

COLCHESTER SCHOOL DISTRICT**POLICY: AIDS/HEPATITIS-B INFECTION POLICY****DATE ADOPTED:** December 3, 2002**DEFINITIONS:**

AIDS, the acquired immunodeficiency syndrome, is a serious illness that harms the body's ability to fight infection. A person with AIDS is more likely to get certain infections or cancers that are usually mild or rare in healthy people. There's still no known cure for AIDS.

Hepatitis-B is an infection of the liver caused by the Hepatitis-B virus (HBV). The virus attacks liver cells. It is transmitted by infected blood and body fluids. Hepatitis-B can result in any of the following: mild illness, chronic liver infection, liver damage such as cirrhosis, liver cancer, or death due to liver failure. HBV can infect anyone regardless of gender or age. Hepatitis-B is a major health problem, but it can be prevented.

PHILOSOPHY:

All children in the Colchester School District have the right to a free and appropriate education. Any student diagnosed with the AIDS and/or Hepatitis-B virus will attend school in a regular classroom setting. With the approval of the student's physician, any student diagnosed with the AIDS and/or Hepatitis-B virus will be considered eligible for all services provided by law and our local school district policies. Likewise, school employees known to be infected will not be restricted from work or the use of school facilities based on this finding.

Colchester's District Supervisor of Building Nurses or the district's medical consultant will function as chief liaison with the student's parents/guardian, the student's physician, the Department of Health, and the school. The responsibility of these individuals will be to ensure that all students and staff are able to participate in school programs and activities.

DISTRICTWIDE PROCEDURES:**Student Procedures**

School personnel will respect the right to privacy of the individual student. Knowledge that a student is infected with AIDS or the Hepatitis-B virus will be confined to those persons with a direct need to know. In consultation with the student and his/her parents or guardians, such persons will be provided with appropriate information concerning any necessary precautions and will be made aware of the confidential nature of this information.

Date Warned: November 15, 2002

First Reading: November 19, 2002

Second Reading: December 3, 2002

Based upon individual circumstances, including those discussed below, special programming may be warranted. Special education services will be provided only on the basis of the student's eligibility as determined by the school's Basic Staffing Team and supported by district administrators. Under the following circumstances, infected students pose a risk of transmission to others: 1) Student lacks toilet training; 2) Student has open sores that cannot be covered; and 3) Student demonstrates behaviors (e.g. biting) which could result in direct inoculations of potentially infected body fluids into another's bloodstream. Following a discussion with the student and his/her parents or guardians, if any of these circumstances exist, appropriate medical personnel will determine whether a significant risk of transmission exists. If it is determined that such a risk exists, the student will be removed from the classroom.

If an infected student is removed from the classroom for any reason, the school will develop, within 10 school days, either an appropriate school program adjustment or an appropriate alternative education program. When appropriate medical personnel determine that the student no longer presents a risk to others, he/she may return to the classroom. The removal of an infected student from normal school attendance will be reviewed by the appropriate personnel at least once a month to determine whether the condition precipitating the removal has changed. A student with AIDS or a milder immunodeficiency associated with the AIDS virus, may need to be removed from the classroom for his/her own protection when cases of infectious diseases are occurring in the school population. This decision will be made by the student's physician and parent/guardian in consultation with school district medical personnel.

Employee Procedures

There is no known risk of transmission of AIDS or Hepatitis-B from school employees to students or co-workers under usual circumstances in the school setting. Such infection is known to be spread by sexual contact with infected persons, injection of contaminated blood or blood products, and by perinatal transmission. School employees known to be infected will not be restricted from work or the use of school facilities based on this finding. Equipment contaminated with blood or other body fluids of any worker will be cleaned with soap and water or detergent. Disinfection practices discussed in the policy for students infected will apply here as well.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

Exposure Determination

OSHA requires the school district to perform an exposure determination concerning which of its employees may incur occupational exposure to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). The Colchester School District includes the following individuals in the "At Risk" category:

ELEMENTARY SCHOOLS

Union Memorial School
 Porters Point School
 Malletts Bay School

PERSONNEL AT RISK

Building Nurses
 School Secretaries
 Custodians
 Teachers/Support Staff dealing with
 high risk students
 Principals
 Bus Drivers

SECONDARY SCHOOLS

Middle School
 High School

Building/School Nurses
 School Secretaries
 Custodians
 Assistant Principals/House Directors
 Principals
 Teachers/Support Staff dealing with
 high risk students
 Coaches
 Bus Drivers

IMPLEMENTATION SCHEDULE AND METHODOLOGY**Compliance Methods**

UNIVERSAL PRECAUTIONS WILL BE OBSERVED IN ALL SCHOOLS IN ORDER TO PREVENT CONTACT WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS. All blood and other potentially infectious material will be considered infectious regardless of the perceived status of the source of the individual. Routine and standard procedures will be used to clean up after a student has an accident or injury at school. Blood or other body fluids emanating from any student will be treated cautiously. Gloves will be worn when cleaning up blood spills. Such spills will be disinfected with either bleach or another disinfectant, and persons coming in contact with them will wash their hands afterwards. Blood soaked items will be placed in leak proof bags for washing or further disposition. Similar procedures are recommended for dealing with vomit, fecal, or urinary incontinence in any student. **Universal Precautions In Schools (see Appendix A) will be distributed to every employee annually.**

Appropriate work controls will be practiced to eliminate or minimize exposure to employees. If occupational exposure remains after the institution of such controls, personal protective equipment will be used. After appropriate staff training, the following work practice controls will be implemented beginning in the fall of 1993: 1) Playground “fanny pack” kits containing disposable gloves, first aid materials, an absorbent cloth, and a resuscitation device will be used at all times by playground aides and/or teacher supervisors; 2) Appropriately labeled puncture-resistant containers will be used to dispose of all sharps; and 3) Personal protective

equipment will be available in each school, and used as needed. These controls will be examined and evaluated on a regular schedule. A suggested schedule for reviewing their effectiveness includes: 1) Documented use of playground “fanny pack” kits. Daily observations by staff and principal; 2) Use of appropriate containers for disposing sharps and any contaminated materials. Daily logs/observations by building nurses and supervisors; and 3) Implementation of Universal Precautions by staff. Routine observations by principals, nurses, and other staff.

Handwashing facilities and materials will be available to all staff who incur exposure to blood or other potentially infectious materials. These will be located in each lavatory, some classrooms, the nurse's office in each building and on each floor in schools where appropriate. After the removal of personal protective gloves, employees will wash their hands and any other potentially contaminated skin area immediately or as soon as feasible. Any employee who incurs exposure to his/her skin or mucous membranes will wash or flush these areas with water as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. The only exceptions to this procedure are those required by specific medical procedures. If such action is required, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. Tongs or forceps will be used to place the cap on the needle.

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately after use into appropriate sharps containers. Sharps containers are puncture resistant, appropriately marked with a biohazard label, leak proof, and locked in a secure place. Reusable sharps containers will be located in the nurse's office and will be secured and maintained by the building/school nurses.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not permitted to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are found. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Absorbent materials or shields will be used as needed to control the above.

Contaminated Equipment and Regulated Waste

Equipment that has become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and shall be decontaminated as necessary. All contaminated sharps shall be discarded as soon as feasible in puncture-proof containers located in the nurse's office. Regulated waste other than sharps shall be placed in appropriate containers located in the nurse's office.

Personal Protective Equipment

All personal protective equipment used in Colchester schools will be provided without cost to the employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions or use and for the duration of time which the protective equipment will be used. Such protective clothing provided to employees includes: 1) Gloves available in several locations including the nurses office, administrative office; 2) Playground "fanny packs"; and 3) Lab coats issued to nurses and other appropriate employees.

