Guidelines for Cleaning, Disinfecting, and Handling Body Fluids in School

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease or those from students without symptoms or with an undiagnosed or unreported disease.

HANDLING BODY FLUIDS IN SCHOOLS

A. Standard Precautions (includes universal precautions)
Standard precautions are a newer approach to infection control. Broader than universal precautions (many state laws refer to this term), standard precautions are recommended practice for protection against transmission of bloodborne pathogens and other infectious diseases in the workplace. They combine the major features of universal precautions, and body substance isolation, and are based on the principle that all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include a group of infection prevention practices that apply to all persons, regardless of suspected or confirmed infection status, in any setting with delivery of healthcare, including first aid. These precautions address hand hygiene, use of personal protective equipment depending on the anticipated exposure, and safe injection practices. Also, equipment or items in the environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment).

NOTE: In its 2007 update, Centers for Disease Control and Prevention (CDC) added respiratory hygiene/cough etiquette to their standard precautions. Respiratory hygiene has become a standard practice in school and community influenza control plans. This includes use of masks when providing healthcare to a person with a potential respiratory infection as well as everybody covering coughs and sneezes.

(Excerpted from Centers for Disease Control and Prevention (CDC), 2007 Guideline for Isolation Precautions in Hospitals.)

The key steps to preventing spread of disease related to body fluids at school include:

- Frequent hand washing with soap and water;
- Using gloves when providing direct health care;
- Washing hands after removing gloves and before working with the next person.

B. General Precautions

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational body fluid exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

C. Hand Washing Procedures

- Recommended hand washing procedure:
  - Use a plain (non-antimicrobial) liquid soap for routine hand washing with temperate (warm) water, scrub vigorously for at least 15 seconds and then rinse under a stream of warm water. Soap suspends soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris.
  - Use paper towels to turn off the water faucet.
  - Use fresh paper towels to thoroughly dry hands.
  - Use paper towels to open any exit door.
  - Use paper towels to turn off bathroom lights.
  - Wash hands after touching any body fluid or contaminated object.
  - Wash hands after gloves are removed and between patients.
  - Use fragrance-free hypoallergenic skin lotions to avoid chapped or cracked skin on hands..
  - Facilities must provide an adequate supply of running potable water at a temperate temperature (85°–110°F), soap, and single-use towels or hot-air drying machines http://apps.leg.wa.gov/WAC/default.aspx?cite=246-366-060.

- Bar soap should not be used. Disposable, non-refillable liquid soap dispensers are preferred. Antimicrobial soaps have no benefit over plain soaps and are linked to antibiotic resistance development, endocrine disruption, and environmental problems. Fragrance-free soaps are less sensitizing.
- Hand sanitizers should never replace standard hand washing with soap and water. However, when hand washing facilities are not available an ethanol alcohol-based (minimum 62 percent) hand sanitizer can be used, preferably in fragrance-free gel or foaming form. Enough sanitizer should be used to wet the hands for at least 15 seconds or longer as indicated by the manufacturer. Remember, alcohol hand sanitizers have not been shown to be effective against norovirus or *Clostridium difficile* spores or for visibly soiled hands. Hands must be washed with soap and running water as soon as feasible. Take precautions to avoid accidental ingestion or abuse by students.

D. Use of Gloves

- When possible, direct skin contact with body fluids should be avoided.
- Disposable non-latex gloves should be available in the offices of coaches, custodians, nurses, principals, and staff in school settings such as the gymnasium, play fields, preschool, and health room where contact with blood or other body fluids is likely to occur. All other personnel should have access to first aid supplies, which includes gloves.
- Disposable gloves should be worn when direct hand contact with body fluids is anticipated (treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand).
- Disposable (single use) non-latex gloves must be replaced, immediately if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable gloves, after use involving contact with body fluids, should be placed in a plastic bag or lined trash can, secured, and disposed of daily.
- Because of the increasing incidence of allergic reactions to latex, only non-latex gloves should be used.
- General-purpose utility gloves may be cleaned and disinfected for reuse if they show no signs of deterioration and they have not been in direct contact with blood and other bodily fluids. However, utility gloves must 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.
- Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact skin) having contact with blood or body fluids should always double glove if lesions are extensive.
- Instruction to staff who are at risk for exposure to body fluids should include:
    - Staff should change gloves between tasks on the same student/staff person after contact with material which may have a high concentration of contamination.
    - Staff, including bus drivers/monitors and trip sponsors, should be taught how to properly put on and remove gloves.
    - Gloves need not be worn when feeding students, or when wiping saliva from skin, unless blood is present or the caregiver has cuts or wounds on their hands.
    - Staff should always wash hands with soap and water after removing gloves.
    - Unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (when wiping a runny nose, applying pressure to a bleeding injury outside of the classroom, helping a student in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be thoroughly washed with soap and water as soon as possible.
    - As much as possible, have the injured student provide direct care for the wound (applying pressure, washing).
    - If contact with contaminated body fluids by non-intact skin or mucous membranes does occur, the staff member should follow the school's policy for post-exposure management and seek medical evaluation of the need for post-exposure prophylaxis.

