

# CONTROL OF BLOOD-BORNE PATHOGENS

The following guidelines provide for the Corporation's compliance with Federal regulations for protecting staff members against exposure to blood pathogens and other infectious materials which can cause Hepatitis B and/or HIV viruses.

## A. Exposure Determination

Staff members in the following job classifications have responsibilities for which they could reasonably anticipate exposure to blood and other potentially-infectious materials:

1. school nurses
2. custodians
3. special education teachers and aides who work with students who are prone to biting, scratching, and other such actions that can cause bleeding or exposure to saliva and other body fluids
4. teachers in vocational/technical education whose students work with equipment that can cause cuts or other injuries that produce bleeding
5. members of a school staff who have been designated to provide first aid when and if necessary
6. coaches
7. bus drivers

## B. Inoculation

Each of the staff members in the above-named categories shall be offered free vaccination with the Hepatitis B vaccine after training and within ten (10) days after reporting for duty at the start of the school year or when employed.

The School Corporation nurse shall determine which hospital or other health service shall give the vaccinations and do the necessary follow-up testing. S/He shall:

1. arrange a schedule for vaccinations which makes it possible for the staff members to be vaccinated during their work time;
2. obtain the necessary information concerning the efficacy, safety, administration, and benefits of the vaccine so that each staff member can be properly informed prior to making a decision as to whether or not s/he wishes to be vaccinated;
3. ensure that the results of postvaccination testing are properly recorded and kept confidential.

If the staff member declines, s/he shall complete [Form 8453.01 F1](#) which shall be placed in the staff member's confidential file. (See AG [8320](#) - Personnel Records)

If the staff member chooses to be vaccinated, s/he shall sign [Form 8453.01 F4](#) and report to the School Corporation nurse in accordance with the schedule.

### C. Postexposure Evaluation and Follow-up

Whenever a staff member has contact with blood or other potentially-infectious material, s/he shall immediately contact School Corporation nurse and complete [Form 8453.01 F3](#). The Corporation shall offer the staff member a confidential medical evaluation by the Hancock Regional Hospital.

The parents of the student who caused the exposure are to be contacted promptly to obtain permission for the testing of the student's blood for Hepatitis B and HIV viruses either in cooperation with their physician or by the Hancock Memorial Hospital.

The exposed staff member is to be informed of the test results, if available, with the parents consent and of the Federal and State laws concerning confidentiality.

The staff member's blood should then be tested with his/her consent. The staff member shall also receive postexposure treatment, if so indicated by the Public Health Service or treating physician.

The healthcare professional conducting the medical evaluation is to be provided:

1. a copy of the Federal regulations concerning the Exposure Control Plan;
2. a copy of [Form 8453.01 F2](#);
3. a copy of the staff member's job responsibilities vis-a-vis the exposure;
4. the results of the student's blood test, if available;
5. a copy of the staff member's medical records.

The health care professional shall, within five (5) days after the evaluation provide the Corporation with a written opinion containing:

1. a possible recommendation for Hepatitis B vaccination, if the staff member has not already been vaccinated;
2. confirmation that the staff member has been adequately informed of the evaluation results and any further evaluation or treatment deemed necessary.

The staff member is to be given a copy of the written opinion within fifteen (15) days after receipt by the Corporation. The original opinion is to be filed in the staff member's confidential medical file.

## EXPOSURE CONTROL PLAN FOR HANDLING AND DISPOSING OF BODY FLUIDS

All school staff should be aware of the risks involved when exposed to and dealing with body fluids. It must be assumed that all body fluids are potentially infectious and by following procedures for universal infection control the risks can be greatly reduced and the possibility of accidental infection can be minimized or prevented. A surface should be considered contaminated if blood or the reasonably anticipated presence of blood or other potentially infectious body fluids occur, even if the contaminants have dried. Certain pathogens (e.g. HCV) remain viable for extended periods in dried blood.

### Sources of Infectious Organisms in Body Fluids

Source	Organism	Transmission
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Blood - cuts/abrasions  - nosebleeds - menses - needles - human bites	HBV HCV  HIV/AIDS Cytomegalovirus	Contact with broken skin or membrane
Feces	HAV Salmonella bacteria  Shigella bacteria Rotavirus	Oral inoculation from hands or food
Urine	Cytomegalovirus	Bloodstream, oral, and mucus membrane  inoculation from hands
Respiratory Secretions - saliva  - nasal discharge	HBV Tuberculosis  Mononucleosis V Influenza V Common cold V Meningitis	Bloodstream, oral, and mucous membrane
<b>Source</b>	<b>Organism</b>	<b>Transmission</b>
Vomit - may contain blood	Gastrointestinal V (Rotavirus) See "blood"	Oral from contaminated hands (see "blood")
Semen	HBV HIV/AIDS Venereal Disease	Sexual contact (unprotected)

**Materials and equipment required and made available to dispose of body fluids include:**

Antibacterial soap  
Potable water  
Paper towels

Latex and non-allergenic gloves  
Hazardous material bags (red) and labels  
Hazardous material (sharps) container

(puncture proof and leak proof)

Buckets and mops

Disinfectant solutions from the following list:

