

SECTION H

SANTA BARBARA COUNTY SCHOOLS EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (Title 8, California Code of Regulations, Section 5193)

1.0 Purpose

The purpose of the bloodborne pathogens standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

- 1.1 "Districts" refers to school districts. If the work location is other than a school district, then districts refers to a department. A department can be an office, ROP, Court & Community Schools, etc.

School district employees will follow good general principles when working with bloodborne pathogens.

These include:

- 1.1.1 Minimization of occupational exposure to bloodborne pathogens.
- 1.1.2 Risk of exposure to bloodborne pathogens should never be underestimated.
- 1.1.3 Use of personal protective equipment when required and when otherwise necessary to protect against exposure to bloodborne pathogens.

2.0 Objective

- 2.1 To protect our employees from the health hazards associated with bloodborne pathogens.
- 2.2 To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

3.0 Responsibilities

- 3.1 District superintendents or a designated person are responsible for exposure control in their respective districts.
- 3.2 Supervisors will be responsible for providing information and training to all employees who may be subject to occupational exposure. The SIPE Safety Officer will provide training assistance.

"Supervisor" refers to the principal or if the worksite is other than a school, then "Supervisor" refers to the department head of that operation.

3.3 It is important that employees:

3.3.1 Know what tasks they perform that may have occupational exposure.

3.3.2 Attend training sessions to learn the appropriate procedures to avoid occupational exposure.

3.3.3 Plan and conduct all operations in accordance with work practice controls.

3.3.4 Develop good personal hygiene habits.

3.4 This exposure control plan will be accessible to all employees. Employees are advised of its availability during their education/training sessions.

4.0 This plan will be reviewed and updated under the following circumstances:

4.1 Annually, on or before June 30th of each year.

4.2 Whenever necessary to reflect new or modified tasks and procedures are implemented which affect occupational exposure.

4.3 Whenever necessary to reflect new revised employee positions such that new instances of occupational exposure may occur.

4.4 To review incidents of exposure which occurred since the previous update.

5.0 Exposure Determination

5.1 One of the keys to implementing a successful exposure control plan is to determine "occupational exposure" situations. "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employees duties. Job classifications in which employees may have exposure to bloodborne pathogens can be found in Table 1.

5.2 **Primary Exposure - Category A**

Employees in the primary exposure category are reasonably anticipated to incur an occupational exposure to blood or Other Potentially Infectious Materials (OPIM) during the performance of their job duties. Employees in this category:

1. will receive specialized training annually.
2. will be offered the Hepatitis B vaccination series and
3. will be provided with post-exposure evaluation and follow-up in the case of an exposure incident.

Primary exposure job classifications and associated tasks in which occupational

exposure may occur can be found in Table 1.

5.3 Secondary Exposure - Category B

District employees, including designated first-aid responders or emergency response team members not covered by the primary exposure category are considered secondary exposure. Employees in the secondary exposure category are not reasonably expected to incur exposure to blood or OPIM or procedures that would cause exposure during the performance of their job duties. However, employees in this category:

1. will be provided with awareness training about methods of preventing occupational exposure to infectious disease with emphasis on Hepatitis B and HIV.
2. will be provided with post-exposure medical evaluation and follow-up in the case of an exposure incident.

5.4 This determination shall be made without regard to the use of personal protective equipment.

6.0 Methods of Compliance

6.1 Universal precautions. School districts will treat all human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. Where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious. All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.

6.2 Engineering controls.

6.2.1 Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) will be made readily accessible.

6.2.2 Mechanical means (dustpan, brush, tongs or forceps, etc.) will be made readily accessible to all employees who have the potential for exposure.

6.2.3 First aid kits will be equipped with gloves, handwipes and CPR masks.

7.0 Work Practice Controls. In addition to engineering controls, our facility uses a number of work practice controls to help eliminate or minimize employee exposure. Many of these work practice controls have been in effect for sometime.