E. Contaminated Needles, Broken Glass, or Other Sharp Items

- Students should be advised to report found needles, broken glass, or other sharp items, but not to touch them.
- Staff and students should be reminded to take care to prevent injuries when using needles and other sharps.
- Broken glassware, discarded needles, and other sharp items must not be picked up directly with the hands. Cleanup must be accomplished using mechanical means such as a brush and dustpan, tongs, or forceps, by staff wearing appropriate protective gloves. Broken glass should be disposed of in a container which keeps others from being cut.
- Contaminated, reusable sharps must not be stored or processed in a manner which requires employees to reach by hand into the containers where these sharps have been placed.
- Contaminated needles and other contaminated sharps (blood glucose monitor lancets) must not be bent, recapped, or removed from syringes.

- Shearing or breaking of contaminated needles is prohibited.
- Contaminated sharps must be discarded immediately in containers which are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
- Containers for contaminated sharps must be easily accessible to personnel and located as close as possible to the immediate area where sharps are used (health rooms, science classrooms).
- Sharps containers must be maintained upright throughout use, replaced routinely, and not be allowed to overfill.
- When moving containers of contaminated sharps from the area of use, they must be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. They must be placed in a secondary container if leakage is possible. The secondary container must be closable, constructed to contain all contents, and prevent leakage during handling, storage, transport, or shipping. The secondary container must also be labeled and color-coded.
- Containers for contaminated *reusable* sharps must meet all of the qualifications for disposable containers, except they do not need to be closeable, since devices will be removed from these containers.
- Puncture resistant sharps containers should be provided if contaminated sharps (needles) are in the workplace.
- Disposal of these containers depends on local waste management programs. Check with the environmental health office of your local health jurisdiction for any additional local infectious waste disposal requirements and for information in the absence of a local infectious waste management program. (See Appendix XII).

F. Cardiopulmonary Resuscitation (CPR)

- Use resuscitation shields with one-way valve (mouth-to-mouth, mouth-to-nose, mouth-to-nose and mouth) during CPR.

G. General Housekeeping Practices

- The employer must ensure that the worksite is maintained in a clean and sanitary condition and determine and implement an appropriate cleaning schedule for rooms where body fluids are present.
- Housekeeping workers must wear appropriate personal protective equipment, including general-purpose utility or disposable gloves, during all cleaning of blood or other potentially infectious materials
- Cleaning schedules must be as frequent as necessary, depending on the area of the school, the type of surface to be cleaned, and the amount and type of contamination present. High-use surfaces should be cleaned more frequently.
- General cleaning involves soap/detergent and water. Cleaning with soap and water with wiping, particularly with microfiber cloths, will remove dirt and organic matter and the majority of microorganisms. In cases of contamination with body fluids, bathrooms, and high-touch surfaces, registered disinfectants or appropriate bleach solutions will kill most of the organisms which are left. Floors and walls do not need to be disinfected.
- Encourage frequent hand-washing to reduce general contamination. It is recommended that students wash their hands before and after computer use.

