

**Safety Regulations and Procedures  
Occupational Health  
Bloodborne Pathogens Exposure Control Plan - S80.10 – Rev. 8/2021**

<b>PURPOSE</b>	
	<p>This document is to serve as the Spokane Public Schools (SPS) written Bloodborne Pathogen (BBP) Exposure Control Plan (ECP) and ensures that designated employees are:</p> <ul style="list-style-type: none"> <li>▪ Aware of potential hazards from exposure to bloodborne pathogens (BBP)</li> <li>▪ Advised of the appropriate procedures to avoid exposure.</li> <li>▪ Familiar with procedures in the event of an occupational exposure.</li> </ul>
<b>RESPONSIBILITIES</b>	
<i>Safety Services</i>	<ul style="list-style-type: none"> <li>▪ Ensure that the ECP is written, implemented, reviewed and updated annually</li> <li>▪ Remain accessible to staff members to answer questions related to this ECP or BBP training</li> <li>▪ Provide training support of required employees</li> <li>▪ Conduct ongoing evaluations of tasks and medical devices that carry a risk of exposure and implement safer medical devices whenever feasible</li> </ul>
<i>Human Resources</i>	<ul style="list-style-type: none"> <li>▪ Ensure new employees receive BBP and HIV/AIDS awareness training</li> <li>▪ Maintain BBP medical records of those employees requiring immunizations</li> <li>▪ Maintain BBP training records of Category I and II employees as defined in this document (Training is provided through Safe Schools)</li> <li>▪ Maintain BBP medical records for employees who have had exposure incidents requiring immunization</li> <li>▪ Maintain BBP Sharps Injury Log</li> <li>▪ Contact Human Resources if questions or comments regarding this ECP arise</li> </ul>
<i>Site Managers/ Principals</i>	<ul style="list-style-type: none"> <li>▪ Ensure a copy of this ECP is accessible to staff members and notify them of its location.</li> <li>▪ Contact Safety Services or Human Resources if BBP/ECP questions or comments arise</li> <li>▪ Contact Human Resources if questions arise regarding employee exposure incidents and immunizations.</li> <li>▪ Ensure that Category I and II employees comply with procedures and work practices outlined in this ECP.</li> </ul>
<i>Employees</i>	<ul style="list-style-type: none"> <li>▪ Shall be knowledgeable about the contents of this document</li> <li>▪ Be aware of the appropriate safe work practices necessary to avoid exposure.</li> <li>▪ Follow procedures in Appendix A in the event of an occupational exposure.</li> <li>▪ Questions regarding bloodborne pathogens or the contents of this ECP should be directed to the district Industrial Hygienist at 509 354-4634 or Worker’s</li> </ul>

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	Compensation Specialist at 509 354-7265.
<b>DEFINITIONS</b>	For purposes of this section, the following shall apply:
	<b>Blood:</b> human blood, human blood components, and products made from human blood.
	<b>Bloodborne Pathogens:</b> pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
	<b>Contaminated:</b> the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
	<b>Contaminated Laundry:</b> laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
	<b>Contaminated Sharps:</b> any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
	<b>Decontamination:</b> the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
	<b>Engineering Controls:</b> controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.
	<b>Exposure Incident:</b> a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.
	<b>Hand Washing Facilities:</b> a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.
	<b>HBV:</b> hepatitis B virus.
	<b>HCV:</b> hepatitis C virus.
	<b>HIV:</b> human immunodeficiency virus.
	<b>Immune system:</b> A body system that helps resist disease-causing germs, viruses or other infections.
	<b>Infection:</b> A condition or state of the body in which a disease-causing agent has entered it.
	<b>Licensed Healthcare Professional:</b> is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
	<b>Non-intact skin:</b> skin that is chapped, abraded, weeping or that has rashes or eruptions.
	<b>Occupational Exposure:</b> reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result

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	<p>from the performance of an employee's duties.</p> <p><b>Other Potentially Infectious Materials (OPIM):</b></p> <ul style="list-style-type: none"> <li>▪ The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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;</li> <li>▪ Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and</li> <li>▪ HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.</li> </ul> <p><b>Parenteral:</b> piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.</p> <p><b>Pathogen:</b> a disease-causing substance.</p> <p><b>Personal Protective Equipment:</b> specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.</p> <p><b>Regulated Waste:</b> liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.</p> <p><b>Sharps:</b> see definition for contaminated sharps.</p> <p><b>Source Person:</b> a person, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.</p> <p><b>Sterilize:</b> the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.</p> <p><b>Universal Precautions:</b> an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.</p> <p><b>Work Practice Controls:</b> controls that reduce the likelihood of exposure by altering the how a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).</p>
<b>EXPOSURE DETERMINATION</b>	
	<p>This exposure determination includes:</p> <ul style="list-style-type: none"> <li>• Category I: Job Classifications where ALL employees have occupational</li> </ul>

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	<p>exposure to blood and OPIM, and</p> <ul style="list-style-type: none"> <li>• Category II: Job Classifications where SOME employees have occupational exposure, with a description of tasks and procedures.</li> </ul> <p>Occupational exposure means “reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee’s duties.” This exposure determination is made without regard to the use of personal protective equipment (PPE).</p>
<b>Category I Job Classifications</b>	<p>Job Classifications in which all employees have occupational exposure:</p> <ul style="list-style-type: none"> <li>▪ School Nurses</li> <li>▪ Teachers of the developmentally impaired, multiple handicapped, or orthopedically handicapped.</li> <li>▪ Special education instructional assistants for the developmentally impaired, multiple handicapped, or orthopedically handicapped.</li> <li>▪ Occupational Therapist (added from HR) (add assistants?)</li> <li>▪ Physical Therapist</li> <li>▪ Physical Therapy Assistant</li> <li>▪ Speech Language Pathologist</li> <li>▪ Teachers of adaptive physical education</li> </ul>
<b>Category II Job Classifications</b>	<p>Job Classification in which some employees have occupational exposure. (See Table 1)</p> <ul style="list-style-type: none"> <li>▪ Custodians</li> <li>▪ Elementary School Office Staff Members</li> <li>▪ Middle School &amp; High School Student Office Staff Members</li> <li>▪ District Security Officers</li> <li>▪ Plumbers</li> <li>▪ Coaches of Contact Sports (Assistant &amp; Head Coaches of Football &amp; Wrestling)</li> <li>▪ Certified employees required to hold a current first aid card</li> <li>▪ Classified employees required to hold a current first aid card</li> <li>▪ Teachers of Athletic Training Classes</li> </ul>
<b>Table 1</b>  <b>Tasks and Procedures</b>	<p>Tasks and Procedures that may be performed by employees in Category II where a risk of exposure to bloodborne pathogens is present:</p> <ul style="list-style-type: none"> <li>▪ First Aid procedures</li> <li>▪ Medical treatments and procedures</li> <li>▪ Athletic therapy procedures</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Cleaning procedures involving blood or body fluid visibly contaminated with blood</li> <li>▪ Plumbing procedures involving maintenance and repair of bathrooms, plumbing systems or sewers.</li> <li>▪ Interaction with students known to bite and scratch.</li> </ul>
	<p><i>Employees not identified of being at risk of exposure to bloodborne pathogens by job classification or task will be offered the Post-Exposure Evaluation in the event of an unanticipated exposure incident.</i></p>
<p><b>METHODS OF COMPLIANCE</b></p>	
<p><b>Universal Precautions</b></p>	<p>Universal precautions will be observed by SPS staff in order to prevent contact with blood or other potentially infectious materials. This means that all human blood or OPIM will be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.</p> <p>Avoid contact with blood and body fluids, if possible. When blood or body fluid contact cannot be avoided, protect yourself. Whenever possible, have the person control their own bleeding by applying direct pressure to the wound with paper towels, tissues or other clean disposable towels.</p> <p>Employees should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.</p> <p><u>Gloves should be worn when:</u></p> <ul style="list-style-type: none"> <li>• Touching blood and body fluid, mucous membranes, or non-intact skin of all students and staff;</li> <li>• Handling items or surfaces soiled with blood or body fluids.</li> </ul> <p>Gloves should be changed after each person has been treated. Hands and other skin surfaces should be washed immediately or as soon as patient safety permits if contaminated with blood or body fluids requiring universal precautions.</p> <p>Masks and protective eyewear or face shields may be worn by to prevent exposure of mucous membranes of the mouth, nose, and eyes during procedures that are likely to generate droplets of blood or body fluids requiring universal precautions.</p> <p>All employees should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.</p> <p>General infection control practices should further minimize the already minute risk for salivary transmission of HIV. These infection control practices include the use of gloves for digital examination of mucous membranes and endotracheal suctioning, hand-washing after exposure to saliva, and minimizing the need for emergency mouth-to-mouth resuscitation by making mouthpieces and other ventilation devices available</p>

