

Safe Cleaning and Disinfecting Guidance for Schools



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Standard and General Precautions for Handling Body Fluids in Schools

Standard Precautions

Standard precautions are the minimum infection control practices that protect against the transmission of bloodborne pathogens and other infectious diseases in any workplace. They are based on the principle that all body fluids might contain transmissible infectious agents – including blood, saliva, secretions (including respiratory secretions), excretions (except sweat), non-intact skin, and mucous membranes.

Standard precautions include a group of infection prevention practices that apply to all people, regardless of suspected or confirmed infection status. They apply in any setting where health care is delivered, including first aid.

School staff who might be exposed to body fluids need to be trained in accordance with [Chapter 296-823 WAC](#) requirements for Occupational Exposure to Bloodborne Pathogens. This includes contracted bus drivers.

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

- Make sure appropriate first aid supplies are readily available.
- Wash hands with soap and water frequently. See the Hand Hygiene Procedures section below for detailed instructions.
- Follow general guidelines for using personal protective equipment (PPE).
- Use gloves when providing direct health care. See the Use of Gloves section below for detailed instructions.
- Wash hands before putting on gloves, after removing gloves, and before working with another person.
- Follow safe injection practices.
- Follow respiratory hygiene and cough etiquette. Guidelines include covering coughs and sneezes, as well as the use of health care grade masks when providing health care to a person with a potential respiratory infection. (Excerpted from [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, CDC \(PDF\)](#)).
- Follow guidelines to handle equipment or items that might have been contaminated with infectious body fluids (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment, and proper sharps disposal).

General Precautions

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

Hand Hygiene Procedures

Hand Washing Directions

- Use a plain (non-antimicrobial), unscented liquid soap and warm water for routine hand washing.
- Scrub hands vigorously for at least 20 seconds. Rinse under a stream of warm water.
- Use a paper towel to turn off the water faucet.
- Use a fresh paper towel to thoroughly dry hands.
- Use a paper towel to open any exit door.

When to Wash Hands

- Wash hands after touching any body fluid or contaminated object.
- Wash hands after gloves are removed, and between patients.

Hand Washing Supplies

- Provide an adequate supply of running potable warm water, soap, and single-use towels or warm air dryers, in accordance with [WAC 246-366-060](#).
- Although warm air dryers are allowed in [WAC 246-366-060](#), they are not recommended. Warm air dryers can suspend and spread airborne infectious particles.
- Where hot and cold water are both provided, the hot water should not exceed 120°F at the tap. If the water is automatically mixed, the temperature should be between 95°F and 105°F.
- Do not provide bar soap. Provide a plain (non-antimicrobial), unscented liquid soap. Antimicrobial soaps have no benefit over plain soaps and are linked to antibiotic resistance development, endocrine disruption, and environmental problems. Fragrance-free soaps are preferred, to prevent allergic reactions or exacerbation of asthma.
- Ensure that liquid soap dispensers are cleaned thoroughly before refilling them.
- Hand sanitizers should never replace standard hand washing with soap and water and should not be placed in restrooms.
- In instances where hand washing facilities are not available, an ethanol alcohol-based (minimum 60 percent) hand sanitizer can be used. Fragrance-free gel or foaming form are the best options. Enough sanitizer should be used to wet the hands while rubbing vigorously for at least 15 seconds or longer as indicated by the manufacturer.
 - Note: Alcohol hand sanitizers have not been shown to be effective against norovirus or *Clostridium difficile* spores. They are not appropriate for visibly soiled hands or use after using the restroom. Hands must be washed with soap and running water as soon as feasible after using hand sanitizer.
- Store and mount sanitizer containers safely to avoid accidental ingestion or abuse.

Additional Hand Washing Guidance

- Use fragrance-free hypoallergenic skin lotions to avoid chapped or cracked skin on hands.

Use of Gloves

When possible, avoid direct skin contact with body fluids. Wear disposable gloves when you anticipate direct hand contact during activities like treating bloody noses, handling clothes soiled by incontinence, or cleaning small spills by hand. Replace disposable (single use), non-latex gloves immediately if they are torn, punctured, or when their ability to function as a barrier is compromised.