H. Disinfectants

- Disinfectants are U.S. Environmental Protection Agency (EPA) registered antimicrobials that are recommended for use on hard inanimate surfaces and objects to kill or inactivate infectious organisms, though not necessarily their spores. Disinfectants do not sterilize a surface. Sterilizers destroy or eliminate all forms of microbial life including fungi, viruses, and all forms of bacteria and their spores. Sanitizers reduce the level of microorganisms to levels considered safe for general purposes.
- There are several classes of disinfectants which are registered by their effectiveness against specific microorganisms as well as their effectiveness on types of hard surfaces. Many of the active ingredients in disinfectant products are skin, eye, and respiratory irritants. Schools must have a Material Safety Data Sheet (MSDS) on hand for each chemical purchased. Manufacturer label instructions must be followed, including those for personal protective equipment.
- Label instructions on cleaning products and disinfectants must be followed. Wash surfaces with a soap or detergent product to remove debris and microorganisms, rinse with water, and follow with an EPA-registered disinfectant or appropriate bleach solution to kill microorganisms. The area to be disinfected must stay wet for the length of time indicated on the label to kill the microorganisms.
- If a surface is *not* visibly dirty, it can be cleaned and disinfected with an EPA registered product that combines cleaner and disinfectant. The label instructions must be followed.
- If a surface is visibly dirty, it should be cleaned first (using friction) with an EPA registered product that combines cleaner and disinfectant *or* it must be cleaned with a detergent/cleaner first, then rinsed, then disinfected with an EPA-registered disinfectant.
- When choosing a disinfectant, determine what microorganisms you want to protect against and what area it is to be used in. For general disinfection, choose a product that is effective against most bacteria and viruses and lists schools as a recommended site. Methicillin-resistant *Staphylococcus aureus* (MRSA) and influenza viruses are killed by several types of

disinfectants. Nonenveloped viruses such as noroviruses are more difficult to kill than vegetative (growing) bacteria and enveloped viruses such as influenzas. A 1:10 bleach solution of household (5-6%) bleach with a one minute wet time is necessary to kill noroviruses. Some bacteria, such as *Clostridium difficile,* form spores. While the vegetative forms of bacteria are killed by a range of disinfectants, bacterial spores are not. A 1:10 bleach solution of household (5-6%) bleach with a minimum five-minute wet contact time is necessary to kill *C. difficile* spores. EPA has registered at least three cleaner/disinfectant wipe products with 1:10 bleach which are effective against *C. difficile* (vegetative and spores) and noroviruses, when used as directed. Never mix cleaners and disinfectants, or other chemicals, unless the labels indicate it is safe to do so. Never soak wipe cloths or mops in a class of disinfectant that is different from the disinfectant you were using on the cloth or mop to clean a surface or item. For example, chlorine bleach must never be mixed with ammonia or acids such as vinegar. (Do not mop with a quaternary ammonia compound and then soak the mop in a bleach solution.)

- Eye protection, in addition to gloves, may be necessary when mixing or diluting chemicals – read and follow the labels.
- Disinfectants should be used in well *ventilated areas.* Never use disinfectants or pesticide foggers in schools or spray disinfectants into the air. They are to be used on hard surfaces and should be breathed as little as possible.
- Product shelf life for disinfectants and expiration dates should be followed.
- Disinfecting wipes, particularly alcohol wipes, are recommended for electronic items that are touched often. Make sure the wipe is suitable for the surface and the surface will stay wet the required contact time.
- Bleach solutions:
    - Sodium hypochlorite (bleach) is a common and effective sanitizer, disinfectant, and sporicide, depending on the concentration and the "kill" time – the time the surface stays wet with the bleach solution.
    - Bleach used as a disinfectant must be plain, unscented liquid sodium hypochlorite. Do not use scented, powdered, splash-less, or color-safe "bleach." Check the label. Bleach concentrations have continued to increase over time, from 5.25 percent sodium hypochlorite, to 6.15 %, and now companies are marketing a 8.25% concentration to reduce package. Read the label and now what your product is. The Clorox bleach MSDS (Material Safety Data Sheet) covers concentrations from 5-10% sodium hypochlorite.
    - Bleach solutions for disinfection or sanitization must be prepared fresh daily. Add the required amount of bleach to cool water to reduce fumes. Label the bottle with the contents and the date mixed. Eye protection and gloves should be used when diluting full strength bleach. The Department of Labor and Industries Core Safety Rules, WAC 296-800-15030, require an emergency eye wash within 50 feet or 10 seconds of full strength bleach being used. See DOSH Directive 13.0 for details.
    - Bleach is a disinfectant, not a cleaner. Surfaces must be cleaned with detergent/soap and water to remove dirt and organic material before the bleach solution is used. Read labels of both detergent and bleach products to check for compatibility. Bleach rapidly looses efficacy in the presence of organic material. Do not mix soap/detergent in with bleach.
    - After application of the bleach solution, the surface does not need to be rinsed, unless high concentrations of bleach were used, but does need to be dry before using. Air drying is preferred.
    - Bleach dilutions for 8.25% concentration:
        - Food contact surfaces are governed by Food Industry Rules and Regulations. They must be thoroughly cleaned with hot, soapy water; then rinsed with clean water; and then sanitized. The sanitizer must be at 50 – 100 ppm bleach, approximately 1 tsp/gallon.
        - General sanitizing (bottles, mouthed toys, etc.) (300 ppm bleach)
            - 3/4 tsp bleach/1 quart water
            - 1 TBS bleach/1 gallon water
            - Area must stay wet for 2 minutes
            - Air dry
        - General disinfecting (diaper area, bathrooms) (~600 ppm bleach)
            - 1/2 TBSP bleach/1 quart water
            - 1/8 cup (2 TBSP) bleach/1 gallon water
            - Area must stay wet for 3-5 minutes
        - Sporicide/Noroviruses/Hanta viruses (blood spills, diarrheal stools, rodent droppings) (6000 ppm bleach)
            - Usual language requires a 1:10 solution, 1 part bleach to 9 parts water, 1 1/2 cups bleach/1 gallon water
            - 8.25 % bleach, 1:12 - 1 1/4 cups bleach/1 gallon water
            - Wet contact time for diarrheal stools: 5+ minutes
            - Wet contact time for Noroviruses: 1+ minute
            - Wet contact time for rodent droppings: 10 minutes
                - See DOH Hantavirus webpage for specifics.

