



Snoqualmie Valley
Public Schools

EXPOSURE
CONTROL PLAN
FOR
BLOODBORNE
PATHOGENS

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

Section 1

Purpose and Overview

In accordance with the Washington Industrial Safety and Health Act (WISHA) Occupational Exposure to Bloodborne Pathogens standard ([WAC 296-823](#)) and ([WAC 296-823-11010](#)), Snoqualmie Valley School District is committed to providing a safe and healthy environment for all employees and students. The purpose of the Exposure Control Plan (ECP) is to:

1. Identify employees occupationally exposed to blood or other potentially infectious materials while performing their regular job duties
2. Eliminate or minimize occupational exposure to bloodborne pathogens such as the Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and all other potentially infectious materials (OPIM)
3. Provide employees occupationally exposed to bloodborne pathogens and OPIM information and training to reduce their risk of exposure
4. Provide training on Post- Exposure Evaluation and Follow-up
5. Record keeping
6. To comply with all requirements set forth in the WISHA Bloodborne Pathogens standard.

All employees whose tasks may potentially expose them to blood, body fluids, or other OPIM shall have access to this ECP on the district website in order to follow the procedures and work practices in this plan. A copy of this plan can be found in each building in the SVSD as well.

Administration Responsibilities and Compliance

The district Risk Management Officer is the administrator of this plan and is responsible for its implementation.

Principals and/or Department Supervisors will:

- a. Ensure and document employee orientation and annual training. Ensure that all elements of the ECP, including but not limited to exposure determination, work practice standards, Hepatitis B vaccination procedures, development and coordination of educational programs and record keeping are met.
- b. Initiate and document action for continued non-compliance. Ensure that suitable education/training programs are provided to employees by a knowledgeable trainer.
- c. Ensure that all employees have access to a copy of the Policy and ECP.
- d. Document the circumstances surrounding exposure as part of the evaluation of an exposure incident.

Occupationally Exposed Employees *shall*:

- a) Know what tasks they perform which could cause occupational exposure.
- b) Complete the blood borne pathogens training sessions annually.
- c) Practice good handwashing and safe work practice habits to reduce bloodborne pathogen exposure.
- d) Immediately report occupational exposure to blood and body fluids to their immediate supervisor for incident follow-up. Ensure completion of all reports as indicated to evaluate the exposure.

Potentially Exposed Students:

Should a student be potentially exposed to a bloodborne pathogen or OPIM, the incident/ accident shall be reported by the adult staff member supervising the student to the school principal as quickly as possible and actions taken according to this ECP.

OCCUPATIONAL EXPOSURE DETERMINATION

The work environment must be evaluated to determine the actual and potential hazards, including biological hazards for all bloodborne pathogens and other potentially infectious materials(OPIM) The school district has performed an exposure determination for all common job classifications that may incur occupational exposures to blood or other potentially infectious materials (OPIM). **Exposure incident** means a specific eye, mouth, other mucous membrane, non-intact skin or *parenteral contact* with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne. Occupational exposure is defined by the Occupational Safety and Health Administration (OSHA) and the Washington State Department of Labor and Industries (L&I), Division of Occupational Safety and Health (DOSH), as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials, which may result from the performance of an employee's duties." In addition to being "reasonably anticipated," the contact must "result from the performance of an employee's duties." Employees who are identified as having occupational exposure as listed below are required to comply with the procedures outlined in this Exposure Control Plan (ECP). Categories of occupations considered at risk are listed below. However, individual job duties must also be considered when determining those employees at risk.

1. Category One

The following are job classifications in which all employees have occupational exposure to bloodborne pathogens:

- a. School Nurses
- b. School Health Room Attendants
- c. Special Education Teachers and Instructional Assistants providing physical care to students; e.g. feeding, diapering, work in classrooms for the developmentally disabled, medical needs students or who supervise potentially aggressive students who may bite or scratch.
- d. Bus drivers who as part of their job description provide hands-on, physical assistance to students as described in 1 c. above
- e. Therapists (Physical Therapist, Occupational Therapist, and Communication Therapist) who provide therapy to students as described in 1 c. above.
- f. Custodians who provide maintenance to school building toilets and who are responsible for bodily fluid clean ups.

