

# Exposure Control Plan

Partners in Learning

**Walla Walla**

Public Health



*Reviewed Annually: February 2022*  
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## INTRODUCTION

The *Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens* documents is designed to meet the requirements of two Washington State laws and administrative codes, which address the protection and prevention of HIV/AIDS and other Bloodborne pathogens for school employees. The guidelines in this manual are taken from the Office of Superintendent of Public Schools.

[Revised Code of Washington \(RCW\) 70.24.290](#) Public School Employee – Authorizes the Office of Superintendent of Public Instruction (OSPI) to adopt rules requiring appropriate education and training of public school employees about the transmission, prevention, and treatment of HIV/AIDS. OSPI is required to develop course content in consultation with the Department of Health under [RCW 70.24.290](#).

[Washington Administrative Code \(WAC\) 392-198](#) School Personnel - Teacher Assistance Program outlines course content requirements for HIV/AIDS for in-service, continuing, and new employee training.

These guidelines additionally address the Washington Industrial Safety and Health Act (WISHA) standards, [WAC Chapter 296-823 Occupational Exposure to Bloodborne Pathogens](#), which outline the requirements and procedures for protection of workers with occupational exposure to blood and other potentially infectious materials (OPIM).

## SCHOOL POLICIES RELATED TO BLOODBORNE PATHOGENS INCLUDING HIV/AIDS

Schools have an obligation to establish and implement infectious disease prevention procedures to protect students and staff at school. Control of infectious disease ensures a healthful, safe learning environment, and requires the cooperation of school administrators, school health services staff, teachers, local health departments, community healthcare providers, parents, and students.

## INFECTION CONTROL

Infection control for schools requires two separate plans/policies. The first is our school district Policy 3414 (P), which addresses **infectious disease prevention**. The second is our Infection Control Program Policy 6512 that gives direction to the **mandated exposure control plan**, which outlines what steps the school will take to eliminate or minimize staff's exposure to blood and OPIM. The guidelines address the mandated exposure control plan (ECP) and related school employee training. For additional information on infectious disease prevention policies, refer to the *Infectious Disease Control Guide for School Staff* posted on the OSPI Health Services Web page. The *Infectious Disease Control Guide for School Staff* is also located in your school clinic.

[www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide3-11-04.pdf](http://www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide3-11-04.pdf)

## PURPOSE OF EXPOSURE CONTROL

It is the policy of this school district to provide a safe environment for employees and students. In accordance with board policy<sup>1</sup> and the Washington Industrial Safety and Health Act (WISHA) Occupational Exposure to Bloodborne Pathogens standard (WAC 296-823-11010), this district has developed the following Exposure Control Plan. This Exposure Control Plan was adopted by the school district as an element of the Accident Prevention Program (Safety Program). The purpose of this exposure control plan is to:

- 1) Eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM)
- 2) Identify employees occupationally exposed to blood or other potentially infectious materials while performing their regular job duties
- 3) To provide employees exposed to blood and OPIM information and training and,
- 4) Comply with all requirements as set forth in the WISHA Bloodborne Pathogens standard.

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<sup>1</sup> National Association of School Boards Association, (2010). *School Board Policies*. [www.nsba.org/mainmenu/schoolboardpolicies.aspx](http://www.nsba.org/mainmenu/schoolboardpolicies.aspx).

## **ADMINISTRATION AND COMPLIANCE**

Pat Johnston, district Risk Manager Officer and Amy Ruff, Health Supervisor are the administrators of this plan and are responsible for its implementation, and reviewed annually.

### **EXPOSURE CONTROL PLAN (ECP)**

Employees incur risk of infection and subsequent illness each time an exposure to blood or other potentially infectious materials occurs. An exposure incident means a specific eye, mouth, other mucous membrane (the moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra), non-intact skin, or parenteral (piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions) contact with blood or other potentially infectious materials resulting from the performance of an employee's duties. The Exposure Control Plan (ECP) is the core element used to reduce worker risk by minimizing or eliminating employee exposure incidents to Bloodborne pathogens, such as Hepatitis B Virus (HBV), Hepatitis C (HCV), and HIV. An ECP is the district's written policy for implementation of procedures relating to the control of infectious disease hazards for employees. The policy is part of our employee accident prevention program or infectious disease policy.