- This is an extremely concentrated bleach solution. Protect eyes, skin, and clothing during preparation and use. Keep the area well ventilated.

- Bleach wipes and stable bleach solutions
  - *Bleach wipes*-There are at least two EPA registered 1:10 bleach wipes on the market that also contain a detergent and are registered for use against *C. difficile* spores and noroviruses in addition to being effective against several types of vegetative bacteria.
  - *Stable bleach solutions* – There is at least one EPA registered 1:10 bleach solution available that contains a detergent and is registered for use against *C. difficile* spores and noroviruses in addition to being effective against several types of vegetative bacteria.
  - Use of these stabilized commercial products would address many of the safety concerns with mixing and using strong bleach solutions.

I. Procedures for Cleaning and Disinfection of Hard Surfaces

- Because cleaners and disinfectants can be irritating and exposure has been associated with health problems such as asthma, it is important to read the instruction labels on all cleaners to make sure they are used safely and appropriately. Where disinfection is concerned, more is not necessarily better.
- The employer must ensure those who are cleaning wear non-latex or utility gloves and other protective equipment as needed. There should be no exposure of skin or mucous membranes to blood or body fluids being cleaned. Disposable gloves should always be used when blood or other body fluids are touched while being cleaned up.
- Disposable towels or tissues should be used whenever possible, and mops should be cleaned and soaked in disinfectant after use, following label instructions. Microfiber clothes and mops can be machine washed and dried.
- Contaminated disposable items (tissues, paper towels, diapers) should be handled with disposable gloves and disposed of properly.
- Cleaning and disinfection of hard surfaces such as desks, tabletops used for eating, and high touch areas such as door knobs and light switches should be cleaned and disinfected routinely at the end of each day (when possible). (Some products clean and disinfect in one application, if the surface is not noticeably dirty. Check label of cleaning product)
- Following an outbreak of an infectious disease, sanitize all toys and educational materials with hard surfaces in pre-school and kindergarten classes.
- When surfaces are noticeably dirty, clean immediately, or as soon as possible, with a detergent/soap and water, followed by an appropriate disinfectant after completion of cleaning procedures. When products contain both detergents and disinfectants, you can clean first with the product; then use a fresh wipe or cloth to disinfect the surface.
- Surfaces where diapers are changed must be cleaned and disinfected after each use. If a surface is visibly dirty, a cleaner or detergent must be used first, and then the surface must be disinfected with an EPA-registered disinfectant.
- Diaper changing areas or other surfaces/items contaminated with diarrheal stool must be cleaned with a detergent/soap and water first then disinfected with an EPA-registered disinfectant that kills *Clostridium difficile* spores or a 1:10 household chlorine bleach solution, freshly made up daily. A 1:10 bleach solution is necessary to kill either *C. difficile* spores (five minute wet contact time) or norovirus (one minute wet contact time).
- Surfaces must be intact to be cleaned and disinfected. Ripped or torn equipment, such as wrestling or gym mats, must be repaired or replaced.
- Electronic items - keyboards, headphones, ear buds - can be cleaned with isopropyl alcohol wipes. Wipe surfaces thoroughly. Students should wash their hands before using shared equipment.