Gloves will be worn whenever it is reasonably anticipated that employees will have contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be used for the following procedures; examination of cuts or bruises where blood is present, cleaning vomitus, changing diapers and wherever an employee's judgement is inclined to so do. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised, and that such gloves are discarded if they become cracked, peeled, torn, punctured, or exhibit other signs of deterioration in their ability to function as a barrier. Masks, in combination with eye protection devices, may be required to be worn whenever splashes, spray, splatter, droplets of blood or other potentially infectious materials may generate eye, nose, or mouth contamination.

Appropriate areas of the school will be cleaned and decontaminated daily: nurse's area, locker rooms, lavatories, and other work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials. Decontamination will be accomplished by utilizing the following materials: bleach solutions or recommended EPA cleaning supplies. All contaminated work surfaces will be decontaminated after completion of procedures and as soon as possible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface became contaminated since the last cleaning. All bins, pails, cans, and similar receptacles will be inspected and decontaminated daily by custodians. Any broken glassware that is contaminated will not be picked up directly with the hands.

Laundry Procedures

All personal protective equipment will be cleaned, laundered, repaired and/or disposed of by the employer at no cost to employees. Any garment that is penetrated by blood will be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area and stored in designated areas. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and placed in appropriately marked bags. Such laundry will not be sorted or rinsed. All employees who handle contaminated laundry will use protective equipment to prevent contact with potentially infectious materials. Laundry will be cleaned by individuals knowledgeable of the procedures to clean contaminated laundry or at a local commercial laundry approved for such purposes.

Hepatitis-B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis-B vaccine at no cost to the employee. This vaccine will be offered within 10 working days of their initial assignment involving the potential for occupational exposure to blood or other infectious materials. Exceptions include those employees who have previously had this vaccine or wish to submit to antibody testing that determines an employee has sufficient immunity (see Appendix B).

Employees who decline the Hepatitis-B vaccine will sign a district waiver form (see Appendix C). Also, any employee who initially declines the vaccine, but who later wishes to have it, will receive the vaccine at no cost.

The District Supervisor of Building Nurses, in consultation with the Central Office administration, will offer and arrange Hepatitis-B vaccines or obtain waivers for same to all employees within 10 days of initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials. Both the District Supervisor of Building Nurses and the Central Office will maintain an Employee Vaccination Summary and update this summary according to OSHA guidelines. Individual school lists will be maintained by the building nurses. (See Appendix D.)

Post-Exposure Evaluations and Follow-Up

When an employee incurs an exposure incident, he/she will report the incident to the Central Office, Principal, and school nurse. In addition to this verbal reporting, a Blood/Body Fluids Incident Exposure Form must be completed prior to the close of the school day when the incident occurred (see Appendix E). All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with OSHA standards. Such follow-up includes the following steps:

1. Document the kind of exposure and the circumstances related to the incident.

2. Identify the source individual and, if possible, the status of this individual. The blood of the source individual will be tested after consent is obtained for HIV/HBV infectivity.
3. Test results of the source individual and make these available to the exposed employee. Inform the individual about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. Offer the option of collecting the employee's blood for testing serological status. Such blood samples will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status. If the employee decides not to test, the blood sample may be discarded.
5. Offer post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. Give appropriate counseling concerning precautions to take after the exposure incident. Also, provide information on potential illnesses and any related experiences which should be reported to appropriate medical personnel.
7. Designate one person to ensure that this district policy is effectively carried out and records are maintained.

Interaction with Health Care Professional

Written opinions will be obtained from any health care provider who evaluates employees of this school district. Such opinions will be elicited when an employee is sent to obtain the Hepatitis-B vaccine or whenever the employee is sent to a health care provider following an exposure incident. Health care providers will be instructed to limit their opinions regarding employees to a succinct report of evaluation results including: 1) Whether the Hepatitis-B vaccine is indicated and if the employee has received the vaccine; 2) Assurance that the employee has been informed of the results of his/her evaluation; and 3) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

Training

Training for all employees will be conducted in a timely fashion whenever assignment to tasks where occupational exposure occurs. Such training will be conducted with commercially prepared materials, videotapes, other written materials, and outside consultants as deemed appropriate. Training will also be conducted by staff members within the Colchester School District, other health providers, and/or state health department consultants. Further training for employees where occupational exposure may occur will include information on the following topics:

1. The OSHA standard for bloodborne pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.

3. Modes of transmission of bloodborne pathogens.
4. Explanation of Exposure Plan.
5. Procedures which might cause exposure to blood or other potentially infectious materials at school or on the school site.
6. Control methods which will be used at school to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at the school and its location.
8. Post exposure evaluation and follow-up requirements.
9. Signs and labels used at the school regarding bloodborne pathogens and other potentially infectious materials.
10. Hepatitis-B vaccine program at the school for all employees where occupational exposure may occur.

Recordkeeping

All records required by the OSHA standards will be maintained by the Superintendent of Schools or his/her designee according to federal regulations.

APPENDIX A

UNIVERSAL PRECAUTIONS IN SCHOOLS

Universal Precautions (UP) are intended to prevent transmission of infection, as well as decrease the risk of exposure for school personnel and students. It is not currently possible to identify all infected individuals, thus precautions must be used with every individual. UP pertain to blood and other potentially infectious materials containing blood. These precautions do not apply to other body fluids and wastes such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the material. However, these can be sources of other infections and should be handled as if they are infectious. The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, school personnel and students should be prepared to use the appropriate precautions prior to the contact. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of school personnel and students.

HAND WASHING

Proper hand washing is crucial to preventing the spread of infection. Use of running water, lathering with soap and using friction to clean all hand surfaces is key. Rinse well with running water and dry hands with paper towels.

- Hands should be washed before physical contact with individuals and after contact is completed.
- Hands should be washed after contact with any used equipment.
- If hands (or other skin) come into contact with blood or body fluids, wash immediately before touching anything else.
- Hands should be washed whether gloves are worn or not and after gloves are removed.

BARRIERS

Barriers anticipated to be used at school include disposable gloves, absorbent materials and resuscitation devices. Their use is intended to reduce the risk of contact with blood and body fluids as well as to control the spread of infectious agents from individual to individual. Gloves should be worn when in contact with Blood, Other Potentially Infectious Materials (OPIM) or Other Body Fluids/Wastes (OBFW). Gloves should be removed without touching the outside and disposed of after each use.

DISPOSAL OF WASTE

Barriers and absorbent materials should be placed in a plastic bag and disposed of in the usual procedure. A band-aid, towel, sanitary napkin or other absorbed waste that does not have the potential of releasing the waste if compressed is not considered regulated waste. Needles, syringes and other sharp disposable objects should be placed in special puncture-proof containers and disposed of as regulated waste. Bodily wastes such as urine, vomitus or feces should be disposed of in the sanitary sewer system.

CLEAN-UP

Spills of blood and other wastes should be cleaned up immediately.

- Wear gloves.
- Clean up the spill with paper towels or other absorbent material.
- Use a solution of one part household bleach to one hundred parts of water (1:100), or other EPA approved disinfectant wash the area well.
- Dispose of gloves, soiled towels and other waste in a plastic bag.
- Clean and disinfect reusable supplies and equipment.

LAUNDRY

Laundry with blood or other infectious materials is handled as little as possible with a minimum of agitation. It is bagged at the location. If it has the potential of releasing the substance when compacted, regulated waste guidelines should be followed. School personnel who have contact with this laundry wear protective barriers.

EXPOSURE

An exposure incident to infectious materials through contact with broken skin, mucous membrane or by needle or sharp stick requires immediate washing, reporting and follow-up.

- Always wash the exposed area immediately with soap and water.
- If a mucous membrane splash (eye or mouth) or exposure of broken skin occurs, irrigate or wash the area thoroughly.
- If a cut or needle stick injury occurs, wash the area thoroughly with soap and water.