7.1 Supervisors are responsible for overseeing the implementation of work practice controls.

7.2 Each school district will adopt the following work practice controls as part of our compliance program.

- 7.2.1 Employees wash their hands immediately, or as soon as possible after removal of potentially contaminated gloves or other personal protective equipment.
- 7.2.2 Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also should flush exposed mucous membranes with water.
- 7.2.3 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where this is a reasonable likelihood of occupational exposure.
- 7.2.4 Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary.
- 7.2.5 When a new employee is hired or an employee changes jobs within the district, that employee will be trained in the tasks/procedures pertaining to their new job classification and any work practice controls that the employee is not experienced with.
- 7.2.6 Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

8.0 Personal Protective Equipment (PPE). Where there is potential for occupational exposure, the districts shall provide at no cost the personal protective equipment needed to protect employees against such exposure.

- 8.1 PPE includes, but is not limited to gloves, safety glasses, goggles, face shields/masks and respirators.
- 8.2 Supervisors are responsible for ensuring that all departments and work areas have appropriate PPE available to employees unless the employee temporarily and briefly declines to use PPE when it was the employee's professional judgement in the specific instance the use of such equipment would have prevented the delivery of health care or public safety services or would have prevented the delivery of health care or public safety services or would have proposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- 8.3 All PPE will be inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- 8.4 Reusable PPE will be cleaned, laundered and decontaminated as needed at no cost to the employee.

- 8.5 PPE that cannot, for whatever reason be decontaminated will be disposed of in accordance with biohazard rules and regulations.
- 8.6 Any garments penetrated by blood or other infectious materials are to be removed immediately, or as soon as feasible.
- 8.7 All potentially contaminated PPE is removed prior to leaving a work area.
- 8.8 Gloves are worn in the following circumstances:
 - 8.8.1 Whenever employees anticipate hand contact with potentially infectious material.
 - 8.8.2 When handling or touching contaminated items or surfaces.
 - 8.8.3 Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 8.9 Sharp Precautions (for qualified staff only). Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures.
 - 8.9.1 To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
 - 8.9.2 Shearing or breaking of contaminated needles is prohibited.
 - 8.9.3 After use, disposable syringes and other sharp items shall immediately be placed in puncture-resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every year or when full and should not be allowed to overfill. When a sharp container is full, the district will contact the SIPE Safety Office at 922-8003 to arrange for collection.
 - 8.9.4 Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled, leak proof on the sides and bottom, and constructed to not allow employees to reach by hand into them.
 - 8.9.5 When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping, and place in a secondary container if leakage is possible.

- 8.9.6 The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, appropriately labeled, and closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 8.9.7 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
 - 8.9.8 Reusable sharps that are contaminated with blood or other potentially infectious material shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
 - 8.10 CPR Precautions. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices shall be used. Such equipment shall be stored in all district health offices and first aid kits.
 - 8.11 Qualified Staff/First Aid Providers Precautions. Qualified staff/first aid providers who have exudative lesions or weeping dermatitis shall be examined as soon as possible. These employees shall refrain from all direct individual care and from handling individual care equipment until such examination occurs.
- 9.0 Housekeeping
- 9.1 All equipment and surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - 9.2 Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) used to cover equipment and environmental surfaces are removed and replaced as soon as it is feasible when they have become contaminated.
 - 9.3 All trash containers, pails, bins and other receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. The best way to eliminate this problem is to line trash containers with plastic liners.
 - 9.4 Potentially contaminated broken glassware shall not be picked up directly by the hand but by using mechanical means (dustpan and brush, tongs, forceps, etc.)
 - 9.5 Body fluids such as urine, feces and vomit not contaminated with blood, can be disposed using conventional methods.
 - 9.6 Laundry
 - 9.6.1 Universal precautions as defined in Section 6.1 shall be observed with all

laundry that is contaminated with body fluids, i.e., athletic clothing and diapers. Such laundry shall be stored in a leak-resistant container such as a plastic bag and labeled accordingly.

- 9.6.2 Laundry support shall be provided by outside vendors utilizing bloodborne pathogen exposure control guidelines as outlined by Cal/OSHA.

