

Rush-Henrietta
Central School District



**EXPOSURE AND INFECTION
CONTROL MANUAL**

2019-2020

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Introduction

School Districts are required to develop and implement an Infection Control Program to protect employees who are at risk of acquiring blood borne diseases, including Hepatitis B virus (HBV) infection and Human Immunodeficiency Virus (HIV), and to protect those employees whose activities may involve contact with various other potentially infectious body fluids.

Various standards of the Federal Occupational Safety and Health Act (OSHA) identify and regulate employer responsibilities mandated to protect employees from the hazards of HIV/HBV and other potentially infectious body fluids. These standards are enforced by the New York State Department of Labor under Public Employee Safety and Health (PESH).

In addition, recommendations for employee protection against HIV/HBV have been established by the Centers for Disease Control, the Department of Health and Human Services, and the NYS Department of Health.

Various federal and state laws are applicable to the management and tracking of regulated medical waste, all of which are enforced by the NYS Department of Environmental Conservation, Division of Hazardous Substances Regulation.

This Infection Control Program was written to provide Rush-Henrietta Central School District with guidance on the prevention and management of blood borne disease transmission, address related issues involving employee contact with additional potentially infectious body fluids, HIV confidentiality, identification and training for employees at risk, personal protective equipment, work place practices, HBV immunization procedures, and medical waste disposal.

The following is a list of Board of Education Policies, Regulations and Exhibits that pertain to and are aligned with the content of this plan:

- Students with HIV related Illness Policy
- Students with HIV related Illness Regulation
- Students with HIV related Illness Exhibit
- Student dress code (Regarding mandatory protective gear)
- Student health services Policy
- Student health services regulations
- Hygiene Precautions and Procedures Policy
- Hygiene Precautions and Procedures Regulations
- Contagious Diseases Policy
- Contagious Diseases Regulation
- Contagious Diseases Exhibit
- Sanitation and Safety Policy
- Sanitation and Safety Regulation
- Employees with HIV-Related Illness Policy
- Employees with HIV-Related Illness Regulations

Glossary

AIDS — Acquired Immunodeficiency Syndrome

ASEPTIC — free from germs; free from infection; free from any life form.

ASYMPTOMATIC — without symptoms

ATTENUATED — diluted; to make less infective

BLOOD BORNE — contained in blood

EPIDEMIOLOGICAL — the study of infectious disease or condition which attacks many people at the same time.

EXCREMENT — waste material passed out of the body

EXPOSED — susceptible; open; vulnerable

EXUDATIVE LESION — oozing of fluids, usually the result of inflammatory conditions, an injury or a wound

HBc — Hepatitis B core antibody test. Used to note previous exposure before administering the vaccine.

HBs — Hepatitis B surface antibody test. Used to note if a person has developed antibodies after an exposure or after given the vaccine.

HBsAg — Hepatitis B surface antigen test. Used to note if a person has an active case of Hepatitis B or if they are a carrier.

HBV — Hepatitis B virus

HCV — Hepatitis C virus

HEPATITIS — Inflammation of the liver

HIV — Human Immunodeficiency Virus

IMMUNOGLOBULIN — closely related, but not identical proteins which are capable of acting as antibodies.

IMPERMEABLE — impenetrable; not allowing anything to pass through.

MICROORGANISM — minute living body not perceptible to the naked eye.

N-95 MASK — a disposable, tight fitting, OSHA certified, facial respirator used as a barrier to prevent harmful aerosols and particles from entering the respiratory tract

PATHOGEN — A microorganism or substance capable of producing a disease

PROPHYLAXIS — regulated course necessary to prevent disease.

SEROLOGICAL — the study of the watery portion of the blood after coagulation.

SOURCE PERSON — the person from which something comes, arises, or is obtained.

WEEPING — dermatitis - moist, dripping inflammation of the skin.

II

District Strategies

SUBJECT: INFECTION CONTROL PROGRAM

Rush-Henrietta Central School District has established an infection control program designed to prevent and control exposure to infectious disease. According to the New York State Department of Labor's Division of Safety and Health and OSHA standards, the program shall consist of:

- a) Guidelines for maintaining a safe, healthy school environment to be followed by staff and students alike.
- b) Written standard operating procedures for blood/body fluid clean-up.
- c) Appropriate staff education/training.
- d) Evaluation of training objectives.
- e) Documentation of training and any incident of exposure to blood/body fluids.
- f) A program of medical management to prevent or reduce the risk of pathogens, specifically Hepatitis B, C, and HIV.
- g) Written procedures for the disposal of medical waste.
- h) Provision of protective materials and equipment for all employees who perform job-related tasks involving exposure or potential exposure to blood, body fluids or tissues.
- i) Barring special circumstances, students who are infected with HIV shall attend the school and classroom to which they would be assigned if they were not infected. They are entitled to all rights, privileges, and services according to other students.
- j) Decisions about referrals, recommended programs, assistance to be provided, and requests for information concerning a student or employee who is infected with HIV/HBV shall be made on a case-by-case basis by the Superintendent of Schools or by his/her designee relying on the most available scientific evidence and based on medical and legal advice.

U. S. Department of Labor
OSHA Instruction CPL2-2.44B

III

Identification of Employees at Risk

A. AT RISK CATEGORIZING (see page 60-87)

Previous studies have identified health care workers and those working in various health care occupations as those at risk for contracting HIV/HBV and related diseases. A joint study conducted by the Federal Department of Labor and Department of Health addressed the issues and occupations where employees may come in contact with HIV/HBV or other potentially infectious body fluids.

Category 1 - Principals, Assistant Principals, custodians, cleaners, maintenance personnel, athletic coaches, athletic trainer, physical education teachers, senior high youth assistants, school nurse, licensed practical nurses, school nurse/teacher and their support staff and their substitutes, selected personnel designated by the Director of School Operations, School Physician, and/or Department of Human Resources, such as special education teachers, their paraprofessionals and/or one to one aides assigned high risk students. Also, transportation employees who volunteer to clean blood or body fluid spills are included.

TASKS THAT INVOLVE EXPOSURE TO BLOOD OR BLOOD-CONTAINING MATERIALS.

The normal work routine may be expected to involve procedures or other job-related tasks that include an inherent potential for mucous membrane or skin contact with blood, or blood containing material, or a potential for spills or splashes of them. Use of appropriate protective measures shall be required for every employee engaged in these tasks. Specific training to deal with blood borne pathogens shall be provided annually. Pre-exposure prophylaxis with Hepatitis B vaccination shall be offered.

Category 2 - All other teaching staff, administrative staff and bus drivers.

TASKS THAT INVOLVE NO EXPOSURE TO BLOOD, OR BLOOD CONTAINING MATERIAL, BUT EMPLOYMENT MAY RESULT IN PERFORMING UNPLANNED, COLLATERAL TASKS AS IDENTIFIED ABOVE.

The normal work routine involves no expected exposure to blood, or blood containing materials but exposure or potential exposure may occur during employment, such as emergency first aid. Appropriate protective measures should be readily available to every employee engaged in unplanned tasks. Training in Standard Precautions and Judicious Avoidance shall be provided annually. Post-exposure prophylaxis with Hepatitis B vaccination shall be offered.

Category 3 - All other employees

TASKS THAT INVOLVE NO EXPOSURE TO BLOOD, OR BLOOD-CONTAINING MATERIAL AND ABOVE TASKS ARE NOT A CONDITION OF EMPLOYMENT.

