

DIRECT CONTACT COMMUNICABLE DISEASES Policy/Guidelines

The Board of Education seeks to provide a safe educational environment for students and staff. This can best be accomplished by assuring that all persons with the school community understand the method of transmission and prevention of diseases that are not contracted through air-borne pathogens, but rather, through direct contact with body fluids and excretions, especially blood, vomit, feces, or urine. The Board is also committed to assuring the confidential status of individuals who may have been diagnosed with a blood-borne communicable disease.

For purposes of this policy, these diseases shall include:

- A. HIV (human immunodeficiency virus);
- B. AIDS (acquired immune deficiency syndrome);
- C. AIDS related complex (condition);
- D. HAV, HBV, HCV (Hepatitis A, B, C);
- E. Other diseases that may be specified by the State Department of Health as contact communicable diseases.

The Board recognizes the fact that individuals who have contracted these diseases may not exhibit symptoms for many years after exposure and may, in fact, not be aware that they have contracted the disease. They are, however, able to transmit the disease to other individuals.

With this in mind, the Board directs the Superintendent to develop programs for students and staff for the purpose of understanding the manner in which these diseases may be prevented and how they are transmitted. These programs should specify, the risk factors involved, how to deal with those risks, and emphasize the fact that these diseases are preventable if basic precautions are taken.

The Board further directs the Superintendent to assure that students or staff who reveal the fact they have contracted one of these diseases will have their status safeguarded in accordance with Federal and State statutes dealing with confidentiality and that their civil rights will be respected. Staff members will have access to District leave policies in accordance with Board policy and negotiated agreement and opportunities for reasonable accommodation as described by the Americans with Disabilities Act. Should a student be unable to attend school as a result of illness, an alternative education program shall be provided in accordance with the Board's policy and administrative guidelines dealing with Homebound Instruction.

Additionally, the Board directs the Superintendent to develop an educational program in accordance with Michigan law that will ensure proper instruction of guidance counselors, nurses (need not be included if a "licensed health care professional"), teachers, and other school personnel who teach students about HIV and AIDS. Such a program shall include information about:

- A. the nature of the disease;
- B. its causes and effects;
- C. the means of detecting it and preventing its transmission;
- D. the availability of appropriate sources of counseling and referral; and
- E. Any other information that is appropriate considering the age and grade levels of students.

Control of Blood-Borne Pathogens

The Board of Education seeks to protect those staff members who may be exposed to blood pathogens and other potentially infectious materials in their performance of assigned duties.

The Superintendent shall implement administrative guidelines which will:

- A. identify those categories of employees whose duties create a reasonable anticipation of exposure to blood and other infectious materials;
- B. provide for inoculation of the Hepatitis B vaccine at no cost to the staff member and in accordance with Federally-mandated scheduling;
- C. ensure proper training in the universal precautions against exposure and/or contamination including the provision of appropriate protective supplies and equipment;
- D. establish appropriate procedures for the reporting, evaluation, and follow-up to any and all incidents or exposure;
- E. provide for record-keeping of all of the above which complies with both Federal and State laws;
- F. develop an exposure control plan.

The following guidelines provide for the District'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. Inoculation

Each staff member 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 Superintendent shall determine which hospital or other health service shall give the vaccinations and do the necessary follow-up testing. She/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 she/he wishes to be vaccinated;
- 3. ensure that the results of post-vaccination testing are properly recorded and kept confidential.

If the staff member declines, she/he shall complete a "Waiver of Vaccination for Hepatitis B" form which shall be placed in the staff member's confidential file.

If the staff member chooses to be vaccinated, she/he shall sign a "Vaccination Request" form and report to the vaccine provider in accordance with the schedule.

B. Precautions

A plan should be developed to identify the likely situations where staff members could be exposed, to describe how such situations can be minimized, and the ways in which exposure will be managed. A set of procedures for proper handling of bodily fluids is provided later in this document. Each of the staff members in the "at-risk" categories identified above are to be trained in these procedures when employed and at the beginning of each school year. The instructor is to be someone knowledgeable about blood-borne pathogens and other potentially-infectious materials, how they may be transmitted in a school setting, vaccinations, and the precautionary procedures. At the completion of the training, each staff member is to sign a "Training Record" form confirming the date and content of the training and that she/he understands the content.

C. **Post-Exposure Evaluation and Follow-up**

Whenever a staff member has contact with blood or other potentially-infectious material, she/he shall immediately contact the Superintendent and complete an "Exposure Report." The District shall offer the staff member a confidential medical evaluation.

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 in cooperation with their physician.

The exposed staff member is to be informed of the test results, if available, with the parent's 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 post-exposure treatment, if so indicated by the Public Health Service or treating physician.

The health care 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 the "Exposure Report;"
3. a copy of the staff member's job responsibilities vis-à-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 District 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 District. The original opinion is to be filed in the staff member's confidential medical file.

