



EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division

September 2007	INFECTIOUS DISEASE CONTROL PROCEDURES RELATED TO EMPLOYEES	IX-C
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The following procedures are implemented in order to safeguard school employees from the spread of certain diseases, to assure that all schools and work sites are in compliance with State Board of Health Rules and Regulations regarding the presence of persons who have or have been exposed to infectious diseases deemed dangerous to the public health, and to proscribe the manner in which safeguards are taken to minimize the danger to others. (Ref. Board Policy No. 4020)

- A. **Infection Control Program.** The district's infection control program shall be consistent with WAC 296-62-08001, "Bloodborne Pathogens" and the Guidelines for Implementation of Hepatitis B and HIV School Employees Trainings established by the Office of the Superintendent of Public Instruction.

- B. **Handling Body Fluids.** District personnel shall be informed each year of the methods for handling body fluids that may be capable of transmitting communicable diseases. Copies of the "Guidelines for Handling Body Fluids in Schools" shall be available in each school and work site.

- C. **Evaluation of Job Duties.** The Superintendent or designee shall evaluate all job duties of District employees to determine which employees have reasonably anticipated on the job exposure to blood or other potentially infectious materials. The Superintendent or designee shall prepare and maintain a list of job classifications identifying employees who have reasonably anticipated exposure to blood or other potentially infectious material. Occupations considered to have the potential for occupational exposure are:
 - 1. Nurses;
 - 2. Staff working with the developmentally disabled and exposed to bodily fluids;
 - 3. Basketball, football and wrestling coaches and assistants providing first aid;
 - 4. Health room designees offering first aid in the absence of a school nurse;
 - 5. Child care and preschool staff involved in diapering.

- D. **Hepatitis B Vaccination.** The Hepatitis B vaccine shall be provided at the district's expense to all employees identified as having a risk of directly contacting blood or other potentially infectious materials at work. An employee who completes the Hepatitis B vaccination series will be provided with the Hepatitis B Immunization Consent/Waiver Form (Form A). Employees who decline to accept the Hepatitis B vaccine offered by the district shall so indicate by signing the Hepatitis B Immunization Consent/Waiver Form.

- E. **Applicants for Employment Positions With Reasonably Anticipated Exposure.** Any applicant for an employment position within one of the job classifications considered to have a reasonably anticipated exposure to blood or other potentially infectious material shall be so informed via notice on the position posting.

- F. **Exposure to Blood or Other Potentially Infectious Material.** The district will provide an employee who is exposed to blood or other potentially infectious material in the course of his or her District employment with a confidential medical evaluation, and if necessary, follow up and treatment at District expense. Any such evaluation, follow up, and treatment shall be performed by an appropriately trained and licensed health care professional of the district's choice as soon as possible after the exposure. The district shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee. Any evaluation, follow up, and/or treatment shall be provided according to the United States Public Health Service recommendations current at the time of evaluation.

Any employee who experiences a specific exposure to blood or other potentially infectious material in the course of his or her District employment should report the exposure incident to his/her immediate supervisor prior to the end of the work shift during which the incident occurred. The supervisor and/or employee shall complete a Record of Specific Exposure Form (Form B), which shall be immediately forwarded to the Safety Officer.

- G. **Record of Staff Immunizations.** Employees are responsible for maintaining evidence that they are immunized against tetanus-diphtheria, measles, mumps, and rubella. Employees born prior to January 1, 1957, need not provide evidence of immunization against measles since these individuals are considered naturally immune.

Each new employee is required to complete an Immunization History Form as part of the new employee paperwork. If he or she has not either had the disease (as listed in previous paragraph) or been vaccinated, a Titer Test is required. There is also opportunity for exemption for personal or religious reasons, however, if there should be an outbreak, he or she will be excluded from the work place, and sick leave will not apply (as specified on the form).

- H. **Infectious Disease Reporting.** In the event of an outbreak of a vaccine-preventable disease at a school or building, or the identification of an employee who has contracted a medically-diagnosed infectious disease, the principal and/or school nurse shall report the presence of the suspected case or cases of disease to the local health authority, as required by State Board of Health Regulations. An employee who knows that he or she has contracted a medically-diagnosed reportable disease as defined in Ch. 246-100 WAC that could be transmitted in the school setting is expected to notify the Superintendent or designee immediately.