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Training in Standard Precautions and Judicious Avoidance shall be provided annually. Post-exposure prophylaxis with Hepatitis B vaccination may be offered at the discretion of the Superintendent and Board of Education.

B. TRAINING OUTLINE*

All Category 1 employees receive the following comprehensive training annually:

Infection Control Program

HIV/HBV, other blood borne pathogens, additional potentially infectious body fluids

Epidemiology and symptoms of HIV, HCV and HBV

Modes of transmission of HIV and HBV, HCV

Infection Control Program — Explanation

Identifying “at-risk” employees

Standard precautions and Judicious Avoidance

Personal protective equipment

Personal hygiene practices

Workplace practices and activities

Cleanup procedures

Sharps exposure/management

Hepatitis B vaccination — consent, refusal forms

Confidentiality Release Forms

Medical waste management

All other employees (Category 2 and 3) receive training in “judicious avoidance”, standard precautions, and increased awareness of district policy and procedure especially for reporting possible exposure.

*See Appendix (Hepatitis B & HIV Information Sheets on page 25)

IV

Personal Employee Protection

A. STANDARD PRECAUTIONS (See pages 60-87)

The General Duty Clause of the OSHA Act requires employers to provide “employment and a place of employment which are free from recognized hazards...”

Because blood borne diseases and other body fluid infections are often carried by asymptomatic patients, it is not always practical or feasible to expect to know or predict the disease/infection status. Therefore, recommendations have been made by various federal and state agencies to take appropriate precautions whenever a situation exists that may place an employee in contact with blood borne pathogens or other potentially infectious body fluids. The Centers for Disease Control (CDC) coined the phrase “Standard Blood and Body Fluid Precautions” or “standard precautions” to reflect this concept.

All Rush-Henrietta personnel shall manage everyone as if he/she may have a blood borne pathogen and routinely use appropriate avoidance and precautions to prevent skin and mucous membrane exposure when in contact with blood or other body fluids that may contribute to the transmission of blood borne disease/infection and report any possible exposure incident immediately to their supervisor.

B. STANDARD PRECAUTIONS AND BLOOD INFECTIONS.

Prevention of the Spread of Infection by Body Fluids.

1. Treat all persons the same, as if anyone may be a carrier of HIV, Hepatitis B and C or other body fluid-borne organisms.
2. Wash hands with warm water and soap frequently and especially after any potential exposure to blood or other body fluids. If water and soap are not available, pre-moistened towelettes or an alcohol based product is acceptable initially, followed by water and soap wash when available. **Contaminated hands need to be washed for 3 minutes by the clock.**
3. Cover with bandages all open cuts, blisters, rashes, or abrasions, or oozing lesions. Change dressing if it becomes wet. Extra Band-Aids and bandages are available in the Health Office.
4. Use disposable gloves when dealing with secretions, vomitus, blood, or excretions. Wash hands thoroughly after removal of gloves and discard gloves. Use a red bag designated for biohazardous waste for saturated or dripping materials. If hands become contaminated with a body fluid, scrub hands and nails thoroughly with warm water and soap using much friction for at least **three minutes** at the first available opportunity. Report exposure to supervisors. Disposable gloves are located in the Health Office, the cafeteria, the custodian’s closet, and are available to classroom teachers upon request. It is suggested that each teacher have one pair of gloves in each classroom in the teacher’s desk for emergency use.

5. Use eyeglasses or protective goggles whenever spurting blood needs to be managed. If an eye splash occurs, rinse the eye immediately with water or saline and continue the rinse for at least **three minutes**. Report exposure to supervisors. Eyewash bottles are available in the Health Office and science labs. Protective goggles are available in the Health Office.
6. Dispose of needles and sharp objects in a container that is dedicated and designated for these items and is impervious to penetration. Never dispose a sharp in any other container. Disposal boxes must be conspicuously labeled “biohazardous waste” and be kept in a secure location until they can be disposed of at an approved medical waste disposable site according to established district guidelines. (See Exposure Control Practices and Procedures Manual). Do not bend, clip, break, or attempt to recap needles. Disposal boxes are located in the Health Office.
7. Separate waste receptacles must be designated for contaminated biohazardous waste and must be lined with either an impervious red medical waste liner or red double bagged. If the outside of a contaminated waste bag becomes contaminated, the entire bag must be carefully placed into another red bag and securely sealed. Use of disposable gloves is required for the handling of biohazardous waste. Thorough hand washing after handling red bags is essential. Red bags are available in the Health Office and custodian’s office and should be reserved for only those contaminated items that are saturated or dripping with blood/body fluids. Filled red bags must be labeled Biohazardous Waste.
8. Health Office and bathrooms require daily disinfecting with a “Green Clean” suitable disinfectant cleaner designed to disinfect blood borne pathogens in all areas at risk for contamination. Any spills that occur in any area of the building require prompt cleanup and disinfecting by staff educated to handle biohazardous waste. Cleaners are available in the Health Office and custodian’s closet.
9. Use disposable mouthpieces for resuscitation whenever possible. If mouthpieces are unavailable and exposure occurs, rinse the mouth thoroughly for **three minutes** with water or mouthwash and report exposure to supervisors. Mouthpieces and mouthwash are available in the Health Office.
10. Contaminated cloth or student or staff clothing must be placed in double bags for delivery home. Soiled school property should be double bagged, labeled “Biohazard” and sent to be laundered. Staff should not take home saturated soiled cloth or clothing to be laundered at home. Arrangements for cleaning saturated items can be made through the supervisor, the director of risk management or safety, or the school physician.
11. Reusable equipment and instruments must be properly disinfected.

The avoidance of high risk behaviors that facilitate transmission of the disease and the use of STANDARD PRECAUTIONS should prevent contraction of HIV, Hepatitis B, and Hepatitis C in virtually all school staff and students under routine circumstances.

* Refer to Biohazardous Waste Section

C. PERSONAL PROTECTIVE EQUIPMENT

1. GLOVES

Medical gloves include those marketed as sterile surgical or non-sterile examination gloves made of vinyl or latex and are regulated by the Food and Drug Administration. General purpose utility (vinyl/rubber) gloves are also used in the health-care setting but are not promoted for medical use. Studies have shown there are no reported differences in barrier effectiveness between intact latex and intact vinyl used to manufacture gloves. In settings with latex sensitive individuals, non-latex gloves should be part of the supply list.

Rush-Henrietta Central School District shall provide and have available gloves which, by experience or reputation, have been shown to provide a reliable and impermeable barrier and meet the needs of the purpose for which they are intended. In settings with latex sensitive individuals, non-latex gloves should be part of the supply list.

Disposable gloves shall be worn for touching blood and body fluids, mucous membranes, and non-intact skin. Disposable gloves shall be worn for handling items or surfaces soiled with blood or body fluids.

Gloves shall be immediately disposed of in medical waste container during procedures or activities if they become torn or otherwise damaged, labeled as “Biohazardous” waste and disposed of according to district procedure for disposing of biohazardous waste.

2. MASKS, PROTECTIVE EYEWEAR, FACE SHIELDS

When performing procedures or activities that are likely to generate droplets or spray of blood, masks, protective eye wear, or face shields are required and available to prevent exposure of mucous membranes of the mouth, nose, and eyes.