Glove Use Guidance

- Disposable non-latex gloves should be available anywhere contact with blood or other body fluids might occur. Keep a supply in the offices of coaches, custodians, nurses, principals, the gymnasium, play fields, preschool, special education classrooms, health rooms, and buses.
- Used disposable gloves should be placed in a secured plastic bag or lined trash can and disposed of daily.
- Because of the increasing incidence of allergic reactions to latex, only use non-latex gloves.
- Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact skin) who contact blood or body fluids should always double glove for additional protection.

Instructions For Staff at Risk for Exposure to Body Fluids

- Change gloves between tasks on the same student or staff person after contact with any material that might have a high concentration of contamination.
- Staff, including bus drivers, monitors, and trip sponsors, should learn how to properly put on and remove gloves.
- Gloves are not needed 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 their hands with soap and water after removing gloves.
- If there is unanticipated skin contact with body fluids when gloves are not available, wash hands and other affected skin areas thoroughly with soap and water as soon as possible.
- Have the injured person provide direct care for their own wound (applying pressure, washing) as much as possible.
- If contact with contaminated body fluids by non-intact skin or mucous membranes occurs, follow the school's policy for post-exposure management and seek medical evaluation of the need for post-exposure prophylaxis.

Contaminated Needles, Broken Glass, or Other Sharp Items (Sharps)

- Advise staff and students to report any needles, broken glass, or other sharp items that they find and to avoid touching them.
- Advise staff and students how to prevent injuries when using needles and other sharps.

- Do not pick up broken glassware, discarded needles, and other sharp items directly with the hands. Cleanup must be accomplished with mechanical means like a brush and dustpan, tongs, or forceps. Staff should wear appropriate protective gloves while doing so.
- Broken glass should be disposed of in a container that keeps others from being cut.
- Contaminated needles and other contaminated sharps (e.g. blood glucose monitor lancets) must not be bent, recapped, or removed from syringes before disposal.
- Do not shear or break contaminated needles.
- Immediately discard contaminated sharps in containers that are closable, puncture resistant, leak proof on sides and bottom, labeled, and 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 (e.g. health rooms, science classrooms).
- Sharps containers must be securely mounted in an upright position, replaced routinely, and not be allowed to overfill. Only authorized staff should remove sharps containers. Ideally, the mounting apparatus requires a key to access. Sharps containers that can't be secured must be kept where they are inaccessible to students.
- When moving containers of contaminated sharps from the area of use, they must be closed immediately before they are removed or replaced. This prevents 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 the qualifications for disposable containers.
- Dispose of used sharps containers in accordance with 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).

Cardiopulmonary Resuscitation (CPR)

- Use resuscitation shields with a one-way valve (mouth-to-mouth, mouth-to-nose, mouth-to-nose, and mouth) during CPR.
- Only disposable shields should be stocked for use.

General Housekeeping Practices

- Maintain the workspace in a clean and sanitary condition. Substitute easily cleanable furniture made of materials such as vinyl for upholstered furniture.
- Determine and implement an appropriate cleaning schedule for rooms where body fluids may be present.

- Custodians must wear appropriate personal protective (PPE) equipment, including fluid and chemical resistant disposable gloves, during all cleaning of blood or other potentially infectious materials.
- Regular cleaning schedules must be established 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 at least daily.
- General cleaning requires soap or detergent and water. Cleaning with soap and water by scrubbing, particularly with microfiber cloths, will remove dirt and organic matter and most microorganisms.
- Bathrooms, high-touch surfaces, and areas contaminated with body fluids should be disinfected after the initial cleaning step.
- Encourage frequent hand washing to reduce general contamination. Launder or vacuum soft and porous surfaces. These items are difficult to disinfect and don't usually need it.
- Only use vacuums equipped with HEPA filters.
- Do not use any foggers or spray or mist anything in the air.

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 it lowers their numbers and 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.

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

Disinfectants

[Disinfectants are U.S. EPA registered antimicrobial pesticides](#) 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.

Disinfectants 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 Safety Data Sheet (SDS) available for staff for each chemical purchased. Manufacturer label instructions must be followed, including those for personal protective equipment.