J. Blood or Body Fluid Spills

- Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills. The dry material is applied to the area, left for a few minutes to absorb the fluid. Carefully collect the absorbent material without causing dust or aerosolization. Clean and disinfect the area. Soiled surfaces should be promptly cleaned with detergent/soap and water. After cleaning a spill, apply an appropriate disinfectant to the area and allow to remain wet for at least the minimum time specified by the manufacturer. Use an EPA registered hospital disinfectant, which is either tuberculosis (TB) effective, or HIV and HBV effective. A solution of six percent sodium hypochlorite (unscented household bleach) diluted 1:10 with water may also be used (8.25% bleach - 1:12) with a 5-10 minute wet contact time.
- Diarrheal stools must be assumed to be potentially contaminated with *Clostridium difficile* or noroviruses, requiring cleaning, followed by disinfection with a 1:10 bleach solution or EPA registered 1:10 bleach solution or wipe (8.25% bleach - 1:12). Check label for wet time.
- Dispose of non-reusable cleaning equipment.

- Wash hands with soap and water after removing gloves.

K. Cleaning up vomit

- Vomit should be presumed to be contaminated with noroviruses, which are highly infective. Clear individuals from the area. Cover the vomit with a disposable cloth to reduce potential airborne contamination. Soak with soap and water over the cloth.
- Use face masks with eye protection or a face shield, gloves, and aprons when cleaning up vomit. Paper towels or other towels used to clean-up vomit should be immediately placed in a sealed trash bag for disposal.
- Discard any uncovered food in the immediate area (25 feet). Consult your local health jurisdiction for further recommendations related to food contamination.
- Clean contaminated surfaces with soap and water. Then disinfect with a fresh 1:10 bleach solution or EPA-registered 1:10 bleach wipe, with at least a one minute contact time (8.25% bleach - 1:12). EPA registered disinfectants for noroviruses can also be used.
- Any food contact surfaces must then receive a clear water rinse and be disinfected with a 1:10 bleach solution (1 ½ cup to 1 gallon of water), staying wet 5 minutes and then air drying (8.25% bleach - 1:12).

L. Athletics

- During athletic contests or practice, an ample supply of towels should be available. Disposable towels and tissues are recommended for clean-up, cloth towels for showering or bathing.
- Towels must be used for one individual only and then put in an appropriate receptacle.
- Disposable gloves must be worn when handling blood or objects contaminated with blood. During sporting events or practice, participants who are bleeding, have an open wound, or blood on the uniform shall not participate in an event until proper treatment is administered and contaminated surfaces cleaned and disinfected. This may mean the player may be kept out of play or asked to change to a clean uniform. (See Laundry below.)
- Mats should be cleaned and disinfected before and after practice and matches and immediately following any release of bodily fluids. When mats are rolled up, all sides of mats should be cleaned before they are rolled up.
- Mats must be smooth and intact to be cleaned and disinfected effectively. Repair or dispose of torn or eroded mats.
- Disinfectants for athletic mats must be EPA registered for the purpose and effective against at least MRSA, herpes, ringworm, and impetigo. Label instructions must be followed.
- Mops, buckets, and cleaning clothes should be designated for athletic areas. Microfiber clothes and mops have been shown to be more effective, easier to clean, and use, than the cloth ones. Mop heads should be laundered at least weekly.
- Those who are cleaning should wear non-latex or utility gloves or other protective equipment and should avoid exposure of skin or mucous membranes to blood or body fluids.
- Wet contact time must be met for adequate disinfection. See disinfectant label.