3. GOWNS/APRONS

Rush-Henrietta requires, will provide, and make available gowns/aprons to be worn during procedures/activities that may generate splashes of blood or other potentially infectious blood-containing body fluids.

4. MOUTH TO MOUTH CONTACT AVOIDANCE

Wherever the potential need for resuscitation is anticipated, Rush-Henrietta will provide and make available mouthpieces, resuscitation bags, or other ventilation devices, to avoid the need for mouth-to-mouth contact.

5. SHARPS CONTAINER

All Rush-Henrietta health-care workers shall take precautions to prevent injuries caused by needles and other sharp instruments. Needles must not be recapped, purposely bent or broken, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes and needles, and other sharp items must be placed in a leak-proof, puncture-resistant container, provided by the school district, for proper disposal.

Science Activities: When glassware is accidentally broken during science-type activities, it must be placed in a rigid container for proper disposal by a Category 1 trained maintenance person.

6. ASEPTIC PROCEDURES

The risk of transmission of HIV and HBV, HCV from feces, nasal secretions, sputum, sweat, tears, urine and vomitus is extremely low or non-existent if there are not large amounts of blood.

However, some of the above fluids and secretions represent a potential source for infections with other pathogens. Therefore, Rush-Henrietta Central School encourages aseptic protective procedures be applied as necessary.* Each teacher's classroom shall have paper towels or tissues so teachers may hand them to students to cover spills until Category 1 trained maintenance personnel can clean up the spill. The teacher or teacher aide should escort the student to health office carrying paper towels should a second spill occur en route.

D. PERSONAL HYGIENE

Rush-Henrietta Central School District requires that all personnel shall wash hands and other skin surfaces immediately and thoroughly for three minutes if inadvertently contaminated with blood or other potentially infectious body fluids. Hands shall be washed immediately after gloves are removed, after use of the bathroom, and after any presumed exposure.

Employees who have exudative lesions or weeping dermatitis shall refrain from direct personal skin contact until the condition is resolved. Such conditions shall be medically evaluated and a decision made by a physician and/or school nurse/teacher and/or school physician whether the employee can safely perform work activities.

(*See also First Aid procedures listed in procedure section)

V

School District Protective Practices

A. STERILIZATION AND DISINFECTION

Current procedures employed throughout Rush-Henrietta Central School District using hospital-grade disinfectant, are sufficient to disinfect equipment, furniture, and other items potentially contaminated with blood or other body fluids. Health office treatment areas will be disinfected at least once daily and after any contamination. Category 1 employees will perform this task.

B. GENERAL HOUSEKEEPING

Environmental surfaces such as walls, floors, and other such surfaces are not usually associated with disease transmission to students or employees. Therefore, extraordinary attempts to disinfect these surfaces are not necessary. Cleaning these surfaces will continue on a normal, routine, basis following the manufacturer's instructions for appropriate disinfectant/detergent formulated use.

C. STANDARD OPERATING PROCEDURES FOR BLOOD/BODY FLUID CLEAN/UP

Designated Category 1 employees are the only individuals expected to participate in a clean-up. Blood/body fluid clean-up materials shall be readily accessible to any Category 1 employee who may be faced with a situation that would involve handling or clean-up of blood/body fluid spills. (See page 53) In addition, materials shall be provided to each Category 2 or 3 staff member or placed in each classroom, office, gym, locker room and other areas where an accidental spill may occur. These materials may be packaged into a readily accessible container (i.e., self-sealing plastic bag). They may be used by a Category 2 or 3 staff member who voluntarily decides to administer emergency first aid.

Clean-up materials are:

1. Disposable non-latex/vinyl gloves - two pair
2. Disposable paper towels - 2
3. Sanitary absorbent materials (Optional)
4. Plastic bags with twist seals - 1
5. Liquid soap packet or alcohol towelettes
6. Gauze pads - 5
7. Band aids - assorted sizes

Category 2 and 3 personnel are neither expected nor required to provide first aid. They are further forbidden from cleaning infectious spills. Category 2 and 3 personnel are required only to provide reasonable assistance to ensure a student is safe and appropriate help is sought. Judicious avoidance of blood and blood containing fluid and use of Standard Precautions is recommended for any staff member wishing to perform first aid as a Good Samaritan.

Instruction for user collective materials during emergency first aid

1. Wear non-latex disposable gloves before handling blood/body fluids.
2. Begin First Aid procedures until help arrives (see page 34)
3. Cover spilled blood/blood containing body fluid with disposable towels or sanitary absorbent material without touching the spill.
4. Vigorously clean hands with soap and water.
5. Call for Category 1 clean-up crew to disinfect with EPA-approved disinfectant (see page 53) and to place all soiled materials in a plastic bag.
6. Remove gloves, turning inside out during removal, and place in plastic bag. Avoid touching SKIN with soiled gloves. Seal and dispose of plastic bag properly with Category 1 cleaner.
7. Wash hands thoroughly with soap and water using hand washing procedures.
8. Keep students/staff away from the area until clean-up has been completed.

D. LAUNDRY

Whenever possible the Rush-Henrietta Central School District uses disposable materials. Any grossly contaminated linens will be double red bagged by a Category 1 cleaner and disposed of as biohazardous waste.

School district uniforms: Standard laundering procedures should be followed. Gloves should be worn if blood or body fluid contamination is visible.

E. DISHES AND EATING UTENSILS

Standard dish washing practices using detergent will effectively sanitize dishes and eating utensils. No additional precautions need to be taken even if dish/utensil user is known to have a blood borne disease.

RESPIRATORY PROTECTION PROGRAM FOR HEALTH CARE WORKERS

Objective:

The objective of Rush-Henrietta Central School District's respiratory protection program is to provide health care workers in the district with occupational protection, including access to N95 masks, to be used in the event of exposure to widespread infection.

Program Administrator:

Mrs. Nerlande Anselme
Assistant Superintendent of Student and Family Services

Nurse Practitioner:

Jill Bernhardt, FNP-BC
District Medical Director/Nurse Practitioner

Physician:

Northern Star Medical

Program:

Hazard Assessment:

The hazard in the school setting is any respiratory illness cluster, such as during a Pandemic outbreak, such as, but not limited to the novel H1N1 influenza virus, and any other contagious organism, which is transmitted by airborne droplet.

Type of respirator:

The type of respirator to be used is the N95 mask. N95 respirator masks are available in a variety of sizes, S, M, L to fit nursing staff of all sizes properly.

Employee Medical Assessment:

General Overview

The Program Administrator and District Medical Director will ask all nursing and health office staff who are interested in being fitted for a mask to complete the front page and questions 1-9 of the mandatory respiratory medical evaluation questionnaire online or on paper to before the start of each school year. [See below: Appendix C of the OSHA standard (29 CFR1910.134)]. The Program Administrator will instruct staff to mail the completed form for confidential medical review directly to the District Medical Director.

The Nurse Practitioner will review the confidential questionnaire and will maintain the medical records. The NP may request further information from the individual based on the initial review. The NP will send a written list of all approved and denied employees to the program administrator, who will issue N95 masks only to those nurses and health office personnel medically approved for use of N95 masks. The Program administrator will advise

Those who refused to complete the questionnaire to use surgical masks in place of N95 masks and will notify them that surgical masks might not provide the same level of protection against contagious respiratory diseases.

The Program Administrator will maintain administrative records. All examinations and questionnaires are confidential between the employee and the NP. The Program Administrator will only retain the NP's written recommendations regarding each employee's ability to wear a respirator.

