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## **EXPOSURE CONTROL PROGRAM POLICY**

**Subject:** Exposure Control Program

**Purpose:** The purpose of this policy is to implement and document the Quileute Tribal School's (the School) Exposure Control Program and comply with State and Federal safety regulations, including WAC 296-823-11010. It may supplement existing policy, including the Employee Manual approved by the Board in February 2014, but any conflicts or clarifications will be resolved by the terms of this policy.

### **Basic Program**

This policy is intended and designed to eliminate or minimize employee exposure to infectious diseases in the workplace. It has been developed by the Superintendent and/or his/her designee with advice from other School officials. It is also based upon guidelines from the Centers for Disease Control and Prevention (CDC), Washington State Department of Health (DOH) and local health departments.

This policy will be reviewed annually by School administration and any needed changes recommended to the Board for approval. This will be done to ensure it continues to be specific to the School's needs/requirements and complies with State WAC as approved by the Federal Occupational Safety and Health Administration (OSHA).

### **Handling Body Fluids in Schools**

**Standard Precautions** (includes universal precautions):

Standard precautions are a newer approach to infection control. Broader than universal precautions, (many state laws refer to this term) they are recommended practice for protection against transmission of bloodborne pathogens and other infectious diseases in the workplace. Standard precautions combine the major features of universal precautions (UP), and body substance isolation (BSI), and are based on the principle that 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).

Respiratory hygiene/cough etiquette is included in standard precautions. Respiratory hygiene has become a standard practice in school and community influenza control plans.

The key steps to preventing disease spread at school are hand washing, gloving, and hand washing after removing gloves and before working with the next person.

### **General Precautions**

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational body fluid exposure.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

### **Hand Washing Procedures**

Proper hand washing requires:

- Use of a plain (non-antimicrobial) soap for routine hand washing and water and vigorous scrubbing for at least 15 seconds and then rinsing under a stream of temperate (warm) water. Soap suspends soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris.
- Use an antimicrobial agent or waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or infections when soap and water are not available).
- Use paper towels to turn off the water faucet.
- Use paper towels to thoroughly dry hands.
- Use paper towels to open any exit door.
- Use paper towels to turn off light.
- Wash after touching any body fluid or contaminated object.
- Wash after gloves are removed and between patients.
- Avoid chapped or cracked skin on hands.

The School will provide an adequate supply of running potable water, to the extent possible, at a temperate temperature (85° - 110° F), soap, and single-use towels or hot-air drying machines. When provision of hand washing facilities is not feasible, the School will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towel or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands must be washed with soap and running water as soon as feasible/practical.

### **Use of Gloves**

When possible, direct skin contact with body fluids should be avoided.

Disposable non-latex gloves should be available in the offices of coaches, custodians, superintendent, principal(s), and staff in school settings such as the gymnasium, play fields, and health/first aid room where contact with blood or other body fluids is likely to occur. All other personnel should have access to first aid supplies, including gloves.

Gloves should be worn when direct hand contact with body fluids is anticipated (treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand).

Disposable (single use) non-latex gloves must be replaced as soon as possible when contaminated or immediately, if they are torn, punctured, or when their ability to function as a barrier is compromised.

Gloves, used for this purpose, should be placed in a plastic bag or lined trash can, secured, and disposed of daily.

Because of the increasing incidence of allergic reactions to latex, only non-latex gloves should be used.

Utility gloves may be cleaned and disinfected for reuse, if they show no signs of deterioration. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

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 double glove, if lesions are extensive.

Staff who are at risk for exposure to body fluids should:

- Staff should change gloves between tasks on the same student/staff person after contact with material, which may have a high concentration of microbes.
- Teach staff, including bus drivers/monitors and trip sponsors, how to properly remove gloves.

- Gloves need not be worn when feeding students or when wiping saliva from skin unless blood is present or the caregiver has cuts or wounds on their hands.
- Always wash hands with soap and water after removing gloves.
- Unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (when wiping a runny nose, applying pressure to a bleeding injury outside of the classroom, helping a student in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be thoroughly washed with soap and water as soon as possible.
- As much as possible, have the student provide direct care for the wound (applying pressure, washing).
- If contact with contaminated body fluids to non-intact skin or mucous membranes does occur, the staff member should follow the school's policy for post-exposure management and seek medical evaluation of the need for post-exposure prophylaxis.