ECP components are:

1. Exposure determination
2. Control methods (See Handling Body Fluids in Schools at end of this section).
  - a. Standard precautions (includes universal precautions).
  - b. Hand washing procedures.
  - c. Use of gloves
  - d. Contaminated sharps.
  - e. Cardiopulmonary Resuscitation (CPR).
  - f. Housekeeping practices.
3. Training and education of employees (see page 4).
4. HBV vaccination
5. Post-vaccination testing for immunity
6. Post-exposure evaluation and follow-up
7. Record keeping

### **EXPOSURE DETERMINATION**

Any employee with occupational exposure to blood and other potentially infectious materials is protected by the ECP. Potentially infectious human body fluids are blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid, saliva in dental procedures, 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.

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." See the list below for examples of occupations considered at risk in schools. However, individual job duties must be considered when determining those employees at risk.

- ✓ School Nurses, Health Room Assistants, Secretaries, who provide physical care in which blood or blood-tinged body fluids are present (suctioning, first aid, injections, etc.).
- ✓ Teachers and aides providing physical care to students with potential exposure to blood, e.g., classrooms for the developmentally disabled where biting might be expected

- ✓ Bus drivers who transport students, described in #2 above, and/or staff who provide first aid to students.
- ✓ Classroom contact with a student who behaves aggressively (biting, scratching) or has special medical problems such as open skin lesions, which increase the risk of exposure to his/her blood or serous secretions.
- ✓ School Speech Language Pathologists (SLP) or therapists providing therapy to students, described in #2 & #4 above.
- ✓ Coaches and assistants providing first aid.
- ✓ First aid providers (to limit the number of employees with occupational exposure, it is recommended schools designate a limited number of first aid providers and assign them to high-risk areas such as playgrounds and the health room).
- ✓ Custodians who clean and dispose of bloody wastes from classrooms (described in #2), or first aid rooms, or who police areas with contaminated wastes (broken glass, discarded drug paraphernalia, etc.).
- ✓ Students in the health occupations

## COMPLIANCE METHODS

1. Standard precautions (includes universal precautions).
2. Hand washing procedures.
3. Use of gloves
4. Contaminated sharps.
5. Cardiopulmonary Resuscitation (CPR).
6. Housekeeping practices.
7. Signs and labels

See Handling Body Fluids in Schools at the end of this section for specifics.

## HBV VACCINATION

The HBV vaccination shall be offered at no cost; to all employees whose jobs involve the risk of directly contacting blood or other potentially infectious materials ([WAC 296-823-13005](#)).

Please see the previous section on Exposure Determination to identify employees who should be offered the vaccination. The vaccination is a series of three injections at zero, one, and six months. Field trials of the vaccines have shown 80–90% efficiency in preventing infections.

Vaccinations shall be given according to recommendations of the United States Public Health Service and administered by, or under the supervision of, a licensed healthcare professional. The Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure risk. Employees may decline vaccination or provide the district with documentation of HBV immunity or a statement of contraindication to vaccination from the employee's licensed healthcare provider.

## POST-VACCINATION TESTING FOR IMMUNITY

Testing for immunity after vaccination is not recommended routinely but is advised for persons for whom a suboptimal response may be anticipated, such as those who have received vaccine in the buttock, persons over 50 years of age, and persons known to have HIV infection. Post-vaccination testing is for persons that are at occupational risk who may have a needle stick exposure necessitating post-exposure prophylaxis. When necessary, post-vaccination testing should be done between one and six months after completion of the vaccine series to provide definitive information on response to the vaccine. This decision to test for immunity is made by a licensed healthcare professional and is paid for by the employer.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Following a report of an exposure incident, the employer is required to make immediately available to the exposed employee 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

If an employee has direct contact with blood or other potentially infectious materials, as from a needle stick, cut, bite, or eye splash, post-exposure treatment may be necessary. This depends on whether the source of the blood or other body fluid infected with Hepatitis B, HIV, or Hepatitis C, and whether the employee exposed has previously received Hepatitis B vaccine. Referral to an appropriate licensed healthcare professional must occur as soon as possible after exposure for provision of immediate protection from Hepatitis B/HIV infection. Treatment for an exposure incident is initiated only by a licensed healthcare provider.

