BLOODBORNE PATHOGENS

Employee Handbook

Human Resources
Bend – La Pine Schools
520 NW Wall Street
Bend, OR 97701

Est. 1883
BEND LAPINE
Schools
EDUCATING THRIVING CITIZENS

updated: 11.2012

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SECTION ONE – GENERAL INFORMATION

1. Introduction

   The OSHA standards covering bloodborne pathogens (BBP) requires employers to offer a three-injection vaccination series for Hepatitis B virus (HBV) free to all employees who are exposed to blood or other potentially infectious materials (OPIM) as part of their job duties.

2. Definition of "Occupational Exposure"

   OSHA defines "occupational exposure" for employees as work situations where it is "reasonably anticipated that skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPM) may result from the performance of those duties."

3. Exposure Determination in the School Setting

   OSHA allows the District to determine which job duties place individual employees at risk of "occupational exposure." After reviewing individual job duties, the District has determined the following job titles to be "at-risk":

   School Nurses
   Custodians
   Bus Drivers
   School Secretaries
   Educational Assistants assigned to student supervision
   Special Education Teachers and Educational Assistants for the developmentally disabled
   Principals and Assistant Principals
   All First Aid Card Holders

4. Consent for Vaccination Series

   The Hepititis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

   The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90% of those vaccinated will develop inmunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

   The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

   Vaccinations will be provided by the District's designated medical clinic. The Hepatitis B vaccination shall be offered to all employees with an "occupational exposure" at no cost to the employee. For new employees, the vaccination shall be made available after the employee has received the required training and within (10) working days of initial assignment.

5. Waiver of Vaccination Series

   Workers who decide to decline vaccination must complete a waiver form. The District will keep these forms on file to know the vaccination status of every employee who is exposed to blood. The employee may opt to take the vaccination at any time.

6. Training and Education of Employees:

   All employees with an "occupational exposure" shall receive the comprehensive training regarding bloodborne pathogens and an explanation of work practice controls specific to their assignment. The District is also required to conduct annual training to address new procedures as well as review current practices.

7. Work Practice Controls

   The comprehensive training and attached materials offer specific guidelines for each of these "work practice controls":

   - Universal precautions
   - Hand washing techniques and facilities
   - Guidelines for handling body fluids in schools
   - Proper us and disposal of sharps
   - Personal hygiene and eating in the workplace
   - Specimen handling and specimen containers'
   - Equipment cleaning
   - Regulated waste
   - Hazard communication

8. Personal Protective Equipment

   The District must provide, at no cost to the employee, personal protective equipment for those at-risk of occupational exposure. This equipment includes:

   - Disposable gloves
   - Rubber gloves
   - Disposable towels
   - Sharps containers
   - Red plastic bags
   - Disinfectant
   - Resuscitation protection

9. Post-Exposure Procedures

   Unprotected exposure to bloodborne pathogens (BBP) and other potentially infectious materials (OPIM) must be reported on the Incident Report. Employees who have not consented to the HBV vaccination series may be asked to consent/waive these inoculations within 24 hours of the exposure incident. After a post-exposure evaluation, these employees may be authorized to report immediately to the District's designated medical clinic.

   "Unprotected exposure" is defined as blood or other potentially infectious materials directly contacting skin, eyes, nose, or mouth.

10. Recordkeeping

All individual employee records/forms dealing with bloodborne pathogens and the Exposure Control Plan are required to be kept for thirty (30) years beyond the date of employment termination. As Medical records, these materials are kept separately from the employees' official personnel files.

The Bend LaPine Schools gratefully acknowledges the work of the Multnomah County Education Service District in developing these materials.

SECTION TWO

FORMS

HEPATITIS B VACCINATION CONSENT AND
BLOODBORNE PATHOGEN TRAINING DOCUMENTATION

Employee's Name _____ ID# _____

Job Classification _____ Department/Site _____

School District : Bend LaPine Schools
Human Resources Office
520 NW Wall Street
Bend, OR 97701
(541)355-1100

CONSENT

I attended the bloodborne pathogens training session conducted by:

_____ on _____ (date) and:

1. I understand that due to my reasonable anticipated occupational exposure to blood and OPIM I may be at risk of acquiring Hepatitis B Virus (HBV) Infection.

2. I understand that a series of three injections of Hepatitis B vaccine is needed to become protected; however, sometimes additional doses are needed if the first series does not result in immunity.

3. I understand that there will be no cost incurred to me as a result of receiving the Hepatitis B vaccinations.

4. I understand that I will need a post-exposure evaluation if I have encountered an occupational exposure incident (specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM) even if I have received the Hepatitis B vaccination series. Also, I understand that I must report this incident to the Nurse Consultant.

5. **(FOR WOMEN ONLY)** I understand that if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of Hepatitis B vaccine.

I have read and I understand the above information and wish to receive the Hepatitis B vaccination series (three doses). Also, I have no known sensitivity to yeast or any preservatives (i.e., thimerosal).