2. Category Two

The following are job classifications in which some employees have occupational exposure to bloodborne pathogens as part of secondary duties/tasks that may be performed:

- Coaches, assistants, trainers and physical education teachers
- Bus drivers not identified in Category One above
- Science Teachers; Preschool Teachers; Vocational education teachers
- Staff playground monitors/aides

Tasks and Procedures:

The following are Tasks and Procedures common to each job classification and compliance methods required:

Category 1.	Job Classifications at Risk	Tasks Causing Risks	Compliance Method
	School Nurses	Care of wounds, injections (allergic, diabetes), body fluids/vomit/spills, medical treatments and procedures; CPR; use and disposal of hypodermic needles	Standard precautions, Non-latex gloves, training, and hand washing, masks, protective eyewear, work practice controls
	School Health Room Attendants	Care of wounds, injections (allergic, diabetes), body fluids/vomit/spills, medical treatments and procedures; CPR; use and disposal of hypodermic needles	Standard precautions, Non-latex gloves, training, and hand washing, masks, protective eyewear, work practice controls
	Special education teachers	Interaction with students known to bite and scratch; contact with body fluids/ spills	Standard precautions, non-latex gloves, training and hand washing
	Special Education Instructional Assistants	contact with body fluids/ spills; toilet procedures	Standard precautions, non-latex gloves, training and hand washing
	Bus drivers	Direct student contact with high-risk special needs students ;	Standard precautions, non-latex gloves, training and handwashing
	Therapists	PT/OT exercises; SLP therapy exercises; contact with body fluids/ spills	Standard precautions, non-latex gloves, training and hand washing

Category 2.	Job Classifications at Risk	Tasks Causing Risks	Compliance Method
	Physical Education teachers/coaches/assistants/trainers	Care of accidental injuries where emergency intervention may be required	Standard precautions, non-latex gloves, training and hand washing
	Bus drivers not identified in Category 1, above.	Daily surface cleaning of buses; occasional cleaning of small bodily fluid spills	Standard precautions, non-latex gloves, training and hand washing
	Science Teachers/ Vocational Teachers	Care of accidental injuries where emergency intervention may be required	Standard precautions, non-latex gloves, training and hand washing
	Preschool teachers; staff playground monitors/aides	Care of accidental injuries where emergency intervention may be required; contact with body fluids	Standard precautions, non-latex gloves, training and hand washing
	School District Custodians	Maintenance of school building toilets and clean ups of copious amount of bodily fluid spills.	Standard Precautions, non-latex gloves, training and hand washing

METHODS OF COMPLIANCE

STANDARD PRECAUTIONS

The use of standard precautions (previously known as universal precautions) is required by all employees in SVSD. The Center for Disease Control (CDC) defines “standard precautions” as recognizing all body fluids as though they are infected with bloodborne pathogens. This requires that all employees of the district assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Where differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered potentially infectious.

ENGINEERING CONTROLS AND SAFE WORK PRACTICES

Engineering controls and safe work practices are policies and practices of SVSD that shall be used by all employees to eliminate or minimize occupational exposure to bloodborne pathogens such as providing protective equipment, handwashing facilities and supplies needed for cleaning, disinfecting and proper disposal of waste. Engineering controls, and work practice controls will protect employees who have occupational exposure to blood or other potentially infectious materials.

Handwashing:

- Hands must be thoroughly washed between all direct student contacts and after handling soiled or contaminated equipment.
- Hands must be thoroughly washed before eating, drinking, or using the restroom.
- Hands or other skin surfaces must be washed immediately or as soon as feasible if contaminated with blood or other potentially infectious materials.
- Hands must be washed immediately after gloves (or other Personal Protective Equipment) is removed.
- Antiseptic hand cleansers/towelettes are available in the school offices in the event of water supply shutdown or when water may not be readily available.
- If blood or OPIM contacts mucous membranes, those areas will be washed or flushed with water immediately or as soon as feasible following contact with blood or body fluids. When hand washing facilities are not feasible, employees will use antiseptic hand cleansers or towelettes. When antiseptic cleansers or towelettes are used, employees will wash their hands with soap and water as soon as feasible.

Personal Protective Equipment (PPE):

All personnel must routinely use PPE when there is a potential for exposure to blood or other potentially infectious materials. When there is occupational exposure, Personal Protective Equipment will be provided by the employer at no expense to the employee. Personal Protective Equipment in the appropriate size will be readily available in the work area. Special arrangements can be made for unique needs (e.g., glove liners, hypoallergenic gloves) of staff members through their principal or supervisor. Employees will receive training on the proper use of PPE provided.

Personal Protective Barriers:

Employees will be provided, *at no cost*, access to appropriate gloves, gowns, and CPR mouth shields.

1. Non-latex gloves must be worn when there is reasonable likelihood of hand contact with blood and/or potentially infectious material, mucous membranes, or non-intact skin and when handling contaminated items or surfaces.

- a) Non-latex gloves must be changed when they become contaminated, torn, or punctured, and hands must be washed after gloves are removed.
- b) Gloves must be changed between students.
- c) Employees will be provided with gloves that are hypoallergenic, glove liners or powder-less.
- d) Gloves must be worn especially when the employee has cuts, abraded skin, chapped hands, or other non-intact skin and exposure to blood or other OPIM is reasonably anticipated.
- e) Gloves must be worn when handling or touching contaminated items or surfaces.
- f) Gloves are available in each classroom and all other areas where exposure to blood and/or body fluid may occur, such as labs, cafeteria and gym.
- g) Utility gloves may be disinfected for re-use, if integrity of the glove is not compromised.
- h) CPR mouth shields, gowns and extra gloves are available in each school's health office.

2. Requirements for Use of Protective Barriers:

a. It is required that all employees use the protective barriers and equipment while performing a task requiring such unless there are rare and extraordinary circumstances in which the employee believes that the use of the barriers would prevent the delivery of emergency care or increase the risk to the worker or a co-worker*. Such barriers may include:

- Eye protectors or facemasks will be available and required to be used whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Use resuscitation shields with one-way valve (mouth-to-mouth, mouth-to-nose, mouth-to-nose and mouth) when performing Cardiopulmonary Resuscitation(CPR)
- Appropriate protective clothing such as gowns, aprons, and lab coats may be worn depending on the task and degree of exposure anticipated
- Resuscitation barrier equipment shall be used in the event resuscitation is necessary

*SUCH DECISIONS NOT TO USE PROTECTIVE BARRIERS IN THOSE RARE AND EXTRAORDINARY CIRCUMSTANCES WILL NOT BE APPLIED TO A CERTAIN WORK AREA OR A RECURRING TASK.

b. All instances of appropriate barriers not being used will be documented and investigated by the principal or principal's designee to determine whether prevention of similar occurrences in the future is possible.

c. Interference with proper performance of a procedure or improper fit is not acceptable reasons to disregard the use of protective barriers.

d. Protective barriers will be provided in appropriate sizes and kept in accessible and convenient locations.

e. School Health Room nurses and attendants and self-contained classrooms shall use proper removal of glove technique and dispose of contaminated items in a biohazard red bag which will be tied off and disposed of in the outside school dumpster. Disposable single use items to be disposed of in this manner may include:

- Tongue depressors
- Cotton applicators, ear thermometer sheaths
- Gauze, bandages, wipes, surface protecting towels and facial tissues
- Nitrile and vinyl disposable gloves, masks, gowns
- Soiled Diapers

4. Repair and Replacement of protective barriers and PPE:

The employer shall repair and replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for washing, decontamination or disposal.

5. Clinical Areas and Laboratories:

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.

6. Contaminated Needles and Other Contaminated Sharps:

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

- The person using the sharp instrument or needle shall be responsible for its proper disposal immediately after use
- All sharp items shall be placed in a closed, leak-proof, rigid, puncture-resistant, break resistant container, which is color-coded and identified with a biohazard warning label
- Contaminated needles are not to be bent, recapped, sheared, broken or removed

- Use mechanical means (i.e. tongs, forceps, broom and dustpan) when cleaning up broken glass or picking up a contaminated needle.

Environmental Services (Disinfection/Sterilization)

All contaminated equipment, environmental and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. Reusable trash containers must be cleaned on a regular basis and, after contamination. Gloves must always be worn for cleaning spills of blood or other potentially infectious materials.

1. SVSD custodians use approved disinfectants to appropriately clean work surfaces and contaminated objects. All reusable contaminated items will be removed or secured from the work environment and labeled with a biohazard warning label until decontamination is completed
2. Germicides and disinfectants must be approved by the Environmental Protection Agency and the State of Washington.
3. Contaminated broken glass will be cleaned using a mechanical means (e.g., brush and pan, tongs) and will be discarded in a closable, puncture resistant container
4. All procedures involving blood and other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
5. Equipment, such as sports equipment, which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary. A readily observable label in accordance with this policy shall be attached to the equipment stating which portions remain contaminated.

