EXPOSURE CONTROL PLAN

This plan provides information for employees of the Santiam Canyon School District with guidelines for handling exposure to blood and body fluids. These fluids have the potential for transmitting disease. All body fluids and other potentially infectious materials will be considered infectious at all times. Standard precautions will be used at all times, with the addition of transmission-based precautions specific to the situation.

The SCSD Exposure Control Plan focuses on guidance to prevent the transmission of illnesses. In addition to this plan Human Resources has procedures and forms that accompany the plan

Santiam Canyon Policies

- Student Health Services and Requirements - JHC
- Communicable Diseases - JHCC
- Communicable Diseases - JHCC-AR (2)
- Students HIV, HBV and AIDS - JHCCA

OSHA

- 29 C.F.R. §1910.1030

EXPOSURE PREVENTION

In order to reduce risk and prevent infections from blood, body fluids or other potentially infectious materials staff will be prepared to safely handle exposure to these situations by:

- Bloodborne Pathogen training which is provided annually, with access to medical staff for answering questions. (electronic training that is assigned to staff by Human Resources)
- Access to district provided Personal Protective Equipment, specific to situations where there is anticipated or potential risk of exposure to blood borne pathogens.
- District expectation that Standard Precautions are used by all employees (and volunteers) anytime there is the potential for exposure to body fluids.
- Hepatitis B vaccination series provided for employees whose job functions create risk for occupational exposure. The district shall maintain a list of job functions which present occupational exposure. Employees may sign a waiver in lieu of Hepatitis B vaccination. Any employee who waives the right to Hepatitis B vaccination may change their mind at any time by notifying Human Resources.

- First Aid training and medical training will include review of appropriate exposure control steps specific to the situation.
- Staff who provide direct physical care to students, including diaper changing, toileting assistance and feeding will be provided with routine training and refreshers on exposure control.

Standard precaution

Standard Precautions are the minimum infection prevention practices that apply to all direct care, regardless of suspected or confirmed infection status of the individual, in any setting where there is a potential exposure to body fluids. In the school setting the most common risk for exposure are responding to injuries and supporting a student who is ill.

Key areas of Standard precaution in the school setting include;

1. Hand hygiene.
2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
3. Respiratory hygiene / cough etiquette.
4. Sharps safety (engineering and work practice controls).
5. Clean and disinfected environmental surfaces.
6. Encouraging students to care for their own injuries whenever possible.

Standard precautions require the appropriate use of personal protective equipment (PPE) and safe practice such as hand hygiene and respiratory etiquette. In addition, environmental controls and safety practices are required to maintain safety in the school environment.

Each element of Standard Precautions is described in the following sections. Education and training are critical elements of Standard Precautions, because they help staff make appropriate decisions and comply with recommended practices.

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when an ill student or staff member creates concern for potential specific disease transmission. In the school setting the most common illnesses are spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing), so Transmission-Based Precautions are utilized and are always used in addition to Standard Precautions.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among students and staff. Education about hand hygiene needs to be provided in developmentally appropriate ways