## **TRAINING AND EDUCATION OF EMPLOYEES**

Our district shall ensure all employees with exposure to blood or other potentially infectious materials participate in training, provided at no cost, to the employee during working hours. We provide material that is appropriate in content and vocabulary at the educational level, literacy, and language background of employees. The training program contains the following elements:

- An accessible copy of the regulatory text of the WISHA standard and an explanation of its contents, [WAC 296-823](#), Bloodborne Pathogens.
- An explanation of the modes of transmission of Bloodborne pathogens.
- An explanation of the employer's exposure control plan, and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities, which may involve exposure to blood and other potentially infectious materials.
- 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.
- An explanation of the basis for selection of personal protective equipment (primarily gloves).
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Information on the HBV vaccine, including its efficacy, safety, and the benefits and risks of being vaccinated.
- An explanation of the procedure to follow if an exposure incident occurs and persons to contact in an emergency involving blood or other potentially infectious materials; method of reporting the incident; and the medical follow-up which will be made available.
- An explanation of the signs, labels, tags, and/or color-coding used to denote biohazards, e.g., contaminated sharps containers.

## **RECORD KEEPING**

There are two types of records on school employees. One is a medical record on employees who sustain an occupational exposure. The other is training records.

## **MEDICAL RECORDS**

For each employee, who has experienced an exposure incident, the employer must ensure that the following information maintained in a confidential medical record:

- The name and social security number of the employee.
- Information regarding the employee's Hepatitis B vaccination status dates of immunization, and medical records relative to the employee's ability to receive vaccination.
- Documentation of informed consent or refusal of HBV vaccination.
- Employees should be given copies of their own immunization records each time their records are updated.
- A copy of examination results, medical testing, and follow-up procedures, as required in the post-exposure evaluation.
- Following exposure, the employer's copy of the healthcare professional's written opinion.
- A copy of the information provided to the healthcare professional including the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure, and circumstances under which exposure occurred.
- Medical records are never to be saved in personnel files. The record should be maintained by the health service provider on behalf of the employer, in accordance with [RCW 70.02](#).

The employer is responsible to ensure the employee records required by this regulation are kept confidential and are not to be disclosed or reported without the employee's express written consent to any person, within or outside the work place, except as required by regulation or by law. The employer shall maintain required records for at least the duration of employment plus 30 years. [WAC 296-802-20005](#)

## **TRAINING RECORDS**

Training records must include the dates of the training sessions, as well as the contents or a summary of the training. The names and qualifications of persons conducting training must be included with the names and titles of all persons attending the training sessions. Training records retained for a period of three years from the date on which the training occurred. [WAC 296-823-12015](#)

## **SHARPS INJURY LOG**

The Bloodborne pathogen rule requires that the district establish and maintain a "Sharps Injury Log" to record all contaminated sharp injuries in a facility.

It states that we are required to:

- Record and maintain contaminated sharps injury information in a way that protects the confidentiality of the injured employee.
- Also the following additional information for contaminated sharps injuries are recorded:
  - The type and brand of device involved in the incident.
  - The department or work area where the exposure incident occurred
  - An explanation of how the incident occurred.
- Contaminated sharps injury records maintained for five years.

## **HANDLING BODY FLUIDS IN SCHOOLS**

### **A. 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), 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, that healthcare is provided. 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). (Excerpted from CDC, [Guideline for Isolation Precautions in Health Care Setting](#).)

NOTE: In its 2007 update, CDC added respiratory hygiene/cough etiquette to their 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.

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## **B. General Precautions**

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.

## **C. 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. 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.
- Facilities must provide an adequate supply of running potable water 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 employer must 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.

## **D. 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, nurses, principals, and staff in school settings such as the gymnasium, play fields, and health room where contact with blood or other body fluids is likely to occur. All other personnel should have access to first aid supplies, which includes 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 exhibits 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.
- Instruction for staff that are at risk for exposure to body fluids should include:
  - 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.

