

## **Infectious Disease Control**

### **Immunization:**

Staff members, including substitutes, student teachers and volunteers, shall complete an Immunization History form to be placed on file at the district office. In the event of an outbreak of a vaccine-preventable disease in school, the local health officer has the authority to exclude all susceptible persons, including school staff. This authority would likely be exercised in the event of one or more cases of measles or rubella within the school. Susceptible, as related to measles, means any staff member born after January 1, 1957.

A staff member may claim an exemption for health, religious or philosophical reasons. However, such a staff member who files an exemption may be excluded if an outbreak occurs at his/her school. A staff member who is excluded is not eligible to receive sick leave or disability benefits unless he/she is ill or physically disabled or is otherwise provided for in the collective bargaining agreement.

If a staff member needs to be immunized, he/she should contact a personal physician or clinic. Immunizations may also be available at a nominal cost from the county health department.

### **Confidentiality:**

Release of information regarding the testing, test results, diagnosis or treatment of an employee for a sexually transmitted disease may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective a release must be signed and dated, must specify to whom the release may be made and the time period for which the release is effective. Any disclosures made pursuant to a release must be accompanied by the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

### **Exposure Control Program**

In accordance with Washington Industrial and Safety Health Act (WISHA) Bloodborne Pathogens Standard (WAC 296-62-08801), the Riverview School District has developed an Exposure Control Program.

## I. Purpose

The purpose of the Exposure Control Plan is to minimize employee occupational exposure to blood or other potentially infectious materials as defined and described in the Bloodborne Pathogens Standard.

The district will follow the guidelines established by the Office of the Superintendent of Public Instruction (OSPI) in the Infectious Disease Control Guide for School Staff and Guidelines for Implementation of Hepatitis B and HIV/AIDS School Employee Training.

The Exposure Control Plan will be reviewed annually by the superintendent's designee. In addition, whenever tasks, procedures, or employee positions create new occupational exposure, the existing plan will be reviewed and revised accordingly.

## II. Universal Blood and Body Fluid Precautions

No distinction is made between body fluids from persons with a known disease and those from persons with an undiagnosed illness or without symptoms. Body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" includes blood, semen, feces, urine, vomit, respiratory secretions, and saliva.

- A. Table I describes examples of infectious agents that may occur in body fluid and the method of disease transmission.

TABLE I  
INFECTIOUS AGENTS IN BODY FLUIDS

Body Fluid	Organisms of Concern	Method of Transmission
Blood Cuts/abrasions Nosebleeds Menses Contaminated needles	Hepatitis B virus AIDS virus (HIV) Cytomegalovirus	Bloodstream inoculation through cuts and abrasions on hands  Direct bloodstream inoculation
Feces*	Salmonella bacteria Shigella bacteria Hepatitis A virus	Oral inoculation from contaminated hands
Urine*	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*	Gastrointestinal viruses	Oral inoculation from contaminated hands
Semen	Hepatitis B virus AIDS virus (HIV) Gonorrhea	Sexual contact (intercourse)

\*Possible transmission of Hepatitis B is of little concern from these sources unless they contain visible blood.

B. Personal Protective Equipment

1. In order to avoid contact with body fluids, disposable latex gloves will be made available to employees.
  - a. Boxes of gloves will be available in school clinics, custodial offices, preschool, childcare, and developmentally disabled classrooms. They will also be placed in the following:
    - 1) Building/site first aid kits
    - 2) Building/site earthquake disaster emergency kits
    - 3) Shop, crafts, and home economic areas
    - 4) School kitchen first aid kits
    - 5) Physical education department areas
    - 6) Bus first aid kits
    - 7) Athletic and trainer first aid kits
  - b. Gloves will be worn to:
    - 1) treat bloody noses;
    - 2) provide first aid for injuries involving blood or body fluid drainage;
    - 3) change diapers and ostomy bags and assist students in managing fecal incontinence;
    - 4) suction tracheotomies;
    - 5) catheterize students;
    - 6) handle contaminated clothing or other washable items; and
    - 7) clean contaminated environmental surfaces and cleaning equipment.
  - c. Used gloves should be removed inside out and disposed of in a plastic bag or lined trash can. Used tissues, diapers, and paper towels should also be placed in a plastic bag for disposal. Hands must be washed following use of gloves.
  - d. Plastic bags containing contaminated materials will be closed or tied to prevent spillage and disposed of daily.
2. In the case of unanticipated contact with body fluids when gloves are not available and following the use of gloves, hands and other affected skin areas shall be washed with soap and running water with vigorous friction for approximately 10 seconds.
3. Contaminated clothing, towels, and other nondisposal washable items shall be:

- a. Rinsed and placed in plastic bags before being sent home for washing in the case of personal items.
- b. Items belonging to the school which are laundered at school or by the district laundry will be separated from other items and soap, hot water, and one-half cup of household bleach will be used. Items sent to the district laundry shall be bagged separately from other laundry and marked "wash separately with soap and bleach."

4. Housekeeping Practices

- a. Custodial staff shall wear appropriate personal protective equipment including general purpose utility gloves during cleaning of all blood or other potentially infectious materials. Utility gloves may be cleaned and disinfected for re-use if they show no signs of deterioration. However, they must be discarded if they are cracked, peeling, torn or punctured, or cannot, in any way, provide an effective barrier.
- b. Contaminated environmental surfaces shall be cleaned with a detergent/disinfectant registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals. Disposable cleaning equipment shall be placed in a plastic bag after use for disposal. Used water and disinfectant shall be disposed in a toilet or sewer drain. Non-disposable equipment, such as dustpans and buckets, shall be thoroughly rinsed in disinfectant. After use, mops shall be soaked in disinfectant or washed in hot water. Rugs shall be cleaned with a germicidal detergent rug shampoo and vacuumed thoroughly.

5. Contaminated Sharps

- a. Broken glassware or discarded needles which may be contaminated shall not be picked up directly with the hands. Contaminated sharps shall be picked up carefully with pliers or tongs and discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leakproof, and labeled and color coded.
- b. WISHA approved sharps containers are available in school health rooms where needles/syringes are used for medical procedures. Contaminated needles and other sharps shall not be bent, recapped, removed, or reused. Shearing or breaking of contaminated needles are prohibited.

- c. Contaminated sharps containers shall not be allowed to overfill. When full, the District nurse will be contacted and will provide a replacement, pick up the filled container, and dispose of the container in accordance with local infectious waste management programs and regulations.

#### C. Exposure Determination

1. Any employee with occupational exposure to blood and other potentially infectious materials, as described in II, is protected by the ECP. Occupational exposure is defined by Occupational Safety/Health Act (OSHA) as "reasonably anticipated skin, eye, mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's primary duties."
2. Although first aid training may be required for positions through state guidelines; e.g., all vocational teachers, coaches, etc., they would not be considered "at risk" and need not receive HBV vaccine unless their primary job duties require them to render first aid on a regular basis.
3. Job categories considered to have the potential for occupational exposure to infectious agents in the district placing the employee "at risk" are:
  - a. School nurses.
  - b. Building administrators handing first aid.
  - c. Occupational therapists, physical therapists, and communication disorders specialists.
  - d. Teachers and paraprofessionals of developmentally disabled students.
  - e. Designated school first aid providers (three per building as identified by the principal).
  - f. Coaches or assistant coaches who regularly administer first aid for injuries during athletic events, particularly contact sports.
  - g. Custodians and maintenance.

#### D. Hepatitis B Virus (HBV) Vaccination

1. The district is obligated to make available at no cost to the employee, pre-exposure HBV vaccine to all "at risk" employees identified in II C 3. Any other employee giving first aid as a collateral duty or becoming exposed to blood or other potentially infectious material will receive medical

consultation and post-exposure HBV vaccine as advised and at no cost to the employee. Reporting of a post-exposure incident is described in detail in section E.