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	for use in areas where the need for resuscitation is predictable.
<b>Work Practices</b>	<p>The following work practices will be used by all employees to eliminate or minimize occupational exposure to bloodborne pathogens.</p> <ul style="list-style-type: none"> <li>• Hand washing facilities are readily available to employee with a potential for occupational exposure. Waterless antiseptic hand cleansers may be used if running water is not available. If waterless cleansers are used, the employee must follow-up with soap and water as soon as possible.</li> </ul> <p>Employees will wash their hands with soap and water:</p> <ul style="list-style-type: none"> <li>• After removal of gloves or other personal protective equipment;</li> <li>• After contact with blood or OPIM;</li> <li>• Before activities that entail hand contact with mucous membranes, eye, or breaks in the skin;</li> <li>• Before eating, drinking, applying cosmetics, changing contact lenses or using the bathroom;</li> <li>• When work is completed and before leaving the worksite.</li> </ul> <p>If blood or OPIM contacts mucous membranes, wash or flush the area with water immediately or as soon as possible.</p> <p>Contaminated sharps shall, be disposed of in the following manner:</p> <ul style="list-style-type: none"> <li>• The person using the sharps shall be responsible for proper disposal immediately after use.</li> <li>• All sharps shall be placed in a closing, leak-proof, rigid, puncture-resistant, break resistant container, which is easily identified and located as close as possible to the area where sharps are being used.</li> <li>• Contaminated needles and other contaminated sharps must not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.</li> <li>• Use tongs, forceps, or broom and dustpan when cleaning up broken glass and dispose of properly.</li> <li>• Reusable items such as hand tools and equipment will be decontaminated using the district approved disinfectant. All reusable contaminated items will be removed or secured from the work environment and labeled with a biohazard warning label until the item is decontaminated.</li> <li>• All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.</li> <li>• Employees are prohibited from eating and drinking, applying cosmetics or lip balm, and handling contact lenses in areas where injuries or illnesses are treated or where there is reasonable likelihood of exposure to blood or OPIM.</li> <li>• Food and drink must not be kept in refrigerators, freezers, on countertops, or in</li> </ul>

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	<p>other storage areas where blood or OPIM are present.</p> <ul style="list-style-type: none"> <li>Regulated waste material must be placed in a biohazard labeled container, which is to be closed before removal to prevent spillage or protrusion of contents. If the outside of the container becomes contaminated, then it must be placed in a second bio-hazard labeled container.</li> </ul>
<b>Engineering Controls</b>	<p>Safety Services shall conduct ongoing evaluation of tasks and medical devices that carry a risk of exposure and direct the implementation of safety medical devices whenever necessary.</p> <p>The following engineering controls have been developed to prevent or minimize exposure to blood borne pathogens. New technology will be implemented and evaluated whenever possible. Engineering controls will be evaluated and maintained as described below:</p>

**Table 2 - Engineering Controls**

<b>Controls in Use</b>	<b>Location</b>	<b>Evaluation/Service Interval</b>	<b>Controls Evaluated</b>
<b>Sharps Containers</b>	<b>School/Site Health or First Aid Room</b>	<b>Inspected by each Site and report to Safety Services when change out needed</b>	<b>Safety Services inspects at random</b>
<b>Biohazard Bags</b>	<b>School/Site Health or First Aid Room, Custodian's Office or Storage area</b>	<b>Available through site Custodian</b>	<b>Custodian re-stock as necessary</b>
<b>Red Tongs</b>	<b>Custodian's Office or Storage area</b>	<b>Available upon request from Safety Services</b>	<b>Custodian re-stock as necessary</b>
<b>Red Sharps Retrieval Cones</b>	<b>School/Site Health or First Aid Room, Custodian's Office or Storage area</b>	<b>Available upon request from Safety Services</b>	<b>Custodian re-stock as necessary</b>
<b>BBP Spill Kits</b>	<b>School/Site Health or First Aid Room, Custodian's Office or Storage area</b>	<b>Available through site custodian</b>	<b>Custodian re-stock as necessary</b>
<b>Exempted Task or Devices</b>	No tasks have been identified at this time that utilize non-safer devices or allow exceptions to the defined work practices identified in this document.		
<b>Specific Work Practice Controls</b>	<p>Specific exposure control work practice controls have been established for certain SPS job titles. These work practices can be found in the listed Appendices.</p> <p>Appendix C Custodian Exposure Control Work Practices</p>		