- Excess dust, dirt, hair, and particulates must be removed with designated push brooms or dust mops prior to cleaning, looking for tears or loose tape.
- At least every two weeks, tape on floors or surfaces should be removed to allow thorough cleaning underneath.
- If a bleach disinfection solution is used, the area must be cleaned with soap/detergent first and the solution must be made fresh daily.
- All equipment and mats, including wall mats, where athletes have skin contact, must be cleaned and disinfected after use

M. Procedures for Cleaning and Disinfection of Carpets/Rugs

- The employer must ensure that those who are cleaning wear non-latex or utility gloves or other protective equipment and avoid exposure of skin or mucous membranes to blood or body fluids. Disposable gloves should always be used when blood or other body fluids are being cleaned up.
- Soiled rugs or carpets should be cleaned and disinfected promptly after a blood or body fluid spill. Dispose of feces-contaminated carpet.
- If necessary, mechanically remove body fluid with disposable towels or an appropriate wet vacuum extractor. Avoid aerosolization of material.
- Apply a sanitary absorbent agent on soiled area (follow manufacturer's directions). Let dry and re-vacuum.
- The area should then be disinfected by spot cleaning with an EPA approved combination detergent/disinfectant and steam-cleaning the contaminated surface. Truck-mounted hot-water extraction cleaning is preferred. All cleaner/disinfectant must be thoroughly extracted and the carpet dry within 24-48 hours.
- The vacuum bag or sweepings should be disposed of in a plastic bag.

- Disinfect vacuum and other equipment used in clean up.
- Dispose of non-reusable cleaning equipment.

N. Disposal of Blood-Containing Materials

- The employer must ensure school custodians wear utility gloves for disposing of soiled items, plastic bags containing soiled items, and whenever there is a risk of puncture.
- If a towel, cloth, or item of clothing is so saturated with blood it would drip blood if compressed, then it should be disposed of in a biohazard bag or container.
- Double bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
- Equipment contaminated with blood or other potentially infectious materials must be checked and decontaminated, if possible, prior to servicing or shipping.
- Equipment which cannot be effectively disinfected must be labeled with the international biohazard symbol and contaminated parts documented.
- Waste, such as bloody tissues (not saturated with blood), should be disposed of properly in a plastic-lined trash can. It is not considered hazardous material, so it can be thrown away in the school dumpster.
- Dispose of all regulated waste according to applicable state and county regulations.

O. Procedures for Cleaning and Disinfection of Cleaning Equipment

- The employer must ensure employees who have contact with cleaning equipment wear protective gloves.
- Clean mops with a detergent and rinse with water. Soak mops in disinfectant after use and rinse thoroughly, or wash in a hot water cycle.
- Place disposable cleaning equipment in a plastic bag as appropriate.
- Dispose of water down the sewer system.
- Clean non-disposable cleaning equipment (such as buckets) with a detergent, rinse with water, and then rinse thoroughly with disinfectant.
- All bins, pails, cans, and similar receptacles intended for reuse and have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials, must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.
- Dispose of used disinfectant solution down the sewer system.
- Promptly remove gloves and discard in appropriate receptacles.
- Wash hands.

P. Procedures for Cleaning and Disinfection of Clothing and Linens soiled with Body Fluids

- Soiled linens should be handled as little as possible and with minimal agitation.
- The employer must ensure employees who have contact with contaminated laundry wear disposable protective gloves and other appropriate personal protective equipment (PPE).
- All soiled linens should be placed in plastic bags at the location where they were used.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry must be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
- Reusable PPE and other non-disposable items (towels used to wipe up body fluid, etc.) soaked through with body fluids should be placed in plastic bags labeled with the international biohazard symbol or color-code.
- Required labels are to be affixed as close as feasible to the container by string, wire, adhesive, or other method, which prevents their loss or unintentional removal. Red bags or containers may be substituted for labels.
- If the school does its own laundry (gym towels, sports uniforms, etc.) or sends it out, the goal is to remove infectious agents by the use of fragrance-free detergent, hot water (140-160 degrees F), and hot drying. To work effectively, the washing machine must not be overloaded. Clothing soaked with body fluids should be washed separately from other items and pre-washed in hot water. Borax, vinegar, and color-safe bleach products may enhance cleaning, but they are not disinfectants by themselves.
- Student clothing that is soiled with body fluid, including feces, should be bagged and sent home for washing with appropriate directions to the parent/guardian.
- Clean laundry should never be placed in baskets or other receptacles that have held dirty laundry unless they are cleaned and disinfected between dirty and clean use.

