

Inspiring Excellence



LAKE STEVENS
School District

Exposure Control Plan

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It is the policy of the Lake Stevens School District (LSSD) to provide the most appropriate educational setting for students and to provide effective precautions against the transmission of infectious disease. In accordance with board policy and the Washington Industrial Safety and Health Act (WISHA) Occupational Exposure to Bloodborne Pathogens Standard (WAC 296-823), the LSSD has developed the following Exposure Control Plan (ECP). The purpose of the ECP is to:

- Eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM).
- Identify employees occupationally exposed to blood or OPIM while performing their regular job duties.
- Provide employees information and training regarding exposure to blood and OPIM.
- Comply with all requirements as set forth in the WISHA Bloodborne Pathogens Standard.

All employees will have access to the ECP on the LSSD Safe Schools Online Training website. A copy of the plan can also be found in each school building.

ADMINISTRATION AND COMPLIANCE

The district-mandated training administrator or designee is the administrator of this ECP and is responsible for its implementation.

A. EXPOSURE DETERMINATION

Any employee with occupational exposure to blood and OPIM (high risk) 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, 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.

The LSSD employees in the following positions are identified as high risk.

- School nurses
- Right Response Trained Personnel
- Health room assistants and office personnel who are of support to the school nurse
- Special education teachers
 - Life Skills Program
 - Structured Learning Center (SLC)
 - Transition Program
- Special education paraeducators
 - Life Skills Program
 - Structured Learning Center (SLC)
 - Transition Program
 - Self-Contained
- Instructional staff of students who are known carriers of hepatitis or HIV
- Childcare and preschool staff involved with diapering
- Occupational/physical therapists who have risk of exposure due to oral therapy techniques
- Speech/Language Pathologists who have risk of exposure due to oral therapy techniques
- Bus Drivers of developmentally disabled
- Custodians
- Coaches

These employees are eligible to receive a Hepatitis B Vaccine (HBV) at no cost or they may decline the vaccine (WAC 296-823-13005).

Occupational exposure is defined by OSHA as “reasonably anticipated skin, eye, mucous membrane,

parenteral contact with blood, or OPIM that 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." It is this portion of the definition that pertains to first aid responders and "Good Samaritan" acts.

B. CONTROL METHODS

The following engineering controls and work practices are meant to provide simple and effective precautions against transmission of disease for all persons potentially exposed to blood or body fluids of any student. No distinction is made between body fluids from students with a known disease, those without symptoms, or those with an undiagnosed disease. These engineering controls and work practices will be used by all employees to eliminate or minimize occupational exposure to bloodborne pathogens.

1. Universal Precautions

"Universal Precautions" or "Standard Precautions" refer to the handling of body fluids from all patients (individuals), not just precautions recommended for those known to be infected with a bloodborne pathogen. Universal precautions were written for staff in health care settings and public safety workers; however, contact by school staff with contaminated blood and body fluids is increasingly more likely. The precautions focus on the prevention of transmission of bloodborne pathogens, primarily the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV). Exposure is defined as contact with blood or other body fluids through percutaneous inoculations (such as needle sticks with contaminated needles) or contact with an open wound, non-intact skin, or mucous membrane during the performance of normal job duties. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood, as well as on delivery of HBV immunization.

Universal precautions require the use of protective barriers. "Protective barriers reduce the risk of exposure to the health care worker's skin or mucous membranes from potentially infective materials. For universal precautions, protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp instruments. Masks and protective eyewear or face shields should reduce the incidence of contamination of mucous membranes of the mouth, nose, and eyes." (Morbidity and Mortality Weekly Report, June 24, 1988, Vol. 37, No. 24.) Rarely, if at all, would precautions beyond the use of gloves and provision of ventilation devices to minimize the need for emergency mouth-to-mouth resuscitation be necessary in a school setting.

Universal precautions are intended to supplement rather than replace recommendations for routine exposure control, such as hand washing and using gloves to prevent contamination of hands as described in the sections that follow.

2. Hand Washing Procedures

- Proper hand washing requires:
 - Use of a plain (non-antimicrobial) soap for routine hand washing, water, vigorous scrubbing for at least 15 seconds, and then rinsing under a stream of temperate (warm) water.
 - 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 the 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.
- Use an antimicrobial agent or waterless antiseptic agent to help control outbreaks or infections when soap and water are not available. When using antimicrobial agents, put enough product in your palm to cover hands and rub hands together briskly until dry. Children under six years old should be supervised when using these types of products.
- Hand washing facilities, soap, and single-use towels or hot-air drying machines are readily accessible to all employees who have a potential for exposure. When antiseptic hand cleansers or towelettes are used, hands must be washed with soap and running water as soon as feasible.
- Employees will wash their hands with soap and water:
 - After removal of gloves or other personal protective equipment.
 - After contact with blood, body fluids, or OPIM.
 - When work is completed and before leaving for home.
 - Before eating, drinking, smoking, applying cosmetics, changing contact lenses, or using the restroom.
 - Before activities that entail hand contact with mucous membranes, eyes, or breaks in the skin.
 - After using the restroom.

If blood or OPIM contacts mucous membranes, those areas will be washed or flushed with water immediately or as soon as possible.

3. Personal Protective Equipment (PPE)

The LSSD will provide PPE such as, but not limited to, gloves, gowns, aprons, lab coats, face shields or masks, protective eyewear and mouthpieces, resuscitation bags, or other ventilation devices where there is an occupational exposure at no cost to the employee.

- **General Rules on PPE**

- You must be trained to use the equipment properly.
- Use the appropriate equipment every time you are involved with OPIM.
- Equipment must fit properly, especially gloves.
- All equipment must be free of physical flaws that could compromise safety.
- If equipment becomes penetrated by blood or OPIM, remove it as soon as possible.

- **Resuscitation Devices**

Avoid using unprotected mouth-to-mouth resuscitation. Mechanical emergency respiratory devices and pocket masks are designed to isolate you from contact with a victim's saliva that may contain blood or OPIM and may be expelled during resuscitation.

- **Gloves**

The most widely used and basic form of PPE is gloves. Gloves MUST be worn when it is reasonably anticipated that hands may have contact with blood, OPIM, mucous membranes,

or non-intact skin.

- Single-use disposable gloves are used for first aid procedures. There are hypoallergenic gloves, glove liners, powderless gloves, or other alternatives if you are allergic to latex or vinyl gloves. Replace disposable, single-use gloves if they are torn, punctured, contaminated, or defective in anyway.
- Never wash or decontaminate single-use disposable gloves for reuse.
- Heavy-duty utility gloves should be used for housekeeping. Utility gloves may be decontaminated or reused if they are not cracked, peeling, torn, or punctured.

- **Glove Removal**

As important as wearing gloves is, you are not protected unless you remove them properly. Remove gloves immediately after finishing a task or when they become contaminated or damaged. Removal should be done in a way that the bare hands do not touch the outside of the gloves:

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
- Dispose of the entire bundle promptly.
- Never touch the outside of the gloves with bare skin.
- Wash your hands with soap and running water as soon as possible.

