

Infection Control - HIV, AIDS, HBV

The district shall use standard precautions at all times as though each staff member or student is infected with HIV, AIDS or HBV.

The district shall develop exposure control procedures for staff and students.

Procedures for staff and students shall include annual in-services; first-aid kits in each school and each district vehicle; correct procedures for cleaning up body fluid spills; and for personal cleanup.

Exposure Control Plan

1. Exposure Determination

The district shall prepare an exposure determination identifying which staff may incur occupational exposure to blood or other potentially infectious materials¹. The exposure determination will be made without regard to the use of personal protective equipment. Accordingly, the district has determined:

- a. All job classifications in which all staff, as determined by the district, may be expected to incur such occupational exposure, regardless of frequency will be identified as follows:
 - (1) School Nurses;
 - (2) Athletic Trainers.

- b. All job classifications in which some staff may have occupational exposure will be determined by the district. Not all staff in these categories would be expected to incur exposure to blood or other potentially infectious materials. Job classifications and associated tasks and procedures in which some staff may have occupational exposure will be identified as follows:

Job Classification	Task/Procedure
1. Teachers and aides for multi-disabled, TMH and other health impaired and emotionally disabled programs.	Biting incidents by students, diapering, toileting, cleaning nose/mouth secretions, feeding, vomit cleanup, tooth brushing, assistance to student with bleeding or other potentially infectious body fluids.

¹Other potentially infectious materials include, but are not limited to, body fluids such as semen, vaginal secretions, nasal drainage, vomit, saliva, feces and pus.

2.	Communication disorder specialists	Biting incidents by students, cleaning nose/mouth secretions.
3.	Epinephrine-trained staff	Injections for acute allergic reaction.
4.	Custodians	Cleaning body fluid spills, disposal of regulated waste and laundry, general facility glassware, sharps removal.
5.	Teachers and students in health care occupations programs	Participation in any clinical or practical settings.
6.	Teachers in child care occupations programs (as determined by the district and included on individual job descriptions.)	Biting incidents by children, feeding, diapering, toileting, cleaning nose/mouth secretions, vomit cleanup, providing assistance to students with bleeding or other potentially infectious body fluids.
7.	Bus drivers of students with severe multiple disabilities (as determined by the district and included on individual job descriptions.)	Providing assistance to students with bleeding or other potentially infectious body fluids.
8.	Other staff who have a job description which requires first aid assistance to students and/or staff	Providing assistance to students with bleeding or other potentially infectious body fluids.

2. Staff Training

The building administrator will ensure that all staff with occupational exposure participate in an interactive training program conducted by an individual knowledgeable in the subject matter to be covered. A training record will be kept on file indicating date of training, name(s) and qualifications of trainer(s), summary of training, attendees signatures and their job titles (see Attachment No. 1). The training will be offered according to the following guidelines:

- a. At no cost to the staff member;
- b. During regular work hours;
- c. At the time of initial assignment to tasks in which occupational exposure may take place;
- d. Additional training as appropriate when changes in the staff member's job tasks affect his/her occupational exposure;
- e. Annually, thereafter;
- f. A copy of the OR/OSHA standard and explanation of its contents will be available;
- g. A discussion of the epidemiology and symptoms of bloodborne diseases;
- h. An explanation of the modes of transmission of bloodborne pathogens;
- i. An explanation of the district's Exposure Control Plan and the means by which the staff member can obtain a copy of the written plan;

- j. An explanation of the tasks that may involve exposure;
- k. An explanation of the use and limitations of methods to reduce exposure such as engineering controls, work practices and personal protective equipment;
- l. Information on the types, use, location, removal, handling, decontamination and disposal of personal protective equipment;
- m. An explanation of the basis of selection of personal protective equipment;
- n. Information on the Hepatitis B vaccination including effectiveness, safety, method of administration, benefits and that it will be offered free of charge;
- o. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material;
- p. An explanation of the procedures to follow if an exposure incident occurs including the method of reporting and medical follow-up;
- q. An explanation of the signs, label and color coding systems used.

3. Hepatitis B Vaccination

Hepatitis B vaccine and vaccination series will be made available to all staff who have occupational exposure, as determined by the district.

