

ADMINISTRATIVE PROCEDURE

5380P

SUBJECT: Communicable Diseases - Preventive Barrier

The following procedures are designed to provide effective precautions against transmission of disease in the educational setting. These procedures are based on "universal blood and body fluid precautions" established by the Centers for Disease Control (Morbidity and Mortality Weekly Report, Vol. 36, No. 2S, 8/21/87). They address exposure to blood and other body fluids, viral and bacterial diseases, human immunodeficiency virus (HIV), and the Hepatitis B virus (HBV).

These procedures will be revised to conform with new medical and legal information and procedures.

Adherence to these procedures will be monitored by supervision and through periodic inservices.

First Aid

Wound cleaning shall be conducted in the following manner:

1. Soap and water are preferred for cleansing wounds. Individual packets with cleansing solutions can also be used.
2. Gloves must be worn when cleansing wounds requiring direct hand contact with wound secretions.
3. Gloves and any cleansing materials will be discarded in a lined trash container that is secured and disposed of daily.
4. Hands shall be washed before and after treating a wound.

Thermometers shall be handled in the following manner:

1. Only disposable thermometers or thermometers with disposable sheath covers shall be used when taking temperatures.

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2. Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily.

Handling of Body Fluids

No distinction is made between body fluids from persons with a known disease and those from persons with an undiagnosed illness or without symptoms. Body fluids of all persons should be considered to contain potentially infectious agents (germs). The term "body fluids" includes blood and other bodily fluids containing visible blood (feces, nasal secretions, sputum, sweat, tears, urine, vomitus, semen, and vaginal secretions) (Centers for Disease Control, Morbidity and Mortality Weekly Report, Vol. 37, No. 24, 6/24/88).

Gloves must be worn when direct hand contact with body fluids is anticipated (e.g. treating nose bleeds, bleeding abrasions, handling clothes soiled by urine and/or feces and diapering, oral examinations).

In the case of unanticipated contact with body fluids when gloves are not available, and following the use of gloves, hands and other affected skin areas shall be washed with soap and running water with vigorous friction for approximately ten seconds.

Used gloves must be removed inside out and disposed of in a plastic bag or lined trash container that is secured and disposed of daily. Used tissues, diapers and paper towels must also be placed in a plastic bag or container that is secured and disposed of daily. Hands must be washed thoroughly.

Contaminated clothing, towels and other non-disposable washable items shall be:

1. Rinsed and placed in plastic bags before being sent home for washing in the case of personal items.
2. In the case of items belonging to the school/ESD, laundered at school or by the district laundry, items

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should be bagged and marked "wash separately with soap and bleach".

Contaminated environmental surfaces should be cleaned with a detergent/disinfectant. Discard non-reusable cleaning equipment in a lined trash container that is secured and disposed of daily. Used water and disinfectant must be disposed of in a toilet or sewer drain. Non-disposable equipment such as dustpans and buckets must be thoroughly rinsed in disinfectant. After use, mops must be

soaked in disinfectant or washed in hot water. Rugs must be cleaned with a germicidal detergent rug shampoo and vacuumed thoroughly.

Although saliva has not been implicated in HIV or HBV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, a CPR mask should be utilized when available when administering CPR.

Exposure to Blood and Other Body Fluids

In the event of a substantial exposure, immediately remove all body fluids from skin surface and wash with soap and water. If exposure was caused by a needle stick, milk the wound to promote bleeding. Use soap and water or hydrogen peroxide to clean the wound.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

Follow-Up Procedures After Possible Exposure to HIV/HBV - All employees are required to report any incident of exposure to blood and/or body fluids to their immediate supervisor. All exposure incidents shall be recorded on the OSHA 200 form and will be maintained in the employee's medical record. All exposures must document the route(s) of exposure and the circumstances under which the exposure occurred.

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Possible exposure incidents include percutaneous needle sticks or cuts, or mucous membrane exposure to blood or body fluids via chapped, abraded, or otherwise non-intact skin surfaces.

The source individual shall be notified of the exposure incident and will be requested to consent to testing for HIV/HBV.

If the source individual refuses consent for testing, immediately notify your chain of command to contact the County Health Officer.