4. Contaminated Sharps

- Contaminated sharps shall, after use, be disposed of in the following manner:
 - Students should be advised to report needles but not touch them.
 - The person using the sharp instrument or item shall be responsible for its proper disposal immediately after use.
 - All sharp items shall be placed in a closing, leak-proof, rigid, puncture-resistant, break resistant container, which is conspicuously labeled and/or color-coded, located as close as possible to the operation requiring sharps.
 - Contaminated needles and other contaminated sharps must not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
 - Use mechanical means (e.g., tongs, forceps, broom, dust pan) when cleaning up broken glass.

5. Cardiopulmonary Resuscitation (CPR)

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

6. Good Housekeeping

- Good housekeeping is everyone's responsibility since it protects employees and students. Here are some general rules:
 - Clean and decontaminate all equipment and environmental working surfaces as soon as possible with an appropriate disinfectant such as a solution of 10% bleach to water.
 - Use tongs or a broom and dustpan to pick up broken glass. Never use your bare hands.
 - Place contaminated sharps and other potentially infectious waste in designated labeled or color-coded, leak-proof, puncture-resistant, closable containers that are easily accessible to those who use them. Do not overfill the containers.

- Contaminated laundry should be handled as little as possible and with minimal agitation. Place soiled laundry in labeled or color-coded, leak-proof bags or containers without sorting or rinsing.
- Reusable bins, pails, cans, and similar receptacles that have a reasonable likelihood of contamination shall be inspected and decontaminated on a regularly scheduled basis.
- All procedures involving blood or OPIM shall be performed in such a manner as to prevent or minimize any splashing, spraying, or spattering of blood or OPIM.

- **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.

- Ethyl or isopropyl alcohol (70%).
- Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol*, Enviro Care Neutral Disinfectant*).
- Household bleach diluted one part bleach to 10 parts water.
- Quaternary ammonium germicidal detergent in 2% aqueous solution (e.g., Tri-quat*, Mytar* or Sage*).
- Lodophor germicidal detergent with 500 ppm available iodine (e.g., Wescodyne*).

*Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

- **Disinfection of Hard Surfaces and Athletic Mats**

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 gymnastics mats, as well as desk and tabletops used for eating. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing an activity to continue.

Soiled surfaces should be promptly cleaned with a disinfectant, such as household bleach (diluted one 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 protective gloves, or other protective equipment, and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

- **Disinfection of Rugs**

Apply a sanitary absorbent agent, let dry, and vacuum. If necessary, mechanically remove with a dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. If necessary, wash the brush with soap and water. Dispose of non-reusable cleaning equipment as noted above. Those who are cleaning should wear protective gloves, or other protective equipment, and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids. Remove gloves and discard in appropriate receptacles.

- **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. The disinfectant solution should be promptly disposed down a drainpipe. Those who are cleaning should wear protective gloves, or other protective equipment, and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

- **Laundry Instructions for Clothing Soiled with Body Fluids**

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Those who are cleaning should wear protective gloves, or other protective equipment, and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by using 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. Pre-soaking 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 non-clorox bleach (Clorox II*, Borateem*) to the wash cycle.

*Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.

7. Signs and Labels

Fluorescent orange-red labels, red bags, and containers with a biohazard symbol must be used for waste, storage, or shipping of blood or OPIM.

8. 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 the surface is cleaned and disinfected. The player must be kept out of play until the bleeding subsides.
- The bloodied portion of a uniform must be properly disinfected or the uniform changed before the athlete may participate.
- Clean and sanitize mats before and after practice and matches. All sides of mats should be cleaned before they are rolled up.

C. TRAINING AND EDUCATION OF EMPLOYEES

All public school employees are required by the state of Washington (WAC 392-198; Training-School Employees-HIV/AIDS) to receive appropriate education and training about the transmission, prevention, and treatment of HIV/AIDS. The LSSD will provide this training to all new employees within six months of their hiring date. Employees with reasonably anticipated exposure to blood and OPIM (high risk) shall

participate in district provided training within ten days of employment and annually thereafter. The training shall include the following requirements of WAC 296-823-12005 & WAC 392-198-030:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Where to obtain a copy of WAC 296-823, Occupational Exposure to Bloodborne Pathogens.
- Explanation of the LSSD ECP and how to obtain a copy.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
 - Types
 - Uses
 - Selecting
 - Location
 - Handling
 - Donning and removal
 - Decontamination
 - Disposal
- Information on the Hepatitis B vaccine, including:
 - Effectiveness
 - Safety
 - Method of administration
 - Benefits of being vaccinated
 - Offered free of charge
 - Methods of transmission of HIV
- Actions to take and persons to contact in an emergency involving blood or OPIM.
- Procedures to follow if an exposure incident occurs, including:
 - How to report the incident
 - Medical follow-up available
- Employee evaluations and follow-up after an exposure incident.
- Signs, labels, and color coding used.
- Interactive questions and answers with the trainer or representative.
- Material appropriate in content and vocabulary to educational level, literacy, and language background of employees shall be used.

D. HBV VACCINATION

The Hepatitis B Virus (HBV) vaccination shall be offered at no cost to all employees whose jobs involve the risk of directly contacting blood or OPIM. Vaccinations will be provided by a Health Care Professional of the LSSD's choosing.

Vaccinations are encouraged for identified employees after the employee has received the training outlined in this plan unless:

- The employee has previously received the series.
- Antibody testing reveals that the employee is immune.
- Medical reasons prevent taking the vaccination.
- The employee chooses not to participate.

A copy of the HCP's written opinion will be provided to the employee. Employees for whom the vaccine is contraindicated will still be covered by all other portions of this plan. If the HCP decided the HBV vaccine is contraindicated, he/she will indicate that in the report to the LSSD.

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

If an employee declines the vaccination, the employee will be required to document that refusal on the Hepatitis B Immunization Consent/Waiver 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 HBV vaccination, it will be made available under the same terms and conditions as stated above.

All LSSD employees will be offered a post-exposure HBV vaccination if an occupational exposure incident occurs.

E. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Once an employee has direct contact with blood or other body fluids, as from a needle stick, cut, bite, or eye splash, provide the initial first aid treatment, such as cleaning the wound or flushing the eyes or other mucous membranes. Referral to a licensed HCP must occur as soon as possible after exposure (within 24 hours) for provision of immediate protection from a Hepatitis B infection.

Following a reported exposure incident, the exposed employee will receive a confidential medical evaluation and follow-up. This medical evaluation shall be made available at no cost to the employee. It shall be at a reasonable time and place; performed by, or under the supervision of, a licensed physician or another appropriately trained or licensed HCP; and provided according to the United States Public Health Service (USPHS) recommendations current at the time of evaluation.

The evaluation will:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the LSSD can establish that identification is infeasible or prohibited by state or local regulations).
- Obtain consent and arrange to test the source individual (students must contact parent or guardian) as soon as possible to determine HIV and HBV infectivity. If consent is not obtained, the LSSD shall establish that legally required consent cannot be obtained. Check with your local health department.
- Document that the source individual's test results were conveyed to the employee's HCP. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Provide the exposed employee with the source individual's test results if the source individual or the parents or guardian have given permission.
- Provide the exposed employee information about laws regarding confidentiality for the source individual.
- Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
- If the employee does not give consent for HIV serological testing, preserve the baseline blood

sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform the testing as soon as feasible.

- Provide the exposed employee with a copy of the HCP's written opinion.

The LSSD will use every precaution to protect the privacy of each individual in accordance with all applicable Washington State laws and regulations issued by the Office of the Superintendent of Public Instruction and will always strive to comply with the requirements of the WISHA Bloodborne Pathogens regulation.