Medical Evaluation Procedures:

1. The medical evaluation will be confidential to the extent feasible. The district will provide assistance to employees who are unable to read the questionnaire or to provide the questionnaire in the native language. When this is not possible, the employee will be sent directly to their private physician for medical evaluation at district expense.
2. All aforementioned employees will receive a copy of the medical questionnaire to Complete and the NP's email address for mailing the questionnaire to the District NP. Employees will be permitted to complete the questionnaire on company time.
3. Follow-up medical exams will be granted to employees as required by the Standard, and/or as deemed necessary by the evaluating NP.
4. All employees will be granted the opportunity to speak with the NP or their private physician about their medical evaluation, if they so request.
5. After an employee has received clearance to wear his or her respirator from the program administrator, additional medical evaluations will be provided under the following circumstances:
 - The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
 - The evaluating NP, physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.
 - Information found during the implementation of this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation.
 - A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

Annual Fit testing:

The Program Administrator will arrange for the District NP or BOCES to conduct annual fit testing. School Nurses and health office staff will undergo fit testing annually according to the Standards. The program administrator will alert the district NP and physician of any employee who is unable to be properly fitted.

Annual Employee Training Curriculum:

School Nurses and health office staff will receive training at least once annually by an agency, such as BOCES, or individual, such as a medically licensed individual with expertise in occupational medicine, and will include as a minimum:

1. When and how to use and dispose of N95 masks,
2. Indications for use, and

3. Storage of masks.

How to place and remove masks:

- Place N95 mask on before approaching individual with active upper respiratory infection or symptoms of ILI if distance is closer than six feet.
- Wash hands,
- Use only approved masks,
- Check that the mask is clean, dry, and undamaged in any way,
- Keep foreign objects away from contact with edges of the mask that might lift the mask from forming a seal,
- Cup mask in hand with straps down,
- Put mask to face, put bottom strap over the head first under the ears, then top strap over the ears,
- Adjust bands to custom-fit the nose,
- Perform a user seal check,
- Change mask if it becomes wet or if used for longer than 4 hours or sooner according to manufacturer instructions.
- To remove mask, get six feet away from ill individual, discard gloves, avoid touching front of mask or face, remove bottom strap over head and then top strap, hold by straps to discard in waste basket.
- Wash hands thoroughly.

Indications for use:

When the approved School Nurse, regular or substitute, encounters an individual with Influenza-like Illness and cannot maintain a six-foot distance between the ill individual and the School Nurse or health office staff, they will don the N95 mask according to manufacturer's instructions and training. They will also hand the individual a surgical mask to wear, if available, or provide adequate tissues and advise the individual to cover their mouth when they cough.

Storage:

School Nurses and health office staff will store N95 masks in a clean, secure, separate, dry cupboard or drawer. They will avoid temperature extremes. Staff shall check expiration dates and use older supplies first. If N95 are in short supply during a pandemic, nurses may carefully store slightly used masks apart from clean masks in a separate cupboard to air dry at least 24 hours before reuse. Re-use of masks should only occur in the event of a shortage of clean masks, as used masks might be contaminated.

Documentation and Recordkeeping

A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in the Program Administrator's office and made available to all employees who wish to review it.

The Program Administrator shall maintain copies of training and fit test records. These records include new employee training, existing employee refresher training, and new fit tests.

For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the physician's written recommendation regarding each employee's ability to wear a respirator. The completed medical questionnaires and evaluating physician's documented findings will remain confidential in the employee's medical records at the location of the evaluating physician's practice.

Program Evaluation

Once annually, and before fit-testing, training and reissuance of new masks, the District's OSHA compliance officer will poll school nursing staff via the Nurse Coordinator to ascertain the program's effectiveness and shall report any concerns, issues, problems, or program deficiencies to the Superintendent, and arrange for corrective action in a timely fashion.

**Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire
(Mandatory)**

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non- cartridge type only).

b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you **ever had** any of the following conditions?

- a. Seizures (fits): Yes/No
- b. Diabetes (sugar disease): Yes/No
- c. Allergic reactions that interfere with your breathing: Yes/No
- d. Claustrophobia (fear of closed-in places): Yes/No
- e. Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you've been told about: Yes/No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No

- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you **ever had** any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you **ever had** any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/ No
 - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you **currently** take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures (fits): Yes/No
8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
 - b. Skin allergies or rashes: Yes/No
 - c. Anxiety: Yes/No
 - d. General weakness or fatigue: Yes/No
 - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No
-

VI

Medical Waste Management

A. MEDICAL WASTE LAWS/REGULATIONS

The definitions of medical waste, requirements for handling, disposal and tracking are primarily determined by:

Title XIII, Article 13, Public Health Law

Title 15, Article 27, Environmental Conservation Law (DEC)

These laws are respectively implemented through regulations in Part 70 of 10 NYCRR and Part 364 of 6 NYCRR. The laws are enforced by both the DEC and the NYS Department of Labor.

B. DEFINITION OF MEDICAL WASTE

(As applicable to school districts in general)

1. Cultures and stocks of infection agents and associated biological, including discarded live and attenuated vaccines.
2. Human pathological waste including tissue and body fluids removed during medical procedures, specimens of body fluids and their container (i.e., drainage systems, suction canisters, urinary catheter bags).
3. Waste, human blood and blood products including serum, plasma and other blood components and their containers.

NOTE: The EPA also requires that all blood-soaked items (**saturated, dripping, caked and dried**) be included in this waste category.

4. Sharps: These include sharps that have been used in animal or human care including hypodermic needles and syringes, Pasteur pipettes, broken glass-ware, scalpel blades, blood vials, and test tubes.

[Also included are other types of broken or unbroken glassware that was in contact with (potentially) infectious agents such as used slides and cover slips].

C. NON-REGULATED WASTE

The following wastes are not considered to be regulated medical waste provided they were not from or in contact with a person who has a highly communicable disease:

disposable towels	unsaturated bandages/tissues
gowns and linens	facial tissues
cotton swabs	baby diapers
tongue depressors	emesis basins
colostomy bags	gastrostomy tubing

Non-regulated waste should be placed in plastic bags (**NOT RED**), sealed, and disposed of with regular school district waste.

D. SCHOOL DISTRICTS – MEDICAL WASTE GENERATORS

School districts, in general, are classified as “small waste generators” as they produce and ship, for off-site disposal, less than fifty (50) pounds of regulated medical waste in any one calendar month.

E. MEDICAL WASTE HANDLING REQUIREMENTS

Any medical waste which meets the criteria for regulated medical waste must be handled in accordance with specific DEC requirements.

1. “Red Bag” packaging: Fluids, fluid containers and other regulated medical wastes (except sharps) must be placed in red, disposable, moisture-proof, rip-resistant bags. Bags must be labeled or preprinted “infectious” or “regulated medical waste”. The name and address of the school district must be imprinted or affixed to the sharps container.

2. Shipping containers:

- a. Place an unused red bag into a leak-proof, disposable pail, carton, or drum. Into this lined container, place sealed red bag containing medical waste and sharps containers.
- b. When ready for off-site disposal, seal red bag used to line the container.
- c. Close and tape lid.

Container does not have to be red but must be conspicuously labeled “infectious” or “regulated medical waste” and must contain the school district name and address.