Guidance on Use of Disinfectants

- When possible, choose safer fragrance-free disinfectants with shorter contact times. Safer products with active ingredients like ethanol, isopropyl alcohol, hydrogen peroxide, lactic acid, or citric acid are better for human health and don't cause asthma. For guidance on choosing safer disinfectants, see:
 - [Design for the Environment Certification - EPA](#)
 - [Cleaning for Asthma-Safe Schools \(CLASS\) – CA Department of Public Health](#)
 - [Safer Cleaning, Sanitizing, and Disinfecting Strategies to Prevent Infection Transmission - University of Washington \(PDF\)](#)
 - [Quaternary Ammonium Compounds Fact Sheet - Toxics Use Reduction Institute, UMASS Lowell](#)
- If bleach must be used, see the Sodium hypochlorite (Bleach) section below for detailed guidance.
- Always follow label instructions on cleaning products and disinfectants. **Wash surfaces with a soap or detergent product to remove debris and microorganisms, rinse with water, and follow with an EPA-registered disinfectant.** The area getting disinfected must stay wet for the length of time indicated on the label to kill the microorganisms.
- 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. If dealing with nonenveloped viruses such as noroviruses and bacterial spores, a higher-level disinfectant is necessary.
- Never mix disinfectants or other chemicals. For example, chlorine bleach must never be mixed with ammonia or acids such as vinegar. Eye protection might also be necessary when mixing or diluting chemicals. Read and follow the product labels for the best protection. The safety data sheet will indicate if an emergency eye wash is required.
- Disinfectants should be used in well-ventilated areas.
- Never use disinfectants or pesticide foggers in schools or spray disinfectants into the air. Fogging or misting is a respiratory hazard. It does not remove dirt and organic materials that need to be removed, does not cover surfaces uniformly, and is not a proven technique for disinfecting air.
- Use disinfectants when students are not present in the area and ventilate well before they return.
- Disinfectant expiration dates are shown on the label and 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 for the required contact time.
- **Children should not apply disinfectants**, including pre-moistened disinfectant wipes and sprays. All disinfectant labels include the statement “Keep Out of Reach of Children,” as children under the age of 18 are considered a sensitive population.

Sodium Hypochlorite (Bleach)

In general, bleach is not recommended in schools. It is a high hazard chemical and asthmagen. It must never be mixed with other chemicals.

Bleach is a common and effective sanitizer, disinfectant, and sporicide, depending on the concentration and the “kill” time (the time the surface must stay wet with the bleach solution).

Guidance on Use of Bleach

- 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 to identify the concentration of the bleach product you are using.
- 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 mix date.
- Always wear eye protection and gloves 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 water and detergent or soap to remove dirt and organic material before the bleach solution is used. Read the labels of both detergent and bleach products to check for compatibility. Bleach rapidly loses efficacy in the presence of organic material. Do not mix soap or detergent with bleach.
- After applying the bleach solution, the surface does not need to be rinsed, but it does need to air dry before the surface or item is used.

Sanitizing Solution (~50-200 ppm)			
Water	2.75% Bleach	5.25-6.5% Bleach	7.5-8.25% Bleach
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	1/2 teaspoon	1/4 teaspoon
Disinfecting Solution (~1000 ppm)			
1 Gallon	3/4 cup	1/3 cup	1/4 cup
1 Quart	3 Tablespoons	4 teaspoons	1 Tablespoon
Diarrhea, Rodent Droppings Solution (~5000 ppm)			
1 Gallon	3 cups	1 1/2 cups	1 1/4 cup
1 Quart	3/4 cup	1/3 cup	1/4 cup

Bleach Wipes and Stable Bleach Solutions

- *Sodium Hypochlorite Bleach wipes*-EPA-registered 1:10 bleach wipes are available for use against *C. difficile* spores and noroviruses. These wipes are also effective against several types of vegetative bacteria.
- Ready-to-use (pre-diluted) EPA-registered stable bleach solutions are available. Use of pre-diluted stabilized commercial products will address many of the safety concerns associated with mixing and using strong bleach solutions. Follow the manufacturer's instructions on use.

Cleaning and Disinfecting Hard Surfaces

Cleaning Guidance

- 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.
- Anyone who is cleaning must wear non-latex gloves and other necessary protective equipment. There should be no exposure of skin or mucous membranes to the blood or body fluids being cleaned up. Disposable fluid and chemical-resistant 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. Mops should be cleaned and soaked in disinfectant after use, following label instructions. Microfiber cloths and mops can be machine washed and dried.
- When using a cloth to clean, use a separate area of the cloth for each device.
- Microfiber cloths can be laundered for reuse.