Any employee who declines a post-exposure evaluation must sign a statement of declination.

F. EXPOSURE INCIDENT PROCEDURE

Steps to follow in the event of exposure to blood or OPIM:

- Immediately wash the exposed area with soap and water for at least fifteen seconds.
- For exposure to eyes, mouth, and/or nose, flush area with large amounts of water.
- Notify the building secretary, health room assistant, or nurse immediately. They will assist in completing the Bloodborne Pathogen Exposure Incident Packet (BPEIP).
- Immediately seek medical treatment for a post-exposure medical evaluation. Do not delay treatment. The LSSD has coordinated with The Everett Clinic to provide this evaluation, eliminating any potential co-pays. If preferred, an employee may seek treatment with his/her personal HCP. The BPEIP contains instructions and documents to be completed by the effected employee and HCP.

The Everett Clinic
8910 Vernon Road
Lake Stevens, WA 98258
425-397-1700

The HCP at The Everett Clinic will determine if treatment is necessary. This evaluation will be at no cost to the employee.

- Contact Safety Services at 425-335-1500, ext. 2077, with a report of the incident. The completed original documents must be forwarded to Safety Services and Human Resource Services.
- If the incident involves another individual (exposure source) as a result of an incident, such as biting or an accident involving blood, the exposure source will then be asked to go to The Everett Clinic for testing at the same time the employee is sent for a medical evaluation. If the source of blood or other body fluid exposure is from a child, it will be necessary to request the parent/guardian have the child tested.
- If consent is not obtained from the exposure source, the County Health Officer will be contacted and will consult with the LSSD's legal advisor to consider requesting that a court order be sought for appropriate testing.
- An exposure is considered an on-the-job injury. Complete an Exposure Incident Report Form and an Employee Accident Report Form found in the BPEIP and return the completed forms to Safety Services. The BPEIP and all necessary forms are included in APPENDIX A of this plan. BPEIP packets are also available in your building's main office, nurse's office, Safety Services, and Human Resource Services.

The circumstances of any exposure incident will be reviewed by Safety Services to determine:

- Controls in use at the time.
- Work practices that were followed.
- Description of the device used (including type and brand).

- Protective equipment or clothing in use at the time.
- Location of the incident.
- Procedures being performed when the incident occurred.
- Employee's training.

G. RECORDKEEPING

1. Medical Records

The LSSD shall maintain required medical records for at least the duration of employment, plus 30 years, in compliance with WAC 296-802: "Employee Medical and Exposure Records." For each employee that has an occupational exposure, a written record will be established and maintained that includes:

- The name and Social Security Number of the employee.
- Information regarding the employee's Hepatitis B vaccination state, dates of immunization, and medical records relative to the employee's ability to receive a vaccination.
- Documentation of informed consent or refusal of a HBV vaccination.
- A copy of the examination results, medical testing, and follow-up procedures, as required in the post-exposure evaluation.
- The employer's copy of the HCP's written opinion.
- A copy of the information provided to the HCP, including the exposed employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure, and circumstances under which the exposure occurred.

The employer is responsible to ensure the employee records required by this regulation are kept confidential. They are not to be disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by regulation or law.

2. Training Records

Training records should include the following information about training sessions:

- Date.
- Contents or a summary.
- Names and qualification of trainers.
- Names and job titles of all attendees.

Training records shall be retained by Human Resource Services for a period of three years from the date on which the training occurred. Training records will be provided to employees or their authorized representatives within fifteen working days of a request. Requests for training records should be address to Human Resource Services.

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 LSSD that prompt dissemination of the information is required.

The Hepatitis B vaccination status and records regarding any occupational exposure, if any, shall be kept in strict confidence during employment, plus 30 years, for any employee with reasonably anticipated exposure to blood or OPIM. The records of occupational exposure shall include:

- The employee's name and Social Security Number.
- The employee's Hepatitis B vaccination status.
- Examination results, medical testing, and follow-up procedure records.
- The HCP's written opinion.
- A copy of information provided to the HCP.

3. Sharps Injury Log

In accordance with WAC 296-27-01109, you must record all work-related needle stick injuries and cuts from sharp objects that are contaminated with another person's blood or OPIM in the Sharps Injury Log. This log must include at least:

- The date of injury.
- The type and brand of the device involved in the incident.
- An explanation of how the incident occurred.
- Where the incident occurred.

This log will be maintained in a way that protects the confidentiality of the injured employee. The log will be reviewed at least once a year as part of the annual program evaluation and is kept for at least five years following the end of the calendar year.

Note: You may record the additional information in any format you choose, such as on the OSHA 300 or 301 forms. It must be retrievable and identifiable to each specific injury.

H. PERSONNEL – INFECTIOUS DISEASE CONTROL

Immunization

Employees, including substitutes and student teachers, are encouraged to complete an Immunization History Form to be placed on file at the district office. In the event of an outbreak of a vaccine-preventable disease in a school, the local health officer has the authority to exclude all susceptible persons, including employees. This authority would likely be exercised in the event of one or more cases of measles or rubella within the school. Susceptible, as related to measles, means any employee born after January 1, 1957.

An employee may claim an exemption for health, religious, or philosophical reasons. However, such an employee who files an exemption may be excluded if an outbreak occurs at his/her school. An employee who is excluded is not eligible to receive sick leave benefits unless he/she is ill, physically disabled, or is otherwise provided for in the collective bargaining agreement.

Please see the ECP section of Exposure Determination to identify those employees who should be offered the vaccination (high risk). The vaccination is a series of three injections at zero, one, and six months. Vaccinations shall be given according to recommendations of the United States Public Health Service and administered by or under the supervision of a licensed HCP.

I. FIRST AID PROCEDURES

- Wound cleansing should be conducted in the following manner:
 - Soap and water are recommended for washing wounds. Individual packets with cleansing solutions can also be used.

- Gloves must be worn when cleansing wounds that may put the employee in contact with wound secretions.
- Gloves and any cleansing materials will be discarded in a lined trash container that is disposed of daily (WAC 296-823, Bloodborne Pathogens, and OSPI Infectious Disease Control Guide).
- Hands must be washed before and after treating the student and after removing the gloves.
- Treatment must be documented in a health log program.
- Thermometers shall be handled in the following manner:
 - Only disposable thermometers or thermometers with disposable sheath covers should be used when taking a student's temperature.
 - Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily.

J. HANDLING OF BODY FLUIDS

Body fluids of all persons should be considered to contain potentially infectious agents (germs). Body fluids include blood, semen, vaginal secretions, or drainage from scrapes and cuts, feces, urine, vomitus, saliva, and respiratory secretions.

Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nosebleeds, bleeding abrasions), when handling clothes soiled by urine and/or feces, and when diapering children. If gloves are not available, then hand washing is most important in preventing the spread of disease.

Used gloves must be discarded in a secured lined trash container that is disposed of daily according to WAC 296-823 Bloodborne Pathogens and the OSPI Infectious Disease Control Guide. Hands must then be washed thoroughly. For other universal precautions, the LSSD shall comply with WAC 296-823, Bloodborne Pathogens, and the OSPI Infectious Disease Control Guide.