3. Temporary storage: In general, the amount of regulated medical waste generated by school districts is minimal. Therefore, the large shipping container can be maintained within a school building in a manner and location which afford protection from the weather and limited public access and exposure, until full. Entry to the location must be conspicuously labeled “infectious” or “regulated medical waste”.

Smaller packages of sealed, labeled, red-bagged medical waste can be deposited on a daily, weekly, or as needed basis, until off-site disposal becomes necessary.

5. Medical waste disposal: Identified as “small waste generators”: school districts may hire a permitted transporter or transport the waste themselves for off-site disposal.

Rush-Henrietta Central School District has contracted with Stericycle, who holds a current MUSDEC permit to transport regulated medical wastes to a licensed treatment/disposal facility. (See page 53).

Stericycle will:

Complete a four-copy medical waste tracking form for each shipment

Upon pick-up, one copy will be signed by the building custodian. This copy will be sent to the district's designee.*

Have the destination facility operator sign the tracking forms

A school nurse/teacher should not sign or be responsible for tracking of wastes

Leave 1 copy at destination facility and retain 1 copy

Mail 1 copy back to the school district designee* to document completion of disposal.

The school district will:

Maintain copies of all tracking forms for at least 3 years (Office of School Operations).

Complete and submit an annual report to the NYSDEC summarizing the amount of regulated medical waste disposed of, the disposal destinations, and the costs incurred.

5. Fines and penalties:

Rush-Henrietta Central School District acknowledges that improper or illegal storage, transport and disposal of medical waste could result in civil or criminal fines and penalties and that mismanagement of regulated medical wastes is punishable by a maximum of seven years in prison and fines up to \$150,000.

* - Director of School Facilities

VII

EMPLOYEE HEALTH RECOMMENDATIONS

A. HEPATITIS B PREVENTION THROUGH VACCINATION

The risk of health care workers contracting HBV infection is proportional to the frequency of routine exposure to blood or blood products. The occurrence of injury by needle sticks or sharps can result in the entry of blood or body fluids through open skin.

Rush-Henrietta Central School District acknowledges that those employees who are identified Category 1 in this written Infection Control program may be at risk for exposure to HBV. Therefore, Rush-Henrietta Central School District will offer the opportunity for Hepatitis B vaccination to those identified employees, free of charge, in accordance with the "Universal Guidelines" established by the Centers for Disease Control, OSHA Instruction CPL 2-2.44B, and NYS Labor Law Article 2, Section 27 (a) (3). Rush-Henrietta Central School District will provide Hepatitis B surface antibody testing 60- days post-vaccine. If negative, the series of three vaccines will be repeated, and Hepatitis B surface antibody retested. If still negative, the series does not need to be repeated a third time.

Employee Consent/Refusal Forms for Hepatitis B immunization will be maintained by Rush-Henrietta Central School District as part of the Infection Control Program.

Rush-Henrietta Central School District will provide antibody-testing for pre-exposure, by physician of choice, when and if employee comes in contact with large blood spill or large spill of potentially infectious body fluid. Post-exposure follow-up will be given.

Post-exposure follow-up vaccination will be offered, free of charge, to any Category 2 or 3 worker accidentally exposed because of a Good Samaritan Act.

B. EXPOSURE OF POSSIBLE INFECTIOUS MATERIALS

When a possible exposure has occurred, the district will follow the following procedures:

1. The SNT/RN will ascertain that an exposure has (may have) occurred. Criteria include (a) a parenteral exposure (needle stick or cut) or mucous membrane exposure (splash to eyes or mouth) to blood or other body fluids or (b) a cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis. An incident form (see page 29) should be filled out by the employee.
2. The SNT/RN will instruct the individual that he/she was exposed to possible infectious material and counsel the individual medical evaluation as indicated within twenty-four (24) Hours (see page 31-32).

3. The SNT/RN will notify the supervisor and the parent or guardian if exposure was to a student (see page 24).

4. The SNT/RN will complete the Blood and Body Fluids Incident Form (see page 29) and submit to:

Employees - Office of Human Resources

Students - Office of School Operations

NOTE: The incident form must be kept on file for thirty (30) years after the employment has been terminated. They will be microfilmed.

5. The SNT/RN will complete the "Exposure to Possible Infectious Materials or Blood containing Body Fluids" information sheet (see pages 31 & 32) and give to the individual. If the individual was bitten, the SNT/RN will give the Information Sheet on Biting (see page 37) to the individual.

6. The Supervisor will document the incident of exposure including the following:

A. Ensure the completion and distribution of appropriate forms (see pages 29-32).

B. Ascertain and document the extent that appropriate work practices were followed and protective equipment was used.

C. Document the counseling the individual received from the SNT/RN concerning the potential for infection from the incident.

D. Reinforce the need for medical evaluation and follow-up with the individual to reinforce again, if necessary.

E. Document the medical follow-up sought by the individual following the incident within 24 hours after the incident.

7. The SNT/RN will review the physician's written evaluation, diagnosis, treatment, and recommendations within 15 working days. However, in regard to HIV status, the employee's written permission is necessary for the physician to disclose information to the employer.

ALL INFORMATION SHALL BE HANDLED AS CONFIDENTIAL (see #4, above).

In addition to these records, make an appropriate entry on Form DOSH (Federal OSHA DOSH 200) 900 (New York State Dept. of Labor) - Accident/Illness and Injury Log following all incidents of exposure. Documentation must be kept for the length of the individual's employment plus 30 years.

C. DISCLOSURE OF HIV RELATED INFORMATION

In general, in schools, there is no need to know HIV status, since everyone is managed with Standard Precautions and Judicious Avoidance.

The 1989 NYS Confidentiality Law has placed limitations on accessing and disclosing personal HIV related information. Confidential HIV related information means any information indicating that a person had an HIV related test, has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to persons identified on the Authorization for Release of Confidential HIV Related Information form and with written consent of the infected individual.

If consent is refused, the exposed employee will be told that information on the source person's HIV status is unavailable, or a court order for release of such information may be sought under Public Health Law 1785.

Rush-Henrietta Central School District is familiar with the regulations and acknowledges that in situations in which HIV related information is known or disclosed, the informed party has an ethical and legal responsibility to maintain confidentiality.

If consent or release of information is refused, the exposed employee will proceed with medical management as though exposure to HIV did occur.

D. MANAGEMENT OF EMPLOYEES EXPOSED TO HEPATITIS B (see page 39-40)

The risk of infection following exposure to HBV is to be determined by the employee's personal physician and is based on a number of factors including life style, serological testing, the immune system of the exposed worker at the time of exposure and the implementation of a prophylaxis regimen.

If the exposed employee has completed the Hepatitis B vaccine series twice and/or has a serological marker for Hepatitis B surface antibody, Rush-Henrietta Central School District will request the employee to ask that the physician assess the need for booster doses of immunoglobulin and the vaccine. All other persons are considered non-immune and susceptible to HBV.

Rush-Henrietta Central School District offers guidance to private physicians (see page 33) to provider implementation of a prophylaxis regimen based on the risk category of the source person and the immune status of the exposed employee.

E. MANAGEMENT OF EMPLOYEES EXPOSED TO AN UNKNOWN SOURCE

If the source person cannot be identified, the Rush-Henrietta Central School District Medical Officer will assess appropriate follow-up procedures on an individualized basis.

