard to get ... you cannot get them through casual contact like coughs, sneezes, handshakes or sharing a telephone. Some of the organisms and the diseases they cause include:

hepatitis B virus (HBV) — hepatitis B  
 hepatitis C virus (HCV) — hepatitis C  
 human immunodeficiency virus (HIV) — AIDS

Treponema Pallidum — syphilis  
 Plasmodium species — malaria

About one in every fifty people infected with HBV die and all HIV infections are thought to progress to AIDS, then death. The way you get infected with both of these viruses is similar, and exposure control practices to prevent the spread of HBV (a "durable" virus) will also prevent the spread of HIV (a very "fragile" virus) as well as other bloodborne pathogens. Detailed medical information on HBV and HIV is located in the Reference section of this plan.

While there is a vaccination for HBV, there's nothing for HIV. And many, many more people will get infected with HIV and die before a vaccine is developed. We cannot rely on technology to keep us safe: we can only rely on our actions to entirely avoid contact with these deadly organisms.

## **INTRODUCTION (*cont.*):**

# **Exposure Control**

OSHA and WISHA requires the school district to develop an Exposure Control Plan (ECP). This is our written policy and implementation of procedures that will eliminate or minimize employee exposure to diseases carried in the blood.

This Plan is reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to include new or revised employee positions with occupational exposure. (See page, "Schedule for Implementing Methods ...")

Our schools may be inspected by WISHA because some jobs may pose a reasonable risk of exposure to bloodborne pathogens. If we do not comply with the law and ensure that our employees are following these policies, we may receive a citation and be fined.

### **COMPONENTS OF THE PLAN:**

The ECP includes a job analysis of all personnel who may be at risk of coming in contact with potentially contaminated blood and body fluids. The Exposure Control Plan also outlines:

- the proper procedures to handle and dispose of blood, blood spills, contaminated laundry and other potentially infectious items
- color-coding procedures
- personal protective equipment to be used (such as gloves), and in which situations
- hepatitis B vaccination procedures
- procedures to follow if an exposure accident occurs
- the schedule we will follow to implement, review and update our plan and procedures

### **ACCESSIBILITY:**

A copy of this Exposure Control Plan is accessible to all employees at all times in accordance with WAC 296-62-05209 (a copy of the regulations is located in the Reference section of this Plan). The Exposure Control Plan is located.

The Exposure Control Plan is also available to the Director of the Washington State Dept. of Labor and Industries upon request for examination and copying.

# Section 1:

## Exposure Determination:

### *WHO IS AT RISK?*

**Occupational Exposure:** Occupational exposure means "a 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."

\_\_\_ School District believes that, while exposure levels vary with different job classifications, all our employees have occupational exposure. Therefore, all employees are offered the hepatitis B vaccine, and all employees are required to participate in Infection/Exposure Control training and follow work practices that reduce or completely eliminate your exposure.

#### **OR:**

Job classifications which only have duties with "insignificant" or "infrequent" risk of exposure to bloodborne pathogens do not meet the "reasonable" risk level defined in occupational exposure. Therefore, those jobs do not have "occupational exposure." If your job classification falls into this category but you feel the duties in your job description place you in "reasonable" risk of exposure, please see as soon as possible to review your job duties and risk level.

**Exposure determination:** The following exposure determinations are made without regard to the use of personal protective equipment (such as gloves).

- A. Job classifications at \_\_\_ School District in which ALL employees have occupational exposure:
- B. Job classifications in which SOME employees have occupational exposure:
  - Bus Drivers (for DD students only)
  - Teachers (DD & self-contained classroom only)
  - Teacher aides (DD & self-contained classroom only)
- C. The following is a list of all tasks and procedures performed by employees in the above group ("B") where occupational exposure occurs:
  - Providing first aid care.
  - Cleaning up blood spills or bloody body fluids.
  - Restraining an aggressive (biting, kicking, scratching, etc.) D.D. student.
  - Providing personal hygiene care to developmentally disabled students.
  - Laundering contaminated athletic towels and uniforms.

## Section 2:

# Training Requirements

**Initial training:** All employees with occupational exposure must participate in a training program provided at the time of initial assignment, during working hours and at no cost.

**Annual training:** All employees with occupational exposure will be trained again within one year of their previous training.

**Additional training:** will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

**The trainer:** The person conducting the training shall:

Be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address;  
Use material appropriate in content and vocabulary to the educational level, literacy, and language of the employees.