K. SPECIAL TREATMENT OF STUDENTS INFECTED WITH HIV

On the disclosure that a student has been identified as having Acquired Immunodeficiency Syndrome (AIDS) being infected with HIV, the superintendent, principal, parent, local health officer, school nurse, and the private physician shall confer as necessary and determine the appropriate placement of the student. The student will be accommodated in a least restrictive manner, free of discrimination, without endangering the other students and the teacher. The student may only be excluded from school on the written concurrence of the public health officer and the student's personal HCP if remaining or returning to school would constitute a risk either to the student or to employees or other students.

All discussions and records will be treated as confidential and consistent with RCW 70.24.105.

Release of information regarding the testing, test results, diagnosis, or treatment of a student for a sexually transmitted disease may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed and dated, must specify to whom the release may be made, and the time period for which the release is effective. Students fourteen and older must authorize disclosure; parents must authorize disclosure pertaining to younger students. The following statement must accompany any disclosures made pursuant to a release: ***"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for the release of medical and other information is not sufficient for this purpose."***

L. GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOLS

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons, including pregnant women, potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease, those from students without symptoms, or those with an undiagnosed disease.

1. Risk of Contact with Body Fluids

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term “body fluids” includes blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge), and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

TABLE 1 provides examples of particular germs that may occur in body fluids of children and the respective transmission concerns. Individuals who have no symptoms of illness may carry germs. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including HIV and hepatitis viruses. In fact, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always carried out. It is for this reason that “universal precautions” should be used when exposure to blood, semen, and vaginal secretions occur. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. Gloves need not be worn when feeding patients and when wiping saliva from skin. (MMWR June 24, 1988, Vol. 37, No. 24.) Recommended precautions are contained in the following sections of these guidelines.

TABLE 1
TRANSMISSION CONCERNS IN THE SCHOOL SETTING BODY
FLUID SOURCE OF INFECTIOUS AGENTS

| Body Fluid – Source | Organism of Concern | Transmission Concern |
|--|--|--|
| Blood - cuts/abrasions - nosebleeds - menses - contaminated needle | Hepatitis B virus AIDS virus Cytomegalovirus | Blood stream inoculation through cuts and abrasions on hands |
| *Feces - incontinence | Salmonella bacteria Shigella bacteria Rotavirus Hepatitis A virus | Oral inoculation from contaminated hands |
| *Urine - incontinence | Cytomegalovirus | Bloodstream and oral inoculation from contaminated hands |
| *Respiratory secretions - saliva - nasal discharge | Mononucleosis virus Common cold virus Influenza virus | Oral inoculations from contaminated hands |
| *Vomitus | Gastrointestinal viruses, e.g., Norwalk agent Rotavirus | Oral inoculation from contaminated hands |
| Semen | Hepatitis AIDS virus Gonorrhea | Sexual contact (intercourse) |

*Possible transmission of Hepatitis B is of little concern from these sources unless they contain visible blood. There is no evidence at this time to suggest that the AIDS virus is present in these fluids.

2. Avoiding Contact with Body Fluids

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in the offices of the coach, custodian, nurse, principal, and school settings such as the gymnasium. Gloves should be worn when direct hand contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). Hands must be washed afterward. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

3. Direct Skin Contact

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). 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. Contaminated laundry should be handled as little as possible and with minimal agitation. Place soiled laundry in labeled or color-coded, leak-proof bags or containers without sorting or rinsing. Towels are for single use only and never used by more than one student. Clothing should be sent

home for washing with appropriate directions to parents/teachers. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

4. Spilled Body Fluids

Custodial staff members have standard procedures in place for removing body fluids (e.g., vomitus). All schools have disinfectant 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. The broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

Local Infectious Waste Management Program
Snohomish County Health Department
425-339-5250

M. PROCEDURE FOR VOLUNTARY WORKPLACE FIRST AID AND OTHER UNANTICIPATED CONTACTS

This section is intended to apply only to employees who perform infrequent, voluntary “Good Samaritan” first aid activities, as well as employees who may have unanticipated potential occupational exposures to blood or OPIM.

A voluntary “Good Samaritan” first aid provider:

- Does not render first aid as his/her primary job duty.
- Renders first aid as a collateral duty.
- May respond only to workplace injuries on a non-routine basis.
- Is not obligated by the LSSD to render first aid assistance.

Any employee responding to help another person with a first aid situation that involves the presence of blood or OPIM will at a minimum put on gloves and be careful not to allow the blood or OPIM to come into contact with any part of the body or clothing.

Contaminated gloves or clothing should be removed as soon as possible--as near as possible to the incident--and placed in an impervious plastic bag to control the spread of contamination.

Hands must be washed with soap and water immediately after removing gloves. Any other affected body surfaces will be washed immediately with soap and water. If there is exposure to the mucous membranes, flush thoroughly with large amounts of water.

Employees will report all first aid response and incidents to their supervisor/principal before the end of their work shift when the incident occurred, regardless of the use of PPE. The supervisor/designee will determine if an “exposure incident” occurred, and if so, follow the LSSD exposure procedures.

APPENDIX A



BLOODBORNE PATHOGEN EXPOSURE INCIDENT PACKET

Contains information for:

- Exposed Employee
- Principal/Supervisor of Exposed Employee
 - Source Person
 - Safety Services
- Human Resource Services

Bloodborne Pathogen (BBP) Exposure Incident Packet



Use the forms in this packet to report occupational bloodborne exposure incidents.

WAC 296-823 Definitions:

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials which results from the performance of an employee's duties.

Other potentially infectious materials (OPIM) includes human body fluids such as 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.

Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.

Employee Forms

| Name of Form | Page | Action |
|---|------|--|
| BBP Exposure Incident Report | 5 | <ul style="list-style-type: none"> Completed by employee and supervisor (sections 1 and 2) Employee receives two copies (one for his/her records, one for his/her Health Care Professional) Supervisor sends BBP Incident Report to Safety Services |
| Occupational Injury or Illness Report | 6-7 | <ul style="list-style-type: none"> Completed by employee and reviewed and signed by supervisor Supervisor sends Injury and Illness Report to Safety Services |
| Exposed Employee Consent Form | 9 | <ul style="list-style-type: none"> Completed by employee Employee returns form to Safety Services |
| Exposed Employee Declination Form | 10 | <ul style="list-style-type: none"> Completed by employee if choosing <u>not</u> to receive post exposure follow-up Employee returns form to Safety Services |
| Health Care Professional's Written Opinion for Post-Exposure Evaluation | 11 | <ul style="list-style-type: none"> Employee gives the blank form to the physician performing post-exposure follow-up Physician completes form and returns to Safety Services |

Source Forms

| | | |
|--|-------|---|
| Letter to Source or Parent/Guardian | 12 | <ul style="list-style-type: none"> Supervisor completes and forwards to the source or parent/guardian |
| Source Information and Consent Form (packet includes five pages) | 13-17 | <ul style="list-style-type: none"> Supervisor completes sections 1 and 3 and forwards to source or parent/guardian Source or parent/guardian completes section 2 and returns to Safety Services |

Student Post-Exposure to BBP

| | | |
|---|----|---|
| Student Post-Exposure to BBP Procedures | 18 | <ul style="list-style-type: none"> Supervisor contacts parents of affected students informing them of the potential exposure |
|---|----|---|