VIII

REFERENCES

1. New York State Department of Health Memorandum: Series 89-74

Public Health Series: H-50, NH-42, HRF-42, HMO-20, HHA-25, D&TC-30, HOSPICE-22, PH-27

Subject: Recommendations for the prevention and management of blood borne disease transmission in health care settings.

Date: September 15, 1989

2. Centers for Disease Control: Recommendations for protection against viral hepatitis. Morbidity Mortality Weekly Report, 1985, 34(22) 330-332

3. New York State Department of Environmental Conservation, Division of Hazardous Substances Regulations: October, 1989 New Regulations for Off-Site Waste Management.

4. The University of the State of New York Education Department: Authorization for Release of Confidential HIV Related Information to the Superintendent of Schools and the Board of Education. OC-1 (6/89).

Rush-Henrietta Central School District

BLOOD AND BLOOD CONTAINING BODY FLUIDS INCIDENT FORM

Name _____ Student ID# or
Employee S.S. # _____

Home Address _____ Home Phone _____

School _____ School Code _____

Position _____ Supervisor/School Nurse _____

DESCRIPTION OF INCIDENT

A. Briefly describe what happened _____ Date _____
(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 instruments (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 blood/body fluids come in contact with your body? ☐ yes ☐ no
- b. What was the substance to which you were exposed?
☐ NA 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?
☐ NA ☐ yes ☐ unknown
- d. What part of your body was exposed to the substance? (check all that apply) ☐
mouth ☐ eyes ☐ nose ☐ skin (specify location) ☐ none

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/teacher 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/teacher:

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

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

1. In case of incident or injury to the school nurse/teacher or health professional:
 - a. Report incident to supervisor
 - b. Complete form

Signature of employee	Date	Time
-----------------------	------	------

Signature of Supervisor or School Nurse/Teacher	Date	Time
---	------	------

Maintain for duration of employee plus 30 years.

Rush Henrietta Central School District
INFORMATION SHEET

CONFIDENTIAL

EXPOSURE TO POSSIBLE INFECTIONS MATERIALS OR
BLOOD CONTAINING BODY FLUIDS - EMPLOYEE

You: _____ have been involved in an
incident listed below which may have exposed you to infected blood containing body fluid:

Certain serious blood borne infections such as Hepatitis B and AIDS may rarely develop as a result of this type of exposure. While the likelihood of infection in our school district is very minimal, we are obligated to inform you of this risk, and to advise you to call your own doctor today to determine whether there was sufficient exposure to warrant testing and/or prophylactic inoculation. Broken skin can also result in other minor or more serious infections, including but not limited to tetanus or other superficial skin infections.

Please understand that the school district cannot require an individual to undergo a blood test. Any decisions for blood testing or treatment are PRIVATE between you and your personal physician. If other individuals were involved in the exposure, their contact information is included below for your physician to communicate with their physician about risk factors.

**Rush Henrietta Central School District
INFORMATION SHEET**

CONFIDENTIAL

**EXPOSURE TO POSSIBLE INFECTIONS MATERIALS OR
BLOOD CONTAINING BODY FLUIDS - STUDENT**

Your Child: _____ have been involved in an
incident listed below which may have exposed you to infected blood containing body fluid:

Certain serious blood borne infections such as Hepatitis B and AIDS may rarely develop as a result of this type of exposure. While the likelihood of infection in our school district is very minimal, we are obligated to inform you of this risk, and to advise you to take your child to his/or her own doctor today to determine whether there was sufficient exposure to warrant testing and/or prophylactic inoculation. Broken skin can also result in other minor or more serious infections, including but not limited to tetanus or other superficial skin infections.

Please understand that the school district cannot require an individual to undergo a blood test. Any decisions for blood testing or treatment are PRIVATE between families and their personal physician. . If other individuals were involved in the exposure, their contact information is included below for your physician to communicate with their physician about risk factors.

CONFIDENTIAL

Dear Physicians,

The table below was supplied to the Rush Henrietta Central School District by the State Education Department as medical guidance for hepatitis B prophylaxis following percutaneous exposure. The table on the reverse side is from the Centers for Disease Control as medical guidance for HIV.

We share it with private physicians when possible exposure to infectious materials is thought to have occurred. Therefore, the following is for your information and use as you deem appropriate.

Sincerely,

Dr. Jay Elle

Exposed Employee: _____

<u>Source Patient</u>	Unvaccinated	Vaccinated
HBsAg-positive	1. HBIG x 1 immediately (a) 2. Initiate HB vaccine series (b)	1. Test exposed person for anti-HBs 2. If inadequate antibody(c) HBIG (x 1) immediately plus HB vaccine booster dose 3. If adequate antibody, no further action required.
Known source High-risk for being HBsAg-positive	1. Initiate HB vaccine series. 2. Test source for HBsAg. If positive, HBIG x 1.	1. Test source for HbsAg only if exposed is vaccine non-responder: if source is HBsAg-positive, give HBIG x 1 immediately plus HB vaccine booster dose.
Low-risk for being HBsAg-positive	1. Initiate HB vaccine series.	1. Nothing required.
Unknown source	1. Initiate HB vaccine series.	1. Nothing required.

a.) HBIG dose 0.06 ml/kg IM

b.) HB vaccine dose 20 ug IM for adults; 10 ug IM for infants or children under 10 years of age¹
First dose within one week: second and third doses, one and six months later.

c.) Less than 10 SRU by RIA, negative by EIA.

Reference: Centers for Disease Control, Recommendation for protection against viral hepatitis.
Morbidity

Mortality Weekly Report. 1985, 34(22) 330-332.

¹As new vaccines are approved for use, vaccine dosage may vary. Follow the manufacturer's recommendations for the product being used.

**Table 3.30 Public Health Service Recommendations
for Chemoprophylaxis After Occupational Exposure to HIV,
by Type of Exposure and Source Material** * (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>)

Type of Exposure	Source Materials [†]	Antiretroviral Prophylaxis [‡]	Antiretroviral Regimen [§]
Percutaneous	Blood		
	Highest risk	Recommend	Zidovudine plus lamivudine plus either indinavir or nelfinavir
	Increased risk	Recommend	Zidovudine plus lamivudine plus either indinavir or nelfinavir
	No increased risk	Offer	Zidovudine plus lamivudine
Mucous Membrane	Fluid containing visible blood, other potentially infectious fluid [¶] , or tissue	Offer	Zidovudine plus lamivudine
	Other body fluid (e.g., urine)	Not offer	
	Blood	Offer	Zidovudine plus lamivudine with or without either indinavir or nelfinavir
	Fluid containing visible blood, other potentially infectious fluid [¶] , or tissue	Offer	Zidovudine with or without lamivudine
Skin, increased risk [⊖]	Other body fluid (e.g., urine)	Not offer	
	Blood	Offer	Zidovudine plus lamivudine with or without either indinavir or nelfinavir
	Fluid containing visible blood, other potentially infectious fluid [¶] , or tissue	Offer	Zidovudine with or without lamivudine
	Other body fluid (e.g., urine)	Not offer	

* Centers for Disease Control and Prevention. Public Health Service guidelines for the management of health care worker exposures to HIV and recommendations for post exposure prophylaxis. *MMWR Morb Mortal Wkly Rep* 1998;47(RR-7);1-33. HIV indicates human immunodeficiency virus; AIDS, acquired immunodeficiency syndrome. See also <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

† Any exposure to concentrated HIV (e.g., in a research laboratory or production facility) is treated as percutaneous exposure to blood with highest risk. *Highest risk*, exposure that involves BOTH a larger volume of blood (e.g., deep injury with large diameter hollow needle previously in source patient's vein or artery, especially involving an injection of source-patient's blood) AND blood containing a high titer of HIV (e.g., source with acute retroviral illness or end-stage AIDS; viral load measurement may be considered, but its use in relation to post exposure prophylaxis has not been evaluated). *Increased risk*, EITHER exposure to a larger volume of blood OR blood with a high titer of HIV. *No increased risk*, NEITHER exposed to larger volume of blood NOR blood with a high titer of HIV (e.g., solid suture needle injury from source patient with asymptomatic HIV infection).