Employee Signature _____ Date _____

HEPATITIS B VACCINATION WAIVER AND
BLOODBORNE PATHOGEN TRAINING DOCUMENTATION

I attended the bloodborne pathogens training session conducted by _____

On _____ (date) and:

1. I understand that due to my occupational exposure to blood and OPIM, I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I have decided to decline Hepatitis B vaccine at this time.

3. I understand that by declining this vaccine, I may have an occupational exposure risk of acquiring Hepatitis B infection which can be a serious disease.

4. I understand that if in the future I continue to have occupational exposure to blood or OPIM, I have the option of being vaccinated with Hepatitis B vaccine at no charge to myself (unless medical contraindication).

5. I understand that I will need post-exposure evaluation if I have encountered an occupational exposure incident (specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or OPIM) and I must report this incident to the Nurse Consultant.

I have read and I understand the above information and <u>do not wish</u> to receive the Hepatitis vaccination series (three doses) at this time.

Employee Name (Please Print) _____ ID# _____

Employee Signature _____ Date _____

Job Classification _____ Department / Site _____

HEPATITS B VACCINATION CONSENT AFTER INITIAL WAIVER

I have now decided to receive the Hepatitis B vaccination series (three doses) due to my occupational exposure risk to blood and OPIM. I have completed this consent form as a condition of understanding.

Employee Signature _____ Date _____

UNANTICIPATED/ACCIDENTAL BODY FLUID EXPOSURE LOG

School Name _____ Exp. Control Officer _____

Address _____

Name of exposed _____ Student / Staff (Circle One)

Source Individual (If known) _____

Reported by _____ Title _____ Date _____ Time _____

Description of exposure (Include route and circumstances) _____

_____

_____

_____

_____

_____

Was consultation with health care provider sought? Yes _____ No _____

If so, name of person _____ Title _____

Recommendation by above person _____

_____

_____

_____

_____

_____

BLOODBORNE PATHOGENS TRAINING SESSION
ATTENDANCE ROSTER

By my signature below, I acknowledge that I have received information and training regarding:

- Transmission of bloodborne pathogens
- Methods for recognizing activities with exposure to bloodborne pathogens
- Explanation of methods to prevent or reduce exposure including engineering controls, work practice controls and protective equipment
- The types, use, location, handling, decontamination and disposal of protective equipment
- Hepatitis B vaccination
- Appropriate procedures for exposure incidents
- Labeling of biohazards
- Methods for the disposal of medical waste

I have received an explanation of the OSHA standard 1910.1030 Bloodborne Pathogens Rule and my employer's Exposure Control Plan and have been informed as to how I may obtain a written copy of these.

The training session was conducted by: _____ on _____

Qualifications of individual conducting training session:

_____

NAME (Please Print)	JOB TITLE/DEPARTMENT	SIGNATURE

These records shall be maintained for at least 3 years from training date and shall be made available upon request for examination and copying to employees, employee representatives, and the Director or Assistant Secretary in accordance with 29 CFR 1910.20.

SECTION THREE – PRACTICAL GUIDELINES FOR REDUCINGTHE RISK OF COMMUNICABLE DISEASE IN THE SCHOOL SETTING

II. GENERAL RECOMMENDATIONS TO PREVENT THE SPREAD OF COMMUNICABLE DISEASES

These are four routes of transmission for communicable diseases:

1. AIRBORNE OR DROPLET SPREAD: This occurs by coughing or sneezing. Transmission of the organism is most likely to occur in poorly ventilated rooms. Most diseases in this category are more efficiently spread via direct contact (see next category).

   Prevention: Always cover your mouth and nose when coughing or sneezing. Use tissue and discard after use. Wash hands according to handwashing guidelines.

   Examples of illness spread via the airborne route: The common cold, influenza (flu), tuberculosis (TB), measles.

2. CONTACT SPREAD (direct or indirect): Direct contact spread occurs with skin to skin contact or skin to mucous membrane contact. Indirect contact occurs when the organism is able to live on an object that is then handled by another person (i.e., mucous on a tissue, saliva on an object).

   Prevention: Cover any sore or lesion and keep it clean. Avoid touching someone else's sores. Do not share clothing. Discard any soiled articles (tissue) and wash shared items soiled with saliva between use. Always wash hands after handling soiled articles.

   Examples: Direct contact – Athlete's Foot, scabies, lice, mononucleosis. Indirect contact - Influenza (flu), common cold, measles.

3. FECAL-ORAL ROUTE: This type of transmission occurs by not washing hands after toileting, diapering a child or helping a child at the toilet. The virus or bacteria is found in the bowel movement or stool. It may be present before symptoms appear. This makes it essential to always use good hand-washing techniques.

   Prevention: Thorough hand washing after toileting and hand washing before handling any foods.