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	<p>Appendix D Special Ed, BI, &amp; DI Exposure Control Work Practices</p> <p>Appendix E School Office Manager / Health Room Worker Exposure Control Work Practices</p> <p>Appendix F Contact Sport Coaches / &amp; Athletic Trainers Exposure Control Work Practices</p>
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>	<p>All PPE used at SPS will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.</p>
<b>Gloves</b>	<p>Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.</p> <p>Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as possible if they are torn, punctured, or when their ability to function as a barrier is compromised.</p> <p>Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.</p>
<b>Other PPE</b>	<p>Appropriate face and eye protection must be worn when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose or mouth.</p> <p>All garments, which are penetrated by blood, shall be removed immediately or as soon as possible. All personal protective equipment shall be removed and placed in a designated area or container prior to leaving the work area.</p>
<b>Housekeeping</b>	<ul style="list-style-type: none"> <li>▪ Work surfaces must be decontaminated with the district approved disinfectant as soon as possible after contamination with blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.</li> <li>▪ Employees must wear appropriate personal protective equipment during all cleaning of blood or OPIM.</li> <li>▪ Initial clean-up of blood or OPIM must be followed with the use of the district approved disinfectant.</li> <li>▪ Broken glassware, which may be contaminated, is to be cleaned up by using a broom and dustpan or other appropriate tool such as tongs. <b><u>Do not pick up by hand!</u></b></li> <li>▪ Employees who handle or empty waste containers must not unnecessarily handle, squeeze or push down waste with hands or feet. Waste should only be pushed or tamped down with a device that removes the hands or feet from contact with the waste. This can be accomplished with something as simple as</li> </ul>



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	<p>a 2x4 board.</p> <ul style="list-style-type: none"> <li>▪ Restroom waste containers should be lined with a strong, leak-proof plastic liner. The liners should be long enough to enable employees to gather the top of the bag and remove it without coming into contact with the contents or the interior of the liner. Employees will wear impervious utility gloves while handling waste and during general restroom cleaning. Employees will wash their hands with soap and water immediately after removing the gloves.</li> </ul>
<p><b><u>Regulated Waste (see definitions)</u></b></p>	<p>Sharps are to be placed in the sharps container. Containers should be:</p> <ul style="list-style-type: none"> <li>○ Puncture-resistant</li> <li>○ Closable</li> <li>○ Labeled or color-coded</li> <li>○ Leak proof on sides and bottom</li> <li>○ Stored or processed in a safe manner</li> <li>▪ Employees shall not reach into a sharps container with their hands.</li> <li>▪ Contaminated sharps disposal containers shall not be re-used, emptied, or cleaned.</li> <li>▪ Disposal of used sharps containers will be conducted by Safety Services after site/building notification.</li> <li>▪ Other potentially infectious waste shall be placed in biohazard bags. No more than one quart of waste fluid shall be put in biohazard bags. Absorbent material may be used to minimize solution.</li> <li>▪ Mechanical means such as tongs, forceps or a brush and dustpan shall be used to pick up contaminated broken glassware. Hands shall never be used.</li> </ul>
<p><b><u>Laundry</u></b></p>	<ul style="list-style-type: none"> <li>▪ Employees who handle contaminated laundry shall wear gloves at a minimum.</li> <li>▪ Contaminated laundry shall be handled as little as possible, with minimal agitation and placed in leak-proof, labeled or color-coded containers.</li> <li>▪ Contaminated linens shall be washed with detergent in water at least 140F - 160F for 25 minutes. If low temperature laundry cycles are used, chemicals suitable for low temperature washing at proper use concentration must be used.</li> <li>▪ Student clothing should be sent home for washing, bagged and with appropriate directions to parents.</li> </ul>
<p><b><u>Signs and Labels</u></b></p>	<ul style="list-style-type: none"> <li>▪ Biohazard warning labels shall be attached to all containers containing blood or OPIM designated as regulated waste.</li> <li>▪ Warning labels will include the biohazard symbol and will be fluorescent orange with lettering and symbols in a contrasting color.</li> <li>▪ Labels are not required when red bags or red containers are used.</li> <li>▪ Pre-labeled biohazard bags can be ordered from the district warehouse.</li> </ul>

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<b>Hepatitis B Vaccine</b>	
	<p>Employees who have been identified as having occupational exposure, will be offered the Hepatitis B vaccine series at no cost to the employee, within 10 days of initial assignment unless:</p> <ul style="list-style-type: none"> <li>▪ The employee has previously received the series</li> <li>▪ Antibody testing reveals that the employee is immune</li> <li>▪ Medical reasons prevent taking the vaccination; or</li> <li>▪ The employee chooses to decline the vaccination</li> </ul> <p>Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost. (Form is located in Appendix B)</p> <p>Employees will be provided with information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. Please see the Hepatitis B Information Packet located in Appendix B.</p>
<b>Post-Exposure Evaluation and Follow-up</b>	
	<p>SPS shall respond to BBP exposure incidences appropriately. Please follow procedures established in the Bloodborne Exposure Incident Packet, Appendix A.</p>
<b>Employee Training</b>	
	<p>All employees identified as having occupational exposure shall receive training at the time of initial assignment and at least annually thereafter.</p> <p>Training shall include:</p> <ul style="list-style-type: none"> <li>▪ Epidemiology, symptoms, and transmission of blood borne pathogen diseases.</li> <li>▪ Copy and explanation of the standard, Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens.</li> <li>▪ Explanation of our exposure control plan and how to obtain a copy</li> <li>▪ Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.</li> <li>▪ What constitutes an exposure incident.</li> <li>▪ The use and limitations of controls, work practices, and PPE</li> <li>▪ The basis for PPE selection and an explanation of: <ul style="list-style-type: none"> <li>○ types,</li> <li>○ uses,</li> <li>○ location,</li> <li>○ removal,</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ handling,</li> <li>○ decontamination, and</li> <li>○ disposal of PPE</li> <li>▪ Information on the Hepatitis B vaccine, including: <ul style="list-style-type: none"> <li>○ Effectiveness,</li> <li>○ Safety,</li> <li>○ Method of administration,</li> <li>○ Benefits of being vaccinated,</li> <li>○ Vaccine will be offered free of charge</li> </ul> </li> <li>▪ Appropriate actions to take and persons to contact in an emergency involving blood or OPIM</li> <li>▪ Procedure to follow if an occupational exposure incident occurs, including: <ul style="list-style-type: none"> <li>○ How to report the incident</li> <li>○ Medical follow-up that will be made available</li> </ul> </li> <li>▪ Employee’s evaluation and follow-up after an occupational exposure incident</li> <li>▪ Signs and labels and/or color coding used</li> </ul> <p>Training is currently provided by Safe Schools.</p> <p>The district Industrial Hygienist is available to answer questions about this training and ECP.</p>
	<p>Training records are maintained for each employee upon completion of training. These documents will be kept with the employee’s records maintained by Human Resources and will include:</p> <ul style="list-style-type: none"> <li>▪ Dates of the training sessions</li> <li>▪ Contents or a summary of the training sessions</li> <li>▪ Names and qualifications of persons or module conducting the training</li> <li>▪ Names and job titles of all persons attending the training sessions</li> </ul> <p>Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.</p> <p>Employee training records will be provided upon request to the employee or the employee’s authorized representative within 15 working days.</p>
<b>RECORD KEEPING</b>	
<b>Medical Records</b>	<p>The Human Resources Department is responsible for maintenance of the required medical records. They are kept on the second floor of the Administration Building located at 200 N. Bernard.</p> <p>Medical records are maintained for each employee with occupational exposure in compliance with WAC 296-62-052, “Access to Employee Exposure and Medical</p>

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	<p>Records” and will include:</p> <ul style="list-style-type: none"> <li>▪ The name and social security number of the employee</li> <li>▪ A copy of the employee’s hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccinations</li> <li>▪ A copy of all results of examinations, medical testing, and follow-up procedures as required by the blood borne pathogens standard</li> <li>▪ A copy of all health care professional’s written opinions as required by the blood borne pathogens standard</li> </ul> <p>All employee medical records will be kept confidential and will not be disclosed or reported without the employee’s express written consent to any person within or outside the workplace except as required by the standard or other legal provisions.</p> <p>Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.</p> <ul style="list-style-type: none"> <li>• Medical records shall be maintained for the duration of employment plus 30 years.</li> <li>• Training records shall be maintained for three years from the date of training.</li> <li>• Exposure records shall be maintained for at least 30 years.</li> <li>• Each analysis using medical or exposure records shall be maintained for at least 30 years.</li> </ul>
<p><b>Sharps Injury Log</b></p>	<p>Human Resources is responsible for maintenance of the confidential Sharps Injury Log as required by WAC 296-823-17010. The log is maintained by the Worker’s Compensation Specialist located at the district administration building, 200 N. Bernard, Spokane, WA 99201</p> <p>The Sharps Injury Log shall contain, at a minimum:</p> <ul style="list-style-type: none"> <li>▪ Routes of exposure</li> <li>▪ Explanation of and circumstances under which the incident occurred</li> <li>▪ Type and brand of device involved in the incident, and</li> <li>▪ Department or work area where the exposure occurred.</li> </ul> <p>The sharps injury log shall be maintained five years from the date the exposure incident occurred.</p>

Reference: Division of Occupational Safety & Health (DOSH) Occupational Exposure to Bloodborne Pathogens standards, WAC 296-823.

Attachments

- Appendix A    Bloodborne Exposure Incident Packet
- Appendix B    Hepatitis B Information Packet
- Appendix C    Custodian Exposure Control Work Practices

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Appendix E	Health Room Worker Exposure Control Work Practices
Appendix F	Contact Sport Coaches & Athletic Trainers Exposure Control Work Practices
Appendix G	Sharps Log (blank form)

# APPENDIX A



## BLOODBORNE PATHOGEN EXPOSURE INCIDENT PACKET

**Contains information for:**

- Exposed employee**
- Principal/Supervisor of exposed employee**
- Source Person**
- Human Resources Department**
- Safety Services Department**

# Bloodborne Pathogen Exposure Incident Packet



Use the forms in this packet to report an occupational  
Bloodborne Pathogen Exposure incident

**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 that results from the performance of an employee’s duties.

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

**Source person** is whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

<b>Employee Forms</b>		
Name of Form	Page	Action
BBP Exposure Incident Report	6	<ul style="list-style-type: none"> <li>Completed by Employee and supervisor (Sections 1 and 2)</li> <li>Employee receives two copies. (One for their records, one for their Health Care Provider)</li> <li>Supervisor sends BBP Exposure Incident Report to Human Resources, Claims Technician</li> </ul>
Exposed Employee Consent Form	8	<ul style="list-style-type: none"> <li>Completed by Employee, take a copy to Health Care Provider</li> <li>Employee sends copy to Human Resources, Claims Technician</li> </ul>
Exposed Employee Declination Form	9	<ul style="list-style-type: none"> <li>Completed by Employee, if choosing <b><i>not</i></b> to receive post exposure follow-up.</li> <li>Employee returns form to Human Resources, Claims Technician</li> </ul>
Health Care Professional’s Written Opinion For Post-Exposure Evaluation	10	<ul style="list-style-type: none"> <li>Employee gives the blank form to the Physician performing post exposure follow-up.</li> <li>Physician completes form and returns to Human Resources, Claims Technician</li> </ul>
<b>Source Person Forms</b>		
Letter to Source or Parent/Guardian	11	<ul style="list-style-type: none"> <li>Supervisor completes and forwards to the Source or Parent/Guardian</li> </ul>
Source Information & Consent Form	12-15	<ul style="list-style-type: none"> <li>Supervisor completes Sections 1 and 3 and forwards to Source or Parent/Guardian.</li> <li>Source or Source Parent/Guardian completes Section 2 and returns to Human Resources, Claims Technician</li> </ul>
<b>Student Post-Exposure to BBP</b>		
Procedures for student exposure	16	<ul style="list-style-type: none"> <li>Supervisor contacts parents of affected students informing them of the potential exposure.</li> </ul>

# Bloodborne Pathogen Exposure Incident Packet



## EMPLOYEE CHECKLIST

While performing your job duties, you come in contact with another person's blood or potentially infectious fluids by direct contact to your eyes, mouth, or other mucous membranes, or a break in your skin. If this occurs, you may have been exposed to a bloodborne pathogen. Please do the following:

- Wash exposed area with soap and water immediately.
  - For exposure to eyes, mouth, and/or nose, flush area with water.
- Notify supervisor immediately.
- Immediately seek medical treatment for a post exposure medical evaluation. *Do not delay treatment. SPS has contracted with US HealthWorks to provide this evaluation*, eliminating any potential co-pays by you. If preferred, you may seek treatment with your personal Health Care Provider (HCP).
  - **Take the following documents with you to your Doctor's appointment:**
    - Physician's Initial Report (PIR): Your doctor will forward the completed form to the insurance company. (Form is available from your facility office or Human Resources, Claims Technician)
    - 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 6)
    - Health Care Professional's Written Opinion for Post-Exposure Evaluation: Your doctor will complete and return to Human Resources, Claims Technician. (See page 10)
  - **Be sure to inform the physician that you are a SPS employee. (We are self-insured.)**
- Have your supervisor contact the source or parent/guardian to obtain consent for source evaluation and blood testing.
- If you are *declining* follow-up evaluation, complete the Employee Declination Form and forward the completed form to Human Resources, Claims Technician. (See page 9)
- Ensure the following documents are completed:
  - Employee Incident Report Form: SPS website at <http://intranet.spokaneschools.org/IncidentReports/>
    - BBP Exposure Incident Form: Section 1: Can be completed by you or your supervisor. Section 2: Supervisor completes. Form to be completed prior to the Dr. appointment (See page 6)
    - SPS Self-Insurer Accident Report (SIF-2): This **yellow** form is available in the office at every location. The completed and signed form will be forwarded to Human Resources, Claims Technician. *Keep the pink copy for your file.*
    - Exposed Employee Consent Form: For blood collection and testing. Take completed form with you to the Doctor's office and return a copy to Human Resources, Claims Technician. (See page 8)

Employee bloodborne pathogen exposure incidents will be handled confidentially and as an on-the-job injury. If you have questions regarding the Worker's Compensation process contact Human Resources, Claims Technician, (509) 354-7240.

For questions about this BBP Exposure Incident process or preventative safety concerns, please contact Safety Services, Industrial Hygienist at (509) 354-4634.