Hepatitis B vaccine and vaccination series will be offered in accordance with the following:

- a. After initial assignment of a staff member to an at-risk position, they will receive district-provided training, and vaccination will be offered unless antibody testing has revealed that the staff member is immune or when the vaccine is contraindicated for medical reasons or the employee signs a waiver and declines;
- b. Antibody testing may be offered at the discretion of the district; however, staff participation in any such prescreening program will not be a prerequisite for receiving the Hepatitis B vaccination;
- c. Provided at no cost to the staff member;
- d. Provided at a reasonable time and place;
- e. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional;
- f. Provided according to recommendations of the U.S. Public Health Service current at the time the evaluations and procedures take place;
- g. All laboratory tests will be conducted by an accredited laboratory;
- h. A staff member who initially declines the Hepatitis B vaccination as offered above, but at a later date decides to accept the vaccination, will be offered the vaccination at that time;
- i. A staff member who declines to accept the vaccination as offered above will be required to sign the OSHA mandated waiver indicating their refusal (see Attachment No. 2);
- j. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the district will make such booster dose(s) available at no cost to the staff member.

4. Work Practice Controls

The district will implement necessary work practice controls to eliminate or minimize staff exposure. Controls will be examined and maintained or replaced as appropriate on a regular schedule to ensure

their effectiveness. Control effectiveness will be reviewed by the safety officer annually or as otherwise appropriate.

Controls will include, but not be limited to, the following:

- a. Universal precautions will be used by all staff. Accordingly:
 - (1) All blood or other potentially infectious materials will be considered by all staff as infectious, regardless of the perceived status of the source individual;
 - (2) All staff should avoid direct skin contact with body fluids of other persons, especially if the person has an unhealed break in the skin;
 - (3) Whenever possible a student should be encouraged to care for his/her own bleeding injury.

- b. The building administrator will ensure that appropriate communications of hazards to staff are in place and maintained through the use of labels as follows:
 - (1) Warning labels will be affixed to containers of regulated waste or other potentially infectious materials and other containers used to store or transport blood or other potentially infectious materials;
 - (a) The following items may be found on district property and will be appropriately labeled, or placed in a red container used to store or transport blood or other potentially infectious materials;

Item	Identification
1. Sharps Container	Red Container
2. Laundry Bags	Label
3. Laundry Container	Label
4. Soiled Clothing Bags	Label
5. Trash Bags	Red Container
6. Trash Containers	Red Container or Label
7. Others as Identified	Label or Container as Prop

- (2) Labels will use the universal biohazard symbol;
- (3) Labels with lettering or symbols in a contrasting color;
- (4) Labels will be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal;
- (5) Red bags or red containers may be substituted for labels;

- (6) Labels required for contaminated equipment will also state which portions of the equipment remain contaminated.
- c. Handwashing facilities will be readily accessible to staff. Additionally:
- (1) In the event such facilities are not readily available to staff on district property, including school-sponsored activities/events not on district property, the building administrator will ensure that appropriately stocked first aid kits that include antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes are readily accessible and maintained as an alternative;
 - (2) In the event alternatives are used, staff will wash hands with soap and running water as soon as feasible;
 - (3) Special attention will be given to classrooms and other areas where exposure risk is most expected to ensure handwashing facilities or an appropriate alternative is available and readily accessible.
- d. The building administrator will direct staff to wash their hands or any other potentially contaminated skin area immediately or as soon as feasible after removal of gloves or other protective equipment;
- e. The building administrator will direct staff who incur exposure to their skin or mucous membranes to wash or flush these areas with water immediately or as soon as feasible following any such contact;
- f. Contaminated needles or other contaminated sharps, including blades, lancets and any other object that may be contaminated with body fluids and have the potential of puncturing skin shall not be bent, purposely broken or sheared. Recapping or removal of contaminated sharps will be permitted only in accordance with the following guidelines:
- (1) Gloves will be worn;
 - (2) A mechanical device, such as a brush and a dust pan and/or tongs or a one-handed technique will be used for recapping or needle removal;
 - (3) Immediately, or as soon as possible, contaminated reusable sharps shall be placed in containers that are puncture resistant, labeled or color coded and leak proof on the sides and bottom for reprocessing;
 - (4) Containers for contaminated sharps will be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can reasonably be anticipated to be found, such as in art, health, graphics, shop and science rooms;
 - (5) Removal of containers of contaminated sharps from an area will take place only when the container is properly closed to prevent spillage, protrusion of contents during handling, storage or transport;
 - (6) Staff will notify custodians of the need to remove contaminated sharps/containers from an area. All such sharps/containers will be removed immediately;
 - (7) All sharps containers will be routinely checked and removed as appropriate;
 - (8) If leakage is possible in any sharps container, a secondary container will be used that is closable, constructed to contain all contents and prevent leakage.