### **E. 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 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 programs.

### **Cardiopulmonary Resuscitation (CPR)**

- Use resuscitation shields with one-way valve (mouth-to-mouth, mouth-to-nose, mouth-to-nose, and mouth) located on AED's.

## **F. General**

- The employer must 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 present.
- Housekeeping workers must wear general-purpose utility gloves during all cleaning of blood 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.

## **G. 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.

## **H. Blood or Body Fluid Spills**

- A sanitary absorbent agent is used that is 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 % sodium hypochlorite (unscented household bleach) diluted 1:10 with water may also be used.
- Dispose of non-reusable cleaning equipment.
- Wash hands after removing gloves.

## **I. Athletics**

- During athletic contests or practice, an ample supply of towels should be available. Disposable towels and tissues are recommended for cleanup, 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.

## **J. 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. It is recommended by the Washington State DOH that feces contaminated carpet be disposed of.
- 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.

#### **K. 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 trashcan. It is not considered hazardous material, so it can be thrown away in the school dumpster.

#### **L. 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 in appropriate receptacles.
- Wash hands.

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

- Soiled linens should be handled as little as possible and with minimal agitation.
- The employer must ensure employees who have contact with contaminated laundry 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 (towels, etc.), 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.

#### **N. 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.

#### **HIV/AIDS AND OTHER BLOODBORNE PATHOGENS OVERVIEW**

This section provides important information about Bloodborne pathogens including HIV/AIDS and provides required information about the history, transmission, progression, and impact of diseases and their prevention, and can be used in conjunction with the training of school staff in Washington.

#### **DEFINITION**

What is a Bloodborne pathogen? A Bloodborne pathogen is a microorganism, such as a virus or bacteria, which is carried in the blood and body fluids and causes disease in humans. Examples of Bloodborne pathogens include HIV/AIDS and Hepatitis B and C. (See the chart below for a summary of definitions, symptoms, incidence, and treatment for these three diseases.)

#### **HEPATITIS<sub>3</sub>**

The word *hepatitis* means “inflammation of the liver” The cause is from drugs, toxins, and viruses. There are several types of infections classified as viral hepatitis. Infection differs in modes of transmission and clinical course based on the virus. Laboratory and clinical evidence is necessary to distinguish between the types of hepatitis viruses.

Viruses	HEPATITIS B	HEPATITIS C	HIV/AIDS
<b>D</b> <b>e</b> <b>f</b> <b>i</b> <b>n</b> <b>i</b> <b>t</b> <b>i</b> <b>o</b> <b>n</b>	<i>Hepatitis B</i> is an inflammatory liver disease caused by the Hepatitis B virus (HBV). Infection results in liver cell damage. <sup>4</sup>	<i>Hepatitis C</i> is an inflammatory liver disease caused by the Hepatitis C virus (HCV), which infects liver cells.  Hepatitis C is the most common chronic Bloodborne infection in the U.S., affecting three to five times as many people as HIV/AIDS. <sup>5</sup>	<i>HIV</i> stands for Human Immunodeficiency Virus. This virus causes AIDS. HIV attacks the immune system. The immune system gives bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells), which the immune system must have to fight disease. <sup>6</sup>  <i>AIDS</i> stands for Acquired Immunodeficiency Syndrome.  AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means the virus has weakened the immune system to the point at which the body has a difficult time fighting infection. <sup>7</sup>
<b>T</b> <b>r</b> <b>a</b> <b>n</b> <b>s</b> <b>m</b> <b>i</b> <b>s</b> <b>s</b> <b>i</b> <b>o</b> <b>n</b>	Transmitted through bodily fluids and blood  Infected pregnant women can pass HBV to their baby during delivery  Durable virus, which can survive in dried blood for up to <u>seven days</u> .	Transmitted through blood  Illegal injection drug use accounts for approximately 60% of new cases.  Other risk factors include multiple sex partners, unsafe tattoos, occupational exposure, and mom-to-baby exposure.  Virus can live outside the body for up to 4 days, though may only survive up to 16 hours at room temperature.	Transmitted by being passed from one person to another when infected blood, semen, or vaginal secretions that comes into contact with an uninfected person’s broken skin or mucous membranes. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breastfeeding.  HIV is a fragile virus, which will not survive long outside the body. <sup>8</sup>