   Examples: Various diarrheal illness, Hepatitis A, pin worms.

4. BLOOD TO BLOOD OR SEMEN TO BLOOD: This occurs by needle sharing, toothbrush, or razor sharing and with sexual contact (intercourse).

   Prevention: Do not share toothbrushes or razors. Clean up blood spills with a fresh solution of 1:10 household bleach to water. Dispose of soiled articles carefully, as outlined in section four. Wear gloves when handling heavily soiled articles, clothes or linens. Wash hands thoroughly after contact. Abstain from sex or use a condom unless involved in a long-term mutually monogamous relationship.

   Examples: Hepatitis B, AIDS.

Prepared by and used with permission of : Jan Poujade, RN, MS, Manager/Disease Control Multnomah County Health Department, Portland, Oregon.

IV. ASSISTING THE ILL STUDENT

A. GENERAL GUIDELINES (Oregon Department of Education, 1989)

Separate ill students from other students. Conditions, other than emergencies, that may require exclusion until either diagnosed by health professional or recovered include:

- Fever greater that 100.5 F, with or without other symptoms
- Vomiting
- Stiff neck or headache with fever
- New onset of rash
- Jaundice (yellow color to skin or eyes)
- Skin lesions that are weeping or pus-filled
- Diarrhea – 3 watery (loose) stools/day with fever or condition persisting for longer than 3 days

B. EMESIS (VOMITTING)

The custodial staff is available to clean up0 after a student who has vomited (see custodial guidelines page 24). However, if possible, provide student with a plastic basin to utilize as needed. If student needs assistance, wear disposable gloves when rendering care. Contents of plastic basin may be discarded in toilet, basin washed with soap and water, then soaked in bleach solution or germicide for 10 minutes. After providing care, remove gloves and wash hands properly.

C. NOSE/MOUTH DISCHARGE

Student should, whenever possible, be encouraged to care for his/her own nose/mouth discharges. A disposable tissue should be used one time, discarded, and the student should then wash hands with soap and water (See Appendix A, page 73). If assistance is required, caregiver should wear disposable gloves when rendering care. Remove gloves (turning inside out) after providing assistance, place in red plastic bag or other biohazard receptacle (refer to Appendix B, page 74) then wash hands with soap and water.

D. STUDENTS WHO LOSE BLADDER/BOWEL CONTROL

Stool/urine soaked clothing should be removed and replaced with clean, dry clothing, using precautions to prevent contamination of the helper. Use disposable gloves and thorough hand-washing technique. Soiled clothing should be placed in a red plastic bag, sealed, and sent home with the child for laundering. It is best to send home a copy of laundering instructions (Appendix D) with the student.

V. ATHLETIC SITUATIONS

It is recommended that students with open lesions (cuts, sores/acne) do not participate in close physical contact sports unless:

1. The lesions are dry

   OR

2. The lesion can be appropriately dressed (e.g. with bandage or gauze in a secure manner)

A. HANDLING OF BODY FLUID SPILLS DRING WRESTLING MATCHES

Items to have on hand:

1. Disposable plastic gloves
2. Red plastic bags
3. Paper towels
4. Soap and water
5. Alcohol
6. Bleach or other disinfectant

PROCEDURES

1. FIRST AID – If at all possible, encourage student to clean and dress his/her own wounds. If he/she is unable:
   a. Wear disposable gloves when rendering first aid or cleaning injuries
   b. Disposable towels/clean gauze should be used for each injury and then discarded as noted in "c".
   c. Place all used first aid supplies in a red plastic bag which can be sealed. (Rim of plastic bag can be turned down to prevent contamination of outside)
   d. Remove gloves (turning inside out) and place in a red plastic bag (refer to Appendix B, page 74 for glove removal guidelines).
   e. Bandages may be applied after removal of gloves if caregiver will not come into contact with blood or wound drainage.
   f. Being careful to touch only the clean outside surface of the bag, seal the bag.
   g. If no blood spilled on other student, clothing or equipment, wash hands per Hand Washing Guidelines (see appendix A).

2. GENERAL GUIDELINES
   a. Do not use a common towel for wiping sweat or secretions during matches.
   b. Do not use a common water bucket for cleaning wounds during games.

3. BLOOD SPILL ON ANOTHER WRESTLER

a. If wrestler sustains any open skin lesions which have come into contact with blood or saliva of another wrestler, send to locker room to thoroughly wash, scrubbing the skin with soap and water. Also, use skin disinfectant. Parent must be notified of exposure and referred to medical provider for post-exposure follow-up. (refer to Unanticipated/Accidental Exposure Log" form).
b. If wrestler's skin at area of blood contact is intact, have that wrestler wash off his own skin with disposable towel containing soap and water. If blood spill is extensive, it is recommended that student scrub skin with soap under running water. Discard towel and contaminated materials in a biohazard receptacle, then wash hands.
c. If wrestler gets blood in eye or mouth, flood exposed part for 1 to 2 minutes under running water. Follow procedure for 3 (a).
d. If vomitus in involved, observe the same procedures (a – c).