- g. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses will be prohibited in all work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials;
- h. The building administrator or his/her designee will ensure that all equipment (e.g. sports equipment) that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary and feasible;
- i. All such contaminated equipment will be appropriately labeled and notification given to all affected staff and other individuals as necessary prior to handling, servicing and/or shipping.

5. Personal Protective Equipment and Use Requirements

- a. The building administrator will ensure that personal protective equipment is issued or readily accessible in appropriate sizes to staff with occupational exposure;
- b. Personal protective equipment will include gloves, gowns, masks, eye protections or pocket masks as appropriate;
- c. Personal protective equipment will not permit blood or other potentially infectious materials to pass through to staff work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use;
- d. The building administrator will direct all staff to use appropriate personal protective equipment as required by the district;
- e. The building administrator will investigate and document any such circumstance in which a staff member temporarily declines the use of personal protective clothing. Such failure to use personal protective clothing will be permitted only when, in the staff member's professional judgment, its use would have prevented the delivery of health care or posed an increased hazard to the safety of staff members. The building administrator will determine whether changes can be instituted to prevent such occurrences in the future.
- f. The building administrator will ensure that all personal protective equipment is cleaned, laundered and disposed of immediately or as soon as feasible and placed in an appropriately designated area, container for storage, washing, decontamination or disposal. Additionally:
 - (1) There will be no cost to the staff member;
 - (2) Personal protective garment(s) penetrated by blood or other potentially infectious materials will be removed from the area immediately or as soon as feasible;
 - (3) All personal protective garment(s) will be removed or otherwise appropriately secured prior to staff leaving a work area;
 - (4) Disposable (single use) gloves will be replaced as soon as feasible when contaminated or as soon as feasible if torn or otherwise punctured;
 - (5) Disposable (single use) gloves will not be washed or decontaminated for reuse;
 - (6) Utility gloves may be decontaminated for reuse, but will be discarded if cracked, peeling, torn or otherwise punctured;
 - (7) Masks, eye protection, gowns, aprons and other protective body clothing will be maintained and replaced as appropriate.

6. Levels of Protection/Use Requirements

The district has identified the following three levels of protection intended as a practical guide for minimum staff protection:

a. Level 1 – Gloves

Use required for all tasks in which an individual may come into contact with blood or other potentially infectious materials. Such tasks include cleaning body fluid spills, emptying trash cans, handling sharps/containers, contaminated broken glass, cleaning contaminated equipment and handling contaminated laundry/clothing. This also includes assisting with any minor wound care, treating bloody noses, handling clothes soiled by incontinence, diaper changing and cleaning up vomit.

b. Level 2 – Gloves and repellent gowns, aprons or jackets.

Use required for tasks in which staff anticipate exposure to blood or other potentially infectious materials to contaminate street clothing. Type and characteristics of such protective clothing will depend on the task. Such tasks may include diapering/toileting with gross contamination, assisting with wound care, sorting or bagging contaminated laundry/clothing and disposing of regulated waste with gross contamination;

c. Level 3 – Maximum protection with gloves, face and/or eye protection and gowns.

Use required whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Such tasks may include feeding a child with a history of spitting or forceful vomiting and assisting with severe injury and spurting blood.