10.0 Disposal Procedures

10.1 Medical Regulated Waste:

- 10.1.1 This category includes all of the following: liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or the aforementioned 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 during handling, contaminated sharps, and pathological or microbiological wastes containing blood or other potentially infectious materials.
- 10.1.2 Regulated waste shall be segregated into two waste streams, sharps and non-sharps.
- 10.1.3 Every effort should be made to avoid generation of non-sharp regulated wastes. This can be accomplished by employing such techniques as cleaning up spills or excess body fluids with tissue paper rather than rags or cloth materials and thoroughly disinfecting spills to render them non-hazardous, followed by absorption with enough absorbent material to prevent the release of excess liquid or semi-liquid waste material.
- 10.1.4 Place only solid objects in sharps containers, such as syringes, lancets, blades and the like. Glass slides and small vials containing blood samples shall be cleaned with running water into a sink connected to the sanitary sewer. Follow with bleach and water (1:10) rinse. Avoid using these containers for soft materials such as rags, tissue paper, product wrappers, and so forth. Disposal of sharps will be in accordance with paragraph 8.9.3.
- 10.1.5 All non-sharp regulated waste that cannot be sewer disposed or rendered non-hazardous, must be placed in plastic bags inside secondary containers that are closable, constructed to contain all contents and prevent leakage during handling and storage. The bag must be red in color and both the bag and secondary container must be labeled "Infectious Waste" and include the official biohazard symbol.
- 10.1.6 All sites shall provide proper storage, handling and transportation of biohazard/regulated waste with proper labels. School nurses or a designated person are responsible for contacting the SIPE Safety Office for sharp removal and non-sharp regulated waste.
- 10.1.7 Santa Maria Medical Waste Environmental Engineers, Inc. (MWEE) will be called when sharp containers are ready for disposal. MWEE will remove the

full container and replace it with a new container. MWEE will provide SIPE Safety with appropriate hazardous material disposal manifest.

- 10.2 Non Regulated Medical Waste: Waste such as disposables containing non-fluid blood, i.e., dressing, gauze, cotton roll, drapes with small amounts of dried blood or other body fluid, are not considered medical waste. Nevertheless, school districts will discard non medical waste in double lined plastic trash bags before disposal into trash bin, California Health and Safety Code, Chapter 6.1, Section 25015.

11.0 Training

- 11.1 Training shall be provided at the time of initial assignment to tasks where occupational exposure make take place and at least annually thereafter. Where tasks or procedures are modified or newly created, training may be limited to addressing the new exposures created.
- 11.2 Training records shall be maintained for 3 years from the date on which the training occurred.
- 11.3 All employees that may be subject to occupational exposure shall attend a training class within the first 10 days of employment or attend the SIPE training classes held every third Wednesday. These classes are scheduled by your district personnel office.
- 11.4 Training shall include the following items:
 - 11.4.1 A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - 11.4.2 An explanation of the modes of transmission of bloodborne pathogens.
 - 11.4.3 An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - 11.4.4 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
 - 11.4.5 An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;
 - 11.4.6 An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;
 - 11.4.7 Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;
 - 11.4.8 An explanation of the basis for selection of PPE;
 - 11.4.9 Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated,

and that the vaccine and vaccination will be offered free of charge;

11.4.10 Information on the appropriate actions to take, and persons to contact, including the immediate supervisor in an emergency involving exposure;

11.4.11 An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available; and

11.4.12 Information on the post-exposure evaluation and follow-up.

11.5 The majority of training items listed in 11.4 may be covered on a videotape. Each training session shall allow an opportunity for interactive questions and answers. Attendance is mandatory and shall be recorded on employee health and safety training record.

11.6 For incidents occurring outside normal operating hours, employees shall immediately report the incident to their physician or go to the emergency ward of hospital or clinic.

12.0 Vaccination Against Bloodborne Pathogens.

12.1 Employees subject to bloodborne pathogens as listed in Table 1 shall be offered at no cost to themselves after the employee has received the training outlined in Section 10 and within 10 working days of their initial assignment.