- I. **Exclusion by Local Health Officer.** An employee who has contracted or is deemed susceptible to a contagious disease may be excluded from a school or building by order of the local health officer. An employee who is excluded from a school or building by the local health officer because he or she is considered susceptible to an infectious disease will not be eligible to receive sick leave benefits unless (1) he/she is ill or injured, or (2) he/she is entitled to sick leave benefits pursuant to the provisions set forth in an applicable collective bargaining agreement. A person who is "susceptible" to an infectious disease is a person who does not possess sufficient resistance, whether natural or induced, to an infectious disease to prevent contracting that disease.

- J. **HIV/AIDS Training.** All District employees shall receive training regarding HIV/AIDS within six months of employment for all new employees. Such training shall include:

1. History and epidemiology of HIV/AIDS;
2. Methods of transmission of HIV;

3. Methods of prevention of HIV infection, including universal precautions for handling of body fluids;
4. Current treatment for symptoms of HIV and prognosis of disease prevention;
5. State and federal laws barring discrimination against persons with HIV/AIDS;
6. State and federal laws regulating the confidentiality of a person's HIV antibody status.

Significant new discoveries or changes in the accepted knowledge regarding HIV/AIDS shall be communicated to employees within one calendar year of notification from the Superintendent of Public Instruction, unless the State Department of Health notifies the district that earlier dissemination of the information is required.

K. Training for Employees With Reasonably Anticipated Occupational Exposure. All District employees performing in positions with reasonably anticipated on the job exposure to blood or other potential, infectious material shall participate in District-provided training (1) at the time of initial assignment to tasks where occupational exposure may take place, and (2) annually thereafter. New employees shall participate in such training within ten days of employment. The training shall include:

1. An explanation of WAC 296-62-08001, Bloodborne Pathogens;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by (a) of this subsection; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

L. Record Keeping.

1. The Human Resources office shall maintain the following records in strict confidence for the period of an employee's employment plus thirty years:
 - a. Records regarding the Hepatitis B vaccination status of any employee performing duties in a job classification identified as having reasonably anticipated exposure to blood or other potentially infectious material. (Form A)
 - b. Records regarding any occupational exposure for any employee, including the employee's name, social security number, Hepatitis B vaccination status, examination results, medical testing, follow-up procedures, any health care professional's written opinion, information provided to the health care professional, and a copy of the Specific Exposure Form completed by the employee. (Form B)
 - c. Such records shall be kept confidential and shall not be disclosed or reported to any person without the employee's express written consent, except as required by law.
2. The district's safety officer shall keep records of training sessions provided to employees in job classifications with reasonably anticipated exposure to blood or other infectious material for three years. These records shall include dates of training, a summary of the material covered in such training, the names and qualifications of the trainers, and the names of the employees attending the training. (Form C)

M. Employees with HIV/AIDS. Should an employee be identified by a competent medical authority as having acquired immune deficiency syndrome (AIDS), aids related complex (ARC) or human immunodeficiency virus (HIV), the following guidelines will be followed:

1. An employee with HIV/AIDS will be treated as an employee with a disability.
2. Employees who are diagnosed as infected with the HIV virus shall not be discriminated against in connection with their District employment.
3. Information about any employee with HIV/AIDS shall be kept strictly confidential in conformity with state law. Release of information regarding the testing, test results, diagnosis, or treatment of an employee for a sexually transmitted disease may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed, dated, specifying to whom the release may be made, and specify the time period for which the release is effective. (Forms D & E)

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

4. Employees shall not be required to reveal their HIV/AIDS status. Voluntary disclosure of such information shall be limited only to those persons expressly authorized by the infected employee.