<b>A c u t e S y m p t o m s</b>	<p>Some have mild flulike symptoms.</p> <p>About 50% have no symptoms.</p> <p>25% have severe symptoms: fatigue, nausea, loss of appetite, abdominal pain, fever, joint pain, jaundice, dark urine, and light stools.</p> <p>Symptoms do resolve but the patient may still be infectious and may become chronically infected.</p>	<p>About 75–80% of persons have no signs or symptoms.</p> <p>Related symptoms may include fatigue, nausea, dark urine, abdominal pain, loss of appetite, and jaundice.</p>	<p>Many people are infected with HIV and do not have any symptoms at all for ten years or more.</p>
<i>cont.</i>	<b>HEPATITIS B</b>	<b>HEPATITIS C</b>	<b>HIV/AIDS</b>
<b>C h r o n i c S y m p t o m s</b>	<p>Viral infection of liver is persistent.</p> <p>May become a carrier and able to infect others.</p> <p>Develop ongoing liver inflammation, cirrhosis of the liver or liver cancer.</p> <p>About 15–25 percent of people with chronic Hepatitis B die of liver disease.</p> <p>Annual number of chronic liver disease deaths associated with Viral Hepatitis is 3,000.<sup>9</sup></p>	<p>70% develop liver disease, cirrhosis of the liver or liver cancer.</p> <p>Most common cause of chronic liver disease in western countries and currently accounts for 40–60 % of adult liver transplants in the U.S.<sup>10</sup></p> <p>1–5 % dies from chronic HCV.</p> <p>Annual number of chronic liver disease deaths associated with Viral Hepatitis is 12,000.<sup>11</sup></p>	<p>The following <b>may be</b> warning signs of advanced HIV infection:<sup>12</sup></p> <ul style="list-style-type: none"> <li>● Rapid weight loss, Dry cough, Recurring fever, or profuse night sweats.</li> <li>● Profound and unexplained fatigue, swollen lymph glands in the armpits, groin, or neck, Diarrhea, which lasts for more than a week</li> <li>● White spots or unusual blemishes on the tongue, in the mouth, or in the throat, Red, brown, pink, or purplish blotches on or under the skin, or inside the mouth, nose, or eyelids.</li> <li>● Pneumonia, Memory loss, depression, and other neurological disorders.<sup>13</sup></li> </ul> <p>The World Health Organization estimates that almost two million people worldwide (who had antiretroviral treatment) died from AIDs in 2008 and over 2.5 million without antiretroviral treatment died.<sup>14</sup></p>

<b>I n c i d e n c e</b>	In the U.S. an estimated 1.25 million chronic HBV carriers which, result into a chronic condition, which can lead to serious liver problems and death (approx. 5,000/year in U.S.) <sup>15</sup>	Estimated 4 million Americans have HCV (about 2% of the population). About 80% result in chronic condition, which can lead to serious liver problems and death (about 10,000–12,000/year in the U.S.) <sup>16</sup>	CDC estimated 1.1 million people living with HIV/AIDS in the U.S. (2006).  Estimated 21% of those are undiagnosed and unaware of their infection.  Estimated 56,000 new HIV infections each year in the U.S.
<b>T r e a t m e n t</b>	Vaccine is available to prevent HBV.  Antibodies last for 8–13 years plus.  CDC does not recommend a booster  There are medications to treat chronic HBV.	There are recent advances in treatments and they are shorter with fewer side effects. However, treatment is expensive.  At this time, there is no vaccine for Hepatitis C. <sup>17</sup>	There is no cure or vaccine.  Treatment regimes are expensive and complex and include combination antiretroviral medications.