12.2 Designated first aid providers who offer first aid only as a collateral duty and generally at the location where the incident occurred, are not required to have the pre-exposure Hepatitis B vaccine. The Hepatitis B vaccine shall be provided to all designated employees who are expected to perform CPR/first aid as an "essential" job duty.

12.3 The vaccination program consists of a series of three inoculations over a six month period.

12.4 Vaccinations will be performed under the supervision of a licensed physician or other health care professional. If an employee initially declines the Hepatitis B vaccination, but at a later date decides to accept the vaccination while working in a position listed in Table 1, the district shall make the Hepatitis B vaccination available at that time.

12.5 Employees accepting or declining the vaccine must complete the Hepatitis B Vaccination Form (Table 2).

12.6 Table 1 is a guide to determine those personnel who may be involved in the HBV vaccination program.

12.7 If vaccines against other bloodborne pathogens (e.g., Human Immunodeficiency Virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization to all covered employees will be considered in accordance with those recommendations.

13.0 Post Exposure Employee and Supervisor's Report of Industrial Injury/Illness (SIPE Form 6-588) and Follow-up for Unvaccinated First Aid Responders.

- 13.1 A SIPE Form 6-588 must be prepared if first aid was rendered by an unvaccinated employee(s) and there was a presence of blood or other potentially infectious material (regardless of whether an actual exposure incident occurred). This report must be submitted to the immediate supervisor before the end of the work shift in which the incident occurred.
- 13.2 The SIPE Form 6-588 must include the names of all first aid providers who rendered assistance, whether PPE was used, a description of the first aid incident, the time and date of the incident, and whether an exposure incident occurred for each employee involved.
- 13.3 The original of the SIPE Form 6-588 must be kept on file at the district office and a copy forwarded to the SIPE Safety Office. Employees who are sent for medical evaluation as a result of the incident must be placed on the district OSHA 300 Log. SIPE Form 6-588 shall be readily available to employees.
- 13.4 If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether a specific exposure incident occurred, provisions for the full hepatitis B vaccination series must be made available as soon as possible, but in no event later than 24 hours after the incident. If the employee refuses, make sure he/she signs a waiver statement (Table 2).

14.0 Medical Evaluation

- 14.1 If an employee reports an exposure incident to blood or other potentially infectious material a confidential medical evaluation shall be made immediately available to the exposed employee.
- 14.2 The medical evaluation shall include the following:
 - 14.2.1 Documentation of the route(s) and circumstances of exposure.
 - 14.2.2 Identification of the source individual, unless infeasible or prohibited by state law.
 - 14.2.3 Prompt testing of the source individual's blood for HBV or HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented.
 - a) If the source individual's HBV or HIV status is known to be positive, repeat testing needs not be done.
 - b) Results of the source individual's testing shall be made available to the exposed employee, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of

the source individual.

14.2.4 Prompt testing of the exposed employee's blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form is signed and received.

- a) If the employee does not consent to serological testing, consent to a baseline blood collection may be given. The sample shall be preserved untested for at least 90 days.
- b) If within 90 days of the exposure incident, the employee chooses to have the sample tested, this shall be done promptly using the stored sample as baseline and a current sample to document seroconversion. Without a preserved sample, baseline seroconversion to a specific incident cannot be proven.
- c) Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

14.2.5 The district shall provide to the health care professional responsible for the employee's hepatitis B vaccination:

- a) A copy of Title 8 Regulation 5193: Bloodborne Pathogens.
- b) A description of the exposed employee's duties as they relate to the exposure incident.
- c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- d) Results of the source individual's blood testing, if available.
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

14.3 Exposed employees shall be counseled by a knowledgeable health care professional regarding their exposure and any medical and/or legal implications.

14.4 If medically indicated and requested by the employee after appropriate counseling, any prophylactic procedures recommended by the U.S. Public Health Service shall be made available.