Areas of Focus

- Floors and walls rarely need to be disinfected unless they are contaminated with body fluids.
- Contaminated disposable items (e.g. tissues, paper towels, diapers) should be handled with disposable gloves. They can be disposed of as solid waste. Make sure to secure the top of the bag to prevent inadvertent exposure to the cleaning materials.
- Hard surfaces like desks, tabletops used for eating, and high touch areas such as doorknobs and light switches should be cleaned at the end of each day.
- After an outbreak of an infectious disease, sanitize all toys and educational materials with hard surfaces in pre-school and kindergarten classes.
- Clean surfaces contaminated by body fluids as soon as possible with detergent or soap and water, followed by an appropriate disinfectant.
- Surfaces must be intact to be cleaned and disinfected properly. Ripped or torn equipment, such as health room cots, wrestling or gym mats, must be repaired or replaced.
- Electronic items like keyboards, headphones, ear buds can be cleaned with alcohol wipes or spray containing 70 percent isopropyl alcohol.

Diaper Changing

- Diaper changing areas should be near a hand washing sink.
- Surfaces where diapers are changed must be cleaned and disinfected after each use. Changing surface must be easily cleanable (i.e., no tears in the mats).
- Clean diaper changing areas after each diaper change with water and detergent or soap. Then, disinfect with an EPA-registered disinfectant. See Body Fluid Spills below for more information on cleaning and disinfecting after diarrhea and vomiting.
- Have the school custodial staff leave a bottle of disinfectant (one they typically use in the bathrooms) in the area near the changing table. To use safely:
 - Store the disinfectant out of reach of children.
 - Label the disinfectant properly.
 - Use the disinfectant according to the label instructions, including ensuring sufficient contact, or wet, time.
 - Have a safety data sheet available.
- Post proper diapering steps above the diaper changing area.
- Never leave a child unattended on a diaper changing area. Do not use safety straps or harnesses. They are difficult to keep clean.

Body Fluid Spills

Blood

- Contaminated surfaces should be promptly cleaned with water and detergent or soap. Next, dry the area.
- Apply an appropriate disinfectant to the area and allow it to remain wet for the contact time specified by the manufacturer. Use an EPA-registered hospital disinfectant that is either tuberculosis (TB) effective or HIV and HBV effective.

Vomit and Diarrhea

- Assume all vomit and diarrhea is contaminated with the spore-producing organisms that are harder to disinfect (like *Clostridium difficile*) or non-enveloped viruses (like Noro viruses). Choose a disinfectant effective for these organisms. See [Selected EPA-Registered Disinfectants](#).
- Clear all other individuals from the area.
- Use a face mask with eye protection or a face shield, gloves, and a disposable apron for cleanup.
- Cover vomit or diarrhea with a disposable cloth soaked with soap and water.
- For large amounts, apply an absorbent agent (e.g. unscented cat litter or absorbent pad) to the area. Let it sit for a few minutes to absorb the fluid.
- Carefully collect the absorbent material without causing dust or aerosolization. Place it in a disposable plastic bag.
- Clean and disinfect the area after removing the absorbent material.
- Discard any uncovered food within 25 feet of vomit.

- Consult your local health jurisdiction for further recommendations related to food contamination and the LHJ food program required vomit and diarrhea clean-up plan.
- If using a bleach solution, the concentration should be at least 1000 ppm for Noro virus and 5000 ppm for C. Difficile and when cleaning up rodent infestations.

Other Guidance

- Dispose of non-reusable cleaning equipment.
- Wash hands with soap and water after removing gloves.

Disposal of Body Fluid-Containing Materials

- School custodians must wear utility gloves to dispose of soiled items, plastic bags containing soiled items, and whenever there is a risk of puncture. If disposal may involve direct contact with body fluids, cover utility gloves with a disposable, fluid resistant glove.
- If a towel, cloth, or item of clothing is so saturated with blood it would drip blood if compressed, it is considered biomedical waste. Place it in a biohazard bag or container and follow applicable state and county regulations to dispose of it.
- Double bagging prior to handling, storing, or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
- Waste such as bloody tissues that are not saturated with blood are not considered hazardous material. It can be disposed of properly in a plastic-lined trash can and thrown away in the school dumpster.
- Bandages that are not saturated to the point of releasing blood or other potentially infectious materials (OPIM) if compressed are not 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. For additional guidance, see [WAC 296-823-14060: Handle Regulated Waste Properly and Safely](#).

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.
- [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 would release these substances in a liquid or semi-liquid state if compressed.
 - Items that are caked with dried blood or OPIM can release these materials during handling.
 - Pathogenic and microbiological wastes containing blood or OPIM.