# Bloodborne Pathogen Exposure Incident Packet



## SUPERVISOR CHECKLIST

- Advise the employee to wash the exposed area with soap and water immediately. (For exposure to eyes, mouth, and/or nose, flush area with water.)
- Refer the employee for post exposure follow-up evaluation immediately. ***SPS has contracted with US HealthWorks to provide this evaluation***, eliminating any potential co-pays by the employee. If preferred, the employee may seek treatment with their personal Health Care Provider (HCP).
- Ensure the employee takes the following documents to their Doctor's appointment:**
  - Physician's Initial Report (PIR): The doctor will forward the completed form to the insurance company.
  - BBP Exposure Incident Form: Sections 1 and 2 to be completed by the employee and/or supervisor prior to the Doctor's appointment. Provide two copies of this form to the exposed employee and forward a copy to Human Resources, Claims Technician. (See page 6)
  - Exposed Employee Consent Form: Employee takes a copy of this form to the medical evaluation. Copy is sent to Human Resources, Claims Technician. (See page 8)
  - 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 Human Resources, Claims Technician. (See page 10)
- Inform Human Resources, Industrial Insurance Claims Technician at (509) 354-7240 of the exposure incident.
- If the employee ***declines*** follow-up evaluation, ensure the employee completes the Employee Declination Form and forward the completed form to Human Resources, Claims Technician. (See page 9)
- Contact the source person or, if under age 14, contact the parent/guardian to advise them of the incident and obtain consent to have source blood testing conducted.
- Complete the "Letter to Parent" and the Source Information & Consent Form, sections 1 and 3. (See page 11)
- Provide Letter and Consent Form to the source or parent/guardian. Enclose an envelope addressed to Human Resources, Claims Technician to ensure the consent form is returned. (Source packet is five pages total)
- Provide an extra copy of the Source Information & Consent Form for the source to take to the health care provider who will perform the blood test. ***SPS has contracted with Concentra to provide this evaluation and blood test***, eliminating any payment required by the source or parent.
- Ensure the employee completes the following forms:
  - Employee Incident Report Form found at the SPS website: (may be completed by the office manager) <http://intranet.spokaneschools.org/IncidentReports/>
  - BBP Exposure Incident Form: Section 1: Can be completed by the employee or their supervisor. Section 2: Supervisor completes. Form to be completed prior to the Dr. appointment (See page 6)
  - SPS Self-Insurer Accident Report (SIF-2): These yellow forms are available in the main office at every location. The completed and signed form will be forwarded to Human Resources, Claims Technician. The employee keeps the pink copy for their file.
  - Exposed Employee Consent Form: For blood collection and testing. Take completed form to their medical evaluation and forward a copy to Human Resources, Claims Technician. (See page 8)

# Bloodborne Pathogen Exposure Incident Packet



## Human Resources Responsibilities

- Place the following documentation of the exposure incident in the employee's file:
  - BBP Exposure Incident Form- completed by the employee or supervisor. (See page 6)
    - ✓ Human Resources, Claims Technician completes Section 3 when consent is received from the source.
  - Exposed Employee Consent Form- signed by the employee. (See page 8)
  - Declination of Post Exposure Evaluation- completed by the employee when applicable. (See page 9)
  - Source Information & Consent Form- when completed and received from the source. (See page 12)
  - Health Care Professional's Written Opinion for Post-Exposure Evaluation- when received from the Healthcare Professional. (See page 10)
  - Ensure exposed employee has received a copy of the Health Care Professional's Written Opinion. (If the evaluation was conducted by the employee's personal physician, a copy may already have been provided)
- 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
  - 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 vaccination.
  - A copy of the hepatitis B vaccination declination form, if applicable.

## Safety Services Responsibilities

- Provide technical guidance regarding this procedure.
- Regular review of this procedure.

## Recordkeeping

- Human Resources, claims technician will ensure employee medical records are:
  - Kept confidential
  - Not disclosed or reported without the employee's express written consent to any person within or outside the work place except as required by law.
  - Maintain employee medical records for at least the duration of employment plus 30 years. If an employee works for the district for less than 1 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 (bldg, 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 & 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: Needlestick _____ 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 Human Resources, Claims Technician 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 &amp; returned to SPS within 3 days</i>
Supervisor's Signature:	Date: ___/___/___

**Section 3: To be completed by Human Resources, Claims Technician when source consent form is returned.**

- Date the source consent form was returned to the District: \_\_\_/\_\_\_/\_\_\_
- If the Source Information & Consent Form was NOT signed and returned, document all attempts to secure the signed form:

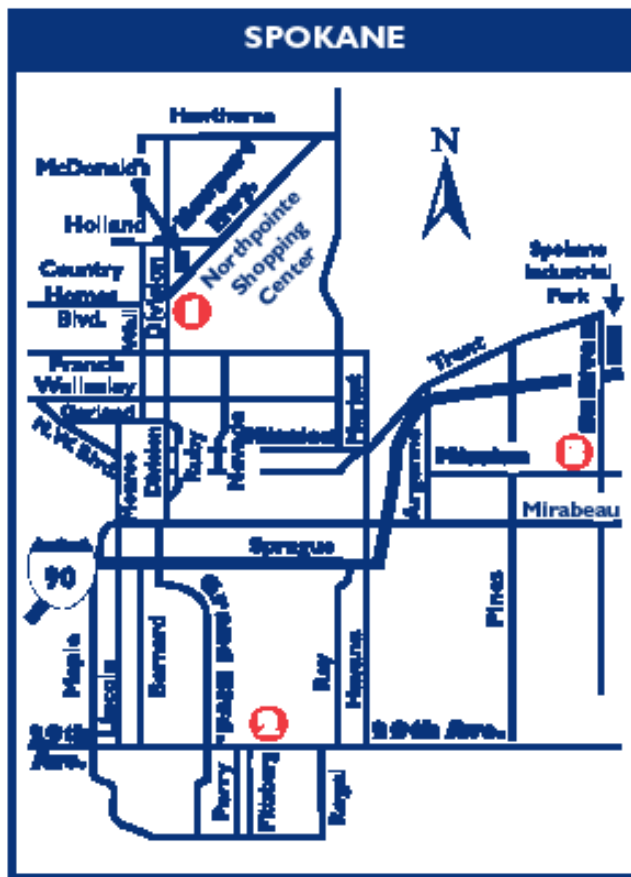
▪ Name and position of the person who attempted to secure the signed consent form: \_\_\_\_\_

# IN CASE OF INJURY OR ILLNESS

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## Spokane Locations



**1 North Side**  
9222 N. Newport Hwy., Ste. 1  
(North Division "Y")  
Spokane, WA 99218  
(509) 467-4545  
Mon-Fri: 8am-7pm  
Sat: 9am-5pm  
Sun: 10am-5pm

**2 South Hill**  
2005 E. 29th Ave.  
Spokane, WA 99203  
(509) 747-0770  
Mon-Fri: 8am-7pm  
Sat-Sun: 10am-5pm

**3 Spokane Valley**  
15425 E. Mission Ave.  
Spokane Valley, WA 99037  
(509) 924-7010  
Mon-Fri: 8am-6pm  
Sat-Sun: 10am-4pm

# Exposed Employee Consent Form

WAC 296-823-16020

**COMPLETED BY THE EMPLOYEE. PLEASE READ THE BELOW INFORMATION**  
**SIGN ONE OF THE THREE FOLLOWING CONSENT STATEMENTS**

Take the completed form to your medical evaluation and  
return a copy to Human Resources, claims technician.