**Contents:** The training program will contain at least the following elements:

- a) An accessible copy of the regulatory text of the regulations & an explanation of its contents;
- b) A general explanation of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of our Exposure Control Plan and the means by which our employees can obtain a copy of the written plan;
- e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- f) An explanation of the use & limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
- g) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- h) An explanation of the basis for selection of personal protective equipment;
- i) Information on the hepatitis B vaccine including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that it's free to employees;
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- l) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- m) An explanation of the signs and labels and/or color coding required by the regulations;
- n) An opportunity for interactive questions and answers with the person conducting the training session.

# Section 3:

## Control Methods

### A. UNIVERSAL PRECAUTIONS

The term "Universal Precautions" refers to a very useful approach to prevent contact with blood or other potentially infectious materials. It assumes that EVERY direct contact with body fluids is infectious, i.e., that the blood or body fluids **actually are** infected with a bloodborne pathogen. This way, you do not use any different precautions or procedures when assisting someone who looks healthy versus someone who is known to have a bloodborne disease. In circumstances where it's difficult or impossible to distinguish between body fluid types, treat all the body fluids present as potentially infectious materials.

For many years, doctors and nurses (occupations at "high risk" of exposure) have been using Universal Precautions in hospitals and other healthcare facilities to prevent needle stick, mucous membrane and non-intact skin exposure to bloodborne pathogens.

Now, OSHA and WISHA have extended the Universal Precautions requirement to other occupations that have a "reasonable" risk of exposure to bloodborne pathogens. Healthcare and daycare workers, laboratory and law enforcement personnel, coaches, custodians, and others whose work may involve contact with body fluids containing HIV or HBV **must strictly follow** all safety procedures and infection control guidelines established by their agencies. These guidelines reflect the CDC "Universal Precautions" and OSHA/WISHA regulations.

The body fluids that our employees are likely to encounter in the course of their duties and which **MUST** be treated with Universal Precautions are:

- blood
- **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM):**
- urine, feces or vomitus that contain **visible** amounts of blood\*
- semen (ie., discarded, used condoms)
- vaginal secretions
- amniotic fluid
- all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

\* Urine, feces or vomitus that **DO NOT** contain visible blood are **NOT** considered "potentially infectious body fluids." While these materials do not contain substantial amounts of bloodborne pathogens and OSHA does not require you to use Universal Precautions when handling them, they **DO** contain numerous other pathogens that—though rarely deadly—can make you ill or inconvenience you. Therefore, it is a very good idea to handle **ALL** body fluids with Universal Precautions.

## **B. ENGINEERING & WORK PRACTICE CONTROLS**

"Engineering controls" are physical measures that isolate or remove the bloodborne pathogen hazard from the workplace. A good example of this is a sharps disposal container for needles or contaminated broken glass. A "work practice control" is a way of reducing the likelihood of exposure by altering the manner in which a task is performed; for example, picking up blood-contaminated broken glass with tongs or forceps rather than bare fingers.

Both engineering and work practice controls are used together to eliminate or minimize employee exposure. Where occupational exposure remains after using these controls, personal protective equipment (such as gloves, described on page) must also be used.

These controls will be examined by on a regular schedule to ensure their effectiveness. This is where feedback from you is very important. If an engineering or work practice control needs replacing or changing, your supervisor needs to be informed so that changes can be made.

### **GENERAL PERSONAL HABITS:**

Good common sense habits will not only reduce your risk of bloodborne diseases, but will also greatly reduce the number of colds and flu bugs you get each year:

Avoid rubbing or touching your eyes, nose, and mouth when working around blood or other potentially infectious materials (OPIM).

Develop a habit of washing your hands often throughout the day.

Do not share personal items such as drinking glasses, razors, lip balm, etc.

Avoid kissing or being kissed by students (hugs will have to do!).

## **B. 1. HANDWASHING**

It is no longer a choice, it's the law:

### **Employees MUST wash their hands with soap and warm water:**

- Before and after body fluid contact with students or co-workers.
- Immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- After using restroom facilities.
- Immediately after hand contact with mucous membranes.
- When leaving the work area if your hands came into contact with body fluids.

Employees MUST wash their hands and any other skin with soap and warm water, or flush mucous membranes (eyes, mouth, etc.) with water immediately or as soon as feasible following contact with body fluids.

- |   |
|---|
| <ul style="list-style-type: none"><li>➤ NOTE: Hand washing facilities are readily accessible to all employees except in the following buildings or areas:<ul style="list-style-type: none"><li>• busses</li><li>• athletic fields</li><li>• (other?)</li><br/><li>• In these areas, a supply of antiseptic towelettes must be kept in each remote site. To replenish each site supply, more are available from. When antiseptic hand towelettes are used, you MUST wash your hands with soap and running water as soon as feasible.</li></ul></li></ul> |
|---|

## B. 2. GIVING FIRST AID

Ideally, your goal should be to help a student without getting bloody ... by having the student contact their own blood whenever possible. In the majority of first aid cases, the student can do this with your instruction and supervision. Next best is to help with a barrier (ie., gloves). Only in life-threatening injuries, on a case-by-case basis is it permissible to go without personal protective equipment (PPE). For each case where safety procedures were abandoned, you must document WHY this occurred, and HOW this situation can be avoided in the future. See page for details on the proper use of PPE and mandatory use of gloves.

### **BLOODY NOSE:**

- Instruct the student to pinch their nose (the soft part, below the bone).
- Put on your gloves.
- Hand the student a paper towel to absorb their blood. If needed, place the towel in their free hand and hold their hand (with paper towel) to their face.
- When excess blood is absorbed, escort the student to the.
- Apply direct pressure yourself only if the victim is unable to do it on their own.
- Remove gloves; wash your hands.

While your first aid duties are finished, if any blood was spilled it must be properly cleaned up AS SOON AS POSSIBLE. Call the custodian immediately, or follow body fluids clean-up procedures, page.

### **PLAYGROUND CUTS AND SCRAPES:**

- Put on your gloves.
- Hand the student an absorbent gauze or paper towel and instruct them to apply pressure. Only if needed, place your hand over their hand to help them apply pressure.
- Call the school nurse or the designated first aider on duty, or escort them to the.
- Instruct the student to wash the wound with soap and water if needed. Whenever possible, hand the student a band-aid to apply themselves.
- Remove gloves; wash your hands.

### **MAJOR WOUNDS:**

- Put on your gloves if possible.
- Apply pressure to stop the bleeding.
- Call or send someone for the designated first-aider or the school nurse.
- Wash hands with soap and water as soon as possible.
- If your clothing is saturated with blood:
  - get a red plastic bag (or other BIOHAZARD-labeled plastic bag) from the ;
  - carefully remove the contaminated garment, taking care to avoid blood contact with your face;
  - place the contaminated garment in the bag, tie closed, and wash according to the instructions under "Laundry;"
  - wash the skin that was beneath the contaminated clothing with soap and warm water.

### B. 3. ATHLETIC EVENTS

During athletic contests and practices, an ample supply of towels and laundry bags should be available. All used athletic towels...

- Must be placed in a laundry bag at the site where they are contaminated (ie., right there on the field or court).
- Must be used for one individual only.

Do not carry un-bagged contaminated towels off the field to place in a laundry bag in the locker room. **This is strictly prohibited.**

If the laundry bag becomes contaminated on the outside, it must be placed within a second plastic bag before removing it from the field or court.

### B. 4. HANDLING CONTAMINATED SHARP ITEMS

- **DISPOSABLE CONTAMINATED SHARP OBJECTS** Chemistry broken glass, biology blades, art room Exacto<sup>®</sup> knives, nurse's room needles, etc.

#### Get the Sharps Container:

- Retrieve the "Sharps Container" from the nurse's room. When moving containers of contaminated sharps from one place to another, the container must be closed and kept upright at all times.
- Put your gloves on.
- **BROKEN GLASS:** Always load small sharp pieces into the container using mechanical means such as tongs or forceps. NEVER pick up with your hands. Also, do not use a vacuum cleaner to pick up broken glass.
- **NEEDLES:** If you find a needle, NEVER put the cap back on a used needle. Also, do not bend or break the needle. This is strictly prohibited.
- For objects too large for the Sharps container, place the contaminated sharps in a puncture resistant, leak proof, BIOHAZARD-labeled container, seal closed, and discard.
- Wash your hands.
- Return the Sharps Container to the nurse's room.
- If necessary, follow instructions for clean-up of body fluids (page), or call the custodian.
- **FOUND IN TRASH: PROTRUDING NEEDLES OR LANCETS** Never compress the trash. When you carry a bag or trash, always carry it away from your body. If you notice sharps protruding from the bag, proceed as follows:

#### Get the Sharps Container:

Retrieve the "Sharps Container" from the nurse's room. When moving containers of contaminated sharps from one place to another, the container must be closed and kept upright at all times.

Put your gloves on.

Load the sharps into the container without recapping, bending, shearing, breaking, or removing any used needles.

Wash your hands.

Return the Sharps Container to the nurse's room.

Continue with regular decontamination or disinfection procedures.

➤ **REUSABLE CONTAMINATED SHARP OBJECTS**

Start the Soak:

Get a shallow, covered container large enough to hold the contaminated tool (a red Rubbermaid® container works well) and disinfectant from the janitor's closet.

Put on gloves (thick utility gloves if available).

Pour an inch or more of disinfectant into the container.

USING TONGS OR FORCEPS, rinse debris from the contaminated item under running water, then immerse it in the shallow container and cover with the lid.

Label the container with the disinfectant, date, and "BIOHAZARD."

Remove gloves, wash hands with soap and water.

Allow the object to soak for at least one day (check instructions on the disinfectant label).

After the Soak:

USING TONGS OR FORCEPS remove the sharp object from the container and rinse with water. **NEVER REACH INTO THE CONTAINER WITH YOUR HANDS.**

Replace the blade into tool or machine.

**B. 5. OTHER WORK PRACTICE CONTROLS**

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where blood or other potentially infectious body fluids are present.

Examples of these areas are in the first aid room/counter, nurse's room, gym, locker rooms, first aid stations.

- All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- **DOUBLE-BAGGING:** If any potentially infectious materials are leaking or soaking through a bag or container, or if the outside of the bag is contaminated, the bag or container must be double-bagged. Be sure the BIOHAZARD label shows on the outer bag.

## **C. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Personal Protective Equipment (PPE) is a barrier that you wear on your body whenever you expect to come into contact with blood or OPIM. Some examples of PPE are: disposable gloves, utility gloves, masks and goggles. When there is occupational exposure, the school district provides appropriate PPE in sizes that fit and at no cost to the employee.

### **C. 1. WHAT TO USE & WHEN**

- Whenever you expect to come into contact with potentially infectious materials, it is no longer a choice to go without PPE. You are expected to use good professional judgment in selecting the appropriate **level** of PPE.
- Usually you will start with gloves (detailed below), then add other levels of protection such as goggles, masks and coveralls, as necessary. The rule of thumb is:
  - Use gloves whenever you expect hand contact with blood or OPIM;
  - Use a mask or face shield when handling body fluids that can spray or become airborne;
  - Wear goggles when procedures are likely to produce splattering, flaking or spraying in your face;
  - Wear a lab coat or coveralls if your clothing is likely to be splashed or contaminated;

**EXCEPTION:** It is permissible to temporarily and briefly decline to use PPE in legitimate, extenuating, emergency situations when—in the employee's professional judgment—using PPE in that instance would have (1) prevented the delivery of health care or public safety services, or (2) would have posed an increased hazard to the safety of the worker or co-worker.

**DOCUMENTATION:** When the employee makes this judgment, the circumstances shall be investigated and documented by your supervisor in order to determine whether changes can be instituted to prevent such occurrences in the future.

- All PPE shall be removed prior to leaving the work area and before entering areas where food and drink are present, such as break rooms, lunch rooms, etc.
- If in the future other PPE becomes appropriate, the district shall provide it as well, at no cost to the employee. See your immediate supervisor as soon as possible if you feel additional protection is needed.

### **C. 2. LOCATIONS OF PPE:**

### C. 3. REPAIR & REPLACEMENT

PPE must be kept in good repair. Barriers must be intact (no holes, cracks, peeling, etc.). The City will repair or replace any PPE—at no cost to the employee—as needed to maintain its effectiveness. Again, see your immediate supervisor for these needs.

### C. 4. DECONTAMINATION / DISPOSAL

All reusable PPE shall be decontaminated as soon as feasible with an EPA-approved tuberculocidal disinfectant. See "Disinfectants" on page and "Laundry Practices on page for complete information.

All disposable contaminated PPE (such as disposable gloves) can be disposed of in a regular plastic-lined waste bin that is removed daily as long as the PPE is not dripping or flaking potentially infectious material. Please see "Other Regulated Waste" and "Non-Regulated Waste" beginning on page for more disposal information.

### C. 5. GLOVES

- **WHEN TO USE:** Employees **MUST** wear gloves whenever they anticipate hand contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminated items or surfaces.
- **TYPE / SIZE / ACCESSIBILITY:** Appropriate sizes are readily accessible through your supervisor. If any employees are allergic to the gloves or need a larger or smaller size, again, see your supervisor so that he/she can order hypo-allergenic gloves, glove liners, powderless gloves, or other sizes. Use disposable latex gloves when you anticipate hand contact and need good manual dexterity (i.e., Wastewater lab and providing first aid at the Pool). Use thicker, taller, reusable rubber or vinyl gloves when dexterity is not critical (i.e., waste water and public works operations).
- **REMOVAL/DISPOSAL:** All gloves (and other PPE) shall be removed prior to leaving the work area. Gloves shall be removed before using a public telephone and before entering areas where food and drink are present, such as employee lounges, break rooms, lunch rooms, etc.
  - **DISPOSABLE** (single use) **GLOVES** may be removed by peeling from the wrist down; leaving them inside out in a waste basket that is emptied daily.
  - Disposable gloves **MUST NOT** be washed or decontaminated for reuse. They must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when they lose their ability to function as a barrier.
  - **UTILITY GLOVES** may be decontaminated for reuse if the integrity of the glove is not compromised. Decontaminate using soap and hot water, or a disinfectant and water rinse. However, utility gloves should be inspected regularly, and discarded if they are cracked, peelings, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### D. HOUSEKEEPING PRACTICES

The district must ensure that the worksite is maintained in a clean and sanitary condition. The district has determined and implemented an appropriate written schedule for cleaning and the method of decontamination based upon the location within each school, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. The schedule is located in the Janitor's closet.

- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials using an EPA-approved tuberculocidal disinfectant:
  - When surfaces are overtly contaminated or after any spill of blood or other
  - Potentially infectious materials the surface will be disinfected immediately or as soon as feasible.
  - For surfaces that may have become contaminated since the last cleaning, (such as athletic gym mats or the first aid station), they will be decontaminated after the practice, game, or nursing procedures, or at the end of the work shift.
  - All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
  - Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, a brush and dust pan, which are available in the Janitor's closet.
  - Reusable sharps that are **contaminated with blood** or other potentially infectious materials (such as blades in lab or shop class, Exacto® knives in art class, (other?)) shall not be stored or disinfected in a manner that requires employees to reach by hand into the containers where these sharps have been placed. (See page for proper handling and decontamination procedures.)

## D. 1. BODY FLUIDS CLEAN-UP

Blood and body fluids should be removed from the environment as soon as feasible and never allowed to stand for long periods of time. Therefore, everyone should know how to decontaminate body fluid spills:

### • SMALL AMOUNTS OF BLOOD:

1. Gather your supplies:
 

-gloves
(or a "Body Fluids Clean-Up Kit" kept in busses)
-paper towels
-plastic bag (or plastic bag-lined wastebasket)
-spray disinfectant ("Tuberculocidal" & "EPA-approved")
-antiseptic handwash towelette (if no hand washing facilities)
2. With gloved hands and paper towels, absorb any spilled blood.
3. Dispose of the contaminated paper towels in a waste basket that is emptied daily.
4. Spray disinfectant on the surface where the blood spilled and allow the disinfectant several minutes to do its job.
5. With a clean paper towel, wipe up any excess disinfectant and discard.
6. Remove your gloves from the wrist down, turning the gloves inside out as you peel them off. Discard the gloves properly.
7. Wash your hands thoroughly with soap and warm water.

### ➤ LARGE AMOUNTS of potentially infectious body fluids (ie., vomitus, amniotic fluid):

1. Gather your supplies:
 

-gloves	-disinfectant
-absorbent material	-paper towels or mop
-sturdy plastic bags (two, usually)	-spatula OR broom & dustpan
2. With gloved hands, spread the absorbent material (i.e., paper towels, sawdust, diatomaceous earth) over the spilled body fluids.
3. Allow several minutes for the material to absorb the fluids.
4. While you are waiting, get a plastic bag ready by rolling down the opening so it will remain open without you holding it.
5. Pick up the absorbed material with a spatula or hand broom & dustpan, and empty it into the plastic bag.
6. Spray disinfectant on the surface where the blood spilled and allow the disinfectant several minutes to do its job.
7. With paper towels or a mop, wipe up any excess disinfectant and discard.
8. Remove your gloves from the wrist down, turning the gloves inside out as you peel them off. Discard the gloves.
9. Wash your hands thoroughly with soap and warm water.

## D. 2. CONTAMINATED EQUIPMENT CLEANING

### GENERAL EQUIPMENT AND SURFACE DECONTAMINATION:

Clean and decontaminate all equipment and environmental and working surfaces after contact with blood or other potentially infectious materials. This should be done as soon as feasible. Use disposable towels or tissues whenever possible.

In order to provide a safe environment, hard surfaces should be cleaned/disinfected at the conclusion of each day. This includes sporting equipment such as wrestling and gym mats, as well as desk and table tops used for eating. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing activity to continue.