14.5 Employees contracting illness as a result of occupational exposure shall be evaluated and followed with appropriate medical care. Appropriate reports of occupational illness shall be made.

15.0 Written Opinion

- 15.1 Within 15 days of an exposure evaluation, the employee shall be provided with a copy of the physician's written opinion which shall be limited to the following:
 - 15.1.1 Whether HBV vaccination is indicated and if the employee has received it.
 - 15.1.2 Informing the employee of the results of the evaluation.
 - 15.1.3 Informing the employee about any medical condition resulting from exposure which requires further evaluation or treatment.
- 15.2 All other findings of diagnosis shall remain confidential and shall not be included in the written report.

16.0 Record keeping

- 16.1 The medical record for each employee covered under this plan will include the following items.
 - 16.1.1 The employee's name and social security number.
 - 16.1.2 A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine.
 - 16.1.3 A copy of all results of examination, medical testing, and follow-up procedures regarding this plan.
 - 16.1.4 Copies of any health care professional's written opinion.
 - 16.1.5 A copy of the information provided to the health care professional.
 - 16.1.6 A copy of the completed incident log.

17.0 What should be done if direct skin contact occurs?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). Gloves need not be worn when feeding students or when wiping saliva from skin unless blood is present. First aid for a bleeding child must not be delayed to secure gloves. In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Reminder: 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 wear gloves. If contact with contaminated body fluids

does occur, the staff member should contact the local health department or private physician for evaluation of the need for post-exposure prophylaxis.

18.0 How should spilled body fluids be removed from the environment?

Most schools have standard procedures already in place for removing body fluids (e.g., vomitus). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

19.0 Hand washing procedures

Proper hand washing requires the use of soap and water and vigorous washing under a stream of warm water for approximately 10 seconds.

Soap suspends easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

Facilities must provide an adequate supply of running potable water, soap and single use towels or hot air drying machines. When provision of hand washing facilities is not feasible, the employer shall provide an appropriate antiseptic towelette. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

20.0 Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%)
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol).
3. Household bleach diluted 1 part bleach to 10 parts water.
4. Quaternary ammonium disinfectant cleaner (e.g., Bactisol, Forward disinfectant cleaner).
5. Iodophor germicidal detergent with 500 ppm available iodine, e.g., Wescodyne).

21.0 Disinfection of hard surfaces, athletic mats

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

In order to provide a safe environment, hard surfaces should be cleaned/disinfected at the conclusion of each day. This includes sporting equipment such as wrestling and gymnastic mats, as well as desk and table tops used for eating. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing activity to continue. The surface should be cleaned of visible contamination and then disinfected. During athletic contests an ample supply of towels should be available. Disposable towels and tissues are recommended. **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.

Soiled surfaces should be promptly cleaned with disinfectant, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Those who are cleaning should wear latex gloves or other protective equipment and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

22.0 Disinfection of rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove body fluid with the dust pan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dust pan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

23.0 Care of cleaning equipment

Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (buckets) should be thoroughly rinsed in the disinfectant. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles. Wash hands.

24.0 Laundry instructions for clothing soiled with body fluids

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup of household bleach to the wash cycle. If the material is not colorfast, add ½ cup nonchlorox bleach (e.g., Clorox II, Borateem) to the wash cycle.

If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Student clothing should be sent home for washing with appropriate directions to parents. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

25.0 Employers should request that their medical provider perform screening to ensure that employees have converted to the antibodies after the initial series of the HBV vaccination.

26.0 The following guidelines will be used as reasonable accommodation for the Hepatitis B vaccination:

26.1 The number of vaccine series that employers are responsible for administering when an employee has been exposed to bloodborne pathogens are:

26.1.1 An initial series of three doses during a six month period.

26.1.2 An additional series of three doses of vaccine should be administered to individuals who do not respond to the initial vaccination series.

26.1.3 Employees should consult their physician if additional doses beyond the second series may be warranted.

26.1.4 In all cases, workers compensation will provide funding for the vaccination when it involves an exposure while the employee was performing his/her duties.