Bloodborne Pathogen Exposure Incident Packet



Employee Checklist

- Wash exposed area with soap and water immediately.
 - For exposure to eyes, mouth, and/or nose, flush area with water.
- Immediately seek medical treatment for a post-exposure medical evaluation. *Do not delay treatment. The LSSD has coordinated with The Everett Clinic to provide this evaluation*, eliminating any potential co-pays by you. If preferred, the employee may seek treatment with his/her personal Health Care Professional (HCP).
- Notify supervisor immediately.
- Have supervisor contact source or parent/guardian to obtain consent for source evaluation and blood testing.
- If you are **declining** follow-up evaluation, complete the Exposed Employee Declination Form and forward the completed form to Safety Services. (See page 10.)
- Complete the following documents:
 - Occupational Injury or Illness Report. The completed and signed form will be forwarded to Safety Services.
 - BBP Exposure Incident Form, section 1. Can be done by you or your supervisor. (Supervisor completes section 2.) (See page 5.)
 - Exposed Employee Consent Form. For blood collection and testing. Return the completed form to Safety Services. (See page 9.)
- Take the following documents with you to your doctor's appointment:**
 - BBP Exposure Incident Form. Sections 1 and 2 are to be completed by you and/or your supervisor prior to your doctor's appointment. (See page 5.)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation. Your doctor will complete and return to Safety Services. (See page 11.)
 - Results of the source person's blood testing or medical records if available.
 - Medical records the District maintains, including vaccination status, relevant to the appropriate treatment of the employee.

Employee BBP exposure incidents will be handled confidentially and as an on-the-job injury. If you have questions regarding the Worker's Compensation process contact Michelle Williams, Benefits Coordinator, at 425-335-1511. For questions about this BBP Exposure Incident process or preventative safety concerns, please contact the Safety Services, Safety, Security, and Health Specialist at 425-335-1500, ext. 2077.

Bloodborne Pathogen Exposure Incident Packet



Supervisor Checklist

- Advise the employee to wash the exposed area with soap and water immediately.
- Refer employee for a post-exposure follow-up evaluation immediately. The **LSSD has coordinated with The Everett Clinic to provide this evaluation**, eliminating any potential co-pays by the employee. If preferred, the employee may seek treatment with his/her personal HCP.
- Inform Safety Services at 425-335-1500, ext. 2077, of the exposure incident.
- Complete section 2 of the BBP Exposure Incident Form. Provide two copies of this form to the exposed employee and forward a copy to Safety Services. (See page 5.)
- If the employee **declines** a follow-up evaluation, ensure the employee completes the Exposed Employee Declination Form and forward the completed form to Safety Services. (See page 10.)
- Contact the source person or, if under age 14, contact the parent/guardians to advise them of the incident and obtain consent to have source blood testing conducted.
- Complete the "Letter to Source or Parent/Guardian" and the Source Information and Consent Form, sections 1 and 3. (See pages 13-17.)
- Provide the "Letter to Source or Parent/Guardian" and Source Information and Consent Form to the source or parent/guardian. Enclose an envelope addressed to Safety Services to ensure the consent form is returned.
- Provide an extra copy of the Source Information and Consent Form for the source to take to the HCP who will perform the blood test. The **LSSD has coordinated with The Everett Clinic to provide this evaluation and blood test**, eliminating any payment required by the source or parent.
- Ensure the employee completes the following forms:
 - Occupational Injury or Illness Report (may be completed by the office manager/supervisor).
- Ensure the employee takes the following documents to his/her doctor's appointment:**
 - BBP Exposure Incident Form: Sections 1 and 2 to be completed by the employee and/or supervisor prior to the doctor's appointment. (See page 5.)
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation: After the exposed employee's evaluation the doctor will complete this form and return it to Safety Services. (See page 11.)
 - Results of the source person's blood testing or medical records if available.
 - Medical records the District maintains, including vaccination status, relevant to the appropriate treatment of the employee.

Bloodborne Pathogen Exposure Incident Packet



Safety Services Responsibilities

- Review the following documentation of the exposure incident and forward it to Human Resource Services to be placed in the appropriate personnel files:
 - BBP Exposure Incident Form. Completed by the employee or supervisor.
 - ✓ Safety Services completes section 3 when consent is received from the source.
 - Exposed Employee Consent Form. Signed by the employee.
 - Declination of Post Exposure Evaluation. Completed by the employee when applicable.
 - Source Information and Consent Form. When completed and received from the source.
 - Health Care Professional's Written Opinion for Post-Exposure Evaluation. When received from the HCP.
 - Ensure the exposed employee has received a copy of the Health Care Professional's Written Opinion for Post-Exposure Evaluation. (If the evaluation was conducted by the employee's personal physician, a copy may already have been provided.)

Human Resources Responsibilities

- Establish and maintain an accurate record for each employee with occupational exposure in accordance with WAC 296-823-17005 including:
 - Name and Social Security Number of the employee;
 - The above documents completed and reviewed by Safety Services;
 - 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 vaccinations;
 - A copy of the Hepatitis B vaccination declination form, if applicable; and
 - A copy of all results of examinations, medical testing, and follow-up procedures related to post exposure evaluations.

Recordkeeping

- Safety Services and Human Resource Services will ensure employee medical records are:
 - Kept confidential;
 - Not disclosed or reported without the employee's written consent to any person within or outside the work place except as required by law; and
 - Maintained for at least the duration of employment, plus 30 years. If an employee works for the District for less than one year, the employee's medical records will be given to the employee prior to separation. It is not necessary to maintain these records for the 30 years post separation.

BBP Exposure Incident Form

Employee: Take this form to your medical evaluation.

Section 1: Exposed Employee Information: *To be completed by the exposed employee and/or supervisor.*

| | | |
|---|--|--|
| Name: | Job position/ title: | |
| Work number or other contact number: | Home telephone: | |
| Work site name: | HBV vaccination series completed ___ Yes ___ No | |
| Date of exposure: ____/____/____ Time: ____:____ __am____pm | Location where exposure occurred (Building, Room #) | |
| Personal protective equipment used: ___ Gloves ___ Goggles/mask/face shield ___ Gown ___ Other (please identify)_____ | Was a safety device being used? ___ Yes ___ No If so, did it work? ___ Yes ___ No Type and brand of safety device: _____ | |
| Body part exposed (circle one) hand, eye, mouth, other (please identify)_____ | Did this exposure occur during the employee's normal work activities? ___ Yes ___ No | |
| Type of body fluid exposed to: | Type of exposure: Needle stick _____ Cut _____ Mucous membrane _____ | Non-intact skin e.g., chapped, abraded, or otherwise non-intact) _____ Fluid injected? ___ Yes ___ No If yes, estimated volume _____ |
| Describe how exposure occurred: (include job duties being performed when exposed) | | |

Section 2: Source Information: *To be completed by the supervisor. If more than one source, attach another page. Forward this form to Safety Services after section 2 is completed.*

| | |
|---|---|
| Name of source: | Position: (or other source such as found needles) |
| Consent form given to source person? ___ Yes ___ No | Date consent form was provided ____/____/____ <i>To be signed and returned to LSSD within three days</i> |
| Supervisor's signature: | Date: ____/____/____ |

Section 3: To be completed by Safety Services when the Source Information and Consent Form is returned.

- Date the form was returned to the district: ____/____/____
- If the Source Information and Consent Form was NOT signed and returned, document all attempts to secure the signed form:

- Name and position of the person who attempted to secure the signed form: _____



Occupational Injury or Illness Report

To be completed by the employee and signed by the supervisor. Fill in all of the blanks on both sides in full detail.

