

Infectious Disease Control

A. Immunization

Employees, including substitutes, student teachers and volunteers, are encouraged to complete an Immunization History form to be placed on file at the district office. If a vaccine-preventable disease breaks out in a district workplace, the local health officer has the authority to exclude all susceptible persons, including school staff. This authority would likely be exercised in the event of one or more cases of measles or rubella within the school. For measles, *susceptible* means any unvaccinated person born after January 1, 1957.

An employee may claim an exemption for health, religious or philosophical reasons. However, one who files an exemption may be excluded if an outbreak occurs at his or her workplace.

An employee needing immunization should contact a personal physician or clinic. Immunizations may also be available at a nominal cost from the Public Health department.

B. Confidentiality:

Legal release of information regarding the testing, test result, diagnosis or treatment of an employee for a sexually transmitted disease may only be made pursuant to an effective, properly executed release and only to the degree permitted by the release. To be effective a release must be signed and dated, must specify to whom the release may be made, and must specify the time period for which the release is effective.

Any disclosures made pursuant to a release must be accompanied by 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 it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is **not** sufficient for this purpose.*

C. Infection Control Program (ICP)

These procedures are designed to provide effective precautions against transmission of disease in the school setting. They apply to students and staff and address exposure to blood and other body fluids containing bacterial or viral agents, including the human immunodeficiency and Hepatitis B viruses.

The district will follow the guidelines established by the Office of the Superintendent of Public Instruction in the *Infection Disease Control Guide for School Staff* and *Guidelines for Implementation of Hepatitis B and HIV School Employee Trainings* regarding control of spread and exclusion from school of students with a variety of viral or bacterial communicable diseases and/or meeting OSHA/WISHA requirements governing occupational exposure to bloodborne pathogens.

D. Universal Blood and Body Fluid Precautions and Guidelines for Handling Body Fluids in Schools

No distinction is made between body fluids in person with a known disease and those from persons with an undiagnosed illness or without symptoms. Body fluids of all persons should be considered to contain potentially infectious agents. *Body fluids* include blood, semen, feces, urine, vomit, respiratory secretions, and saliva.

Table 1 describes examples of infectious agents that may occur in body fluid and the method of disease transmission.

To avoid contact with body fluids, employees should use disposable gloves available in school health rooms, custodial offices, preschool and childcare classrooms, and they should use first aid kits located in shop and home economics areas, school kitchens and classrooms.

1. Gloves should be worn to
 - a. treat bloody noses;
 - b. provide first aid for injuries involving blood or body fluid drainage;
 - c. change diapers and ostomy bags and assist students in managing fecal incontinence;
 - d. suction tracheostomies;
 - e. catheterize students;
 - f. handle contaminated clothing or other washable items; and
 - g. clean contaminated environmental surfaces and cleaning equipment.
2. Contaminated disposable materials such as tissues, dressings, paper towels, diapers and used gloves must be placed in a plastic bag, sealed and disposed of in a plastic lined trash can. Trash can liners are to be changed daily. Gloves must be removed inside out and hands must be washed after gloves have been removed.

Following the use of gloves, or, if there is unanticipated contact with body fluids when gloves are not available, hands and other affected skin areas should be washed with soap and running water with vigorous friction for approximately 10 seconds.

Contaminated clothing, towels and other nondisposable washable items should,

3. In the case of personal items, be placed in plastic bags before being sent home for washing.
4. In the case of items belonging to the school or items laundered at school, be separated from other items and washed with soap, hot water, and one-half cup of household bleach. Items sent to the laundry should be bagged separately from other laundry and marked. *Wash separately with soap and bleach.*

Contaminated environmental surfaces should be cleaned with a detergent/disinfectant registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals. Disposable cleaning equipment should be placed in a plastic bag after use for disposal. Used water and disinfectant should be disposed of in a toilet or sewer drain. Non-disposable equipment such as dustpans and buckets should be thoroughly rinsed in disinfectant. After use, mops should be soaked in disinfectant or washed in hot water. Rugs should be cleaned with a germicidal detergent rug shampoo and vacuumed thoroughly.

Contaminated needles and other contaminated sharps should not be bent, broken, recapped, or removed. Gloves must be worn to handle contaminated sharps. Broken glassware which may be contaminated shall not be picked up directly with gloved hands. It should be cleaned up using mechanical means such as a brush, dust pan and tongs. Contaminated sharps shall be discarded immediately into the biohazard pail located in each health room.