Custodial Procedure for Clean-up of Body Fluids and Other Potentially Infectious Materials

1. School custodians must wear utility gloves and/ non-latex gloves, gown and face shield/mask for extra protection for disposing of soiled items, plastic bags containing soiled items, and whenever there is a risk of puncture.
2. Post the area with Wet Floor Sign.
3. Use proper disinfectant solution per manufacturer's label instructions.
4. Cover the potentially infectious material with an absorbent material. Clean up the material with a disposable paper towel or if broken glass or other sharp objects mixed in the contaminated material, dispose of the material into an approved disposable container in accordance with applicable laws related to disposal of bio hazardous waste. If the outside of a bag is contaminated with blood or other potentially infectious materials. Then it should be disposed of in a biohazard bag or container. Place in a the biohazard bag, tie it, and place it in a second biohazard bag. The second bag should then be tied. Double bagging prior to handling, storing, and/or transporting infectious waste is necessary.
5. Equipment contaminated with blood or other potentially infectious materials must
6. be checked routinely and decontaminated, if possible, prior to servicing or shipping.

7. Equipment, which cannot be effectively disinfected, must be labeled with the
8. International biohazard symbol and contaminated parts documented.
9. Continue to clean the contaminated area and the remainder of the room with disinfectant detergent as needed. Allow the disinfectant to remain on the surface for a minimum of ten minutes or by the manufacturer's labeled instructions. Remove all excess moisture.
10. Dispose of gloves or any contaminated protected gear as contaminated waste.
11. Wash hands thoroughly
12. Do not remove the Wet Floor signs until the area is completely dry.
13. Waste, such as bloody tissues (not saturated with blood), should be disposed of
14. Properly in a plastic-lined trash can. It is not considered hazardous material, so it
15. Can be thrown away in the school dumpster.

Procedures for Cleaning and Disinfection of Carpets/Rugs

1. Those who are cleaning should wear non-latex or utility gloves or other protective equipment and should avoid exposure of open skin or mucous membranes to the blood or body fluids.
2. Soiled rugs or carpets should be cleaned and disinfected promptly after a blood or body-fluid spill. It is recommended by the Washington State DOH that feces contaminated carpet be disposed of.
3. If necessary, mechanically remove body fluid with a dustpan and broom. If vacuuming is needed his should only be done with an appropriate wet vacuum extractor.
4. Apply a sanitary absorbent agent on soiled area (follow manufacturer's directions). Let dry and re-vacuum.
5. Spray with white vinegar solution (one ounce vinegar to one quart cool water).
6. Blot area with paper towels.
7. The area should be disinfected with an EPA approved disinfectant followed by an application of bacteriostatic rug shampoo.
8. The vacuum bag or sweepings should be disposed of in a plastic bag.
9. Rinse dustpan and broom in disinfectant.
10. If necessary, wash brush with soap and water.
11. Disinfect vacuuming equipment.
12. Dispose of non-reusable cleaning equipment.

Procedures for Cleaning and Disinfection of Cleaning Equipment

1. Soak mops in disinfectant after use and rinsed thoroughly, or wash in a hot water cycle before rinsing.
2. Place disposable cleaning equipment in a plastic bag as appropriate.
3. Dispose of water down the sewer system.
4. Rinse non-disposable cleaning equipment (buckets) thoroughly in disinfectant.
5. All bins, pails, cans, and similar receptacles intended for reuse and have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials, must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.
6. Dispose of used disinfectant solution down the sewer system.
7. Promptly remove gloves and discard in appropriate receptacles.
8. Wash hands.
9. Warning labels must be affixed to containers of regulated waste. Labels should be fluorescent orange or orange-red with contrasting color writing. Red bags may be substituted for labels.

Laundry Procedure

1. Contaminated laundry shall be handled as little as possible and with minimum agitation.
2. Soiled linen must not be stored or rinsed in student areas. Employees must wear appropriate PPE during all cleaning of such items.
3. All linen will be handled as contaminated laundry and all employees will recognize the laundry bags as requiring compliance with Standard Precautions.
4. Contaminated laundry that is wet and presents a reasonable likelihood of soak through or leakage from the bag shall be placed and transported in bags which prevent soak-through.