### **Contaminated Sharps**

Students should be advised to report needles but not touch them.

Take care to prevent injuries when using needles and other sharps.

Broken glassware, discarded needles, and other sharps must not be picked up directly with the hands. Cleanup must be accomplished using mechanical means such as a brush and dustpan, tongs, or forceps by staff wearing appropriate protective gloves.

Contaminated, reusable sharps must not be stored or processed in a manner which requires employees to reach by hand into the containers where these sharps have been placed. Contaminated needles and other contaminated sharps must not be bent, recapped, or removed. Contaminated sharps must be discarded immediately in containers which are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. During use, containers for contaminated sharps must be easily accessible to personnel and located as close as possible to the immediate area where sharps are used (health/first aid rooms, science classrooms). The containers must be maintained upright throughout use, replaced routinely, and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, they must be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. They must be placed in a secondary container if leakage is possible. The secondary container must be closable, constructed to contain all contents, and prevent leakage during handling, storage, transport, or shipping. The secondary container must also be labeled and color-coded.

Containers for contaminated reusable sharps must meet all of the qualifications for disposable containers, except they do not need to be closeable, since devices will be removed from these containers. Shearing or breaking of contaminated needles is prohibited. Puncture resistant sharps containers should be provided if contaminated sharps (needles) are in the workplace. Disposal of these containers depends on local waste management requirements.

## **Cardiopulmonary Resuscitation (CPR)**

Use resuscitation shields with a one-way valve (mouth-to-mouth, mouth-to-nose, mouth-to-nose and mouth).

## **Housekeeping Practices**

Custodial and housekeeping standard procedures should be in place for removing body fluids (e.g., blood or vomit). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included.

## **General**

The School and staff should ensure that the worksite is maintained in a clean and sanitary condition and determine and implement an appropriate cleaning schedule for rooms where body fluids are/could be present.

Custodial workers must wear general-purpose utility gloves during all cleaning of blood (e.g., blood or vomit) or other potentially infectious materials. Cleaning schedules must be as frequent as necessary, depending on the area of the school, the type of surface to be cleaned, and the amount and type of soil present.

## **Procedures for Cleaning and Disinfection of Hard Surfaces**

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.

Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Contaminated disposable items (tissues, paper towels, diapers) should be handled with disposable gloves and disposed of properly.

Cleaning and disinfection of hard surfaces including sporting equipment, such as wrestling and gymnastic mats as well as desk and tabletops used for eating, should be done routinely at the conclusion of each day. Some products clean and disinfect in one application, if the surface is not noticeably dirty. When surfaces are overtly contaminated, clean immediately, or as soon as feasibly possible, with soap and water followed by an appropriate disinfectant after completion of procedures.

## **Blood or Body Fluid Spills**

The School will stock sanitary absorbent agents specifically intended for cleaning body fluid spills. The dry material is applied to the area, left for a few minutes to absorb the fluid, then swept up and then wet-mopped.

Broken glass should only be picked up, vacuumed, or swept up with a utensil. Dispose of broken glass in a container, which keeps others from being cut.

After cleaning a spill, an appropriate disinfectant is then applied to the area and allowed to remain wet for at least the minimum time specified by the manufacturer. Soiled surfaces should be promptly cleaned with a United States Environmental Protection Agency (EPA) approved hospital disinfectant, which is either tuberculosis (TB) or HIV and HBV effective. A solution of six percent sodium hypochlorite (unscented household bleach) diluted 1:10 with water or quaternary ammonium compounds may also be used if allowed by the School and manufacturer's instructions are followed.

Properly dispose of non-reusable cleaning equipment.

Wash hands after removing gloves.

### **Athletics**

During athletic contests or practice, an ample supply of towels should be available. Disposable towels and tissues are recommended for clean-up, cloth towels for showering or bathing. Disposable towels must be used for one individual only and then disposed of in an appropriate receptacle.

Gloves must be worn when handling blood or objects contaminated with blood.