2. If an employee thinks he/she is "at risk" and has not been so identified by the district, it is recommended that he/she contact the district nurse for explanation, discussion, and resolution.
3. If the employee does not agree with the district's determination of risk status, a consultant from either the Seattle-King County Department of Public Health Communicable Disease Office and/or a WISHA representative will be asked to provide a consultation and determination.
4. Pre-exposure vaccine shall be made available following the required training and within ten days of beginning the job assignment.
5. All "at risk" employees will be given the Hepatitis B Consent/Waiver Form (Form 5130F-4) and must either sign and return the waiver or begin the immunization series of three injections. The district will inform the contracted medical provider of the names of employees authorized to receive HBV vaccine at district expense.
6. A record of the Consent/Waiver Form and dates of the completed HBV series/dates will be kept and maintained for the duration of employment plus thirty years. It will be maintained in a locked confidential file of medical records in the personnel office.

E. Post Exposure Incident

Any employee having a direct exposure with blood or other body fluids containing blood will use the following procedures:

1. The employee shall report the exposure incident to his/her immediate supervisor before the end of the work shift during which the incident occurred.
2. The supervisor shall complete a district accident report form and forward it to the business office. This report shall include the names of all first aid providers, a description of the date, time and circumstances of the incident, and whether the employee had skin, eye mucous membrane or bloodstream contact with the potentially infectious material.
3. The supervisor shall immediately:

- a. Refer the employee, within 24 hours, to the Seattle King County Health Department or other licensed health care professional for evaluation and determination of the need for post-exposure prophylaxis or HBV vaccination. Such evaluation and prophylaxis shall be at no cost to the employee.
- b. Attempt to identify and document the source individual, if known, and obtain a Consent for Disclosure of HIV/AIDS or HBV Status Form (Form 5130F-4), which will be sent to the medical examiner of the exposure incident.
- c. The medical provider evaluating an exposure incident shall be provided a copy of the district accident report, Consent for Disclosure Form of the Source, if feasible, and all medical records pertinent to the treatment of the employee including vaccination status.
- d. Maintain a record of any employee exposure incident for the duration of employment, plus thirty years.
- e. Record the exposure incident on the OSHA 200 log and summary of Occupational Injuries and Illnesses maintained in the personnel office.
- f. The medical record shall be maintained in a locked, confidential medical file in the Personnel Department and shall include the following:
  - 1) The accident report form.
  - 2) Consent for Disclosure Form of the Source and results of testing if feasible.
  - 3) Information on the employee's HBV status with dates of vaccine (Form 5130F-4).
  - 4) Documentation of consent or waiver of HBV (Form 5130F-4).
  - 5) Copy of the post-exposure and treatment in writing from the health care professional.
  - 6) Documentation that the employee has received post-exposure counseling.

F. Human Immunodeficiency Virus (HIV/AIDS)

District policy and procedures are fully described under Policy 3414 for students and in this policy for staff.

1. Authorization shall be made on the Consent for Disclosure of HIV/AIDS or HBV Status Form (Form 5130F-3). This completed form shall be maintained in a confidential manner which protects the identify of the infected person. It shall not be a part of the employee's personnel file.
2. Disclosure to any authorized individual shall include the Statement of Records confidentiality: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of this information without written consent of the person to whom it pertains or as otherwise permitted by state law."

G. Training and Education of Employees

1. WAC 392-198 requires training for all school employees regarding HIV/AIDS by January 1993 and thereafter within six months of employment for new employees.
2. WAC 296-62-08001 requires employees to be trained in the elements of the Bloodborne Pathogen Standard, prevention of occupational exposure to blood and other potentially infectious materials and Universal Precautions. All employees will be offered this training in conjunction with HIV/AIDS training within six months of employment.
3. New employees, who are expected as part of their job duties to render first aid or are considered "at risk" by the district, shall be trained within ten days of their assignment and annually thereafter.
4. Training will be performed by competent health care professionals; i.e., district nurse. Training attendance will be verified and a record maintained (Form 5130F-5).
5. A Training Record (Form 5130F-2) will be maintained for each employee trained and will be included in the employee's personnel file.
  - a. The training record shall include the contents of the training, date of training, and names and qualifications of trainers.

- b. The training record will be maintained for three years from the date of training.
- c. The district has the discretion to evaluate and may accept a copy of a new employee's previous training record or may require a new employee to complete district training.

Dated November 1993  
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