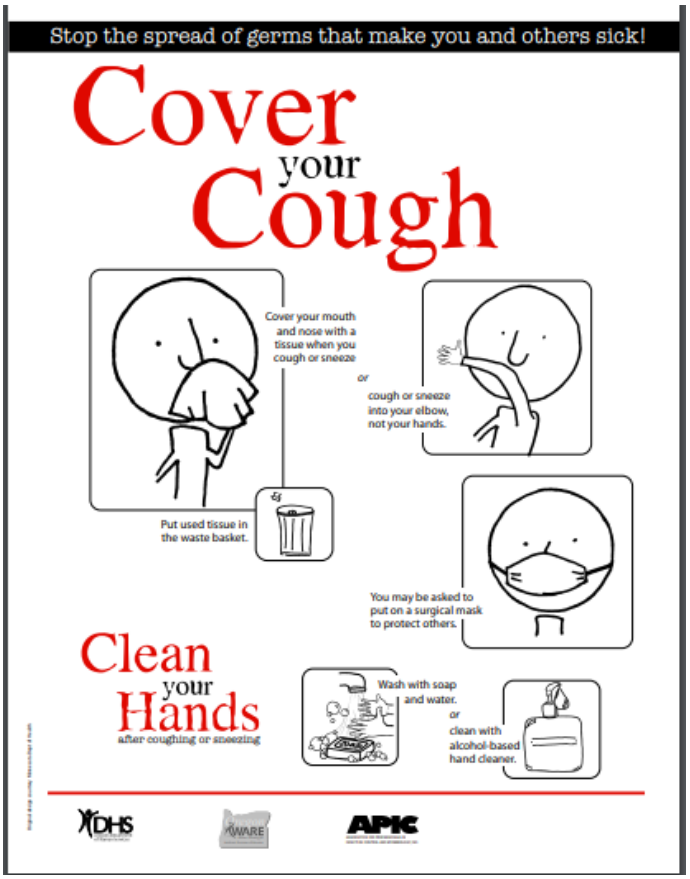
at all levels. Particular attention to hand hygiene associated with using the restroom, after coughing or sneezing, before eating and in providing direct care is critical.

In the context of bloodborne pathogens and exposure control, hand hygiene should be endorsed each time a staff member has an interaction with a student for standard first aid or direct care. Hands should be washed prior to putting on gloves, and after care is completed when gloves are removed.

Hand Hygiene is reviewed in more detail in the Santiam Canyon School District Communicable Disease Plan.

Respiratory Hygiene/Cough Etiquette

Teaching and reinforcing respiratory hygiene/cough etiquette for students and staff is critical to decreasing and preventing illnesses that are respiratory in their transmission mode.



- Developmentally appropriate instruction with posting of visual reminders is important.
- Covering mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of the tissue after use, waste receptacles that are no touch
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when hand hygiene is not immediately accessible
- Assure that tissues are in adequate supply and easily accessible in a variety of locations in each room.
- Students with persistent coughing need to be evaluated to determine if they meet exclusions guidelines and need to be sent home.
- Isolate or separate students who present with respiratory illness to minimize the risk to others, while waiting for their ride home.

Further respiratory hygiene can be developed by masking ill individuals during periods of increased respiratory infection activity in the community, specifically those who are ill enough to be dismissed to home. This is described further in transmission based controls.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk of chemical exposure. In the typical school environment interacting with students PPE includes a variety of tools such as gloves, face masks, protective eyewear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Depending on the employee's work function PPE could also include: safety glasses, shoes, ear plugs or muffs, or hard hats.

Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of disposable gloves when assisting a student with first aid or medical care where there is the potential of exposure to blood, body fluids, non-intact skin, mucus membranes or other potentially infectious material.
- Use of protective clothing, such as a gown and gloves when changing a diaper with diarrhea.
- Use of gloves and eye protection when feeding a child who spits.
- Use of masks when concerned with respiratory droplet transmission.
- SCSD Bodily Fluid Spill Kits will be accessible throughout the school campus.

General Principles of PPE:

IF....	**THEN....**
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or boy fluid spill	Then have staff trained in appropriate clean up
(Molalla River SD, Comprehensive Communicable Disease Management Plan)	

Removal of PPE must be done in a manner to assure that potentially infectious materials are not spread.

Putting on and removing PPE See Appendix B

COVID -19 presents an unprecedented requirement for PPE, this is discussed in more detail in the COVID response plan.

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however if this is not safe developmentally or cognitively or in relationship to specific emergency medications. Staff should be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities. Specific control must be endorsed in any situation sharps are present to reduce the risk of needle stick:

- Whenever possible guide and direct student to manage their own devices that contains sharps, such as lancet devices and penlets
- Do not recap needles
- Use clamps to remove needles or lancets from non-disposable devices such as insulin penlet
- All sharps are placed in designated labeled sharps box
- Request a new sharps box from Health Services when the current box is filling, do not try to make more room in the sharps box.