E. Exposure Determination

Any employee with occupational exposure to blood and other potentially infectious materials, as described in *Universal Blood and Body Fluid Precautions and Guidelines for Handling Body Fluids in Schools*, above, is protected by the ICP. Occupational exposure is defined by OSHA as *reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's primary duties.*

Those considered to have the potential for occupational exposure are

1. School nurses;
2. Staff working in classrooms for Special Education Pre/K and moderate-sever students (e.g., teachers, occupational and physical therapists and speech and language pathologists);
3. Coaches and high-contact sports (e.g., football, wrestling);
4. Custodians who clean and dispose of bloody wastes from classrooms described in E2, above, and from first aid rooms or bathrooms;
5. Secretaries and EAs who have the health rooms as a primary responsibility;
6. Child care providers;
7. Students who are athletic trainers or are in health occupations classes where they may handle bodily fluids; and
8. Issaquah School District's Echo Glen staff.

Staff who are not considered *occupationally at risk* for exposure may appeal their classification by contacting the personnel office in writing or in person.

Additional employees who may administer first aid as a collateral duty to their routine work assignment are

- 9 Bus drivers;
10. Coaches and assistant coaches of sports not considered high-contact;
11. Building administrators;
12. Classroom teachers;
13. Playground EAs; and
14. Custodians (any not covered above).

F. Hepatitis B (HBV) Vaccination

The district is obligated to make available pre-exposure HBV vaccination, at no cost, to all employees identified in *Exposure Determination, E1 Through E8*, above. Post-exposure HBV vaccination for those employees identified in E9 through E14, above, will be made available, at no cost, when as a collateral duty to their routine work assignment they give aid involving blood or other potentially infectious materials. The reporting procedure for such exposure is described in *Post-Exposure Prophylaxis for HBV*. The vaccination shown to provide 80-90 percent efficiency in preventing infection is a series of three injections - at zero, one, and six month intervals.

HBV vaccine shall be made available following the required employee training described in *Training and Education of Employees and Record Keeping*, below.

On advice of the Centers for Disease Control, employees whose exposure to blood is infrequent, by nature of their job and/or strict adherence to universal blood and body fluid precautions, should consider timely post-exposure prophylaxis.

G. Post-Exposure Prophylaxis for HBV

If while performing his/her responsibilities, an employee has been exposed to another person's blood or potentially infectious fluids by needle stick injury, by direct contact to the employee's eyes, mouth, or other mucous membranes or break in the skin, the following steps will be taken:

1. The employee shall wash the exposed area immediately.
2. The employee should report the exposure incident to his/her immediate supervisor immediately and no later than the end of the work shift during which the incident occurred.

3. The supervisor shall have the employee complete a Physician's Post Exposure Evaluation form and forward one copy to the personnel office. This report should include the names of all first aid providers, a description of the date, time, and circumstances of the incident and whether to provider had skin, eye, mucous membrane or bloodstream contact with potentially infectious material.
4. The supervisor shall
 - a. Within 24 hours, refer the employee to the Seattle King County Health Department or other licensed health care professional for evaluation and determination of the need for post-exposure prophylaxis or HBV vaccination. Such evaluation and prophylaxis shall be at district expense.
 - b. Notify the director of personnel service of the referral.
5. The director of personnel services shall maintain a record in the personnel department for the duration of employment, plus 30 years. The record shall include
 - a. Information on the employee's hepatitis B vaccination status
 - b. Documentation of consent or refusal of HBV vaccination and
 - c. A copy of the physician's post-exposure evaluation and the written recommendation for treatment from the health care professional.

H. Human Immunodeficiency Virus (HIV/AIDS)

Acquired immunodeficiency syndrome (AIDS) is caused by infection with human immunodeficiency virus (HIV). The following procedures apply to persons who do not have symptoms but have antibodies to this infection in the bloodstream (asymptomatic HIV positive) and to persons with active symptoms of AIDS as defined for case-reporting procedures. Should a student or staff member with HIV/AIDS be identified in the district, the guidelines developed by the Center for Disease Control, the State Department of Social and Health Services, the American Academy of Pediatrics and the National Association of State Boards of Education will be followed.