The results of the source individual's test shall be made known to the exposed employee. The exposed employee shall also be reminded of the laws and regulations concerning the disclosure of the identity and infectious status of the source individual.

If the source individual refuses to consent to HIV/HBV testing, or if the source individual tests positive, the exposed employee

shall have a clinical evaluation which includes HIV and HBV antibody testing as soon as possible.

If the exposed employee tests sero-negative to HIV, the employee shall be retested six weeks post-exposure and on a periodic basis thereafter at 12 weeks post-exposure and six months post-exposure.

Follow-up procedures shall also be taken for employees exposed or potentially exposed to HBV, depending on employee immunization status, antibody response, and HBV serologic status of source individual.

If the exposed employee refuses to submit to clinical evaluation and HIV/HBV testing when medically indicated, such refusal will be documented and maintained in the employee's medical record; provided, however, no adverse action shall be taken since the procedures are designed for the benefit of the employee.

If the employee consents to baseline blood collection, but does not consent to testing, the employee's blood sample shall be preserved for 90 days. If, within 90 days of exposure, the employee elects to have the baseline sample tested, such testing will be conducted as soon as possible.

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Exposed employees shall have access to post-exposure counseling, as well as prophylaxis or other measures to preserve his/her health and prevent the spread of disease, as recommended by the U.S. Public Health Service when medically indicated.

Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile illness within 12 weeks following exposure.

ALL TESTS SHALL BE CONDUCTED BY AN ACCREDITED LABORATORY AT NO COST TO THE EMPLOYEE.

The following information will be provided to the physician performing the post-exposure evaluation:

- A copy of the WISHA regulation pertaining to bloodborne pathogens
- A description of the employee's duties
- Documentation of the route(s) of exposure and the circumstances under which the exposure occurred

- Results of the source individual's blood testing, if available
- All relevant medical records of the employee, including vaccination status

The agency will obtain a written report and opinion from the physician performing the post-exposure evaluation which shall be limited to:

- Whether an HBV vaccination is indicated, and if the employee has received such vaccination
- That the employee has been informed of the results of the evaluation

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

In the event of employee exposure to blood or body fluids via percutaneous needle stick, cuts, or mucous membrane exposure, necessary medical treatment shall be administered as appropriate for the type of injury.

Students Known to be Hepatitis B Carriers

In the case of a known student hepatitis B carrier, pre-exposure vaccination may be recommended for classroom staff after review by the local health officer. This recommendation would be based on the age of the student and the student's ability to independently handle hygiene needs.

Hepatitis B vaccinations shall be offered to all of the above identified employees free of charge. The OESD will pay for all fees associated with that service. The vaccination series will be provided after the employee has received the training outlined in this policy, but in any event within 10 days of assignment to duties. This policy shall exempt employees who have previously received the complete vaccination series, whose antibody testing indicates they are immune, or those employees for whom the vaccine is contraindicated. Employee vaccinations shall be documented and

maintained in the employee's medical record as prescribed by WISHA, and shall be preserved for the duration of employment plus 30 years.

Routine booster dose(s) of the HBV vaccine shall be provided in accordance with U.S. Public Health Service recommendations at no cost to the employee.

If an employee declines to obtain the required HBV vaccination, the employee will be required to document that refusal on the HBV Vaccination Declination Form which will be maintained in the employee's medical record for the duration of employment plus 30 years. If, however, an employee subsequently decides to have an Communicable Diseases

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HBV vaccination, it will be made available under the same terms and conditions as stated above.

Vaccine Preventable Diseases

In order to safeguard the school community from the spread of certain vaccine preventable diseases and in recognition that prevention is a means of combating the spread of disease, the Board recommends that employees who come in close contact with children should be immunized against TD (Tetanus-Diphtheria) and MMR (Measles, Mumps, and Rubella). A record of such immunization, or documentation of immunity, should be on file in the ESD Personnel Office.

In the event of an outbreak of a vaccine-preventable disease in school, (defined by the health department as one or more cases), the local health officer has the authority to exclude from school or from selected school functions or activities, an employee who does not have an immunization record on file with the OESD or who has been granted an exemption from immunization based on religious or medical reasons. An employee who is excluded is not eligible to receive sick leave benefits for such a purpose unless he/she is ill or temporarily physically disabled. (WAC 248-101-220)

Tuberculosis

Tuberculin skin tests are required for employees of the Head Start and ECEAP programs who have regular contact with children. The Board recommends that volunteers in the Head Start and ECEAP programs also have tuberculin skin tests. The TB skin test report should be on file in the OESD Personnel Office.

Identification and Follow-up

If the OESD has reasonable cause to believe that an employee has been infected with HIV [Human Immunodeficiency Virus, the cause of acquired immune deficiency syndrome (AIDS), AIDS Related Conditions (ARC), and HIV infection], or has been infected with Hepatitis B virus; the Superintendent will appoint a review committee consisting of a Personnel Representative, an Administrative Assistant or Assistant Superintendent and the Communicable Diseases

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employee's supervisor to determine if there is any possible risk of transmission to others, what precautions are recommended to avoid risk to others and what accommodations may be necessary for the employee.

1. The committee will seek the advice of the local health district officer and, (with the employee's permission), the affected employee's physician.
2. Factors that the committee should review, but not be limited to, are assignments that include application of first aid, food handling, personal hygiene care, oral examinations or any other factors that could transmit body fluids from one person to another.
3. If the infected employee's working location is a school within the ESD region, the committee will determine the necessity of notifying the district superintendent. This determination will be based upon the risk of transmission, the need to accommodate the employee's medical condition and the need to reassign job responsibilities.
4. Periodic review of the employee's medical condition will be scheduled based on the recommendation of the employee's personal physician and/or the local health officer.
5. The employee's right to privacy and the confidentiality of medical records will be observed.
6. The task force will make its recommendations to the Superintendent.

Training and Education

All employees whose job functions involve the risk of exposure to blood or body fluids shall receive appropriate education and training prior to the commencement of their duties and annually

thereafter. Such education and training shall, at a minimum, include:

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- A copy of the WISHA regulation and an explanation of its contents
- A general explanation of the epidemiology and symptoms of bloodborne diseases
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the Agency's Exposure Control Plan and a means by which an employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious material
- An explanation of the use and limitations of methods which will prevent or reduce exposure, including work practices and personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- An explanation of the basis for selecting personal protective equipment
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available

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- Information on the post-exposure evaluation and follow-up that the agency is required to provide
- An explanation of the signs and labels and/or color coding used by the agency
- An opportunity for interactive questions and answers with the persons conducting the training sessions

Additional training will be provided when new tasks or procedures are instituted.

Records of training sessions will be maintained for three years. Such records will include:

- Date of training
- Summary of training session
- Names and qualifications of individual(s) conducting the training session
- Names and job titles of all employees attending the training session

Training records will be made available to all employees, to employee representatives, and to appropriate government authorities when necessary.

Medical Records

A medical record for each employee whose duties include potential occupational exposure will be maintained by the agency. These records will include:

- The name and social security number of the employee

- A copy of the employee's HBV vaccination status, including the dates of vaccination and any medical records regarding the employee's ability to receive the vaccination
- A copy of all opinions, examinations, testing, and follow-up involving post-exposure incidents.
- A copy of any information provided to health care professionals regarding possible exposure

All records will be kept confidential and WILL NOT be disclosed to any person, except as required by law, with the express written consent of the employee.

Medical records will be maintained for the duration of employment plus 30 years.

In the event the agency ceases to do business, and there is no successor employer to transfer the records to, the agency will notify WISHA at least three months prior to disposal of such records, and will transfer them to WISHA if requested to do so.

HIV/AIDS Training

The agency shall provide training to all employees regarding HIV/AIDS. The training shall be provided within six months of initial employment. The training shall include:

- history and epidemiology of HIV/AIDS,
- methods of transmission of HIV,
- methods of prevention of HIV infection including universal precautions for handling body fluids,
- current treatment for symptoms of HIV and prognosis of disease prevention,
- State and federal laws barring discrimination against persons with HIV/AIDS, and
- State and federal laws regulating the confidentiality of a person's HIV antibody status.

Significant new discoveries or changes in accepted knowledge regarding HIV/AIDS shall be transmitted to employees within one calendar year of notification from the Superintendent of Public Instruction, unless the Department of Health notifies the agency that more prompt dissemination of the information is required.