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## **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 and HIB 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: \_\_\_/\_\_\_/\_\_\_

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## **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: \_\_\_/\_\_\_/\_\_\_

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## **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 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 Human Resources, Claims Technician

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 online Employee Incident Report Form. I have been advised by my supervisor to seek medical evaluation and follow-up by a Health Care Provider immediately.

## I decline medical evaluation

Employee's Last Name:	Employee's First Name:
Job Title:	Social Security #
Work Site Name:	
Work Site Address:	
Work Phone:	Other Contact Phone:
Exposed Employee Signature:	Date:

Principal or Supervisor Name:	Principal or Supervisor Signature:	Date:
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**NOTE:** This 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:
<b>Health Care Professional's Evaluation</b>	
<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 Professional's Address:	Health Professional's Telephone:
	Fax:
<b>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."</b>	
Employer's Name:	Spokane Public Schools, Attn: Human Resources, Claims Technician
Employer's Address:	200 North Bernard Street Spokane, WA 99201-0206
Employer's Phone: 509 354-7240	Confidential Fax: 509 354-5963

**Note to Health Care Provider:** WAC 296-823 Bloodborne Pathogens regulation is available at <http://www.lni.wa.gov/Safety/Rules/Find/default.htm/>

# 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 provider. Given the circumstances surrounding this incident, this evaluation helps the employee’s health care provider determine whether our employee requires medical follow-up. Enclosed is a summary of the Washington State Dept. of Labor & Industries’ rule covering this request.

***Spokane Public Schools has contracted with US HealthWorks to perform this evaluation. Billing is sent directly to SPS eliminating any out of pocket expenses for you. Enclosed is a flier listing US Healthworks locations.***

Attached is the Source Information & Consent Form. Spokane Public Schools has completed *Sections 1 and 3*. Please complete *Section 2, which provides your consent to have the blood test performed*, and return to the Spokane Public School Human Resources, Claims Technician Dept. within 3 days.

Please take a copy of this form to your physician. This will let your physician 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 school district.

Information relative to 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.

Please return the consent form within 3 days to: Human Resources, Industrial Insurance Claims Technician  
c/o Spokane Public Schools  
N. 200 Bernard St.  
Spokane, WA 99201-0206

Phone: (509) 354-7240 Fax: (509) 354-5963

Thank you for your assistance in this very important matter.

If you have any questions, please contact me at the school. \_\_\_\_\_

Sincerely,

\_\_\_\_\_, Principal/Supervisor \_\_\_\_\_, Phone Number



# SOURCE INFORMATION & CONSENT FORM

**NOTE:** This form **MUST BE SIGNED AND RETURNED** to Spokane Public Schools 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:

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## **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 Hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed employee and their professional health care provider. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## **REFUSAL:**

I refuse to give consent to have blood tested for Hepatitis B virus (HBV) and/or human immunodeficiency virus (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 PROFESSIONAL HEALTH CARE PROVIDER 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:  
(509) 354-5963 Attention: Human Resources, Claims Technician - **CONFIDENTIAL**

Or

Mail to:  
Spokane Public Schools  
200 North Bernard Street  
Spokane, WA 99201-0206

Attention: Human Resources, Claims Technician - **CONFIDENTIAL**

## Source Person Information & Consent Form

### **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 other potentially infectious materials 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 Spokane Public Schools comes in contact with blood or other potentially infectious material as a result of the performance of the employee’s duties, the school district must:

1. Identify and document the source person (the person whose blood or other potentially infectious material may be a source of exposure for the employee);
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 HBV or HIV, testing need not be repeated.)
3. If consent is not obtained, establish that legally required consent cannot be obtained.
4. Results of the source person’s testing shall be made available to the exposed employee, and 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 other potentially infectious materials 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 other potentially infectious material through his/her broken skin or mucous membrane (found in the eyes, mouth, and nose), the employee has been exposed to any infectious agent found in that blood or in those other potentially infectious materials.

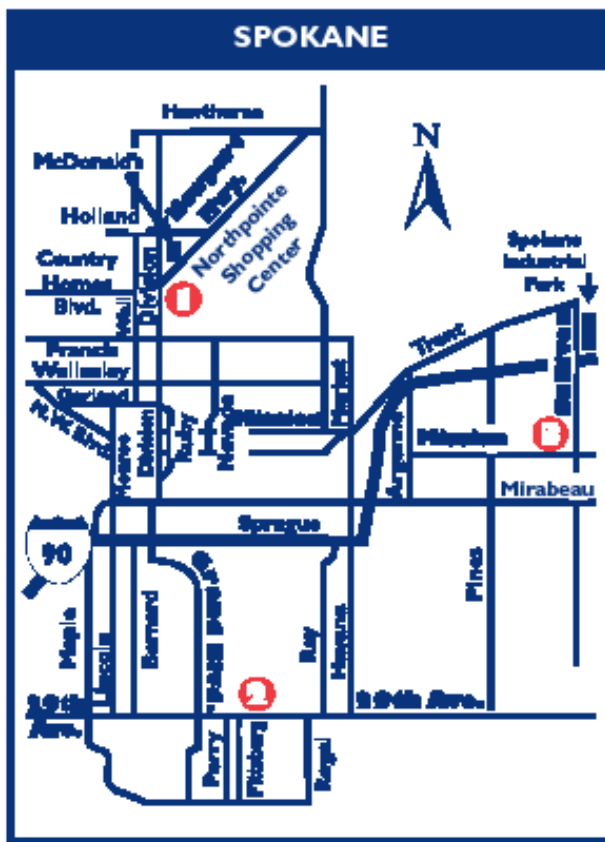
- The law requires that the school district ask the source person (the person whose blood or other potentially infectious body materials were shed, leading to the employee’s exposure) to consent to a blood test in order to discover if there are infectious viruses present in the source person’s blood.
- 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 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 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, and the employee receiving the results will be informed about the laws, which require that this information remain confidential.*

# IN CASE OF INJURY OR ILLNESS

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## Spokane Locations



**1 North Side**  
9222 N. Newport Hwy., Ste. 1  
(North Division "Y")  
Spokane, WA 99218  
(509) 467-4545  
Mon-Fri: 8am-7pm  
Sat: 9am-5pm  
Sun: 10am-5pm

**2 South Hill**  
2005 E. 29th Ave.  
Spokane, WA 99203  
(509) 747-0770  
Mon-Fri: 8am-7pm  
Sat-Sun: 10am-5pm

**3 Spokane Valley**  
15425 E. Mission Ave.  
Spokane Valley, WA 99037  
(509) 924-7010  
Mon-Fri: 8am-6pm  
Sat-Sun: 10am-4pm

## **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 their 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 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 is not shared with other parents without parent permission as obtained by the building administrator or designee. Contact the Health Services Director, (509) 354-7298, if any confidential health information is requested.
- In the event that a Spokane Public Schools employee is the source of exposure to the student, please provide the Source Information & 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 online incident report found at the SPS website: <http://intranet.spokaneschools.org/IncidentReports/> 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).
  - 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)
- Events in which one student comes to the aid of another injured student

If you have questions please contact the SPS Director of Health Services at (509) 354-7298 or the Industrial Hygienist at (509) 354-4634.