‡ *Recommend*, post exposure prophylaxis should be recommended to the exposed worker with counseling. *Offer*, post exposure prophylaxis should be offered to the exposed worker with counseling. *Not offer*, post exposure prophylaxis should not be offered because it is not an occupational exposure to HIV.

§ Regimens for adults: zidovudine, 200 mg 3 times a day; lamivudine, 150 mg twice a day; indinavir, 800 mg 3 times a day (if indinavir is not available, ritonavir, 600 mg twice a day, or saquinavir, 600 mg 3 times a day, may be used); nelfinavir, 750 mg 3 times a day. Prophylaxis is given for 4 weeks. For full prescribing information, see package inserts. Possible toxic effects from indinavir or nelfinavir may not be warranted (see text).

⌈ Includes semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.

⌋ For skin, risk is increased for exposures involving a high titer of HIV, prolonged contact, an extensive area, or an area in which skin integrity is visibly compromised. For skin exposures without increased risk, the risk for toxic effects of the drug outweighs the benefit of post exposure prophylaxis.

RUSH-HENRIETTA CENTRAL SCHOOL DISTRICT

INFORMATION SHEET ON BITING WOUNDS

Superficial bites without a break in the skin generally do not pose risk of infection. However, bruising beneath the skin and swelling may occur and may be reduced by ice compresses to protected skin. If the skin has been broken, there is a greater risk of infection. The wound itself was properly cleansed with soap and water and dressed as needed. However, despite these precautions the area needs to be carefully observed for redness, swelling, heat, discharge, or pain. Any of these symptoms could indicate that a superficial infection is brewing and may require antibiotic treatment from your physician. Broken skin bites on the face or hands need to be evaluated by your physician, because the risk of infection in these areas is higher.

Furthermore, when the skin has been broken, there is a minimal risk of an exchange of blood and saliva between the biter and the person bitten. The County Health Department and the Center for Disease Control in Atlanta, Georgia, both acknowledge that the risk of developing more serious illnesses such as Hepatitis B or C is slight; however, the risk is present nonetheless. (AIDS has never been reported to be transmitted by a bite.) Therefore, we wish to advise you to call your own physician today to discuss whether any further treatment is indicated. Please understand that while it is unlikely that your physician will choose to vaccinate or to provide prophylaxis with an injection of immunoglobulin, or anti-viral drug, this is a decision that must be made by your physician and yourself. Additionally, such a decision must be made immediately, ideally within 24 hours of the bite and up to seven days after the bite. Updated tetanus vaccine status should be checked, and monitoring for other superficial skin infection is warranted.

Parents of a student bitten in school will sometimes request to know whether the people involved are carriers of Hepatitis B, C or AIDS. The school district does not have that information and is unable to require that an individual undergo a blood test. We encourage parents of involved students to talk with one another or to have their physicians communicate directly should they have any questions. Any decision made by the parents for the mutual testing of their children is a decision that must be made independent of the District. . If other individuals were involved in the exposure, their contact information is included below for your physician to communicate with their physician about risk factors.

In summary then, please remember that:

1. You should call your physician today to discuss prophylaxis remembering that the risk of serious illness is minimal.
2. You should monitor the bite for the next several days for signs of infection and call your physician if needed. Check tetanus immunization status.
3. You may call the school nurse/teacher for medical questions or the Assistant Superintendent of Student and Family Services for other concerns.

HEPATITIS B INFORMATION SHEET

(See also <http://www.cdc.gov/vaccines/pubs/vis/default.htm#hepa>)

IMMUNIZATION AGAINST HEPATITIS B

As a part of procedures required to remain in compliance with state OSHA regulations regarding workplace safety, the District is now required to make available to certain staff, whose job responsibilities might place them at risk for a blood borne pathogen exposure, the vaccine against hepatitis B and post vaccination testing. The need for this policy is based on the risk of handling potentially infected body secretions, especially blood or mucus.

Hepatitis B vaccine has been available for almost a decade, and its safety and effectiveness in promoting immunity are well established. The shot is made from sterilized fluid and purified surface antigen of the virus. There are virtually no serious side effects. The side effects most frequently were reported in only between 1% and 10% of over 10,000 people studied were generally mild. These included local pain, swelling and redness at the injection site, fatigue, low grade fever, and headache or dizziness. However, as with any other drug, there is a risk of an allergic reaction in less than 1% if the population studied. The vaccine produces immunity in well over 89-90% of persons treated. It is unclear at this time how long that immunity lasts, but we know it lasts at least for as long as it has been given to date. The vaccine is given in three shots for pre-exposure protection. The first shot is given in the arm. Thirty days later the second shot is given in the arm. Six months later the last shot is given in the arm.

People with known allergies to yeast or thimerosal, a preservative, should not take the vaccine. People who have a severe allergic reaction to the first shot should not complete the series. Pregnant women and nursing mothers should only take the vaccine if they are at serious risk for contracting Hepatitis B.

Pre-exposure prophylaxis is what we are offering you now. It means that you have not been exposed to Hepatitis B, but you are taking the shot to immunize and protect yourself should you accidentally become exposed at a later date. Post-exposure prophylaxis occurs after you have promptly reported to your supervisor that you believe you have been exposed to blood or body fluid containing blood. You will then be offered the opportunity to take the vaccine, if you choose not to get the shot at this time, along with a dose of immune globulin against Hepatitis B. The protection rate for both pre and post exposure prophylaxis is essentially the same. Neither is a guarantee that you will not contract the disease, but both provide excellent protection. The best protection remains not participating in high risk behaviors and in using good standard precautions and judicious avoidance all the time treating everyone as if they have a blood borne pathogen.

Post-Exposure Management and Prophylaxis

ALL staff, whether immunized or not, contaminated with body fluid must report to the immediate supervisors as soon after exposure as possible. While the district physician is available to answer questions and provide information to staff, all known exposures should be evaluated by either the person's private physician or a local emergency department within 24 hours of exposure. Appropriate incident reports need to be filed in a timely fashion according to district practice. The district cannot force any person to undergo testing or to divulge if they have a known blood borne pathogen. In cases where a staff member is exposed to another individual's blood, the two individuals are encouraged to communicate with one another to determine the risk to the exposed person and to have their private health care providers communicate with one another about risk factors.

Management of individuals exposed to Hepatitis B varies according to the risk category of the source of contamination and the immune status of the exposed individual (that is, whether they have already had the Hepatitis B vaccine or not, among other things). Administration of any post-exposure prophylaxis should be done within 24 hours of exposure and no later than 7 days post-exposure to be effective.