<sup>3</sup> State of Washington Office of Superintendent of Public Instruction. *Infectious Disease Control Guide for School Staff, Infection Control*

<sup>4</sup> [Hepatitis Foundation International. Centers for Disease Control and Prevention. HIV/AIDS Basic Information.](#)

<sup>7</sup> [Centers for Disease Control and Prevention. ABCs of Hepatitis](#) in Pdf

<sup>8</sup> [Centers for Disease Control and Prevention. What is HIV?](#)

<sup>12</sup> Centers for Disease Control and Prevention (2007). HIV/AIDS Questions and Answers.

<sup>14</sup> UNAIDS – Epidemiology slides: 2009 AIDS epidemic update, [www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/2009\\_epislides.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/2009_epislides.asp).

## Glossary

**AIDS:** Acquired Immunodeficiency Syndrome (AIDS), the most severe manifestation of infection with the human immunodeficiency virus (HIV).

**Antibody:** Substance that a person’s immune system develops to help fight infection.

**Blood:** Refers to human blood, human blood components, and products made from human blood. The term "human blood components" includes plasma, platelets, and serosanguinous fluids (e.g., exudates from wounds).



**Bloodborne Pathogens:** Pathogenic 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), human immunodeficiency virus (HIV), and Hepatitis C virus (HCV). Other examples include malaria, syphilis, babesiosis, brucellosis, leptospirosis, Creutzfeldt-Jakob disease, Human T-lymphotrophic Virus Type 1, and viral hemorrhagic fever.

**Centers for Disease Control and Prevention (CDC):** Federal health agency, which is a branch of the U.S. Department of Health and Human Services (DHHS). CDC provides national health and safety guidelines and statistical data on AIDS and other diseases.

**Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry:** Laundry that has been 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, broken capillary tubes, and exposed ends of dental wires.

**Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy Bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.

**Disinfect:** Cleanse and free from infection by destroying harmful microorganisms.

**DOSH:** The Washington State Department of Labor and Industries (L&I), Division of Occupational Safety and Health (DOSH), is responsible for administering the requirements under WISHA.

**Engineering Controls:** Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne pathogens hazard from the workplace.

**Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. "Non-intact skin" includes skin with dermatitis, hang nails, cuts, abrasions, chafing, etc.

**Hand washing Facilities:** A facility providing an adequate supply of running potable water, soap, single-use towels, or hot air drying machines.

**HBV:** Hepatitis B virus is a viral infection that affects the liver. The effects of the disease on the liver can range from mild to severe or fatal.

**HCV:** Hepatitis C virus is a viral infection that affects the liver. Hepatitis C is a leading indication for liver transplant.

**High-Risk Behavior:** A term that describes certain activities that increase the risk of transmitting HIV or HBV. These include anal intercourse, vaginal intercourse without a condom, oral-anal contact, semen in the mouth, sharing intravenous needles, and intimate blood contact.

**HIV:** Human Immunodeficiency Virus.

**Immune System:** A body system that helps resist disease-causing germs, viruses, or other infections.

**Infection:** A condition or state of the body in which a disease-causing agent has entered.

**Mucous Membrane:** A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.

**Non-intact Skin:** Skin that is chapped abraded, weeping, or has a rash or eruptions.

**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 an employee's duties. The term "reasonably anticipated" includes the potential for exposure as well as actual exposure.

**Other Potentially Infectious Materials (OPIM):**

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral:** The piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Pathogen:** A disease-causing substance.

**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.

**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 and contaminated sharps, and pathological and micro-biological wastes containing blood or other potentially infectious materials.

**Sharps:** (See Contaminated Sharps.)

**Standard Precautions:** In 1996 CDC expanded the concept of infection control/universal precautions. Standard Precautions combine the major features of universal precautions 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). (Excerpted from CDC, 2007 Guideline for Isolation Precautions in Hospitals.)

**Sterilize:** the use of a physical or chemical procedure to destroy all microbial life.

**Syndrome:** A collection of signs and symptoms that occur together.

**Universal Precautions:** An approach to infection control was developed in the mid-1980's as a result of the human immunodeficiency virus (HIV) epidemic. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.