Other Procedures

1. Employees who handle or empty waste containers must not unnecessarily handle, squeeze or push down waste with hands or feet. Waste should only be pushed or tampered down with a device that removes the hands or feet from contact with the waste. This could be accomplished with something as simple as a 2x4 board.
2. Restroom waste containers should be lined with a strong, leak-proof plastic liner. The liners should be strong enough to enable employees to gather the top of the bag and remove it without coming into contact with the contents or the interior of the liner. Employees will wear impervious utility gloves while handling waste and during general restroom cleaning. Employees will wash their hands with soap and water immediately after removing the gloves.
3. All school health room waste containers will be lined with strong, leak-proof red bio-hazard plastic liners.
4. A puncture resistant, leak proof resistant color coded sharps disposal will be placed in all school health offices. The container will be identified with a biohazard warning label. Health Services will inspect, maintain and replace all sharps containers in SVSD schools annually and as needed.

HEPATITIS B VACCINATION

Hepatitis B vaccinations shall be made available to all Category 1 employees, identified above, at no cost to the employees. The school employee may decline the vaccine ([WAC296-823-13005](#)). Employees can utilize their own physician for vaccinations, or the School Nurse Supervisor may refer the employee to a local clinic or local health department. SVSD is currently contracting with the Primary Care Clinic at the Snoqualmie Valley Hospital for the Hepatitis B Vaccination series. The SVSD Health Services Department, phone number 425 831-8023, will make sure vaccination administration dates will be set up for designated employees.

Vaccinations are encouraged for identified employees after the employee has received the training outlined in this plan and within 10 working days of initial assignment unless:

- The employee has previously received the series in which the employee shall express this in writing.
- Antibody testing reveals that the employee is immune in which the employee shall document such immunity on the district waiver form.
- Medical reasons prevent taking the vaccination series in which the employee may have his/her physician indicate this in a report to the district
- The employee chooses not to participate in which case the employee will sign an HBV declination statement waiver form as proof of declining the vaccination series. The employee may request and obtain the vaccination at a later date at no cost to the employee.

- All vaccination records for SVSD employees shall be retained for the duration of employment plus 30 years.
- All SVSD employees will be offered a post-exposure HBV vaccination series if an occupational exposure incident occurs and is confirmed.

EXPOSURE INCIDENTS AND FOLLOW-UP PROCEDURES

An **exposure incident** means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material (OPIM) that results from the performance of the employees duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing or acne. **Parenteral contact** occurs when mucous membranes or skin is pierced by needlesticks, human bites, cuts or abrasions.

FOLLOW-UP PROCEDURES AFTER POSSIBLE EXPOSURE INCIDENT TO BLOODBORNE PATHOGENS

1. Documentation and Testing:

Immediate initial first aid treatment such as cleansing of the wound, flushing of the eyes, or other mucous membranes will be done. Such an occurrence must be immediately reported to the employee's supervisor. An Exposure Incident Report form as well as an Employee incident Report form must be completed. The supervisor must also inform Risk Management department at the SVSD District Office. These forms can be found in ever building main office in the Exposure Control Packet. Privacy of each person involved in an incident will be maintained and in accordance with all applicable WA state laws and regulations issued by the Office of the Superintendent of Public Instruction.

Following a reported exposure incident, the exposed employee will receive a confidential medical evaluation and follow-up. The follow-up shall be:

1. Made available at no cost to the employee.
2. Made available at a reasonable time and place.
3. Performed by or under the supervision of a licensed healthcare provider.
4. Provided according to the United States Public Health Service (USPHS) recommendations, current at the time of evaluation

Also included will be:

- Documentation of the routes of exposure and how the exposure occurred
- Identification and documentation of the source individual (unless the district can establish that identification is infeasible or prohibited by state or local regulations).
- Obtaining consent and arrange testing of the source individual (if a student, must contact parent or guardian) as soon as possible to determine HIV and HBV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
- Documentation that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already know to be HIV, HCV, or HBV positive, new testing need not be performed.
- Provide the exposed employee with the source individual's test results if the source individual, or parents or guardian, has given permission

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

Additional information:

- Employees involved in a confirmed exposure shall have post-exposure prophylaxis made available immediately after exposure as recommended by the U.S. Public Health Service when medically indicated. Post exposure prophylaxis includes HBV immunization series if not already completed.
- Any employee who declines a post-exposure evaluation must sign a statement of declination form.
- Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile illness within the 12 weeks following exposure.
- The employer must ensure that all laboratory tests are conducted by an accredited laboratory and at no cost to the employee.
- These cases will be handled by L&I via the Risk Management Department at the SVSD District Office.