7. Cleanup, Handling/Disposing of Potentially Infectious Materials/General Guidelines

The following procedures will be followed by all staff and students for cleanup, handling and disposing of all potentially infectious materials:

- a. Standard recognized precautions are to be followed at all times. Standard recognized precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV and/or other bloodborne pathogens;
- b. Whenever possible, a student should be directed to care for his/her own minor bleeding injury. This includes encouraging students to apply their own bandaids. If assistance is required, bandaids may be applied after removal of gloves if caregiver will not come into contact with blood or wound drainage;
- c. Gloves are required for all tasks in which a staff member may come into contact with blood or other potentially infectious materials;
- d. Complete and effective handwashing of at least 30 seconds duration should follow any first aid or health care given a student or contact with potentially infectious materials;

- e. If exposure to blood or other potentially infectious materials occurs through coughing, any first-aid procedure, or through an open sore or break in the skin thorough washing, preferably with germicidal soap, is necessary;
- f. In the event handwashing facilities are not readily available, thorough cleaning using an antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes provided by the district as an alternative is necessary. In the event alternatives are used, hands must be washed with soap and running water as soon as feasible;
- g. Any surface contaminated with blood or other potentially infectious materials must be cleaned after each use and at the end of the day with soap and water and then rinsed or sprayed with a tuberculocidal disinfectant. These surfaces include equipment, counters, mats (including those used in physical education and athletic events) or changing tables;
- h. A freshly made solution of one part bleach and nine parts water or a tuberculocidal disinfectant must be used when cleaning fluids such as blood or vomit from the floor or other such contaminated surfaces. If tuberculocidal spray is used, area must be cleaned with soap and water prior to spraying;
- i. Needles, syringes, broken glassware and other sharp objects found on district property must not be picked up by students at any time, nor by staff without appropriate puncture proof gloves or mechanical device such as a broom, brush and dust pan. Any such items found must be disposed of in closable puncture resistant, leak proof containers that are appropriately labeled or color coded;
- j. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner that is changed daily;
- k. Gloves and repellent gowns, aprons or jackets are required for tasks in which exposure to blood or other potentially infectious materials can be reasonably anticipated to contaminate street clothing;
- l. Maximum protection with gloves, face and/or eye protection and gowns are required whenever splashes, spray, spatter or droplets of blood or other potentially infectious material may be generated and eye, nose or mouth contamination can be reasonable anticipated.

8. Custodial/Housekeeping Guidelines

The district has established general housekeeping/custodial guidelines in compliance with OR/OSHA requirements to maintain the workplace in a clean and sanitary condition as follows:

- a. The building administrator will establish an appropriate schedule for cleaning and will ensure that methods of decontamination used are appropriate for the area of the facility being cleaned, type of surface and soil and tasks procedures being performed in the area;
- b. Job descriptions will be reviewed by the building administrator and updated annually to ensure staff duties to regularly clean and decontaminate equipment and work areas after contact with blood or other potentially infectious materials to help prevent bloodborne pathogens is clearly stated;
- c. Custodial staff will make themselves available for all blood or other potentially infectious material cleanup;
- d. All necessary equipment and supplies for proper cleanup of blood and other potentially infectious materials will be provided in all custodial closets and restocked as needed;
- e. All equipment and working surfaces will be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overly

- contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if surface may have become contaminated since last cleaning;
- f. Protective coverings such as plastic wrap and aluminum foil used to cover equipment and surfaces will be removed and replaced as soon as feasible upon contamination;
 - g. All bins, pails, cans or other receptacles intended for reuse which have a reasonable likelihood for being contaminated will be inspected and decontaminated on a regular schedule and immediately upon visible contamination;
 - h. Gloves will be worn for pulling trash, cleaning restrooms and other activities in which staff members may come in contact with blood or other potentially infectious materials;
 - i. Garbage and waste can liners will be changed and replaced daily. Warning labels will be affixed to containers of regulated waste or red bags or red containers will be used;
 - j. Health rooms and other areas identified as high risk due to the presence of blood or other potentially infectious materials must be cleaned daily as a high priority;
 - k. Exercise and wrestling mats will be disinfected daily;
 - l. Contaminated laundry will be bagged or containerized at the location in which it was used, as practical:
 - (1) Contaminated laundry will be sorted or rinsed in its original location of use, as practical;
 - (2) Contaminated laundry will be placed and transported in bags and containers in accordance with the district's universal precautions. Alternative labeling or color coding is permissible if it permits all staff members to recognize the containers as requiring compliance with universal precautions;
 - (3) Contaminated wet laundry will be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.
 - m. All other regulated waste, such as gloves, discarded emergency body fluid kit materials, bandages or other items contaminated with blood or other potentially infectious materials will be handled in accordance with district procedures and placed in containers which are closable:
 - (1) Regulated waste containers will be constructed to contain all contents and prevent leakage of fluids during handling, disposal, storage or transport;
 - (2) Regulated waste containers will be labeled or color coded according to OR/OSHA requirements;
 - (3) Regulated waste containers will be closed prior to removal to prevent spillage or protrusion of contents;
 - (4) If outside contamination of regulated waste container occurs, it will be placed in a second container and secured as above;
 - (5) Disposal of all regulated waste will be in accordance with applicable United States, state and local regulations.