Employee's full name: _____ Job title: _____

Location (school, building and area where incident occurred): _____

Date of injury: _____ Time of injury: _____ a.m./p.m. Scheduled shift: from _____ to _____

Last date worked: _____ Have or will you miss work? _____ Yes/No Dates: _____

Describe what happened in full detail. Tell us how the injury occurred. Examples: "When the ladder slipped on the wet floor, the employee fell 20 feet"; "sprayed disinfectant in eyes"; "slipped on wet floor." Describe in detail what you were doing. Lifting/pushing/pulling, indoors/outdoors, using tools/machinery, working with student, chemicals/fumes.

What object or substance directly harmed you? Examples: "concrete floor," "icy ramp," "shop grinder," "pre-existing injury."

What could have or can be done to prevent this and other incidents in the future?

Body part(s) injured (see following diagram): _____ Right /left: _____

Witnesses to actual incident: _____

Date reported to supervisor as work related: _____ Reported to: _____

First aid only? **Yes / No** *Seen by a doctor? **Yes / No** If yes, provide the doctor's name, clinic or hospital name, address, city, state, zip, telephone number, and date examined below. ***NOTE: Please supply doctor's note as soon as you can after the incident. The Lake Stevens School District is state insured.**

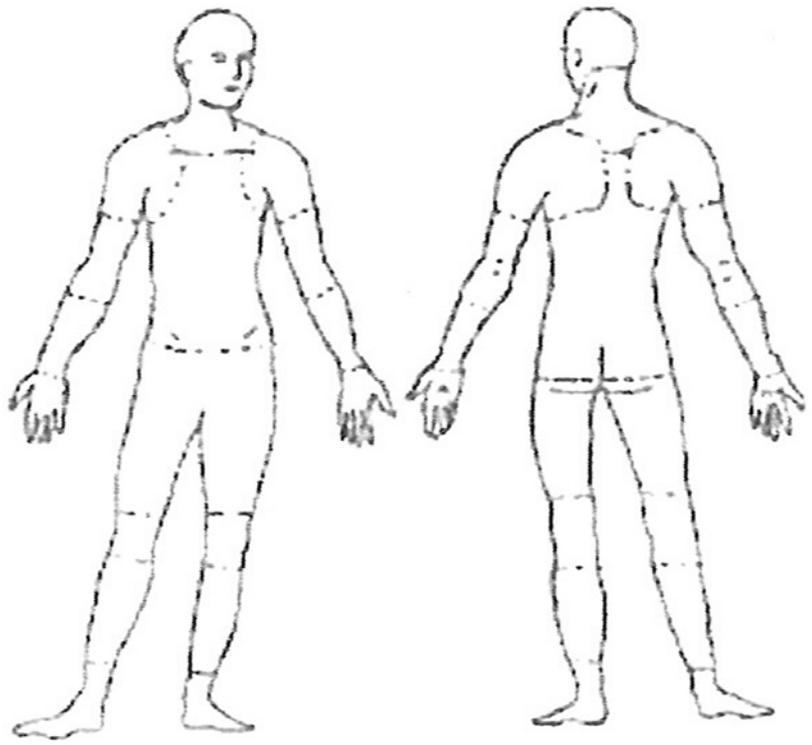
Employee signature: _____ Date: _____

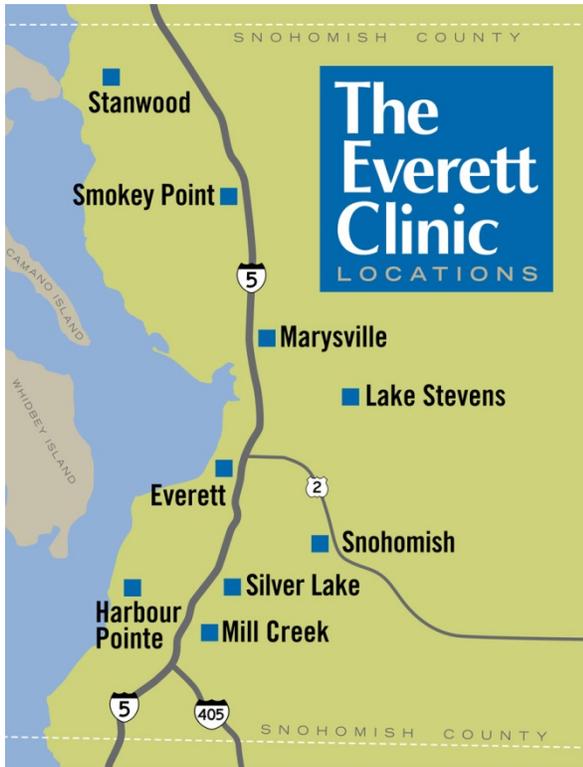
Supervisor comments:

Supervisor's Signature: _____ Date: _____

Department Director's Signature: _____ Date: _____

INDICATE BODY PART AFFECTED:





EVERETT

3927 Rucker Avenue
425-339-5422

HARBOUR POINTE

4410 106th Street SW
425-493-6013

LAKE STEVENS

8910 Vernon Road
425-397-1705

MARYSVILLE

4420 76th Street NE
360-651-7497

MILL CREEK

15418 Main Street
425-225-8005

SILVER LAKE

1818 121st Street SE
425-357-3305

SMOKEY POINT

2901 174th Street NE
360-454-1922

SNOHOMISH

401 2nd Street
360-563-8605

STANWOOD

7205 265th Street NW
360-629-1505

Exposed Employee Consent Form

WAC 296-823-16020

**PLEASE READ ALL AND SIGN ONE OF THE THREE FOLLOWING CONSENT STATEMENTS
RETURN COMPLETED FORM TO SAFETY SERVICES**

Consent for Blood Collection and Testing

Date of exposure incident: ____/____/____

Following exposure to blood or potentially infectious materials during the performance of my duties, *I consent to having my blood collected as soon as feasible and tested for HBV, HCV, and HIV serological status.* I understand that blood test(s) will be provided by the school district and at no cost to me. I further understand the results of my blood test(s) will remain confidential and will not be released to the school district.

Signature of the consenting employee: _____

Date: ____/____/____

Consent for Blood Collection Only

Date of exposure incident: ____/____/____

Following exposure to blood or potentially infectious materials during the performance of my duties, *I consent to having my blood collected as soon as feasible. I do not consent to having my blood tested for HIV status at this time.* I understand that my blood sample will be preserved for at least 90 days; and if within 90 days of the exposure incident in which I was involved, I elect to have my blood tested for HIV, such testing shall be done as soon as feasible. I understand that blood test(s) will be provided by the school district and at no cost to me. I further understand that the results of my blood test(s) will remain confidential and will not be released to the school district.

Signature of the consenting employee: _____

Date: ____/____/____

Refusal of Consent for Blood Collection and Testing

Date of exposure incident: ____/____/____

Following exposure to blood or potentially infectious materials during the performance of my duties, *I do not consent to having my blood collected as soon as feasible and tested for HBV, HCV, and HIV serological status.* I understand the blood test(s) would be provided by the school district and at no cost to me. I further understand that the results of my blood test(s) would remain confidential and would not be released to the school district.