- Washington State Legislative code defines these categories of waste as “biomedical waste” and outlines the rules for proper disposal in [Chapter 70A.228 RCW: BIOMEDICAL WASTE](#).

Cleaning, Disinfecting, and Sanitizing Specialized Instructions

Athletics Equipment

- During athletic contests or practice, an ample supply of towels should be available. Disposable towels and tissues are recommended for clean-up. Cloth towels are best for showering or bathing.
- Towels must be used for one individual only, then put in an appropriate receptacle for laundering.
- Disposable gloves must be worn when handling blood, body fluids, or objects contaminated with either. During sporting events or practice, participants who are bleeding, have an open wound, or get blood on their uniform must stop participating. They can rejoin after proper treatment is administered, bleeding is contained, and any contaminated surfaces are cleaned and disinfected. This may mean the player is kept out of play or asked to change to a clean uniform.
- Before cleaning mats, use designated push brooms or dust mops to remove excess dust, dirt, hair, and particulates. Look for tears or loose tape.
- Mats should be cleaned and disinfected daily before and after practice and matches and immediately following any release of body fluids. All sides of the 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 cloths should be designated for athletic areas. Microfiber cleaning cloths and mops have been shown to be more effective and easier to use than other types. They should be laundered after use, at least daily.

Carpets and Rugs Contaminated with Body Fluids

- Those who are cleaning must wear non-latex or utility gloves or other protective equipment to 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.

- Mechanically remove body fluids with disposable towels or an appropriate wet vacuum extractor. Avoid aerosolization of material.
- Apply a sanitary absorbent agent on soiled areas, following manufacturer's directions. Let the area dry, and re-vacuum.
- Next, disinfect the area by spot cleaning with detergent, applying an EPA-approved disinfectant product, and steam-cleaning the contaminated surface.
- Truck-mounted hot water extraction cleaning is preferred. All cleaner or disinfectant must be thoroughly extracted. Dry the carpet within 24 to 48 hours.
- Vacuums must be equipped with a HEPA-filtered exhaust to prevent potential aerosolization of infectious particles.
- Dispose of the vacuum bag or sweepings in a plastic bag.
- Disinfect vacuum and other equipment used in the clean-up.
- Dispose of non-reusable cleaning equipment.

Cleaning Equipment

- Employees who have contact with cleaning equipment must wear protective gloves.
- Clean mops with detergent, and rinse with water. Soak mops in disinfectant after use. Rinse thoroughly, or wash in a hot water cycle.
- Place disposable cleaning equipment in a plastic bag with the top securely closed.
- Dispose of cleaning water down the sewer system.
- Clean non-disposable cleaning equipment (such as bins, pails, pans, and buckets) with a detergent. Rinse with water, then apply disinfectant for the required wet contact time.
- Inspect reusable gloves on a regular basis for holes or tears.
- Promptly remove gloves after use. Discard disposable gloves in appropriate receptacles.
- Wash hands.

Clothing and Linens Soiled with Body Fluids

- Soiled linens should be handled as little as possible, with minimal agitation.
- Employees who have contact with contaminated laundry must wear disposable protective gloves and other appropriate personal protective equipment (PPE).
- Place all soiled linens 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. This prevents soak-through and leakage of fluids to the exterior.
- Reusable PPE and other non-disposable items (towels used to wipe up body fluid, etc.) soaked through with blood should be placed in plastic bags labeled with the international biohazard symbol or color-code and set aside for laundering. Affix required labels as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

- If the school does its own laundry (gym towels, sports uniforms, etc.) or sends it out, the goal is to remove infectious agents with fragrance-free detergent, hot water (140 to 160°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.
- Student clothing that is soiled with body fluid, including feces, should be bagged, and sent home for washing with appropriate directions to the parent or guardian.
- Clean laundry should never be placed in baskets or other receptacles that have held dirty laundry, unless the basket or receptacle is cleaned and disinfected between dirty and clean use.

Musical Instruments Played by Mouth

Students sharing instruments should wash and sanitize the mouth piece and neck or bocal before and after playing it. If possible, each student should have their own mouthpiece.

Ensure that instruments are cleaned and sanitized properly before they are assigned to another student. It is recommended that instruments be professionally cleaned or that the music department staff supervises or performs the actual cleaning and sanitizing.

Brass Instruments

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

Woodwind Instruments

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