**WISHA:** The Washington Industrial Safety and Health Act (WISHA), Chapter 49.17 of the Revised Code of Washington (RCW), enacted in 1973 by the Washington State legislature. The Washington State constitution of 1889 says, "The legislature shall pass necessary laws for the protection of persons working in mines, factories, and other employments dangerous to life or deleterious to health, and fix pains and penalties for enforcement of the same." (Article II, Section 35) DOSH gives the Department of Labor and Industries a primary responsibility for worker health and safety in Washington.

**Vaccine:** A substance that produces or increases immunity and protection against a particular disease.

**Virus:** An organism that causes disease.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**Resources and Web Sites**

<p>The Office of Superintendent of Public Instruction (OSPI) and the Washington State Department of Health (DOH) Exposure Control Plan Checklist. <i>School Health &amp; Safety Guide</i> (2003–p.38) at <a href="http://www.k12.wa.us/SchFacilities/Publications/pubdocs/CompleteSafety&amp;HealthManual2002-2003.pdf">www.k12.wa.us/SchFacilities/Publications/pubdocs/CompleteSafety&amp;HealthManual2002-2003.pdf</a> <a href="http://www.tpchd.org/page.php?id=365">www.tpchd.org/page.php?id=365</a>.</p> <p>The Washington State DOH provides guidance in the document, <i>Help Control the Spread of Infectious Diseases in Schools</i>, at <a href="http://www.doh.wa.gov/ehp/ts/school/diseasecontrol.pdf">www.doh.wa.gov/ehp/ts/school/diseasecontrol.pdf</a>.</p> <p><i>Specifications for School Buses</i>, 2006 (p.20), available from OSPI, Student Transportation, at (360) 725-6120. This document is also available at <a href="http://www.k12.wa.us/transportation/pubdocs/06specmanua1.pdf">www.k12.wa.us/transportation/pubdocs/06specmanua1.pdf</a>.</p>	<p>Center of Disease and Control, <a href="http://www.cdc.gov/">www.cdc.gov/</a>  HIV/AIDS information: <a href="http://www.cdc.gov/hiv/">www.cdc.gov/hiv/</a>  Occupational Safety and Health Administration (OSHA) <a href="http://www.osha.gov">www.osha.gov</a>  Seattle Children’s Hospital- Information on HIV/AIDS <a href="http://www.seattlechildrens.org/search-results.aspx?term=HIV">www.seattlechildrens.org/search-results.aspx?term=HIV</a>  Washington Industrial Safety and Health Act (WISHA) <a href="http://www.lni.wa.gov/wisha/">www.lni.wa.gov/wisha/</a>  Washington State DOH <a href="http://www.doh.wa.gov/cfh/hiv/default.htm">http://www.doh.wa.gov/cfh/hiv/default.htm</a>  Washington State DOH, Communicable Disease, HIV/AIDS <a href="http://www.doh.wa.gov/cfh/hiv/prevention/default.htm">http://www.doh.wa.gov/cfh/hiv/prevention/default.htm</a>  Washington State DOH, School Environmental Health and Safety Program <a href="http://www.doh.wa.gov/ehp/ts/School/default.htm">www.doh.wa.gov/ehp/ts/School/default.htm</a>  Washington State Department of Labor and Industries (L&amp;I) <a href="http://www.lni.wa.gov/Safety/Topics/AtoZ/default.asp?KWID=39">www.lni.wa.gov/Safety/Topics/AtoZ/default.asp?KWID=39</a>  Washington State Legislature for information on WACs and RCWs <a href="http://search.leg.wa.gov/pub/textsearch/default.asp">http://search.leg.wa.gov/pub/textsearch/default.asp</a></p>
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**Exposed Employee:**

Steps to follow in the event of exposure to blood or other potentially infectious materials:

1. Immediately and thoroughly clean or flush the area of direct contact.
2. Report incident immediately to your supervisor. Ask Supervisor for Employee Incident Report and responsibilities informational sheet. Determine if the exposure was a significant exposure incident, i.e. blood or OPIM contacted eyes, mouth, other mucous membrane, and non-intact skin or there was a piercing of the skin or mucous membrane by a contaminated item. If yes, go to step three. If no, go to step four.