2. Information to the Healthcare Professional:

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

A copy of the WISHA's bloodborne pathogens standard

A description of the employee's duties relating to the exposure incident

Documentation of the route(s) of exposure and circumstances under which the exposure occurred

If possible, results of the source individual's blood test

All relevant medical records of the employee, including vaccination status, and any known information on other findings maintained by healthcare professionals; e.g. information from earlier exposure incidents

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

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

If the healthcare professional provides the written opinion directly to the employee, the district is not required to provide the report.

If the employee's personal health care professional completes the evaluation, the district is not required to obtain the healthcare professional's written opinion.

The report shall be limited to:

- Whether or not the employee has been informed of the results of the evaluation.

- That the employee has been told about any medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment.

4. Review of Exposure Incidents

The SVSD Safety Officer will review the circumstances of all exposure incidents to determine:

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

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

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS Section II

EDUCATION AND TRAINING OF EMPLOYEES

All public school employees are required by the state of Washington ([392-198](#)) : Training-School Employees- HIV/AIDS) to receive appropriate education and training about the transmission, prevention, and treatment of HIV/AIDS. Snoqualmie Valley School District will provide newly hired school district employees this training within six months from the first day of employment in the district as well as information about Hepatitis B virus.

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

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

- Training by a person knowledgeable in the subject matter
- An accessible copy of the regulatory text of the WISHA standard and an explanation of its contents, [WAC 296-823](#), Bloodborne Pathogens. A personal copy of the regulations will be provided to any employee who requests one.
- Information on the epidemiology, symptoms, and transmission (including the modes of transmission) of bloodborne pathogen diseases (HIV/HBV/HCV).
- An explanation of the use and limitations of engineering controls, work practices, and PPE.
- An explanation of the use and limitations of methods of control, which may prevent or reduce exposure, including standard precautions, engineering controls, work practices, and personal protective equipment.
- What event constitutes an exposure incident.
- An explanation of the employer's exposure control plan and means by which the employee can obtain a copy of the written plan.
- An explanation of Standard / Universal Precautions.
- Training in the selection, types, use, location, handling, removal, decontamination and disposal of PPE.

- Information of the HBV vaccine, including its efficacy, safety, method of administration, offered free of charge and the benefits of being vaccinated.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, methods of reporting the incident, and the medical follow-up that will be made available.
- Information on the post-exposure to follow if an exposure incident occurs, methods of reporting the incident, and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up following an exposure incident.
- An explanation of the signs, labels, tags, and /or color-coding used to denote biohazard.
- An opportunity for interactive questions and answers with the persons conducting the training.

RECORD KEEPING

Training Records will be completed for each employee upon completion of training on Bloodborne Pathogens, the SVSD ECP, and Post-Exposure Reporting. Training records must be retained for a period of three years from the date on which the training occurred ([WAC 296-823-12015](#)). Employee training records will be made available to employees, their representatives, and appropriate government representatives upon request within 15 working days from the district's Human Resources Department. These records will include:

- The date of training
 - Summary of contents
 - Names and qualifications of person conducting the training session(s)
 - Names and job titles of all persons attending the training sessions.
1. Medical Records will be maintained by SVSD for each employee whose duties include potential occupational exposure, in compliance with ([296-802](#)) , "Employee Medical and Exposure Records". These records will include:
 - Name and social security number of the employee
 - A copy of the employee's HBV vaccination status, including dates of vaccination and any medical records regarding the employee's ability to receive the vaccination series.
 - The HBV declination statement for employees who decline the vaccination series.
 - A copy of any healthcare professional's written report to the employer involving post-exposure incidents
 - A copy of any information provided to a healthcare professional regarding the possible exposure.

The HR Department is responsible for maintaining employee medical records. Such records will be kept confidential and will not be disclosed to any person, except as required by law, without the express written consent of the employee. The employer shall maintain required records for at least the duration of employment plus 30 years. ([WAC 296-802-20005](#)).