4. BLOOD SPILL ON CLOTHING OF EITHER WRESTLER

a. Wrestler to remove soiled garment. Wash skin under area of soiling as in 2 (b) and put on clean garment.
b. Place soiled garment in a red plastic bag, seal bag, set aside for later attention.
c. Clothing soaked with body fluids should be washed according to procedure outlined in Appendix D. If clothing is to be washed at student's home, a copy of these guidelines should be sent to the home.

6. BLOOD SPILL ON WRESTLING MAT

a. Wearing gloves, wipe up ALL of the blood spill with absorbent towels.
b. Wash area with soap and water. Use friction!
c. Apply disinfectant, e.g. solution of 1 part bleach to 9 cups cool water which has been freshly mixed within past 24 hours. Moisten and wipe surface with bleach solution and allow to air dry for 10 minutes before continuing match.
NOTE: Containers containing bleach should never be of a type in which food is usually stored, and should be clearly marked to prevent accidental ingestion.
d. Dispose of gloves and all other disposable cleaning materials in plastic bag, secure and give to custodian for disposal or place in a biohazard receptacle.
e. Place any non-disposable cleaning materials in a separate bag, secure and treat as in 3 (c).
f. Wash hands thoroughly.

B. BLOOD SPILLS ON OTHER ATHLETIC EQUIPMENT (E.G. FOOTBALLS, ETC)

Soak towel in bleach solution for 10 minutes. Follow with regular washing procedure. Clean surface with soap and water. Wearing gloves, use friction (SCRUB!) and follow with bleach solution of 10 minutes exposure. Items can be washed/rinsed again.

C. FLUIDS DISPNESED

Fluids provided at breaks should be dispensed in individual single-use cups to prevent transfer of saliva from one person to another.

D. SWIM TEAM PRECAUTIONS

Razors should never be shared by swimmers who shave their bodies before swimming. The sharing of razors is a practice which has the potential of transferring blood from one person to another, leaving them at risk for the transfer of Hepatitis B or AIDS viruses. Used razors should be discarded in a sharps disposal container.

VI. GUIDELINES RELEVANT TO SPECIFIC SITUATIONS

A. COMMON USE

The Multnomah County Health Division, the American Public Health Association, and the American Academy of Pediatrics recommend that "potty chairs" NOT be used in the school setting. (Multnomah County Department of Human Services, Health Division, 1990) This recommendation is directly related to their use and incidence of serious illness such as viral meningitis and hepatitis A which may affect children and adults. The extra required handling of soiled potty chairs greatly increases the risk of transmission of diseases. Appropriate facilities to safely wash and sanitize the potty chair receptacles require a utility room with a flushing, rimmed hopper for washing and rinsing them; a deep sink for sanitizing them; and a separate hand washing sink with soap and dispensed paper towels.

If "potty chairs" must be used, the receptacles must be washed, rinsed and sanitized following each use. Sinks used for handwashing or any food activity should NOT be used for this purpose. The receptacle may be washed in a utility sink, rinsed, completely submerged in a sanitizing solution for one minute and then air dried on a drying rack or the utility sink draining counter. There should be an adequate supply of receptacles available so that soiled ones will not be reused prior to being sanitized. Utility disposable gloves should be used during this activity.

Public health officials recommend that staff who diaper or help children with toileting or sanitizing soiled potty chair receptacles should prepare or serve food during the same day. IF IT IS NECESSARY FOR A STAFF MEMBER TO PERFORM BOTH DIAPERING/TOILETING AND FOOD ACTIVITIES, IT IS ESSENTIAL THAT HAND WASHING PROCEDURES BE ZEALOUSLY PRACTICED.

B. DISCARDED CONTAMINATED SHARPS, REMOVAL/DISPOSAL

Needles, syringes and other sharp objects have often been found on school playground, parking lots and around school buildings. Appropriate disposal of sharps found in these areas will prevent possible parenteral (piercing skin or mucous membranes) injuries. School personnel should observe the following procedures if sharp objects are found around the school building.

1. Adults should direct children to leave needles or other sharp objects where they are found and report immediately to an adult.
2. Adult should:
    a. Leave the needles, syringes, or other sharp objects where they are found.
    b. Obtain a puncture proof sharps container and bring the container to the site of the sharp object.
    c. Use protective gloves, kitchen tongs, or pliers to carefully pick up the object and place it in the puncture proof container.
    d. Tape the top of the container to prevent spilling. Handle container with care to avoid injury to self or others.

e. Dispose of puncture-proof container into biohazard-labeled receptacle or in same manner as other sharps containers as identified in the school's EXPOSURE CONTROL PLAN.
f. Discard gloves in biohazard receptacle and wash tongs, or pliers in a solution of one part household bleach to nine parts water.
g. Wash hands wit soap and water.