3. If it is determined to be a significant exposure incident, contact a licensed health care professional or your county health department immediately. Current recommendation is that treatment begins within 2 hours of exposure.
4. Report incident to the ESD 112 Insurance Department at 1-800-749-5861 or 360-750-7504. They will provide additional information and forms, and a claim number. (Your supervisor may assist you with this.)
5. Contact licensed health care professional or your local health department within 24 hours for determination of the need for post exposure medical evaluation and follow-up.
6. Complete the Exposure Incident documentation form.
7. Document the route(s) of exposure and the circumstances under which the exposure incident occurred;
  - ✓ Document the name of the source individual if feasible;
  - ✓ Document the name, address, and telephone number of the health care professional who will evaluate the need for post-exposure medical evaluation and follow-up;
  - ✓ Complete Employee Incident Report within 24 hours.
8. Receive copy of healthcare professional's written opinion. Follow through on the advice of the licensed health care professional.
9. Submit licensed health care professional's bill to Personnel Office.
10. Abide by any applicable laws and regulations concerning disclosure of the identity and infectious status on the source individual.

### **Immediate Supervisor:**

Steps to follow in the event of an employee's exposure to blood or other potentially infectious materials:

1. Using the exposure incident documentation form, assist the exposed employee with completing the following:
  - Exposed employee information
  - Exposure incident information
  - Source individual information
2. Inform employee, "It is the health care provider who will determine if there is a significant exposure." Provide the exposed employee with the Employee Incident Report, Employee Responsibilities information form, and Medical Provider Information Sheet. Explain to the employee that if there is a vaccination and follow-up, it is "at no cost to the employee."
3. Send all completed documents as soon as received to:
  - Exposure incident documentation form (completed through the fourth item under Post-Exposure evaluation information) to Human Resources.
  - Employee Incident Report to Risk Management.
4. Abide by any applicable laws and regulations concerning disclosure of the identity of the source individual.

### **Human Resources:**

Steps to follow in the event of an employee's exposure to blood or other body fluids:

1. Place all documentation of the exposure incident in the employee's medical file:
  - ✓ Exposure Incident documentation form - (complete through the third item under post Exposure Evaluation Information).
  - ✓ Report of accident or injury form (district form)
  - ✓ Exposed employee consent form
2. If post-exposure medical evaluation is necessary, provide the following information to the evaluation health care professional:

- A copy of Chapter 296-62-08001 WAC;
  - A copy of the exposure incident documentation form
  - All medical records relevant to the appropriate treatment of the employee including hepatitis B vaccination status, which are the employer's responsibility to maintain
3. Complete the final items on the Exposure Incident documentation form.
  4. Establish and maintain an accurate record, pre-exposure incident, for each employee, in accordance with WAC 296-62-052, including:
    - The name and social security number of the employee
    - A copy of the employee's hepatitis B vaccination status including the date of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
    - A copy of all results of examinations, medical testing, and follow-up procedures required.
    - The employer's copy of the health care professional's written opinion;
    - A copy of the information provided to the health care professional
  5. Provide employee a copy of the healthcare professional's written opinion.
  6. Ensure that employee medical records are:
    - Kept confidential
    - Not disclosed or reported without the employee's written consent to any person within or outside the work except as required by law.
  7. Maintain employee medical records for at least the duration of employment plus thirty years.

**For The Healthcare Professional:**

1. Evaluate the exposure incident.
2. Arrange for testing of the employee and the source individual.
3. Notify employee of results of all testing.
4. Provide counseling.
5. Provide post-exposure prophylaxis.
6. Evaluate reported illnesses.
7. Send (only) the written opinion to the employer. This includes documentation that the employee was informed of the evaluation results and the need for any further follow-up, and whether hepatitis B vaccine is indicated and if vaccine was received.

## **Walla Walla Public Schools**

### **HEPATITIS B VACCINE DECLINATION FORM** (Adapted from the Washington State Department of Labor and Industries)

**WAIVER DECLINATION STATEMENT**

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 Hepatitis B vaccine, at no charge to myself if my job duties put me in an at risk category.

- I do wish to be vaccinated.
  
- I decline 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 may receive the vaccination series at no charge to me.
  
- I have already received the Hepatitis B vaccination series.

Dates the vaccines received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date: