

## PURPOSE

This Blood Borne Pathogens Exposure Plan is meant to provide simple and effective precautions against transmission of disease for all persons potentially exposed to the blood or bodily fluids of any individual.

### Work Practice Controls

Work practice controls are procedures that improve safety. All safety begins with training. All WSD employees will be trained on Bloodborne Pathogens before beginning to work in their department and annually every year after. Employees will be offered to accept Hepatitis Vaccination and if they decline to sign a Hepatitis B Vaccine Declination Form at this time. (See Appendix A: Hepatitis B Vaccine Declination Form) Other work practice controls include but are not limited to:

- Standard Precautions
- Housekeeping and Handling Laundry
- Hazard Communication
  - Labeling
- Regulatory Waste

### Standard Precautions

Standard Precautions came about in 1996 and served as a revision to the former Universal Precautions. The practice of Universal Precautions was introduced in the late 1980's in response to the spread of HIV and involved implementing precautions when contacting bodily fluids that had the possibility of containing blood borne pathogens. The policy was later replaced by a set of rules known as Bodily Substance Isolation, which included taking protective measures when contacting any bodily fluids even if blood was not visible. In 1996 the practices of Universal Precautions and Bodily Substance Isolation were replaced by the practice of Standard Precautions.

Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions; except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agent. The practice of Standard Precautions involves hand hygiene, the use of appropriate personal protective equipment (PPE), and respiratory hygiene and cough etiquette. These measures are to be used when providing care to all individuals, whether or not they appear infections or symptomatic. In regards to PPE, in most school situations, the PPE used most often is gloves. However, due to our residential school nature, the use of other PPE; goggles, face mask, and gown might be required, due to handling of bedding and clothing of students who are in a residential setting.

### Hand Hygiene

Hand hygiene includes the use of alcohol-based hand rubs (containing 60-95% alcohol) and handwashing with soap and water. The use of alcohol-based products is the preferred method when hands are not visibly soiled.

Hand hygiene should be performed before and after contact with individuals, especially if ill, immediately after touching blood, bodily fluids, non-intact skin, mucous membranes, or contaminated items (even when gloves are worn during contact), immediately after removing gloves, when moving from contaminated body sites to clean body sites, before eating, after using the restroom, and after coughing or sneezing.

How to wash your hands properly:

- Wet your hands with clean, running water and apply soap
- Rub your hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds.
- Rinse your hands well under running water
- Dry your hands using a clean towel or air dry them

If you do not have access to soap or running water, use an alcohol hand sanitizer. To use:

- Apply the product to the palm of one hand.
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

### Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) use involves specialized clothing or equipment worn by facility staff for protection against infectious materials. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents. In the school setting, gloves are likely the only necessary protective items that should be used regularly. In the case of our residential school, residential staff might need to use PPE; goggles, face mask, and gown, due to handling of bedding and clothing of students.

Wear gloves when there is potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment. **Gloves should be worn when changing diapers and when toileting individuals to provide a barrier between skin and bodily fluids.**

- Wear gloves that fit appropriately (select gloves according to hand size)
- Do not wear the same pair of gloves for the care of more than one individual
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves
- Sanitize and disinfect all diaper changing tables after this task.

### Respiratory Hygiene and Cough Etiquette

To prevent the transmission of respiratory infections in the facility, the following infection prevention measures are implemented for all potentially infected persons. This applies to any person with signs and symptoms of respiratory illness, including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

All persons with signs and symptoms of a respiratory infection (including facility staff) are instructed to:

- Cover the mouth and nose with a tissue when coughing or sneezing or use the crook of the elbow to contain respiratory droplets
- Dispose of the used tissue in the nearest waste receptacle
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials

### Transmission Concerns in the School Setting

The following table provides examples of particular germs that may occur in body fluids of children and the respective transmission concerns.

## TABLE OF EXAMPLES

### Transmission Concerns in the School Setting Body Fluid Source of Infectious Agents

<b>Body Fluid Source</b>	<b>Organism of Concern</b>	<b>Transmission Concern</b>
Blood -Nosebleeds -Menses -Contaminated needles	Hepatitis B Virus Aids Virus Cytomegalovirus	-Blood stream inoculation through cuts and abrasions on hands. -Direct blood stream inoculation.
Feces -Incontinence	Salmonella bacteria Shigella bacteria Rotavirus Hepatitis A Virus	Oral inoculation from contaminated hands
Urine* -Incontinence	Cytomegalovirus	Bloodstream and oral inoculation from contaminated hands
Respiratory Secretions* -Saliva -Nasal discharge	Mononucleosis Virus Common Cold Virus Influenza Virus	Oral inoculation from contaminated hands.
Vomit* <sup>*</sup>	Gastrointestinal Virus, e.g. Norwalk Agent Rotavirus	Oral inoculation from contaminated hands.
Semen	Hepatitis B Aids Virus Gonorrhea	Sexual Contact (intercourse)

\*Possible transmission of Hepatitis B is of little concern from these sources unless they contain visible blood. There is no evidence at this time to suggest that the AIDS virus is present in these fluids.

Transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always carried out. It is for this reason that standard precautions should be used when exposure to blood, semen, feces and vaginal secretions occur.

#### What should be done to avoid contact with body fluids?

When possible, direct skin contact with body fluids should be avoided. Disposable gloves are available in all first aid and BBP kits throughout the school campus. Gloves should be worn when direct hand contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, toileting others, cleaning small spills by hand). Hands must be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trashcan, secured, and disposed of daily.

For handling linens and/or clothing soaked with body fluids or materials soaked with potentially infectious body fluids and you want to prevent an exposure, please don all PPE; gown, goggles, face mask, and gloves and place all material into red biohazard bags to warn facilities staff that they must handle this equipment carefully with PPE.

### Where can I find a Bloodborne Pathogen Kit (BBP)?

There are 6 BBP kits throughout the campus. They can be found in the following locations:

<b>Location of the Kit</b>	<b>Where in the building the kit is found?</b>
Northrup	Custodian Closet – near the gym
Clarke Hall	Custodian Closet – near front door
Divine High School	Custodian Closet – close to secretary office
Kastell Hall/Dining Hall	Custodian Closet – close to Staff break room
Deer West	Near First Aid Kit in Closet
Deer East	Near First Aid Kit in Closet

### What should be done if direct skin contact occurs?

Unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Reminder: Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact) skin having contact with blood or body fluids should always wear gloves. Clothing and other non-disposable items (e.g., towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed and placed in plastic bags. Towels are for single use only and never used by more than one student. If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Extremely soiled clothing with OPIM should be bagged in red biohazard bags. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

### How should spilled body fluids be removed from the environment?

WSD stocks sanitary absorbent agents specifically intended for cleaning body fluid spills (e.g., SSS Emergency Clean-up®). Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then swept up or vacuumed. The vacuum bag or sweepings should be disposed of in a plastic bag with orange tape applied. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

## Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus, and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth, and thus should be used for all toys that are potentially infected in the school setting.

1. Quaternary ammonium germicidal detergent in 2% aqueous solution (e.g., Virex©\*, Tri-quat©\*.)
2. Ethyl or isopropyl alcohol (70%)
3. Multi-purpose cleaner (e.g. Alpha HP©\*)
4. Household bleach diluted 1 part bleach to 10 parts water

## Disinfection of Hard Surfaces, Athletic Mats

In order to provide a safe environment, hard surfaces should be cleaned/disinfected at the conclusion of each day, e.g. table tops for eating. Sporting equipment such as wrestling and gymnastic mats and school desks ideally should be cleaned weekly. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing activity to continue.

Soiled surfaces should be promptly cleaned with disinfectant such as Alpha HP©.\* This cleaner should be used whenever possible, and mops should be rinsed with disinfectant. Those who are cleaning should wear latex gloves or other protective equipment and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids. Let the disinfectant air dry, after vigorously cleaning all surfaces.

## Disinfection of Rugs

Attempt to pull up any waste using the scooper/scrapper and/or rags. If necessary, mechanically remove with the dust pan and broom, then apply rug shampoo (Virex©\*) with a brush and re-vacuum. Rinse dust pan and broom in disinfectant. If this is not effective, apply sanitary absorbent agent, let dry, and vacuum. If necessary, wash the brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

## Care of Cleaning Equipment

Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles. Wash hands.

## Laundry Instructions for Clothing Soiled in Body Fluids

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. WSD currently uses a multi-purpose laundry detergent (e.g. Formula I®\*)

\*Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

## Exposure Control Plan

Exposure Determination: Occupational exposure to bloodborne pathogens means reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials(OPIM) that may result from the performance of employees duties. The following table lists jobs here at WSD and their potential exposure, but not limited to all job tasks.