2. A Sharps injury Log, in accordance with ([296-27-01109](#)) , Records Requirements ([OSHA 300 Log](#)), shall be kept which lists all percutaneous injuries from contaminated sharps. This log must at least include:
 - The date of injury

- The type and brand of the device involved
- Where the incident occurred
- How the incident occurred

This log will be maintained in a way that protects the confidentiality of the injured employee. Copies that are provided upon request must have any personal identifiers removed. The log will be reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the school calendar year.

EVALUATION AND REVIEW

The SVSD Safety Officer and/or the Risk Manager is responsible for review of this program and its effectiveness, and for updating as needed, at least annually or whenever necessary, to include new or modified tasks and procedures.

TERMS AND DEFINITIONS

The following terms used in this Exposure Control Plan and their definitions:

TERMS	DEFINITION
Blood	Human blood, human blood components and products made from human blood. (e.g. exudates from wounds)
Bloodborne Pathogens	Pathogens microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV), and Hepatitis C virus (HCV).
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which is wet or soiled with blood or other potentially infectious materials or may contain contaminated sharps.
Contaminated Sharps	Any contaminated object that can penetrate the skin including (but not limited to) needles, scalpels, broken glass and broken capillary tubes.
Decontamination	The use of physical or chemical means to remove inactivate, or destroy bloodborne pathogens on a surface or item.
Engineering Controls	Policies and practices of the employer that eliminate or minimize employee exposure to bloodborne pathogens such as providing protective equipment, handwashing facilities and supplies needed for cleaning, disinfecting and proper disposal of waste. Controls that isolate or

	remove the bloodborne pathogen hazard from the workplace.
Exposure Incident	An incident when an employee has direct (parenteral) contact with blood, body fluids containing blood, semen, vaginal secretions or unidentified fluids from a needle stick, cut, bite, eye-splash or mouth splash or other potentially infectious materials that result from the performance of an employee's duties.
Hepatitis B Virus (HBV)	The pathogen that causes one form of liver infection and is transmitted by blood and other body fluids containing blood. The effects of liver disease from HBV can range from mild to severe or fatal.
Hepatitis C Virus (HCV)	Hepatitis C virus is a viral infection that affects the liver. Hepatitis C is a leading indication for liver transplant.
Human Immunodeficiency Virus (HIV)	Human Immunodeficiency Is the virus that can cause AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. It is possible to develop AIDS as a result of their HIV infection.
Mucous Membrane	A moist layer of tissue that lines them outh, eyes, nostrils, vagina, anus or urethra.
Non-Intact Skin	Skin that is chapped, abraded, weeping or that has rashes, eruptions, acne, or lacerations.
Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of any employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonable nor routinely expected, and that the worker is not required to incur in the normal course of employment.
Other Potentially Infectious Materials	(1) The following body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

	(2) any unfixed tissue or organ (other than intact skin) from human (living or dead); and (3) HIV or HBV containing cell or tissue cultures, organ cultures, medium or other solutions.
Percutaneous	Describes medication that is administered or absorbed through the skin
Parenteral	Injected through or penetrating the barrier of the skin or absorbed through the mucous membrane, for example, a needle stick, transfusion, cut, bite, eye splash or mouth splash involving the blood or other potentially infectious materials from the body of another person.
Pathogen	A disease-causing organism.
Personal Protective Equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
Pre-exposure Training	Training required for employees determined by the employer agency to be at risk for occupational exposure to bloodborne pathogens to help eliminate and reduce exposure incidents, make employees aware of the plan and intensely inform the designated employees about universal precautions and how to report exposure incidents.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state (if compressed); items that are caked with dried blood or other potentially infectious materials, and are capable of releasing these materials during handling; contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee or student.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Universal Precautions/Standard Precautions	Standard precautions combine the major features of universal precautions (UP), and body substance isolation (BSI), and are based on the principle that

	<p>all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include a group of infection prevention practices that apply to all persons, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene, use of personal protective equipment depending on the anticipated exposure, and safe injection practices. Also, equipment or items in the environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment).</p>
<p>Work Practice Controls</p>	<p>Behavior of employees that eliminates or reduces exposure to blood borne pathogens, such as using protective gloves, hand-washing, proper waste disposal and use of disinfectants to clean work area. Controls that alter the manner in which a task is performed (e.g. using a broom and dustpan to pick up broken glass).</p>

References and Supporting Documents:

- OSPI - [Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens-2011](#)
- [Washington State Department of Labor & Industries-Helpful Tool: Exposure Control Plan](#)
- [Washington State Legislature](#)