**Gloves must be worn** when handling blood or objects contaminated with blood. The surface should be cleaned of visible contamination and then disinfected. (See "Body Fluids Clean-up" on page and "Disinfectants," page).

### DISINFECTION OF RUGS:

- Apply sanitary absorbent agent and allow to stand
- Vacuum or mechanically remove the absorbed fluid with a dust pan and broom
- Rinse dust pan, broom, etc. in disinfectant (if needed, wash brush with soap and water)
- Apply rug shampoo (a germicidal detergent) with a brush and re-vacuum

### CARE OF CLEANING EQUIPMENT:

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately (as soon as feasible) upon visible contamination.

Non-disposable cleaning equipment (buckets): thoroughly rinse in disinfectant

Mops: soak in disinfectant after use, and rinse thoroughly.

Disinfectant solution: promptly dispose down a drain pipe.

### DISINFECTANTS:

Chemical germicides and disinfectants, diluted according to the manufacturer's recommendations, must be used to decontaminate spills of blood and other body fluids. **PLEASE READ THE LABEL.** The disinfectant must have on the label: "EPA No. xxxxx" and "tuberculocidal" (or "kills tubercle bacilli").

**HANDLING CONTAMINATED SHARPS:** Please see section B.4. on page for proper work practices when handling various sharp objects that have been contaminated with blood or other potentially infectious materials.

**E. LAUNDRY PRACTICES**

**E. 1. INITIAL HANDLING of CONTAMINATED TOWELS & UNIFORMS**

All laundry at \_\_\_ School District is treated with Universal Precautions. This means, every used item is treated as though it were contaminated with blood, in the small case that it actually is. Therefore...

All laundry shall be placed in a laundry bag at the location where they were used (for example on the field at athletic events) and shall not be sorted or rinsed in first aid and locker room areas.

Whenever dirty laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag, the bag shall be placed and transported in a second plastic bag.

Wear gloves when handling laundry, and wash hands with soap and warm water.

Used laundry can then be transported (in a bag) to the laundry facility.

**E. 2. LAUNDERING PROCEDURES**

Post these instructions near each washing machine:

<p><b>DECONTAMINATION PROCEDURES for CONTAMINATED TOWELS or UNIFORMS</b></p>
<p>The designated laundry worker must always follow Universal Precautions when handling dirty laundry:</p> <p style="padding-left: 40px;">Wear protective gloves (and goggles, if necessary) when unbagging the soiled laundry and loading it into the machine.</p> <p style="padding-left: 40px;">Handle the contaminated laundry as little as possible and with a minimum of agitation.</p> <p style="padding-left: 40px;">Wash contaminated laundry separately from other items. Presoaking may be required for heavily soiled items. Otherwise, wash and dry as usual.</p> <p style="padding-left: 80px;">If the material is bleachable, add 1/2 cup household bleach to the wash cycle. If the material is not colorfast, add 1/2 cup non-chlorine bleach (ie, Clorox II<sup>®</sup>, Borateem<sup>®</sup>) to the wash cycle.</p> <p style="padding-left: 40px;">Decontaminate the utility gloves, remove, and wash hands.</p>

**E. 3. STUDENT CLOTHING:** should be sent home for washing in a plastic bag with the above directions to parents.

## **F. HAZARD COMMUNICATION: WARNING OTHERS**

### **F. 1. REGULATED WASTE**

Regulated waste consists of blood-contaminated sharp objects (ie., used needles), any item that would release blood if compressed or squeezed, or that would release flakes of dried blood if agitated. There are strict requirements for labeling and disposing of regulated waste. Disposal containers must be closeable, puncture resistant, leak proof, and BIOHAZARD-labeled (see symbol above) or color-coded red.

**DISPOSABLE SHARPS:** All used needles, syringes, blood-contaminated blades, dissecting tools, broken glass, etc., are considered regulated waste and must be disposed of in a container that meets OSHA requirements (such as the commercial Sharps disposal containers kept in ). See section B.4., "Handling Contaminated Sharps" on page, for proper Sharps handling techniques.

When sharps containers are 2/3 full, inform so that pickup and disposal can be arranged, and the container replaced with a new one. **EMPLOYEES ARE PROHIBITED FROM LOADING SHARPS INTO FULL CONTAINERS.** Disposable sharps containers may NEVER be emptied and reused.

**REUSABLE SHARPS:** Blood-contaminated sharp items (such as shop blades are also considered regulated waste. Use BIOHAZARD-labeled containers to store, soak, or transport these items. See "Handling Contaminated Sharp Items" on page for full instructions.