Signature of the consenting employee: _____

Date: ____/____/____

Exposed Employee Declination of Post-Exposure Evaluation

TO BE COMPLETED BY THE EXPOSED EMPLOYEE
Return completed form to Safety Services

I was exposed to blood and/or other potentially infectious body fluids at my worksite on ___/___/____. As a result of this incident, I have completed the BBP Exposure Incident Report and the Occupational Injury or Illness Report. I have been advised by my supervisor to seek medical evaluation and follow-up by a Health Care Professional immediately.

I decline medical evaluation.

| | |
|-----------------------------|------------------------|
| Employee's last name: | Employee's first name: |
| Job title: | Social Security Number |
| Work site name: | |
| Work site address: | |
| Work phone: | Other contact phone: |
| Exposed employee signature: | Date: |

| | | |
|-------------------------------|------------------------------------|-------|
| Principal or supervisor name: | Principal or supervisor signature: | Date: |
|-------------------------------|------------------------------------|-------|

NOTE: Completed form will be placed in exposed employee's file.

Health Care Professional's Written Opinion for Post-Exposure Evaluation

As required by WAC 296-823-16030, Occupational Exposure to Bloodborne Pathogens

Confidential

| | |
|---|---------------------|
| Employee's name: | |
| Date of incident: | Date of evaluation: |
| Health Care Professional's Evaluation | |
| <input type="checkbox"/> The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials. This includes the results of the source person blood test, if consent was obtained. | |
| <input type="checkbox"/> The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. | |
| <input type="checkbox"/> Hepatitis B vaccination is ___ is not ___ indicated. | |

All other findings or diagnoses shall remain confidential and shall not be included in this report.

| | |
|--|--|
| Health Care Professional's name (please print) | |
| Health Care Professional's signature: | Date: |
| Health Care Professional's address: | Health Care Professional's Telephone: Fax: |
| Please provide a copy of this form to the employee and return this form to the address below within 15 days of the evaluation. Please label the outside of the envelope "Confidential." | |
| Employer's name: | Lake Stevens School District, Attn: Safety Services |
| Employer's address: | 12309 22 nd Street NE Lake Stevens, WA 98258 |
| Employer's phone: 425-335-1500, ext. 2077 | Fax: 425-335-1549 EMAIL: SafetyServices@lkstevens.wednet.edu |

Note to Health Care Professional: WAC 296-823 Bloodborne Pathogens regulation is

available at: <http://app.leg.wa.gov/wac/default.aspx?cite=296-823-16030>

WAC 296-823-160

Post-exposure requirements.

Your responsibility:

To make sure employees who have been exposed to blood or other potentially infectious materials (OPIM) have appropriate post-exposure evaluation and follow-up available.

You must:

Make a confidential medical evaluation and follow-up available to employees who experience an exposure incident

WAC [296-823-16005](#)

Test the blood of the source person

WAC [296-823-16010](#)

Provide the results of the source person's blood test to the exposed employee

WAC [296-823-16015](#)

Collect and test the blood of the exposed employee

WAC [296-823-16020](#)

Provide information to the health care professional evaluating the employee

WAC [296-823-16025](#)

Obtain and provide a copy of the health care professional's written opinion on post-exposure evaluation to the employee

WAC [296-823-16030](#).



CONFIDENTIAL

Date: _____

To: _____

From: _____

RE: Request for Source Individual Evaluation

Dear _____:

During the course of duty, one of our employees was involved in an incident in which exposure to blood and/or body fluids occurred.

A request is being made that you have an evaluation of the source individual (your child) performed as soon as possible and provide the results to the employee's Health Care Professional (HCP). Given the circumstances surrounding this incident, this evaluation helps the employee's HCP determine whether our employee requires medical follow up. Enclosed is a summary of the Washington State Department of Labor & Industries' rule covering this request.

The Lake Stevens School District (LSSD) has coordinated with The Everett Clinic to perform this evaluation. Billing is sent directly to LSSD eliminating any out-of-pocket expenses for you. Enclosed is a flier listing The Everett Clinic locations.

Enclosed is a Source Information and Consent Form. The LSSD has completed *sections 1 and 3*. Please complete *section 2, which provides your consent to have the blood test performed*. Please return the completed form within three days by (1) mailing it to the Lake Stevens School District Safety Services Department, 12309 22nd Street NE, Lake Stevens, WA 98258; (2) emailing it to safetyservices@lkstevens.wednet.edu; or (3) faxing it to 425-335-1549. If you have any questions, please call Safety Services at 425-335-1500, extension 2077.

Please take a copy of this form to your physician. This will allow the physician to forward the results of the evaluation to the employee's physician. Any communication regarding the medical findings is to be handled at the medical provider level and results will not be released to the LSSD.

Information relative to the Human Immunodeficiency Virus (HIV) and AIDS has specific protection under law and cannot be disclosed or released without the written consent of the parent. It is further understood that persons who receive such information are obligated to hold it confidential.

Thank you for your assistance in this very important matter.

If you have any questions, please contact me at the school. Phone _____

Sincerely,

Principal/Supervisor

Source Information and Consent Form

NOTE: This form MUST BE SIGNED AND RETURNED to the Lake Stevens School District within THREE DAYS of the date on which it was received. This signed document will be placed in the exposed employee's confidential medical file. THE TEST RESULTS REMAIN CONFIDENTIAL BETWEEN THE PHYSICIAN AND PATIENT.

SECTION 1: DESCRIPTION OF THE EXPOSURE INCIDENT (TO BE COMPLETED BY THE SUPERVISOR)

On (date of incident) ____/____/____ a school district employee came in contact with the blood or other potentially infectious material of the person designated below as the source person. The exposure incident occurred in this way: _____

SECTION 2: CONSENT FOR BLOOD TESTING AND RELEASE OF THE INFORMATION

(TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I give my consent to have the blood of (name of source person) _____ tested for the Hepatitis B Virus (HBV) and/or Human Immunodeficiency Virus (HIV) and to have the results made available to the exposed employee and his/her Health Care Professional. I understand that the test will be done at no cost to me. I also understand that the exposed individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source person named above, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such records without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose." RCW 70.24.205 (5)

I understand that the results of my blood tests will not be released to the school district.

Signature of source person: _____ Date signed: ____/____/____

OR if under age 14, signature of source person's parent or guardian:

_____ Date signed: ____/____/____

REFUSAL

I refuse to give consent to have blood tested for the HBV and/or HIV at this time.

Printed name of source person: _____

Signature of source person: _____ Date signed: ____/____/____

OR if under age 14, signature of source person's parent or guardian:

_____ Date signed: ____/____/____

SECTION 3: EXPOSED EMPLOYEE'S HEALTH CARE PROFESSIONAL TO WHOM BLOOD TESTS WILL BE RELEASED. (TO BE COMPLETED BY THE SUPERVISOR)

Physician's Name: _____

Address: _____

Telephone number: _____

Fax number: _____

PLEASE TAKE A COPY OF THIS TWO-PAGE DOCUMENT TO GIVE TO YOUR PHYSICIAN

To Source or Parent/Guardian:

Please note:

This signed document will be placed in the exposed employee's medical record.

These two pages must be signed and returned to the school district within three days of the date on which it was received.