C. OTHER DISCARDED CONTAMINATED MATERIALS

It is possible that other items contaminated with OPIM may be found on or around the school grounds. Unfortunately, there have been incidents where staff or students have found used condoms on or around the school grounds. If any of these contaminated items should be located, students should be advised not to touch these items without gloved hands or other personal protective equipment. Any contaminated or possible contaminated items must be considered regulated waste and disposed of in a biohazard receptacle. (refer to page 19).

D. DRAMA

Make-up equipment such as sponges, eye or lip make-up applicators should not be shared. If student has acne or open lesions on face, eyes or mouth, this recommendation is especially important. Individual portions of make-up will be most effective at preventing the transmission of bacteria and viruses.

E. EAR PIERCING

1. Discourage the practice of ear piercing by students. If a student is planning to have this procedure performed, advise that it be done professionally.
2. Discourage the practice of trading earrings.
3. If a student is having gross discharge from a pierced ear opening, he/she should clean the ear with soap and water, rinse with alcohol, dry and apply bandaid. Encourage student to keep hands away from ear after cleaning. Materials used for cleaning must be placed in a biohazard receptacle or red plastic bag. Student should wash hands after procedure. Encourage student to seek medical attention as antibiotics may be indicated.
4. If minor discharge from ear lobe, encourage student to clean ear as above and to periodically apply antiseptic solution. Remind student to keep hands away from ear.

F. FLOURIDE MOUTH RINSE PROGRAM (Adopted from the Multnomah County Health Division Flouride Mouthrinse Safety Procedures)

In the mouthrinse program, each participating student is given a paper cup with a small amount of flouride solution in it. The student takes the solution from the cup into the mouth, swishes it around their mouth for 60 seconds, and then returns the solution to the cup. At this point the solution is contaminated with the student's saliva.

There is a very small risk of transmission of serious communicable diseases through contact with saliva. Nevertheless, we make the following recommendations to further decrease this already small risk:

- The student should pour the contents of his or her cup into a sink. The cup should then be placed into a biohazard receptacle or a wastebasket that is lined with a red plastic bag.

  OR

- The student should place a paper napkin into his or her cup to absorb any fluid. The cup should then be placed into a biohazard receptacle or a wastebasket that is lined with a red plastic bag.

In either case, the plastic bag lining the wastebasket should be tied shut when it is full. It can be disposed of in the garbage as usual. Wastebasket liners should not be opened or reused.

G. FOOD HANDLING

One type of disease transmission may occur via the fecal-oral route. This happens when a person does not thoroughly wash hands after toileting, diapering a child, or helping a child at the toilet. The virus or bacteria is found in the solid body waste and may be present before and after symptoms of illness appear. To prevent spread of infection from this source:

1. Hands are to be thoroughly washed after toileting and before handling any foods (see appendix A for adequate hand washing guidelines).
2. All food items must be commercially prepared and individually wrapped by the commercial supplier.
3. Students should be directed to touch only their own food and not to share food with others.
4. Beverages should be purchased ready to serve. Beverages must not be reconstituted in classrooms, bathrooms, janitors closets or similar areas with a water source. If it is decided to serve a beverage which requires reconstituting it must be reconstituted in the cafeteria kitchen and a clean, sanitized covered pitcher must be used.
5. Food prepared and served under the direct supervision of the school lunch room supervisor is permitted.
6. Parents or teachers cooking for students on overnight activities or school picnics need to obtain a "food handlers" card. All food must be purchased specificaly for the event and prepared on site, or prepared and sent by school food services. NO FOOD PRODUCTS FROM HOME ARE ALLOWED.

Food-borne illnesses may also occur as a result of eating food that has been improperly handled, stored or prepared. To prevent spread of illness in this matter:

1. Thoroughly wash hands after toileting and before handling any food.
2. Keep cold food cold (35 – 45 degrees) and hot foods hot (140 degrees and above)
3. Store foods properly.
4. Wash and sanitize dishes utensils and surfaces properly. (Obtain Food Handlers card and manual for specific guidelines).

H. LAUNDRY DONE IN SCHOOL (Home Ec. Room) – See Appendix D

I. MUSIC

Each student should have his/her own mouthpiece or instruments. If this is not practical. Thorough cleaning must be observed by scrubbing with soap, water, small bottle brush or cloth with careful attention to inside area. Follow this by soaking item in bleach solution (1:10) for 10 minutes. Wash, rinse, and dry with disposable towels before re-using.

J. NURSES OFFICE AND / OR HEALTH ROOM

Mattresses in Nurses Office:

Fabric covered mattresses and pillows should be covered with plastic which can be thoroughly cleaned with soap and water and bleach solution in case of body fluid spills. It is recommended that a vinyl covered couch specifically designed for health rooms be used. Rolls of exam paper can then be used to replace sheets. Paper soiled with body fluids should be disposed of as outlined.