Q. Signs and Labels

- Warning labels must be affixed to containers of regulated waste. Labels should be fluorescent orange or orange-red with contrasting color writing. Red bags may be substituted for labels.
- WAC 299-823-14060—Handle regulated waste properly and safely, from the Bloodborne Pathogens Standard chapter 296-823 WAC uses the term "regulated waste," to refer to the following categories of waste:
  - liquid or semi-liquid blood or other potentially infectious materials (OPIM);
  - items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed;
  - items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
  - Pathological and microbiological wastes containing blood or OPIM.

Link – Washington State Legislature, Handle regulated waste properly and safely
http://apps.leg.wa.gov/wac/default.aspx?cite=296-823-14060

According to the Occupational Safety and Health Administration (OSHA),
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=27092.

It is the employer's responsibility to determine the existence of regulated waste. This determination should not be based on actual volume of blood, but rather on the potential to release blood, (e.g., when compacted in the waste container).

Bandages that are not saturated to the point of releasing blood or OPIM if compressed, would not be considered regulated waste. Similarly, discarded feminine hygiene products do not normally meet the criteria for regulated waste as defined by the Bloodborne Pathogens Standard. Beyond these guidelines, it is the employer's responsibility to determine the existence of regulated waste.

R. Cleaning and Disinfecting Musical Mouth Instruments

If students are sharing, they should wash their hands before handling musical instruments. Students sharing instruments should also wash the mouth piece and neck/bocal before and after playing it. If possible, each student should have their own mouthpiece.

Brass Instruments

1. Empty spit valve and wash the mouthpiece and *at least* the first segment in warm, soapy water.
2. Sanitize mouthpiece and *at least* the first segment of the instrument with 70-100% isopropyl alcohol. (*Roche Thomas Mi-T-Mist)* is an example of a product that contains 100% isopropyl alcohol.)

Woodwind Instruments

1. Clean mouthpiece with a product that will remove the “dirt” and not injure the instrument.
2. Sanitize mouthpiece and *at least* the first segment of the instrument with 70-100% isopropyl alcohol. (*Roche Thomas Mi-T-Mist)* is an example of a product that contains 100% isopropyl alcohol.)
3. Reeds should not be shared; each student should have their own.

To assure that instruments are cleaned and sanitized properly before they are assigned to another student, we recommend that instruments be professionally cleaned or the music department staff supervise or perform the actual cleaning and sanitizing themselves.

Table 1
Potential Transmission of Infectious Agents in a School Setting

Body Fluid/Source	Potential Infectious Agent	Potential Route of Transmission
Blood • cuts/abrasions • nosebleeds • menses • contaminated needle	Hepatitis B virus Hepatitis C virus HIV Cytomegalovirus	Percutaneous inoculation (needlestick) Inoculation of cuts, abrasions, dermatitis, or mucous membranes
Feces	Bacteria—*Campylobacter,*	Oral ingestion from

• incontinence • diarrhea	*Salmonella, Shigella, E coli* O157:H7 and related *E. coli*, *Clostridium difficile* Parasites—*Giardia, Cryptosporidium, Cyclospora* Viruses—Noroviruses, rotavirus, enteroviruses, hepatitis A virus	contaminated hands, objects
Fluid from Skin or Mucous Membrane Lesions	Herpes *Varicella* *Staphylococcus*, methicillin-resistant *Staphylococcus aureus* (MRSA) *Streptococcus* (impetigo)	Inoculation of cuts, abrasions, dermatitis, or mucous membranes Direct contact of contaminated articles with intact skin or mucous membranes.
Semen/Vaginal Fluid	Hepatitis B virus Hepatitis C virus HIV Gonorrhea Syphilis Chlamydia Other sexually transmitted infections	Sexual contact including by mucous membranes or contact with nonintact skin
Urine • incontinence	Cytomegalovirus Rubella	Oral or percutaneous inoculation from contaminated hands, objects
Vomitus	Norovirus Rotavirus	Oral inoculation from contaminated hands, objects Respiratory inoculation from respiratory droplets

Resources

Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens, April 2011, pages 13-21

State of Washington Department of Labor and Industry Administrative Policy Number ES.C.4.2 - Minors and Bloodborne Pathogens in Non-medical Settings.

WAC 296-125-030 (24) Prohibited and hazardous employment — All minors.

Washington State Department of Labor and Industries
Bloodborne Pathogens WAC 296-823