Fax: 425-335-1549 Attn: Safety Services - **CONFIDENTIAL**

Or

Mail to:

Attn: Safety Services - **CONFIDENTIAL**
Lake Stevens School District
12309 22nd Street NE
Lake Stevens, WA 98258

Or

Email: SafetyServices@lkstevens.wednet.edu

Source Information and Consent Form (Continued)

STATEMENT OF THE LAW:

WAC 296-823-200 defines an exposure incident as a “specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee’s duties.” A source person is “any person, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.” An occupational exposure is “reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee’s duties.”

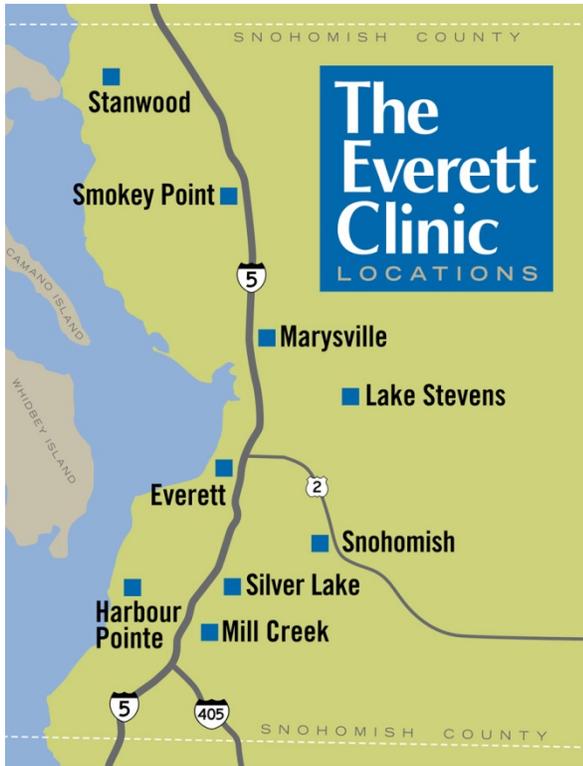
WAC 296-823-160 requires that if an employee of Lake Stevens School District comes in contact with blood or OPIM as a result of the performance of the employee’s duties, the school district must:

1. Identify and document the source person;
2. Ask the source person for consent to have his/her blood tested for the presence of the Hepatitis B Virus (HBV) or the Human Immunodeficiency Virus (HIV) (when the source person is already known to be infected with the HBV or HIV, testing need not be repeated);
3. Establish that legally required consent cannot be obtained (if it cannot be); and
4. Ensure that the results of the source person’s testing are made available to the exposed employee. The employee shall be informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source person.

EXPLANATION OF THE LAW:

School district employees may be exposed to blood or OPIM as a part of their assigned duties. For example, school district employees frequently provide first aid to injured students or fellow employees. If an employee comes in contact with blood or OPIM through his/her broken skin or mucous membrane (found in the eyes, mouth, and nose), then the employee has been exposed to any infectious agent found in that blood or in those OPIM.

- The law requires that the school district ask the source person (the person whose blood or OPIM were shed, leading to the employee’s exposure) to consent to a blood test in order to discover if there are infectious viruses present in the source person’s blood.
- The source person could be a student or another employee. If the source person is below the age of fourteen years, his/her parent or guardian must be asked to consent to the blood test. *The consent must be given in writing and will be placed in the exposed employee’s medical record. The school district will pay for the cost of the source person’s blood test.*
- The source person or his/her parent or guardian has the right to refuse the blood test, in which case the *school district must document the refusal and place that information in the employee’s medical file.*
- If the source person was known to be infected with the HBV or HIV, a test for that known virus would not be required. However, it would be necessary to test for viruses that were not known to be present.
- If the source person or his/her parent or guardian consents to a blood test for the HBV or HIV, the results of the blood test will be told to the exposed employee so that the employee may consult with his/her private physician to arrange for any needed follow up or treatment. *The results of the blood test will otherwise remain confidential. The school district will not be told the blood test results. The employee receiving the results will be informed about the laws, which require that this information remain confidential.*



EVERETT

3927 Rucker Avenue
425-339-5422

HARBOUR POINTE

4410 106th Street SW
425-493-6013

LAKE STEVENS

8910 Vernon Road
425-397-1705

MARYSVILLE

4420 76TH Street NE
360-651-7497

MILL CREEK

15418 Main Street
425-225-8005

SILVER LAKE

1818 121ST Street SE
425-357-3305

SMOKEY POINT

2901 174th Street NE
360-454-1922

SNOHOMISH

401 2nd Street
360-563-8605

STANWOOD

7205 265th Street NW
360-629-1505



Lake Stevens School District | 12309 22nd St. NE | Lake Stevens, WA 98258-9500
425-335-1500 (office) | 425-335-1549 (fax)

The Source Patient:

Please hand this to The Everett Clinic receptionist who is checking you in.

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Date: _____

Non-Tec Source Patient Name: _____

Date of Birth: ____/____/_____

Billing-(TPL Account)

The Lake Stevens School District intends for tests to be free of charge for this patient. Please remit all charges for draw fees, testing, and handling fees to the Lake Stevens School District at the address below and not to the patient's health insurance.

Thank you.

Lake Stevens School District
Attn: Safety Services
12309 22nd Street NE
Lake Stevens, WA 98258
425-335-1500

Our students will be contributing members of society and lifelong learners, pursuing their passions and interests in an ever-changing world.

Student Post-Exposure to Bloodborne Pathogens Procedures (Hepatitis, HIV)

In the event that a student comes into contact with another person's blood or body fluids by direct contact to his/her eyes, mouth, mucous membranes, or a break in the skin, do the following:

- If possible, immediately have the student thoroughly wash the "exposed" area with soap and water and report the incident to the supervisor or principal. Note: For areas that cannot be washed with soap, such as the mouth and eyes, rinse repeatedly with copious amounts of water as soon as possible.
- Immediately contact the parents of students affected. Inform them that their child was involved in a "potential BBP exposure incident" and that they should contact their doctor as soon as possible for direction. Details of the exposure incident should be shared with the parent including potential exposure route(s). Note: The name of involved students, as obtained by the building administrator or designee, is not shared with other parents without parent permission. Contact the Lake Stevens School District (LSSD) Director of Communications at 425-335-1501 if any confidential health information is requested.
- In the event that a LSSD employee is the source of exposure to the student, please provide the Source Information and Consent Form to the employee. Sections 1 and 3 need to be completed by the supervisor to provide the student's doctor's information. If the employee consents to a source evaluation, this form will be provided to the employee's doctor so results of the testing can be provided to the student's doctor.
- Complete the Student/Non-employee Incident Report and include the following information:
 - A brief description of the exposure incident;
 - The specific potential blood exposure route(s) such as the eyes, mouth, break in skin, mucous membranes, or other routes;
 - Identify both the source person(s) and the exposed individual(s); and
 - Document that parents were notified and advised to contact their doctor.

IMPORTANT NOTE: In various encounters among students, they may need to be considered both as sources and as parties at risk for blood-borne pathogen exposure, particularly those involving bloody injuries, lacerations, or puncture wounds. Some examples are:

- Fights;
- Biting incidents;
- Contact-sport athletic injuries;
- Accidental, traumatic events with multiple victims (e.g., hallway collisions, parking lot motor vehicle collisions, site structure failures); and
- Events in which one student comes to the aid of another injured student.

If you have questions, please contact Safety Services at 425-335-1500, ext. 2077.