Health Room Linen:

Bedding and towels from health rooms are to be replaced with fresh linens immediately if soiled with any body fluid. No student should come into contact with the body fluid of students who may have preceded him / her to the health room. (See Appendix D)

K. OTHER PRECAUTIONS

It should be noted that some students may practice "blood brother" type rites where they wish to share small amounts of blood from finger pricks with each other. This practice should be discussed and discouraged.

L. SCIENCES

It is strongly recommended that commercially prepared slides be used in science labs. If blood stick procedures are used in science classes for special projects (e.g. microscopic exam of student's own blood cells) only single use, sterile lancets should be used. Special precautions should be given to thorough hand-washing before and after procedure, proper cleaning of blood spills (refer to Appendix E) safe disposal of lancets and specimen slides in a puncture proof container with a biohazard label, covering wound with bandage.

M. SCHOOL BUS SETTING

If body fluid spills occur on a school bus during transportation, it is recommended that general first aid assistance guidelines be observed. Due to the lack of equipment and supplies necessary to observe hand-washing guidelines, measures are recommended for immediate cleaning. Following through with adequate hand-washing (See Appendix A) as soon as possible is important. Use gloves whenever possible.

For cleaning hands soiled with body fluids (in absence of soap and running water): Wipe skin contaminated with body fluid with disposable towels; scrub skin with disposable soap towelettes. If desired, spray skin with dilute bleach (1:10) solution and wipe again with clean soap towelette and allow to air dry. Dispose of all cleaning items in a red plastic bag which can be sealed.

Soiled equipment (e.g. wheelchairs, etc.) or bus seats should be cleaned in a manner similar to that outlined in custodial guidelines for cleaning school desks.

It is recommended that a bottle of disinfectant approved for use by the school district be kept on the school bus for body fluid spills.

N. TOOTH BRUSHING (Multnomah County Health Division, Disease Control and School / Community Dental Health Programs, 1989)

Each child should have his / her own toothbrush, clearly identified. Absolutely no sharing or borrowing should be permitted. Brushing may be done with a dry toothbrush. If toothpaste is desired, each child should have his own tube and only a pea-sized amount is needed each time.

Gloves must be worn when assisting students who have bleeding gums / teeth, students who have biting tendancies or if there are cuts / lesions on the hands. Always wash hands after removing gloves. If more than one child requires assistance, wash hands and use a new pair of gloves between each child.

Following the tooth brushing procedure, each toothbrush should be allowed to air dry and be stored separately. To protect from contamination, no toothbrush should be allowed to touch another one.

If paper cups are used for rinsing mouth, they should be disposed of in a leakproof container which is labeled appropriately as containing biohazard material.

If a toothbrush becomes contaminated by contact with another brush, both brushes should be discarded.

Worn or frayed toothbrushes should be discarded and replaced. Toothbrushes should also be discarded at the end of the school year. You may want to consider replacing the toothbrush of a child who has been ill with an upper respiratory infection such as "strep throat".

O. TOYS AND EDUCATIONAL TOOLS

Use only WASHABLE TOYS AND EDUCATIONAL TOOLS with diapered and / or drooling children. Provide equipment for each child group so that items are NOT shared between groups.

Hard-surfaced toys should be washed daily or whenever contaminated with body fluids; stuffed toys should be considered to be individual items that are not shared between washings. Whenever possible, a toy that is mouthed should be washed before other children handle it.

It is recommended that you keep an empty container out of children's reach for storing soiled toys. When time is available, toys can be washed, disinfected, dried, and safely re-used.

To clean, most toys can be sanitized in a dishwasher, if available. If not available, wear designated PPE gloves and wash toys with soap and water, rinse and then disinfect with bleach solution (see Appendix C) and air dry. For stuffed animals, follow washing instructions in Appendix D.

VI. STUDENTS WITH SPECIAL HEALTH NEEDS

A. BOWEL / BLADDER TRAINING

1. Monitor or assist student as needed. Encourage self-care skills.
2. Put on disposable gloves. (see Appendix B, page 74 for gloving instructions)
3. Remove soiled clothing if necessary and place in red plastic bag. Send home with a copy of laundering instructions from Appendix D, page 76.
4. If student needs help in using toilet paper, assist as needed. Make sure to gently wipe female students from front to back. Clean area as needed with disposable towels, soap and water; rinse and dry thoroughly.
5. Discard gloves into disposable plastic bag, then discard in biohazard receptacle.
6. Assist patient with dressing.
7. Encourage and supervise student in handwashing. Assist as needed.
8. Wash hands thoroughly with soap and water.

B. CHANGING A MENSTUAL PAD

Supplies Needed:

1. Disposable gloves.
2. Disposable towels.
3. Soap and water.
4. Plastic bag for disposal.
5. Clean pad (and belt if needed)
6. Clean clothes.

Procedure:

Wear disposable gloves when assisting a student with limited physical or mental abilities in changing menstrual pads.