Since needles and lancets in the school setting are parent provided, product evaluation is not an activity which occurs in the school setting. Staff training in the use of products provided by families is provided to staff supporting these students.

Broken glass

Whenever possible opting for plastic products over glass improves safety in the school environment. If glass breaks, clear students from the area. Request custodial support for cleaning up glass. IF custodial support is not available look for no touch options such as using a dustpan to pick up broken glass. Broken glass should be placed in a puncture resistant container such as a plastic jug or box. Labeling and communication to assure that others do not get cut is important.

TRANSMISSION-BASED PRECAUTIONS

Transmission-Based Precautions are the second tier of prevention and supplemental Standard Precautions. For certain infectious illnesses additional precautions prevent or decrease the potential for the spread of illness.

Airborne

Infection via airborne transmission routes can occur when the germ from an infected person becomes suspended in the air and is then inhaled by another person. Airborne precautions generally are rare in the school setting. But with the increase in vaccine hesitancy the potential for vaccine preventable illnesses in the school is increased.

Examples of airborne diseases

Tuberculosis, measles, chickenpox; less common diseases like smallpox and SARS

Prevention of airborne transmission diseases

- If you haven't had measles or chickenpox, you should be vaccinated against them.
- At school isolate persons suspected of these illnesses.
- Limit movement of person with suspected illness while waiting for transportation home.
- Use of Personal Protective Equipment appropriately. Fit test N-95 mask if available, IF these masks are not available, routine surgical masks should be worn. For staff screening ill students, masks should be donned when providing care or entering an isolation room.
- Determine if individuals in contact with this person are not immunized against the disease. Seek guidance from the Local Health Department to provide recommendations about immunization.

NOTE: The school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated, at the direction of the Local Health Department, can be excluded from school and school activities for the maximum incubation period of a vaccine preventable disease (up to 21 days) from their last exposure.

Respiratory Droplet

Infection can occur when the germ from an infected person's nose or throat comes into contact with the mucous membranes (the eyes, nose or mouth) of another person by coughing, sneezing or spitting. Such transfers occur generally only at distances of less than 6 feet. In the school setting this is of particular importance during the flu season and specifically during the circulation of novel viruses.

Examples of respiratory droplet diseases

Common cold, influenza (flu), whooping cough (pertussis), meningococcal disease

Prevention of respiratory droplet diseases

- Cover mouth and nose when coughing and sneezing.
- Use tissues when coughing and sneezing. Do not reuse handkerchiefs or tissues.
- Discard tissues promptly in an appropriate waste container.
- If tissues are not available, cough or sneeze into one's sleeve, not into one's hands.
- Wash or sanitize hands after coughing or sneezing.
- Stay up-to-date on vaccinations (flu, pertussis, meningococcal)
- Use of Personal Protective Equipment appropriately. For staff screening ill students, masks should be donned when providing care or entering an isolation room.

Contact Direct or Indirect

Direct contact: Infections can spread from person to person by either skin-to-skin contact or skin-to-mucous membrane contact. (Germs that can be spread by respiratory droplet are often spread by this route as well.)

Indirect contact: Infections can spread from contaminated objects to persons.

Examples of diseases spread by contact

Fungal infections (such as "ringworm" "athletes foot"), herpes virus, mononucleosis, skin infections (such as Staph and Strep), influenza (flu), common cold

Prevention of diseases spread by contact

- Good hand hygiene
- Use of Personal Protective Equipment (PPE), generally gloves, as outlined in Standard Precautions.
- Cover infected areas, sores and open areas on skin with a bandage which completely covers the affected area. Make sure that no fluids can leak from the bandage.
- Encourage individuals to avoid touching face and eyes, since this increases the risk of infection due to contact with infectious materials.
- Regular cleaning with EPA approved agents, with focus on high touch surfaces.
- Items contaminated with body fluids need to be appropriately cleaned in accordance with District Facilities Management - Custodial Care Program.

Fecal – Oral

Infection can spread from the stool or fecal matter of an infected person to another person, usually by contaminated hand-to-mouth contact, or by way of contaminated objects, when effective hand washing is not done after toileting or through poor personal hygiene.