During sporting events or practice, competitors who are bleeding, have an open wound, or blood on the uniform shall not participate in an event until proper treatment is administered and surface is cleaned and disinfected. This may mean the player may be kept out of play.

The bloodied portion of a uniform must be properly disinfected or the uniform changed before the athlete may participate (See Laundry below). Clean and sanitize mats before and after practice and matches. When mats are rolled up, all sides of mats should be cleaned before they are rolled up.

### **Procedures for Cleaning and Disinfection of Carpets/Rugs**

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.

Soiled rugs or carpets should be cleaned and disinfected promptly after a blood or body-fluid spill. If necessary, mechanically remove body fluid with a dustpan and broom or vacuum. This should only be done with an appropriate wet vacuum extractor.

- Apply a sanitary absorbent agent on soiled area (follow manufacturer's directions). Let dry and re-vacuum.
- Spray with white vinegar solution (one ounce vinegar to one quart cool water).
- Blot area with paper towels.
- The area should be disinfected with an EPA approved disinfectant followed by an application of bacteriostatic rug shampoo.
- The vacuum bag or sweepings should be disposed of in a plastic bag.
- Rinse dustpan and broom in disinfectant.
- If necessary, wash brush with soap and water.
- Disinfect vacuuming equipment.
- Dispose of non-reusable cleaning equipment.

### **Disposal of Blood-Containing Materials**

School custodians should wear utility gloves for disposing of soiled items, plastic bags containing soiled items, and whenever there is a risk of puncture. If a towel, cloth, or item of clothing is so saturated with blood it would drip blood if compressed, then it should be disposed of in a biohazard bag or container. Place other items, which contain bodily fluids or excretions in a plastic bag, tie it, and place it in a second plastic bag. The second bag should then be tied.

- Double bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
- Equipment contaminated with blood or other potentially infectious materials must be checked routinely and decontaminated, if possible, prior to servicing or shipping.
- Equipment, which cannot be effectively disinfected, must be labeled with the international biohazard symbol and contaminated parts documented.
- Waste, such as bloody tissues (not saturated with blood), should be disposed of properly in a plastic-lined trash can. It is not considered hazardous material; so, it can be thrown away in a School dumpster.

### **Procedures for Cleaning and Disinfection of Cleaning Equipment**

- Soak mops in disinfectant after use and rinsed thoroughly, or wash in a hot water cycle before rinsing.
- Place disposable cleaning equipment in a plastic bag as appropriate.
- Dispose of water down the sewer system.
- Rinse non-disposable cleaning equipment (buckets) thoroughly in disinfectant.

- 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.
- Dispose of used disinfectant solution down the sewer system.
- Promptly remove gloves and discard them in an appropriate receptacle.
- Wash hands.

### **Procedures for Cleaning and Disinfection of Contaminated Laundry**

- Soiled linens should be handled as little as possible and with minimal agitation.
- Employees who have contact with contaminated laundry should wear protective gloves and other appropriate personal protective equipment (PPE).
- All soiled linens should be placed in plastic bags at the location where it was used.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry must be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
- Reusable PPE and other non-disposable items (towels used to wipe up body fluid, etc.) soaked through with body fluids should be placed in plastic bags labeled with the international biohazard symbol or color-code.
- Required labels are to be affixed as close as feasible to the container by string, wire, adhesive, or other method, which prevents their loss or unintentional removal. Red bags or containers may be substituted for labels.
- If laundry is being washed at school (e.g., towels), they should be washed in soap and water at 160° F minimum and dried in a hot dryer. If not possible, you may wash at lower temperatures using an appropriate cleaning product for that temperature.
- Student clothing should be bagged and sent home for washing with appropriate directions to the parent/guardian.

### **Signs and Labels**

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.



**Legal References:**

<b>WAC 246-110-001</b>	<b>Control of Communicable Disease</b>
<b>WAC 296-62-08001</b>	<b>Bloodborne Pathogens</b>
<b>WAC 392-198</b>	<b>Training – School Employees – HIV/AIDS</b>
<b>WAC 296-823</b>	<b>Occupational Exposure to Bloodborne Pathogens</b>
<b>RCW 70.02</b>	<b>Medical Records</b>
<b>RCW 70.24.290</b>	<b>School Employee Education and Training</b>