1. Prepare disposable towel with soap and water.
2. Wearing gloves, remove soiled pad and clothing and place in separate red plastic bags. Send clothing home to parent with copy of laundry instructions. (See Appendix D)
3. Clean any blood from student's skin with soap, water and disposable towel. Place in disposable bag with soiled pad and discard in biohazard receptacle.
4. Wash gloved hands.
5. Put clean pad and clothes on student.
6. Encourage student to wash her own hands if hands become soiled or if she participates in the procedure.
7. Still wearing gloves, clean up minor blood spills on toilet seat or floor per instructions. (See Appendix E) For major blood spills, contact school custodian.
8. Remove gloves and dispose in a biohazard receptacle.
9. Wash hands with soap and water. (See Appendix A)

C. DIAPERING

1. Have diapering area prepared with fresh roll paper or disposable towel.
2. Gather supplies needed:

    a. Fresh diapers and/or clothes.
    b. Freshly dampened paper towels or pre-moistened towelettes.
    c. Any protective creams or salves being used on that individual's diapered are per parent authorization.
    d. Disposable gloves.
    e. Cleaning supplies for diapering table or platform.
    f. Red plastic bag or plastic bag-lined receptacle. (for clothing and for disposables)

3. Have student lie on changing area. If student needs to be carried, hold him/her away from your body to prevent soiling of you own clothing. If student is too heavy to carry in this manner, wear a gown over your own clothing. Dispose of gown after procedure is complete, per instructions on regulated waste and contaminated laundry as stated on page 19.
4. Apply gloves.
5. Remove student's clothing below and waist. If soiled, place in plastic bag to be sent home with student along with laundry instructions. (See Appendix D)
6. Remove soiled diaper and place in red/labeled plastic bag intended for biohazard disposal.

7. Clean the student's diaper area with the prepared paper towels or towelettes and place in same plastic bag as #6.
8. Remove the soiled paper or towel from under the student and dispose in the red/labeled plastic bag. Surface used for diapering should be able to be cleaned/sanitized.
9. Remove gloves, place in red plastic bag, seal bag and dispose of materials as regulated waste.
10. Apply fresh diaper and replace clothing. (If clothing had been soiled, dress student in clean clothing)
11. Have student wash hands – may need to assist.
12. Wash your hands.
13. Return student to classroom.
14. Apply fresh PPE gloves.
15. Clean and disinfect diapering are and equipment or supplies touched, using soapy water and scrubbing the surfaces; follow with bleach solution. (See Appendix C and E)
16. Wash your hands.

E. PREGNANT STUDENTS

If a pregnant student experiences a loss of amniotic fluid or blood, applicable body fluid precautions, as outlined in General First Aid Assistance, should be observed by person rendering aid. Good handwashing and environmental cleaning procedures should also apply to this situation.

APPENDIX A

HAND WASHING

The most effective way to reduce the spread of disease is adequate hand washing

Method:

- USE soap* (liquid is best) and warm running water.
- RUB hands together vigorously for at least 30 seconds.
- REMEMBER all surfaces including thumbs, wrists, back of hands, between fingers, around and under nails.
- RINSE hands well, letting water drain from wrists to fingers – don't turn off faucet.
- DRY hands with paper towel, then use same towel to turn off faucet.
- DISCARD towel.

* Use of bar soap is discouraged as bacteria can grow on bar soap and soap dishes. If it is absolutely necessary to use bar soap, it must be kept in a soap dish which keeps it dry and clean.

APPENDIX B

USE OF GLOVES

The body fluids of all persons must be considered potentially infectious. To avoid direct skin contact with body fluids, use disposable gloves whenever possible when assisting a student if body fluids are present. If the gloves are torn, leaking, or in any way defective, discard gloves, wash hands and use a new pair.

To remove soiled gloves without touching contaminated surface with bare hands:

1. With right hand, pinch palm of glove on left hand and pull left glove down and off fingers. Form left glove into a ball and hold in fist of right hand while removing right glove as follows.

2. Insert 2 fingers of left ungloved hand under inside rim of right glove on palm side.

3. Push glove inside out and down onto fingers and over left glove.

4. Grasp gloves which are now together and inside out, with left hand and remove from right hand.

5. Discard gloves and any used first aid materials in a red plastic bag or other biohazard receptacle.

7. WASH HANDS. (See Appendix A) Remember, wearing gloves is not a substitute for good handwashing.

APPENDIX C

BLEACH SOLUTION

Centers for Disease Control recommends bleach solution for environmental sanitation. It is one of the disinfectant methods currently recommended by them as being effective against **BOTH** the HIV (AIDS) and Hepatitis B Virus.