# **APPENDIX B**

## **Hepatitis B Vaccine Information Packet**

# **HEPATITIS B VACCINE**

## **INFORMATION PACKET**

### **CATEGORY 1 EMPLOYEES**

- School Nurses
- Teachers of the developmentally impaired, multiple handicapped, or orthopedically handicapped.
- Special education instructional assistants for the developmentally impaired, multiple handicapped, or orthopedically handicapped.
- Occupational Therapist (added from HR) (add assistants?)
- Physical Therapist
- Physical Therapy Assistant
- Speech Language Pathologist
- Teachers of adaptive physical education

In response to both the federal OSHA Standard and Washington State's own approved plan to reduce the occupational transmission of infections through blood borne pathogens, your position classification has been identified as eligible to receive, at District expense, **PRE-EXPOSURE HEPATITIS B VACCINE**. (There are three (3) separate vaccinations required.) You may also elect to waive the pre-exposure vaccine and still remain eligible for District-paid vaccines

**POST-EXPOSURE.**

Please carefully read the attached:

1. HEPATITIS B FACT SHEET
2. PRE-EXPOSURE TO HEPATITIS B
3. POST-EXPOSURE TO HEPATITIS B

Please read this information carefully. Return the forms as requested to Human Resources, Administration Building. You need to either:

1. Consent to be vaccinated,

**-OR-**

2. Waive the District's offer to pay for vaccinations.

Any questions about this procedure should be directed to either Human Resources Claims Specialist , 354-7265, or for questions about the Exposure Control Plan, contact the Industrial Hygienist, Safety Services , 354-4634.



# Hepatitis B Vaccine: What You Need to Know

## 1. Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

## 2. How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

About one third of people who are infected with hepatitis B in the United States don't know how they got it.

## 3. Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care workers and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic hepatitis B virus infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

People should get 3 doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

For an infant whose mother is infected with HBV:

- First Dose: Within 12 hours of birth
- Second Dose: 1 to 2 months of age
- Third Dose: 6 months of age

For an infant whose mother is not infected with HBV:

- First Dose: Birth to 2 months of age
- Second Dose: 1 to 4 months of age (at least 1 month after the first dose)
- Third Dose: 6 to 18 months of age

For an older child, adolescent, or adult:

- First Dose: Any time
- Second Dose: 1 to 2 months after the first dose
- Third Dose: 4 to 6 months after the first dose

For anyone:

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should not be given to infants younger than 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4 to 6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.

#### **4. Some people should not get hepatitis B vaccine or should wait**

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine. Ask your doctor or nurse for more information.

#### **5. What are the risks from hepatitis B vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- serious allergic reaction (very rare)

## **6. What if there is a moderate or severe reaction?**

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

## **7. The National Vaccine Injury Compensation Program**

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/bhpr/vicp>

## **8. How can I learn more?**

Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

Call your local or state health department's immunization program.

Contact the Centers for Disease Control and Prevention (CDC):

- Call 1-800-232-2522 or 1-888-443-7232 (English)
- Call 1-800-232-0233 (Español)
- Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>

**SPOKANE PUBLIC SCHOOLS**

**HEPATITIS B IMMUNIZATION CONSENT OR WAIVER FORM**

**Employee's Name (PRINT):** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Do you have a known sensitivity to yeast? YES NO

- 1) I understand a series of **three** injections of Hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity.)
- 2) I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.
- 3) I understand that if I wish to receive the vaccine pre-exposure, I must follow District procedures using District vouchers for payment to the Spokane Regional Health District only.
- 4) If I do not become protected from receiving this vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact at work with blood or other body fluids.
- 5) If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me by contacting the Human Resources Department to request the vaccine and to obtain the forms necessary to be vaccinated at District expense.

I have read and understand the above information and my options.

---

**I wish to receive the Hepatitis Vaccine Series (three doses) at District expense and request that you send me the forms I need and the procedures I am to follow.**

**Vaccine Consent**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

I have read and understand the above information and my options. **I decline hepatitis B vaccination at this time.**

**Vaccine Waiver**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SPOKANE SCHOOL DISTRICT  
Human Resources Department**

**RELEASE FOR IMMUNIZATION SERVICES**

I, \_\_\_\_\_, hereby release and waive any claim against the Spokane School District related to the provision of vaccines and/or immunization services through the Spokane Regional Health District which are available to me at no cost as an employee of the District.

By requesting such services from the Spokane Regional Health District and presenting an authorization form from the District to confirm my status as a District employee, I do so volunteer recognizing that the vaccines and/or immunization may or may not be effective or may itself instigate illness. I understand that the fact of the immunization will be recorded in medical records that because of the very nature of medical records, confidentiality cannot be absolutely guaranteed.

If I have any questions about the safety or risks of immunization, I will ask questions of the Spokane Regional Health District to secure answers to my satisfaction.

My signature indicates that I am voluntarily assuming the responsibility for using such services and that I will not hold the District liable for any adverse consequence to my health or otherwise resulting from or relating to the vaccines, immunizations and medical services provided by the Spokane Regional Health District.

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

# APPENDIX C

## Custodian Exposure Control Work Practices

# Custodial Services Blood/Body Fluid Cleanup Procedures

Since human blood/body fluid has the potential for being an infectious material, exposure to the blood of another person must be avoided using controls and procedures that reduce the likelihood of exposure. The following procedure should be followed whenever you are required to cleanup blood from a surface such as floors, walls, furniture, etc.

## Supplies Needed:

- District approved disinfectant
- Disposable gloves
- Red Tongs
- Disposable cloth or absorbable sheets
- Disposable red "Biohazard" bags

## Cleanup Steps:

- A. When notified of the need for clean-up of human blood or body fluid obtain the supplies needed above from the custodial closet.
- B. Place caution signs around the spill if it is on the floor.
- C. Put on the disposable gloves
- D. Apply the District approved disinfectant onto the blood and allow it to stand for a few minutes.
- E. Cover the blood with absorbent sheets and allow it to soak in. Use as many sheets as necessary to absorb the body fluid and disinfectant.
- F. Use tongs and place soaked absorbent sheets into the red "Biohazard" bags.
- G. Repeat steps D and E if necessary.
- H. Remove gloves by turning them inside out, beginning at the wrist and peeling them off. When removing the second glove, do not touch the soiled surfaces with your bare hand. Hook the inside of the glove at the wrist and peel the glove off.
- I. Place used gloves and other supplies in the red "Biohazard" bag.
- J. Dispose of "Biohazard" bag in dumpster but do not compact.
- K. Wash hands thoroughly with soap and water.