**DRIPPING, FLAKING BLOOD/OPIM:** Blood or other potentially infectious body fluids that are dripping, flowing, can be compressed out of material when squeezed, or (if dried) could flake when agitating the item are also considered to be regulated waste, and must be disposed of in a BIOHAZARD-labeled sealed bag, and double-bagged if leaking is possible. Normally, schools do not encounter this type of regulated waste.

### **F. 2. NON-REGULATED WASTE**

Blood or other potentially infectious body fluids that are completely absorbed (as when using enough paper towels for a bloody nose), are NOT considered regulated waste, and can be disposed of in an ordinary plastic-lined waste basket that is emptied daily. **The key is to use enough absorbent material so that it does not later present a leaky or flakey hazard.**

## Section 4:

# Hepatitis B Vaccination

Yakima Valley Community College offers the hepatitis B vaccine series to all employees who wish to have the vaccination **OR** to all employees with reasonable risk of exposure to bloodborne pathogens. (Please refer to Section 1, "Exposure Determination: Who is at Risk?" for more details.) Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination. All medical procedures regarding the hepatitis B vaccine and vaccination series are available:

- At no cost to our employees;
- On-site by a licensed health care professional OR by (HCP), a licensed health care professional during normally scheduled work hours;
- According to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

Hepatitis B vaccination is available:

- After employees have received the required training (that included information on the vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination is offered free of charge);
- Within 10 working days of initial assignment to all employees who have occupational exposure unless:
  - the employee has previously received the complete hepatitis B vaccination series;
  - antibody testing shows that the employee is immune; OR
  - the vaccine is contraindicated for medical reasons.

Employees who decline to accept the hepatitis B vaccination must sign a declination statement. Those who initially decline the hepatitis B vaccination may at a later date (while still covered under the standard) decide to accept the vaccination. Employees who change their mind should see for scheduling the vaccination series.

The vaccination requires a series of three injections in the arm and **MUST BE CLOSELY FOLLOWED**. The recommended schedule is:

- first injection = "day 0"
- second injection = "day 30" (one month after first)
- third injection = "day 180" (six months after first)

At this time, routine booster doses are not recommended by the U.S. Public Health Service. But if the U.S.P.H.S. recommends boosters at a future date, the district will offer these according to the guidelines above for the initial vaccination series.

## Section 5:

# Exposure Incident Procedures & Follow-Up Treatment

Post-exposure evaluation and follow-up treatment is available at no cost to all employees who experience an exposure incident. This is performed by, a licensed healthcare professional, and follows current U.S.P.H.S. recommendations. You will be notified if or when post-exposure treatment becomes available locally.

### A. WHAT IS AN "EXPOSURE INCIDENT"?

According to OSHA, "An exposure incident means 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."

Some examples of this are:

A blood splash in the eyes, nose or mouth.

A blood spill on your skin that is chapped, cut or scraped.

Being cut or stuck with a sharp object that has been contaminated with someone else's blood.

A blood splash or spill on skin that is intact (NOT chapped, cut, scraped, etc.) IS NOT AN EXPOSURE INCIDENT. Intact skin is an excellent barrier to organisms. If this occurs, simply wash with soap and warm water as soon as possible.

### B. WHAT TO DO:

#### **1. First Aid on yourself:**

SPLASH IN EYES, NOSE, MOUTH: Flush eyes and mucous membrane for 5 minutes with clear running water.

SPLASH/SPILL ON SKIN: Wash the affected area immediately with soap and water.

PUNCTURE or CUT: "Milk" or bleed the puncture or cut, then wash well with soap and warm water as soon as possible.

#### **2. See to complete an Exposure Incident Report:**

Together, you will document the route(s) of exposure, and the circumstances under which the exposure incident occurred, and the source of the exposure (if possible) on an "Exposure Incident Report" form.

#### **3. Get proper medical evaluation:**

First call ( \_\_\_\_\_ ), then hand carry the "Exposure Incident Report" to for a confidential medical evaluation and follow-up as soon as possible. You should do this before the end of the day. At the latest, it should be done within 24 hours of the

exposure. This care is available 24 hours a day, 7 days a week, OR during normally scheduled working hours and at no cost to the employee. NOTE: If the exposure occurs after normal working hours or on weekends, go to the St. Elizabeth's Emergency Room. They will start the treatment/evaluation, and St. E's Business Health Services Dept. will continue the care.