1. When using bleach and water in a 1:10 solution, the mixture needed is **1 part bleach and 9 parts water.** This concentration can be achieved by missing 1-1/2 cups bleach with 1 gallon of water or 6 tablespoons bleach per quart of water. (Oregon State Health Division, 1988)

2. Bleach should be mixed with cool water. Warm or how water inactivates the basic ingredient, hypochlorite.

3. A mixed bleach/water solution must be made up fresh (no more than 24 hours old) in order to be effective.

4. Wear disposable gloves and clean surface of spill as much as possible, then wash surface with soap and water.

5. The surface to be sanitized must be visibly clean and free of all soap residue. Do not mix bleach with soap or detergent as any organic material will inactivate the active ingredient.

6. Allow at least 10 minutes contact time with the bleach solution.

7. It is recommended that a tightly sealed bottle containing 1 part bleach and having a marked water fill line be kept handy and out of direct light. When the solution is needed. It can be filled with cool water and is ready to use.

8. **THE BOTTLE SHOULD BE CLEARLY LABELED AND STORED IN A SECURE AREA. CONTAINERS SHOULD NEVER BE OF A TYPE IN WHICH FOOD IS USUALLY STORED.**

APPENDIX D

LAUNDRY INSTRUCTIONS FOR CLOTHING OR LAUNDRY SOILED WITH BODY FLUIDS

Although the risk of disease transmission via clothing that has been soiled with body fluid is minimun, the following guidelines for handling and washing the soiled clothing will reduce that risk even further.

1. Remove soiled laundry from plastic bag without touching, or with designated PPE gloved hands.

2. Wash separately from other items.

3. Pre-soak in cold water to remove blood stain or gross amounts of other body fluids.

4. If article is machine washable and dryable:

    a. Wash with laundry soap in hottest water possible (160 degrees is recommended, but if lower temperature is used, bleach in a second rinse or ironing the article would be an alternative).

    b. Rinse in hot water to remove all soap and remaining soil.

    c. If 160 degree water temperature was not used, a second rinse with bleach and water (1 cup bleach to a full washer load of <u>cold</u> water) followed by ironing of the garment is recommended).

    d. Dry on the hottest setting possible (160 degrees is recommended, but most dryers heat are only 135 to 155 degrees). Hanging article to dry in direct sunlight is an alternative to drying at 160 degrees.

    e. Iron the garment if optimum temperature or alternatives were not used.

5. Dry cleaning is also a safe option. Rinse area of spill as well as possible and send the article to the dry cleaners in a red bag or container identified with a biohazard label.

6. For items requiring hand washing, allow to dry in direct sunlight and, if possible, iron the item.

NOTE: Clothing or bedding that has been soiled with body fluid should not be washed in a food preperation area of the schoo (e.g. Home Economics classrooms, where washer and dryer is in the kitchen).

APPENDIX E

BASIC BODY FLUID EMERGENCY KIT

Body fluid emergency kits should be readily accessible to any employee who may be faced with a situation that would involve handling or cleaning up of minor body fluid spills. These kits may be provided to each staff member, or they be placed in each classroom, office, gym, locker room, and other areas where a need may occur.

Recommended Contents:

1. Disposable gloves – two pair.

2. Absorbent Towels – 6.

3. Zip-lock type plastic bag or plastic garbage bag with twist seal.

4. Small container or packet of liquid soap, or large towelette impregnated with soap (i.e., green).

5. Pump spray bottle containing undiluted household bleach.

    a. In an 8 oz bottle, place ¾ oz bleach. Draw a water-fill line at the 7.5 oz level and mark "fill to here with cool water."

    - OR -

    b. In a larger bottle (10 oz or more), place 1 oz bleach. Draw a water-fill line at the 10 oz level and mark "fill to here with cool water."

    - OR -

    c. For small spills, Vira-Kill towelettes are suitable.Dry on the hottest setting possible (160 degrees is recommended, but most dryers heat are only 135 to 155 degrees). Hanging article to dry in direct sunlight is an alternative to drying at 160 degrees.

    d. Iron the garment if optimum temperature or alternatives were not used.

6. Instructions for use as follows:

    a. Wear disposable gloves.
    b. Provide first aid treatment.
    c. Fill bottle containing bleach with cool water to fill line.
    d. Soak up body fluid spill with disposable absorbent towels.
    e. Scrub area of spill with soap and water and disposable absorbent towel or soap-impregnated towelette applying friction. Rinse.
    f. Saturate area with mixed bleach solution and allowto stand for 10 minutes before soaking up solution with disposable absorbent towels. In case of a small spill, Vira-Kill towelette may be used in place of bleach.
    g. Place all soiled materials in plastic bag.
    h. Remove gloves, turning inside out during removal, and place in plastic bag.

i. Seal bag and place in a biohazard receptacle.
j. Wash hands with soap and water.
k. Obtain replacement body fluid emergency kit.

IN ADDITION: A fluid repellant gown and eye protection should be available in those situations which require their use (i.e., Nurse's office/Health room, one set in main school office, and other areas of potential major trauma, such as shop).

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