<b>Job Classifications</b>	<b>Job Tasks</b>	<b>Risk of Exposure</b>
School Nurses	Handling of Sharps Assisting ill and/or injured students/staff Handling linen or garbage	High Risk
Teachers, Teacher aides, School Secretaries, Student Life Deans, Student Life Counselors,	Cleaning up broken glass or other particulate matter with OPIM Assisting ill and/or injured students/staff	Moderate Risk
Bus Drivers	Assisting ill and/or injured students	Moderate Risk
Coaches, Assistants, and Athletic Director	Assisting ill and/or injured students/staff	Moderate Risk
Custodians	Laundry of OPIM Cleaning up broken glass or other particulate matter with OPIM Handling garbage Cleaning Restrooms	Moderate Risk
Students in Occupational Health Classes	Assisting ill and/or injured students/staff Laundry of OPIM	Moderate Risk
First Aid Responders (potentially all employees)	Assisting ill and/or injured students/staff	Moderate Risk

## Evaluation of Exposure Incidents

If there is an occupational exposure, immediately attend to first aid for the employee.

- Flush the area with water, wash the area with soap and water (except for eyes), and attend to first aid needs.
- Contact their direct supervisor or Human Resources Manager (HRM) at X4326.
- The employee will fill out an Employee Incident/Accident Form. (see Sharepoint)
- A confidential medical evaluation will occur with the Health Care Provider (HCP) at a time agreed upon between employee and HRM, asap after the incident.
- The HRM will initiate a formal evaluation of the exposure. (See Appendix B: Employee Body Fluid Exposure Record)
- This evaluation will include:
  - Document the routes of exposure and how it occurred
  - Document the source individual's identity (unless they wish to do so, which is protected by state law)
  - Obtain consent and make arrangements to have the source individual tested, if they are unaware of their serological status, as soon as possible to determine HIV & HBV infectivity.
  - After obtaining consent, collect exposed employee's blood asap after exposure and test for HVB and HIV status.
- The HRM will provide the employee with a copy of the HCP written exam within 15 days after completion of the evaluation.
- All diagnoses must remain confidential and would be included in the written report to our agency. All employee medical information remains in a separate confidential medical file.
- The HRM 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 should be revised and/or revisited.
- If it is determined that revisions need to be made, the HRM will ensure that appropriate changes are made to this exposure control plan.

## Record Keeping

All employee health records are confidential. All records will be kept on file for at least 3 years. The HRM creates an annual OSHA 300 log, which captures any and all employee exposures. This OSHA 300 log is accessible to all employees, if they so wish.



## Hepatitis B Vaccine Declination Form

(Adapted from the Washington State Department of Labor and Industries)

Facility Name: Washington State Center for Childhood Deafness & Hearing Loss

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. You have given me the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

I have already received the Hepatitis B vaccination series.

Dates vaccine received: \_\_\_\_\_

However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Employee's Signature



# Washington School for the Deaf

## Employee Body Fluid Exposure Record (Confidential Employee Medical Record)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Exposure Date: \_\_\_\_\_

Route(s) and circumstances of Exposure:  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident/Accident Report: \_\_\_\_\_

Hepatitis B Status Employee \_\_\_\_\_ Source: \_\_\_\_\_

Other Test Results:

HIV: Employee \_\_\_\_\_ Source: \_\_\_\_\_

HBsAG: Employee \_\_\_\_\_ Source: \_\_\_\_\_

Anti-HBc: Employee \_\_\_\_\_ Source: \_\_\_\_\_

IgM: Employee \_\_\_\_\_ Source: \_\_\_\_\_

Other: Employee \_\_\_\_\_ Source: \_\_\_\_\_

Health Care Provider's Recommendation: \_\_\_\_\_

*The employee has been informed of the results of the HCP Evaluation and been told about any medical conditions resulting from the exposure to blood which requires further evaluation or treatment: Yes \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Treatment: \_\_\_\_\_*

Employee Received Vaccine? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

### Hepatitis B Vaccination Record:

#1 Injection Date: \_\_\_\_\_ Location: \_\_\_\_\_

#2 Injection Date: \_\_\_\_\_ Location: \_\_\_\_\_

#3 Injection Date: \_\_\_\_\_ Location: \_\_\_\_\_

#4 Injection Date: \_\_\_\_\_ Location: \_\_\_\_\_

Other: \_\_\_\_\_ Antibody Test Results Date: \_\_\_\_\_

### Follow-up:

Date \_\_\_\_\_ Results: \_\_\_\_\_ Name: \_\_\_\_\_

Date \_\_\_\_\_ Results: \_\_\_\_\_ Name: \_\_\_\_\_