- A. Sodium hypochlorite solution (household liquid bleach), one (1) part bleach to ten (10) parts water (1-1/2 cups bleach to one (1) gallon of water, freshly prepared)
- B. Phenolic germicidal detergent in a one percent (1%) aqueous solution (Lysol)
- C. Quaternary ammonium germicidal detergent in two percent (2%) aqueous solution (Tri-quat, Mytar, Sage)
- D. Iodophor germicidal detergent with 500ppm available iodine (Wescodyne)
- E. Sanitary absorbing agent (Chlora Sorb, X-O Odor Away)

## **Universal Infection Control Procedures**

### **A. GENERAL**

- 1. Wear disposable latex or non-allergenic gloves before making contact with body fluids during care, treatment, and all cleaning procedures.
- 2. Dispose of gloves and disposable cleaning materials in hazardous materials container (bag).
- 3. Wash hands with an antibacterial soap-even if gloves are worn.
- 4. Discard disposable items including tampons, sanitary napkins, used bandages, dressings in a hazardous materials container. (Rest rooms should have waste receptacles lined with hazardous waste bags.)
- 5. Close and label hazardous waste containers (bags) and dispose of in accordance with public health guidelines as provided by the Hancock County Public Health Office. Note: be sure your waste disposal carrier is authorized to dispose of hazardous waste materials.
- 6. Use disposable items to handle body fluids whenever possible. Discard items in accordance with Item 5 above. If handling vomitus or feces, use a second barrier (i.e. plastic bag) in addition to gloves.

### **B. HANDWASHING**

- 1. Use anti-bacterial soap and warm running water.
- 2. Rub hands together to work up a lather-scrub between fingers, knuckles, backs of hands, under fingernails.
- 3. Rinse thoroughly.
- 4. Dry with paper towel or hot air. If paper towels are used, dispose of in an appropriate container.

### **C. WASHABLE SURFACES**

1. **Tables, desks** (wear gloves)
  - a. Use household bleach solution of one (1) part bleach to ten (10) parts water-freshly mixed.
  - b. Rinse with fresh water.
  - c. Repeat "a"
  - d. Repeat "b"
  - e. Allow to air dry.
  - f. Dispose of gloves and wiping materials in a hazardous waste container.

2. **Floors** (wear gloves)
  - a. Use household bleach solution as previously described.
  - b. Use a mop and two buckets- one for bleach solution and one for rinse water (with bleach or Lysol solution).
    - 1) in bucket #1, dip, wring, mop up vomitus, blood
    - 2) dip, wring, and mop until body fluids are cleaned up
    - 3) dip mop into bucket #2, wring, re-mop (rinse) area
    - 4) continue cycle until all spills are cleaned up – using fresh solutions as necessary
  - c. Soak mop in disinfectant solution after use.
  - d. Disposable cleaning materials should be placed in a hazardous waste container.
  - e. Pour solutions down a drain pipe – flush thoroughly.
  - f. Rinse non-disposable cleaning equipment in disinfectant.
  - g. Dispose of gloves in a hazardous waste container.
  - h. Wash hands as described in B.

**D. Non-washable surfaces (rugs, upholstery)**

1. Apply sanitary absorbing agent, dry, vacuum.
2. Remove solid materials with broom and dustpan – use second barrier if necessary to use hands.
3. Apply rug or upholstery shampoo as directed - vacuum according to directions.
4. Clean dustpan and broom (if used) in disinfectant solution - air.
5. Dispose of gloves in a hazardous materials container.
6. Wash hands as described in B.

**E. Washable Materials (clothing, towels, etc.)**

1. Rinse item under running water.
2. Place item in a hazardous materials bag and seal until item is ready to be washed. Bags containing soiled, washable material must be clearly identified as "Hazardous Material" if

an outside laundry service is used. Contact-sports uniforms should be closely inspected for blood and handled in an appropriate manner.

3. Rinse and wipe sink with paper towels – dispose of towels in a hazardous waste container.
4. Wash potentially contaminated materials separate from others – dry as usual. If material is color-fast add one-half (1/2) cup bleach to the wash cycle. Otherwise, add one-half (1/2) cup non-chlorine bleach (Clorox II, Borateem) to the wash cycle.
5. Dispose of gloves in a hazardous waste container.
6. Wash hands as described in B.

### **Accessibility of equipment and materials**

- A. Latex and/or non-allergenic gloves shall be available at all work stations in all buildings and outdoor facilities.
- B. Cleaning equipment and solutions as described in the Materials and Equipment section shall be made readily available to all work stations.
- C. A hazardous material container (biohazard container, sharps container) with a cover which is puncture proof and leak proof shall be kept in a central location (central office, nurse's station) for proper disposal of needles and lancets used for medicinal purposes. Periodically, this container shall be disposed of and replaced in accordance with public health guidelines.
- D. Hazardous waste (red) trash can liners shall be used in all rest rooms and shall be properly labeled and disposed of in a timely manner and in accordance with public health guidelines.
  - A. Broken glass, plastics, or other small materials which have been contaminated with body fluids shall be placed in a puncture-proof, leak-proof container with a lid, labeled as hazardous material and disposed of in accordance with public health guidelines.

This guideline is not meant as an all-inclusive list of infectious organisms that may be contained in body fluids. Additionally, the use of brand name cleaning agents or other products in this guideline are meant as examples only and are not endorsements of the specific products mentioned herein.