The exposure is reported immediately, the parent or guardian is notified, and the person exposed contacts a physician for further healthcare.

Resource: Haynie, Palfrey, Porter. (1989) Children Assisted by Medical Technology in Educational Settings: Guidelines for Care. "Guidelines for Care Universal Precautions and Infection Control." (Project School Care, The Children's Hospital). Boston, Massachusetts. 17-19.

APPENDIX B

COLCHESTER SCHOOL DISTRICT
HEPATITIS-B VACCINATION
CONSENT FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis-B virus (HBV). Based on Colchester School District Policy, I consent to be vaccinated with the Hepatitis-B vaccine at no financial cost to myself. I do agree to have the cost of the vaccination series billed to my health insurance provider, but understand that the school district will pay for any costs not covered by my insurance.

Print Name Social Security #

Date Signature

(Return this form to the District Supervisor of Building Nurses located at CHS.)

APPENDIX C

COLCHESTER SCHOOL DISTRICT
HEPATITIS-B VACCINATION
DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis-B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no cost 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.

Print Name

Social Security #

Date

Signature

(Return this form to the District Supervisor of Building Nurses located at CHS.)

**APPENDIX E
BLOOD/BODY FLUIDS INCIDENT EXPOSURE FORM**

Employee Name _____
Home Address _____
School _____

Employee S.S. # _____
Home Phone _____

Position _____

Supervisor/School Nurse _____

DESCRIPTION OF INCIDENT

A. Briefly describe what happened: _____ Date of Incident _____
(Use back if necessary)

B. Complete the following section:

1. Wounds

- a. Did the incident involve a wound? ()yes ()no
- b. Did the wound result in visible bleeding? ()yes ()no
- c. Was the wound caused by: ()needle ()human bite ()other sharp instrument (specify) _____
()other (specify) _____
- d. Was the object causing the wound covered with blood/body fluids? ()yes ()no

2. Blood/Body fluid exposure to mucous membranes

- a. Did the individual's blood/body fluids come in contact with your body? ()yes ()no
- b. What was the substance to which you were exposed?
()N/A: I was not exposed ()blood ()feces ()urine ()emesis(vomit) ()sputum ()sexual fluids
- c. If the substance was anything other than blood, was there any blood visible in the fluid? ()N/A ()yes ()no ()unknown
- d. What part of your body was exposed to the substance: (check all that apply)
()mouth ()eyes ()nose ()ears ()skin (specify location) ()none ()other (specify) _____

C. How long was your body part in contact with the substance? _____

- 1. If the exposure was to your skin, was your skin bruised in any way? ()yes ()no
- 2. What was the nature of your skin abrasion? ()acne ()dermatitis ()cracks due to dry skin ()unhealed cuts or scratches ()no skin abrasion
()other (specify) _____

D. Which of the following procedures were being used at the time of the incident? (check all that apply)
()cuts/open wounds covered with bandages ()mask (vinyl/latex) ()gloves ()pocket ventilator/ambu bag ()goggles/glasses
()other (specify) _____

E. First line intervention – after exposure, what did you do? ()washed hands/exposed area ()changed clothes
()flushed eyes/rinsed mouth ()showered ()other (specify) _____

F. The supervisor/school nurse was notified as follows: Date: _____ Time: _____

G. Medical Intervention – in the event of contact with blood and/or body fluid it is suggested that you discuss with school nurse:

- 1. HBV antibody or previous vaccination status for HBV.
- 2. The need for HBV/HIV antibody testing.
- 3. Notifying your physician or health care provider of the exposure to blood or body fluids immediately.

H. Return this completed form to supervisor/school nurse.

I. In case of incident or injury to the school nurse/health professional

- 1. Report incident to supervisor.
- 2. Complete form.

Signature of Employee

Date

Time

Signature of Supervisor/School Nurse

Date

Time

Maintain for duration of employment plus 30 years.