**Note: If blood or other potentially infectious materials are present on carpet, paper towels or gauze should be used to soak up any excess fluids in the area. A germicide should be used to disinfect the area and allowed to dry overnight before final cleanup.**

# Custodial Services Sharps Retrieval Procedures

Since human blood/body fluid has the potential for being an infectious material, exposure to the blood of another person must be avoided using controls and procedures that reduce the likelihood of exposure. The following procedure should be followed whenever you encounter a potentially contaminated sharp object. These objects may include but not limited to syringes, needles, blood testing strips, razor blades, and knives.

## Supplies Needed:

- District approved disinfectant
- Disposable gloves
- Red Sharps Retrieval Cone or Sharps container
- Disposable cloth or absorbable sheets
- Disposable red Biohazard Bags

## Cleanup Steps:

- A. When the need to clean up a potentially contaminated sharp object obtain the supplies needed above from the custodial closet.
- B. Place caution signs around the object.
- C. Put on the disposable gloves
- D. Apply the District approved disinfectant onto the object and allow it to stand for a few minutes.
- E. Pick up the sharp object with the Retrieval Cone and snap the lid shut.
- F. Wipe up residual disinfectant and place into Biohazard Bag
- G. Transport cone that consists of sharp object to disposable sharps container located in health room.
- H. Remove gloves by turning them inside out, beginning at the wrist and peeling them off. When removing the second glove, do not touch the soiled surfaces with your bare hand. Hook the inside of the glove at the wrist and peel the glove off.
- I. Place used gloves in red "Biohazard" bag.
- J. Dispose of "Biohazard" bag in dumpster but do not compact.
- K. Wash hands thoroughly with soap and water.
- L. Contact Safety Services if the red sharps container needs to be replaced.



# APPENDIX D

## Special Ed, DI, BI Exposure Control Work Practices

## **Special Ed, DI, BI, Exposure Control Work Practices**

### **General Cleanup Practices**

- Disposable gloves should be worn for all cleanup practices
- If a blood or body fluid cleanup is necessary follow the procedures outlined in Appendix C or immediately contact a custodian.
- Tables used should be disinfected daily and as needed with District approved disinfectant following the manufacturer recommendations.
- If blood or other potentially infectious materials are present on the tables, counters, or gymnasium floor, it should be cleaned off then disinfected with the District approved disinfectant.

### **Laundry – Potentially contaminated or contaminated.**

- Use disposable gloves when handling potentially contaminated laundry.
- Wash potentially contaminated laundry separately from other laundry.
- Use a wash water temperature of at least 160°F. Use the heavy-duty or super-wash cycle to achieve a longer washing. Add household detergent and household bleach according to the manufacturer's recommendations based on the size of the load. If the laundry is heavily soiled a "pre-wash" cycle should be used or do a second washing. Non-chlorine bleach may be used for non-colorfast clothing.
- Send student clothing home for laundering whenever possible unless contaminated with another person's blood or body fluids; wash those on site. Use a clearly identified impervious plastic bag to transport clothing. The warehouse stocks red bio-hazard bags for this purpose although any sturdy plastic bag will do. Advise parents accordingly.
- When shipping laundry off site to a secondary facility, place potentially contaminated laundry in labeled or color-coded containers or in clearly identified impervious plastic bags. The warehouse stocks red bio-hazard bags for this purpose.
- Place gloves and all other disposable waste from laundering procedures in a red bio-hazard bag. Sharps, such as needles or syringes need to be placed in red sharps container located in the health room.
- Wash hands thoroughly for a minimum of 30 seconds with soap and warm water after removing gloves.
- Do not take potentially contaminated laundry home to be washed unless it is your personal laundry.
- Dry clothes in a hot dryer.
- Contact Safety Services if the red sharps container is full and needs to be replaced.

# **APPENDIX E**

## **Health Room** **Exposure Control Work Practices**

## Health Room Exposure Control Work Practices

The following materials should be available for Health Room Workers to ensure an occupational exposure will not occur.

- Stocked First Aid Kit
  - District approved disinfectant
  - Disposable gloves
  - Red Tongs
  - Disposable cloth or absorbable sheets
  - Disposable red "Biohazard" bags
- 
- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
  - Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
  - Remove gloves by turning them inside out, beginning at the wrist and peeling them off. When removing the second glove, do not touch the soiled surfaces with your bare hand. Hook the inside of the glove at the wrist and peel the glove off.
  - Gloves should be removed and discarded into a red biohazard bag.
  - If a blood or body fluid cleanup is necessary follow the procedures outlined in Appendix C or immediately contact a custodian.
  - Beds used in the health room should be disinfected as needed with District approved disinfectant following the manufacturer recommendations.
  - If blood or other potentially infectious materials are present on the tables, counters, or gymnasium floor, it should be cleaned with the District approved disinfectant.
  - If blood or other potentially infectious materials are present on carpet, paper towels or gauze should be used to soak up any excess fluids in the area. A germicide will be used to disinfect the area that should be allowed to dry overnight.

# APPENDIX F

## Contact Sports Coaches & Athletic Trainers Exposure Control Work Practices

## Contact Sports Coaches & Athletic Trainers Exposure Control Work Practices

**Since human blood/body fluid has the potential for being an infectious material, exposure to the blood of another person must be avoided using controls and procedures that reduce the likelihood of exposure.**

The following materials should be available for Contact Sport Coaches & Trainers to ensure an occupational exposure will not occur.

- Stocked First Aid Kit
  - District approved disinfectant
  - Disposable gloves
  - Red Tongs
  - Disposable cloth or absorbable sheets
  - Disposable red "Biohazard" bags
- 
- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
  - Disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
  - Remove gloves by turning them inside out, beginning at the wrist and peeling them off. When removing the second glove, do not touch the soiled surfaces with your bare hand. Hook the inside of the glove at the wrist and peel the glove off.
  - Gloves should be removed and discarded into a red biohazard bag.
  - Biohazard containers are located in the wound care and taping area of the athletic training room.
  - Gloves are located in coaches offices and the athletic training room
  - If a blood or body fluid cleanup is necessary follow the procedures outlined in Appendix C or immediately contact a custodian.
  - Tables used by athletic training staff should be cleaned daily and as needed with District approved disinfectant following the manufacturer recommendations.
  - If blood or other potentially infectious materials are present on the tables, counters, or gymnasium floor, it should be cleaned with the District approved disinfectant.
  - If blood or other potentially infectious materials is present on carpet, paper towels or gauze should be used to soak up any excess fluids in the area. A germicide will be used to disinfect the area that should be allowed to dry overnight.

# APPENDIX G

## Sharps Log





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