9. Post-Exposure Procedures

All exposure incidents shall be reported by staff to the safety officer, building administrator or designee, investigated and documented by the building administrator in accordance with the following guidelines:

- a. Consent signed by the exposed staff member for permission to release and exchange confidential information with his/her medical provider;
- b. All such information will be kept confidential and maintained in the staff member's medical file;
- c. Documentation of the route(s) of exposure, and the circumstances under which the staff member was exposed (see Attachment No. 3);
- d. Identification and documentation of the source individual where possible or unless prohibited by law;
- e. Consent from the source individual or parent/guardian of a minor student will be obtained when possible to test the source individual's blood as soon as feasible in order to determine HBV and HIV infectivity. There will be no cost to the source individual;
- f. When consent is not obtained the building administrator will document that legally required consent cannot be obtained;
- g. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known status need not be repeated;
- h. Results of the source individual's testing will be made available to the exposed staff member and he/she will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- i. The exposed staff member will be referred to his/her medical provider and his/her blood tested as soon as feasible (within 24 hours) after consent is obtained;
- j. The exposed staff member will be offered the option of having a blood sample collected and preserved for up to 90 days to allow the staff member to decide if the blood should be tested for HIV status;
- k. The building administrator will ensure that the health care professional responsible for the staff member's Hepatitis B vaccination is provided with a copy of the OR/OSHA regulation;
- l. The building administrator will ensure that the health care professional responsible for the staff member's post-exposure incident will be provided with the following:
 - (1) A copy of the OR/OSHA regulation;
 - (2) A copy of Center for Disease Control's recommendations for Hepatitis B prophylaxis following percutaneous exposure (see Table A1);
 - (3) A description of the exposed staff member's duties as they relate to the exposure incident;
 - (4) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - (5) Results of the source individual's blood testing, if available;
 - (6) All medical records relevant to the appropriate treatment of the staff member, including vaccination status.
- m. The building administrator will obtain and provide the staff member with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation (see Attachments No. 4 & No. 5).

10. Record keeping

- a. The building administrator will establish and maintain an accurate medical record for each staff member with occupational exposure to include the following:

- (1) Name and social security number of the staff member;
 - (2) A copy of the staff member's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations (and any medical records relative to the staff member's ability to receive such vaccination);
 - (3) A copy of all results of staff members examinations, medical testing and follow-up procedures;
 - (4) A copy of the health care professional's written opinion following any post-exposure testing;
 - (5) A copy of information provided to the health care professional following any post-exposure incident;
 - (6) All medical records will be kept confidential and maintained for at least the duration of employment, plus 30 years. Medical records will not be disclosed or reported without the staff member's express written consent to any person within or outside the work place except as required by law.
- b. The building administrator will maintain in the district office training records for a period of three years from the date on which the training took place and contain the following:
- (1) Dates of the training sessions;
 - (2) Contents or summary of material presented at the training session;
 - (3) Names and qualifications of persons conducting the training;
 - (4) Names and job titles of all persons attending the training session (see Attachment No. 1).
- c. Transfer of records will take place only if the building and/or district ceases operation and there is no clear successor building/district to receive and retain the records for the prescribed period. The administrator for OR/OSHA or the director of the National Institute for Occupational Safety and Health will be contacted for final disposition.

11. Exposure Control Plan Evaluation

The superintendent shall annually review the district's Exposure Control Plan and its effectiveness for updating as needed.

END OF POLICY

Legal Reference(s):

[OAR 437-002-0360](#)

[OAR 437-002-0377](#)

[OAR 581-022-0705](#)

[OAR 581-022-1440](#)

[OAR 581-053-0517](#) (13)(c)(e)