D. **Medical and Training Records**

Medical records of the staff members must identify them by name and social security number and include any and all results of the status to Hepatitis B, examinations, testing, follow-up care, and written opinions. All such information shall be kept in the staff member's confidential files and retained for the period of their employment plus thirty (30) years.

Training records must include the dates and content of the training, the name and qualifications of the instructors, and the names and job titles of the staff members. Each staff member's training record shall be kept in his/her personnel file for three (3) years after the training date.

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 contaminates have dried. Certain pathogens (e.g. HCV) remain viable for extended periods in dried blood.

Sources of Infectious Organisms in Body Fluids

<u>Source</u>	<u>Organism</u>	<u>Transmission</u>
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 mucus membrane
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 lists:

- A. Sodium hypochlorite solution (household liquid bleach), one (1) part bleach to ten (10) parts water (1 ½ 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 anti-bacterial soap – even if gloves are worn.
- 4. Discard disposable items including tampons, sanitary napkins, used bandages, dressings in a hazardous materials container. (Restrooms 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 Michigan 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. **Hand Washing**

- 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. Disposal 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 (disposable latex gloves) 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 (bio-hazard 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 restrooms and shall be properly labeled and disposed of in a timely manner and in accordance with public health guidelines.
- E. 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.

WAIVER OF VACCINATION FOR HEPATITIS B

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Date

Signature of Witness

Date

TRAINING RECORD

DATE _____ TIME _____ LOCATION _____

INSTRUCTOR _____

INSTRUCTOR QUALIFICATIONS:

This is to confirm that at the date, time, and location indicated above, I was adequately informed about each of the following matters pertaining to blood-borne pathogens and other potentially-infectious materials:

- _____ The OSHA regulations, a copy of which was provided
- _____ Epidemiology and symptoms of blood-borne diseases
- _____ Modes of transmission of blood-borne pathogens
- _____ The District's exposure control plan, a copy of which I have been provided
- _____ The types of situations in which I could be exposed through performance of assigned duties
- _____ The procedures and equipment that re to be used to reduce or eliminate the risk of exposure
- _____ The safety, administration, and benefits of the Hepatitis B vaccine
- _____ Procedures to be followed by me and by the District should I be exposed to a blood-borne pathogen or other potentially-infectious material
- _____ The post-exposure procedures for evaluation and follow-up

The instructor provided me the opportunity to ask questions and I received adequate answers to my questions.

Signature of Staff Member

Date

EXPOSURE REPORT

This report is to be filled out by the staff member who has been exposed to blood or other potentially-infectious material.

Staff Member's Name: _____

Name of Involved Person: _____
(May not be student)

Grade: _____ School: _____

Home Address: _____

Telephone: _____

Parent/Guardian: _____

Describe what happened:

Date: _____ Place: _____ Time: _____

Witnesses (if any): _____

Nature of the Exposure: _____

Signature

Date

Received by: _____

Date

VACCINATION REQUEST

I wish to be inoculated with the Hepatitis B vaccine as provided for by the School District. I have been adequately informed about the availability, need for, and nature of the Hepatitis B vaccination as well as of the consequences of not being immunized.

Signature of Staff Member

Date

NOTIFICATION TO PARENTS ON BLOOD-BORNE PATHOGENS

Dear Parent:

The District is subject to Federal and State regulations to restrict the spread of hepatitis B virus (HBV) and human immune deficiency virus (HIV) in the workplace. These regulations are designed to protect employees of the District who are, or could be, exposed to blood or other contaminated bodily fluids while performing their job duties.

Because of the very serious consequences of contracting HBV or HIV, the District is committed to taking the necessary precautions to protect both students and staff from the spread in its school environment.

Part of the mandated procedures include a requirement that the District request the person who was bleeding to consent to be tested for HBV and HIV. The law does not require parents or guardians to grant permission for the examination of their child's blood, but it does require the District to request that consent. Although we expect that incidents of exposure will be few, we want to notify parents of these requirements ahead of time. That way, if the situation does develop you will understand the reason for our request and will have had an opportunity to consider it in advance. These are serious diseases, and we sincerely hope that through proper precautions and cooperation we can prevent them from spreading.

If you have any questions or concerns, please contact (Designated School Personnel) at (Area Code) (Phone Number).

REQUEST TO PARENT FOR BLOOD TEST

Dear parent:

On _____ (day), _____ (date), your child experienced bleeding to the extent that staff members were exposed to the blood.

Part of the Federally-mandated procedures includes a requirement that the District request parents whose child has bled at school to the extent that staff members or students have been exposed to the blood consent to be tested for HBV and HIV. This information would then be provided both to the exposed employee and the treating physician to determine proper medical treatment.

The law does not require parents or guardians to grant permission for the examination of their child's blood, but it does require the District to request that consent. Please indicate your decision below and return this form to the school office for our records.

Thank you for your cooperation in this matter.

- I will have my child's blood tested for HBV and HIV and have the results communicated to the school district.
- I do not wish to comply with your request.

Signature of Parent or Guardian

Date