Examples of foodborne illnesses

Diarrheal diseases, Norovirus, Hepatitis A

Prevention of fecal-oral diseases

- Wash hands thoroughly and often.
    - After using the toilet
    - After assisting with toileting or diapering
    - Before eating, handling, or preparing all foods
    - After touching animals.
- Provide training for all students and staff who work in direct student care, food preparation, food service and cleaning.
- Hepatitis A vaccination

Bloodborne

Bloodborne illnesses are spread through very specific and close contact with an infected person's body fluids, such as unprotected sexual contact, sharing needles or drug paraphernalia, by a pregnant mother to her unborn child, blood transfusions (rarely), tattooing or piercing in unlicensed establishments and puncture wounds (needle-stick injuries).

In the school setting, risk for infections can occur when infected body fluids come into contact with a person's broken skin, mucous membranes or through a puncture wound (e.g. needlestick injury, sharp objects, human bite or fight).

Examples of blood-borne illnesses

Hepatitis B, C, and D; HIV/AIDS

Prevention of blood-borne illnesses

- Wash hands thoroughly and often.
- Health Education curriculum which provides education regarding risk factors and behaviors.
- Use Standard Precautions for students, school staff and visitors: Assume that all body fluids of all persons have a potential for the spread of infections.
- Access to bodily fluid spill kits throughout the school facility
- Bloodborne Pathogen training which is provided annually, with access to medical staff for answering questions. (electronic training that is assigned to staff by Human Resources)
- Body fluid spill clean up should be done by custodial staff who are appropriately trained. Including the use of appropriate Personal Protective Equipments and EPA approved cleaning agents
- Hepatitis B vaccine

EXPOSURE RESPONSE

If you experience a needlestick or sharps injury or were exposed to the blood or other body fluid of another person during the course of your work, immediately follow these steps:

- Wash needlesticks and cuts with soap and water
- Encourage the wound to bleed, ideally under running water. Do not use cold water as it restricts blood flow
- For cuts or puncture wounds after cleaning apply clean bandage.
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Notify Administrator and Human Resources and complete required documentation.
- Immediately seek medical treatment

(CDC, 2020)

Bites

Human bites can be as dangerous as or even more dangerous than animal bites because of the types of bacteria and viruses contained in the human mouth. Human bites that break the skin can become infected. If someone cuts his or her knuckles on another person's teeth, as might happen in a fight, this is also considered a human bite. And a cut on the knuckles from your own teeth, such as from a fall, is considered a human bite.

To take care of a human bite that breaks the skin:

- Stop the bleeding by applying pressure with a clean, dry cloth.
- Wash the wound thoroughly with soap and water.
- Apply a clean bandage..
- Seek medical care.
- Notify Administrator and Human Resources
- If you haven't had a tetanus shot within five years, your doctor may recommend a booster. In this case, get the booster shot within 48 hours of the injury. (MayoClinic.org, 2020)

Animal bites

Provide First Aid as noted above. If the bite occurred from a canine, this is reportable to the local health department.

Cleaning

Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. CDC guidance for school cleaning includes:

1. Know the difference between cleaning, disinfecting, and sanitizing

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

2. Clean and disinfect surfaces and objects that are touched often

Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

3. Simply do routine cleaning and disinfecting

It is important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for up to 48 hours after being deposited on a surface.

Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects. Specific guidance from public health is important in each situation.

4. Clean and disinfect correctly

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water, and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against influenza A virus.

If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes).

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

5. Use products safely

Pay close attention to hazard warnings and directions on product labels. Cleaning products and disinfectants often call for the use of gloves or eye protection. For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Ensure that custodial staff, teachers, and others who use cleaners and disinfectants read and understand all instruction labels and understand safe and appropriate use. This might require that instructional materials and training be provided in other languages.

6. Handle waste properly

Follow your school’s standard procedures for handling waste, which may include wearing gloves. Place no-touch waste baskets where they are easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying waste baskets. Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.