*The medical evaluation consists of:*

<p><b>BLOOD SOURCE TESTING</b></p> <p>The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer will document in writing that legally required consent cannot be obtained.</p> <p>When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.</p> <p>The exposed employee will receive the source individual's blood test results. The exposed employee will also be informed of applicable laws and regulations concerning confidentiality of the identity and infectious status of the source individual.</p>
<p><b>EXPOSED EMPLOYEE'S TESTING</b></p> <p>The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.</p> <p>If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days.</p> <p>If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.</p>
<p><b>EXPOSED EMPLOYEE'S PROPHYLAXIS</b></p> <p>When medically indicated, prophylaxis treatment as recommended by the U.S. Public Health Service will be given to the exposed employee. (See the Reference section for current recommendations.)</p>
<p><b>RESULTS OF EMPLOYEE'S EVALUATION</b></p> <p>The school district will obtain and provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written report the employer receives will contain ONLY the following information:</p> <p>a) Whether Hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination.</p> <p>b) That the employee has been informed of the results of the evaluation.</p> <p>c) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment.</p> <p><i>ALL OTHER FINDINGS OR DIAGNOSES REMAIN CONFIDENTIAL... BETWEEN EMPLOYEE AND HEALTHCARE PROFESSIONAL. ACTUAL TEST RESULTS ARE NOT INCLUDED IN THE EMPLOYER'S WRITTEN REPORT.</i></p>
<p><b>EMPLOYEE COUNSELING</b></p> <p>Will be provided to the exposed employee by the healthcare professional.</p>
<p><b>EVALUATION OF FURTHER REPORTED ILLNESSES</b></p> <p>Subsequent illnesses that the employee reports should also be evaluated by the same healthcare professional.</p>

### **C. DISTRICT EVALUATION OF THE CIRCUMSTANCES**

The Safety Committee at this school district will periodically and confidentially evaluate each exposure incident to identify ways to prevent this exposure from reoccurring. The policies, engineering and work practice controls, PPE, and failures of the above that were in place at the time of the incident will all be examined.

## Section 6:

# Records & Confidentiality

### **A. MEDICAL RECORDS**

An accurate record is established and maintained for each employee with occupational exposure in accordance with WAC 296-62-052. These records include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all relevant medical results of examinations, medical testing, and follow-up procedures as required by subdivision (6)(c) of the regulations;
- The employer's copy of the healthcare professional's written opinion;
- A copy of the information provided to the healthcare professional.

**Confidentiality.** Employee medical records are kept confidential and are not disclosed or reported, without the employee's express written consent, to any person within or outside the workplace except as required by this section or as may be required by law.

**Maintenance.** These required employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with WAC 296-62-052.

### **B. TRAINING RECORDS**

All Bloodborne Pathogen training records will be maintained for 3 years from the date on which the training occurred, and will include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of person(s) conducting the training;
- The names and job titles of all persons attending the training sessions.

### **C. AVAILABILITY OF RECORDS**

The medical and training records required by the bloodborne regulations are available upon request to subject employees, their representative, or to anyone having written consent of the subject employee, and to the Director of the Washington State Department of Labor and Industries for examination and copying in accordance with WAC 296-62-052.

Employee training records and exposure incident reports are maintained by and available from .

Employee medical records (exposure incident test results and vaccination records) are maintained by and available from.

### **D. TRANSFER OF RECORDS**

Records shall be transferred in accordance to WAC 296-62-052. If the school district ceases to operate and there is no successor district to receive and retain the records for the prescribed period, we will notify the Director of the Washington State Department of Labor and Industries.

## Section 7:

### Schedule for Implementing Methods, Changes, & Policy Reviews

<b>METHODS OF COMPLIANCE</b>	<b>COMPLETE BY</b>	<b>METHOD</b>	<b>COORDINATOR/CONTRACTOR</b>
ORDER: bio-bags/ gloves/ disinfectant/ Sharps container, etc.	ASAP	in-house	
START HEP.B VACCINATIONS	ASAP	contract	Yak. Regional Bus.Hth.Dept.
EXPOSURE CONTROL PLAN	ASAP	contract	
ECP ANNUAL REVIEW MONTH		in-house	
ECP New/Modifications REVIEW	As needed	in-house	
POST-EXPOS. EVALUATION in place by:	ASAP	contract	Yak. Regional Bus.Hth.Dept.
INITIAL TRAINING	/92	contract	
ADDITIONAL TRAINING	As hired or as new duties added	in-house	
ANNUAL TRAINING	On/before 1 yr. of initial training date	(?)	(?)
SET UP RECORD KEEPING	ASAP	contract	