1. The following applies to students:
 - a. The infected student has all rights, privileges and services provided by law and local policy of the school district.
 - b. Students infected with HIV, except for those subject to the conditions described in Ac, below, should be allowed to attend school and before- and after-school care in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV/AIDS in these settings.
 - c. Following consent for release of information provided by the parent or guardian of an infected student, communication will be established with the student's physician. The physician will be able to provide guidance regarding any transmission risks in the school setting related to behavior, neurological impairment or other medical conditions which might warrant a more restrictive placement. Public health officials with knowledge in the field of HIV/AIDS may also be consulted to assist in decision making.
 - d. For most infected students, the benefits of a normal school setting outweigh the risks of their acquiring potentially serious infections in that setting. The student's physician is aware of the student's immune status and best qualified to assess the risk to the immunosuppressed student of attending school in an unrestricted setting.
 - e. Available data does not warrant mandatory screening of students for HIV/AIDS infection as a condition of school entry.
2. The following applies to employees:
 - a. Available data does not warrant mandatory screening of employees for HIV/AIDS infection as a condition of employment.
 - b. Except when determined otherwise as described in 2c, below, employees infected with HIV should be permitted to remain employed in a capacity that involves contact with students or other school employees.
 - c. The employee's physician is aware of the employee's immune status and best qualified to assess the risk of continuing employment to the welfare of the immunosuppressed employee.

3. The following applies to students and staff members:
 - a. State law protects the confidentiality of information related to HIV/AIDS or HBV status. Employees and students cannot be required to reveal their HIV or HVB status. Voluntary disclosure of such information shall be limited to those persons expressly authorized by the infected person, or by his/hr parents or guardians if the infected person is under 14 years of age. Violation of confidentiality is a misdemeanor.
 - b. Such authorization shall be made on the Consent For Release of Sensitive/Confidential Information form (see attached). This completed form shall be maintained in a manner which protects the identity of the infected person. It shall not be a part of the regular or supplemental student record or of an employee's personnel file.

I. Training and Education of Employees and Record Keeping

1. History and epidemiology of HIV/AIDS.
2. Methods of transmission.
3. Methods of prevention, including universal precautions.
4. Current treatment and prognosis of disease progression.
5. State and federal laws governing discrimination against persons with HIV/AIDS and confidentiality of HIV antibody status.

OSHA/WISHA regulations require annual training for employees identified with reasonably anticipated occupational exposure to blood or other infectious materials. New employees shall participate in training within 10 days of employment. The training shall include

6. Mode of transmission of bloodborne pathogens (HIV and HBV)
7. Universal blood and body fluid precautions.
8. Explanation of the employer's Infection Control Program (ICP) and how to obtain a copy.
9. Information on HBV vaccine.
10. Explanation of procedure to follow if an exposure incident occurs, including medical follow-up.
11. Explanation of the signs, labels, tags, and/or color coding used to denote bio-hazards.
12. Where to obtain a copy of WISHA standards - WAC 296-62-08001.
13. How to identify tasks that may involve exposure to blood or other infectious material.

Following the training described above, each employee shall complete the Hepatitis B Immunization Consent/Waiver form (see attached). One copy of the form will be maintained in the personnel department for the duration of employment, plus 30 years.

Once an employee has completed the Hepatitis B immunization series, the documentation of Hepatitis B Vaccination form (see attached) must be completed. The personnel department will maintain this form for the duration of employment, plus 30 years.

The district shall maintain records of training sessions, including the date, contents of the training and name(s) of trainers and participants, for three years from the date of training (see attached).

Table 1

Infectious Agents in Body Fluids

Body Fluid	Organisms of Concern	Method of Transportation
Blood Cuts/abrasions Nosebleeds Menses Contaminated needles	Hepatitis B virus AIDS virus (HIV) Cytomegalovirus	Bloodstream inoculation through cuts and abrasions on hands. Direct bloodstream inoculation.
Feces	Echerichia Coli Enhtamoeba Giardia Lamblia Hepatitis A virus Histoltila Salmonella bacteria Shigella bacteria	Oral inoculation from contaminated hands.
Urine	Cytomegalovirus	Bloodstream and oral inoculation from contaminated hands.
Respiratory secretions * Saliva Nasal discharge	Mononucleosis virus Common cold virus Influenza virus Tuberculosis	Oral inoculation from contaminated hands.
Vomit	Gastrointestinal viruses	Oral inoculation from contaminated hands.
Semen	Hepatitis B virus AIDS virus (HIV)	Sexual contact (intercourse)

* Possible transmission of Hepatitis B is of little concern from these sources unless they contain visible blood.