Edmonds School District #15

Employee Hepatitis B Risk List

(5/08)

- I. All employees within the following job classifications are considered to have occupational exposure risk as a result of their job duties; these employees are eligible for a district paid Hepatitis B vaccine series:
1. School nurse (Certificated, Classified, LPN)
 2. Designated First Aid Providers: Office personnel with health room first aid responsibility, paraeducators who do playground duty, childcare/preschool staff
 3. Bus Driver
 4. Custodian
 5. Coach involved in contact sports
 6. Speech and Language Pathologist
 7. Occupational Therapist
 8. Physical Therapist
 9. Teacher—Special Needs Classroom
 10. Paraeducator—Special Needs Classroom or 1:1
 11. P.E. teacher
 12. Vocational Teacher
 13. Agricultural Teacher
 14. Security Personnel

- II. Some employees within the following job classifications may have occupational exposure as a result of their duties with building designated first aid activities; as such, these employees can be eligible for a district paid Hepatitis B vaccine series:

1. Building Administrator
2. Secretary
3. Counselor
4. Teacher

Employees in this category may request the series in writing to Human Resources. They will need to document their risk situation.

- III. Tasks and Procedures in which Occupational Exposure may occur:

1. Providing first aid care to ill and/or injured students or staff.
2. Providing oral/peripheral exams during speech and language assessments.
3. Conducting oral motor exercised during speech therapy.
4. Assisting developmentally disabled students with daily care (e.g., tooth brushing, feminine hygiene, toileting, minor injuries, etc.).
5. Working in classroom “at risk” classroom (such as EBD or Multi-handicapped) where students prone to biting or fighting may attend.
6. Providing emergency injections to students with life-threatening conditions (e.g. EpiPen auto-injectors for anaphylaxis).
7. Providing assistance and care to diabetic students: e.g., administering insulin and assisting with blood glucose checks.

8. Handling of contaminated sharps.
9. Providing clean-up of blood and other potentially infectious body fluids.

IV. Hepatitis B Vaccine Availability Implementation Notes

1. The Risk List adoption implementation will begin in the 2008-2009 school year.
 - When the Hepatitis B. Vaccine series offering was first initiated, it was only offered to at risk employees. The change in practice to offer shots to all employees was never authorized but probably done with good intentions and no awareness that it was a change in practice.
 - This current change brings the practice back into alignment with the original intent of protecting at risk employees. It is also consistent with district practices in the greater Puget Sound area.
2. Notification of 08-09 Hep. B vaccine availability will begin with 5/20/08 New Employee trainings:
 - As in the past, employees who start the series but whose employment with the district ceases, will be eligible for the series only while they are employees. This means they may have to pay for completion of the series if the timing is such that series shots are due when employment with the district has ceased.
 - Employees receiving the Bloodborne Pathogens (BBP) training May-June of 2008 with continuing employment will all be eligible to receive the Hepatitis B vaccine series if they choose; this offer is discontinued as of the September 2008. At that time, only employees who qualify under the Risk List will be eligible for the vaccine series.
3. Certificated Nurses who present the BBP training will be responsible for explaining the vaccine availability as of 5/20/08.

EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division
20420 68th Avenue West
Lynnwood, WA 98036-7400

HEPATITIS B IMMUNIZATION CONSENT / WAIVER FORM

Employee's Name _____ Date _____
(please print)

Social Security Number _____

Employer's Name

Employer's Address

Position _____

I attended the hepatitis B education and training on _____ and:

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. If I do not become protected by receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand that I will need post-exposure treatment if I have direct contact with blood or other body fluids while at work.
3. 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. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. 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.

I have read and I understand the above information and WISH TO receive the hepatitis B vaccine serious (three doses). Also I have no known sensitivity to yeast.

Signature _____ Date _____

I have read and I understand the above information and DO NOT wish to receive the hepatitis B vaccine series (three doses) at this time.

Signature _____ Date _____

FORM B

EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division
20420 68th Avenue West
Lynnwood, WA 98036-7400
Benefits Office 425 431-7041

**RECORD OF SPECIFIC OCCUPATIONAL EXPOSURE
TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL**

INSTRUCTIONS: Please complete this form immediately following exposure and return it to the Benefits Office, ESC. At each step of the process also send documentation of the actions taken in response to the exposure (medical exam, treatment, follow-up treatment, doctor's statement).

Social Security # _____ Date of exposure _____

Name: _____

Address: _____

Phone: _____ City _____ Zip _____

Work Location: _____ Work Phone _____

Vaccinated for Hepatitis B? Yes / No Date of last shot: _____

Please describe the location and circumstances of the exposure (attach additional sheets as necessary):

Signature: _____ Date _____

TO BE COMPLETED BY BENEFITS OFFICE

Medical information attached:

- exam results
- testing information
- health care professional's opinion
- report of follow-up procedures
- information sent to health care professional
- Hepatitis B Vaccination Consent/Waiver form

Date records may be destroyed: _____

White Benefits Office
Yellow Human Resources
Copy Employee

FORM C

BLOODBORNE PATHOGENS TRAINING RECORD

A training session was conducted for employees with occupational exposure to bloodborne pathogens on _____

The training consisted of:

1. An explanation of WAC 296-62-08001 Bloodborne Pathogens;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;

9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by (a) of this subsection; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

FORM C

The trainers (and their qualifications) were:

Name	Qualifications

Training session attendees:

Name	Job Title

EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division
20420 68th Avenue West
Lynnwood, WA 98036-7400
425 431-7023

AUTHORIZATION FOR RELEASE of CONFIDENTIAL MATERIAL
to EDMONDS SCHOOL DISTRICT

I hereby give authorization to (include name, address, and institutional affiliation, if any):

to release to _____ all health care information and records, including history, diagnosis, test reports and data, treatment, hospital discharge summaries, and any other medical records or information retained by you. I further authorize the party named above to discuss my health condition and its history with the named representative of the Edmonds School District.

This release is in effect until _____ (not to exceed ninety calendar days).

Signature

Date

Revised 5/2/94
FORM D-1

**EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division
20420 68th Avenue West
Lynnwood, WA 98036-7400
425 431-7023**

**AUTHORIZATION FOR RELEASE of CONFIDENTIAL MATERIAL
to EDMONDS SCHOOL DISTRICT**

I hereby give authorization to (include name, address, and institutional affiliation, if any):

to release to _____ all health care information and records, including history, diagnosis, test reports and data, treatment, hospital discharge summaries, and any other medical records or information retained by you. I further authorize the party named above to discuss my health condition and its history with the named representative of the Edmonds School District.

I understand my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for drug and/or alcohol use at a federally funded facility. If I have been tested, diagnosed, or treated for drug and/or alcohol use

at such a facility, you are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment.

This release is in effect until _____ (not to exceed ninety calendar days) unless it is earlier revoked.

Signature

Date

10/97

FORM E

**EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division
20420 68th Avenue West
Lynnwood, WA 98036-7400
425 431-7023**

**AUTHORIZATION FOR EDMONDS SCHOOL DISTRICT
TO RELEASE CONFIDENTIAL MATERIAL
PURSUANT TO RCW 70.24.105 AND WAC 246-100-011(33)**

I hereby give authorization to the following employee(s) or department(s) of the Edmonds School District to release confidential information and records concerning my medical condition of (date) _____, 20 ____, including history, diagnosis, test reports and data, treatment, hospital discharge summaries, and any other medical records or information retained by the district relating to the condition.

Nature of information to be disclosed: _____

Information disclosed as authorized by this release must bear 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 this information without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for release of medical or other information is not sufficient for this purpose."

This release is in effect until _____ (not to exceed ninety calendar days).

Signature

Date

Revised 5/2/94

FORM F

**EDMONDS SCHOOL DISTRICT NO. 15
Human Resources Division
20420 68th Avenue West
Lynnwood, WA 98036-7400
425 431-7023**

**AUTHORIZATION for EDMONDS SCHOOL DISTRICT
to RELEASE CONFIDENTIAL MATERIAL**

I hereby give authorization to the following employee(s) or department(s) of the Edmonds School District to release confidential information and records concerning my medical condition of (date) _____, 20 ____, including history, diagnosis, test reports and data, treatment, hospital discharge summaries, and any other medical records or information retained by the district relating to the condition.

Nature of information to be disclosed: _____

Information disclosed as authorized by this release must bear 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 this information without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for release of medical or other information is not sufficient for this purpose."

This release is in effect until _____ (not to exceed ninety calendar days).

Signature

Date