The following is a summary of procedures with respect to hepatitis B vaccine, exposure, and the difference between pre-exposure prophylaxis and post-exposure prophylaxis:

1. For pre-exposure prophylaxis, staff with a history of hepatitis B vaccination will be offered a blood test for antibody to the virus; a positive test makes the vaccine unnecessary.
2. For pre-exposure prophylaxis, staff without a history of hepatitis B vaccination will be offered the vaccine at no cost and appropriate blood testing 60 days later and will be encouraged to receive it as soon as possible, prior to exposure. If the first series did not "take", a second series and test will be offered. If the second series did not work, no further vaccine will be offered.
3. For post-exposure prophylaxis, in the event of true exposure to body fluids on broken skin or mucus membranes, immediate prophylaxis will be offered to the exposed staff, by the supervisor. Such services will be provided by the doctor of the staff's choice and paid for by the district. For those who have not received the shot, post-exposure prophylaxis included a shot of HBIG (hepatitis B immune globulin) and hepatitis B vaccine.
4. If the exposed staff has already been vaccinated, a blood test for antibody to hepatitis B will be offered (in other words, a test to see if the shot worked and is providing protection), provided by the private provider of the staff's choice and paid for by the district. If the test is positive, neither HBIG nor vaccine will be necessary.

At this time, we are asking you to decide if you would like to receive the vaccine at no cost to you, because your job responsibility may place you at risk for accidental blood borne pathogen exposure. You are not obligated to take the vaccine. However, if you decide not to take the vaccine at this time, you can change your mind at any time in the future, and it will be offered to you at no cost.

Please fill out the attached form and return it to the District Medical Officer/NP, and feel free to call the District NP or Dr. Jay Elle of Workfit if you have any questions.

HEPATITIS B VACCINE

ACCEPTANCE STATEMENT

I understand that my job responsibilities may place me at risk of exposure to blood borne pathogens. The district has informed me of the risks and benefits of pre-exposure prophylaxis. (Please check one):

_____ I choose at this time to accept the vaccine at no cost to myself and to be given at a time and site as arranged by the district within 30 days from the date of this letter. I understand that the vaccine does not guarantee that I will not get Hepatitis B upon exposure, that it only lowers the risk. I further understand that I must practice careful standard precautions. I also understand I must still report any possible exposures to my supervisor within 24 hours.

_____ I believe I have either been exposed to the virus already or have already had the vaccine and would like an antibody blood test. I will make my decision to receive the Hepatitis B vaccination accordingly.

Employee's Name

Date

DECLINATION STATEMENT

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 increased 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.

Employee's Name

Date

RUSH-HENRIETTA CENTRAL SCHOOL DISTRICT
Hepatitis "B" Inoculation Tracking Record

Employee Name _____

Department _____ Building (if applicable) _____

School Phone _____ Home Phone _____

Hepatitis "B" Series

First Injection

Date Vaccine Administered _____ Clinic/Office Address _____
Vaccine Manufacturer _____
Vaccine Lot Number _____
Site of Injection _____

Signature of Vaccine Administrator _____
Title of Administrator _____

Second Injection (1 month after first dose)

Date Immunization Scheduled _____
Date Vaccine Administered _____ Clinic/Office Address _____
Vaccine Manufacturer _____
Vaccine Lot Number _____
Site of Injection _____

Signature of Vaccine Administrator _____
Title of Administrator _____

Third Injection (6 months after first dose)

Date Immunization Scheduled _____
Date Vaccine Administered _____ Clinic/Office Address _____
Vaccine Manufacturer _____
Vaccine Lot Number _____
Site of Injection _____

Signature of Vaccine Administrator _____
Title of Administrator _____
Signature of Employee _____ (after 3rd dose)

Inoculations to be given
at _____ by _____.

Hepatitis B surface antibody (60 days after the third injection) Date of test _____ positive
_____ negative _____

Note: Negative test results following first series makes employee eligible for second series and retesting. If still negative following the second test, the person is considered a non-responder, a third series is not indicated, and the individual should be advised to be evaluated by the private health care provider to determine if they have chronic HBV infection. If that evaluation is negative, and if they have an exposure, they will need to receive appropriate medical treatment with immunoglobulin.

Test reviewed

by _____ Date _____

Original to District Medical Officer/NP Office

-

Copy to Employee Medical File

**PROCEDURE FOR HANDLING
BLOOD AND BLOOD-CONTAINING BODY FLUID SPILLS**

1. Stay calm
2. Call school nurse/teacher
3. Keep students away from spill
4. Call for custodial cleanup

REMEMBER ALWAYS TO USE STANDARD PRECAUTIONS AND JUDICIOUS
AVOIDANCE.

WEAR YOUR GLOVES IF YOU CHOOSE TO ASSIST A STUDENT

NOTIFY YOUR SUPERVISOR IMMEDIATELY IF YOU THINK YOU MAY HAVE BEEN
EXPOSED TO BLOOD OR BLOOD CONTAMINATED BODY SECRETIONS

**RUSH-HENRIETTA CENTRAL SCHOOL DISTRICT
FIRST AID PROCEDURES UNTIL HELP ARRIVES**

You are not required to provide first aid. You are only required to provide reasonable assistance to ensure the student is safe and appropriate help is sought. Use judicious precautions in handling all emergencies. Protect yourself first by using universal precautions.

- Asthma:** Keep student calm. Notify Health Office and /or parent.
- Back Injuries:** Keep flat position. Do NOT move. Notify Health Office and/or parent immediately. If unavailable, obtain medical help immediately.
- Bee Stings:** Notify Health Office and /or parent immediately. If unavailable, obtain medical help. Watch for breathing.
- Bites:** Wash thoroughly with soap and water. Cover with a clean cloth or pad. Notify Health Office and /or parent. If human bite, refer to nurse immediately.
- Breathing:** Try to wake person. If no response, tip head back with one hand on forehead. Place fingers of other hand under lower jaw near chin and lift chin. Check to see if breathing by watching chest rise and fall and listening and feeling for breathing. If not breathing, consider mouth to mouth resuscitation if mask available and get help immediately.
- Bruises:** Apply cold to area. Elevate arm or leg. Notify Health Office and /or parent.
- Burn:** **MINOR**—place under cold running water immediately. Notify Health Office and /or parent.
SEVERE—Cover with dry, sterile cloth. Notify Health Office and /or parent. Obtain medical help immediately.
- Chemicals:** **EYES**—Rinse immediately under cold running water for 15 minutes. Injured eye should be lower than other eye, so contaminated water does not run into good eye. Notify Health Office and /or parent. Obtain medical help immediately.
SKIN—Rinse immediately under cold running water for 15 minutes. Notify Health Office and /or parent. Obtain help immediately.
- Choking:**
1. IMPORTANT: Ask: “Are you choking?” If victim can speak, breathe, cough; stand by but DO NOT INTERFERE.
 2. CALL AMBULANCE if victim cannot breathe, speak, cough.
 3. IF VICTIM IS CONSCIOUS: Perform Abdominal Thrust maneuver. Repeat until food is forced out.
 4. IF VICTIM IS UNCONSCIOUS: Clear mouth, wearing latex gloves. Then perform Heimlich maneuver 6-10 times. Repeat steps until food is forced out.

- Convulsions:** Place on floor. Remove nearby objects. Note time. Do NOT place anything in mouth. Do not handle person, but roll them on their sides if they start to choke or vomit. Notify Health Office and /or parent. Obtain medical help immediately.
- Cuts:** Use latex gloves before touching open wounds. If possible, give gauze to student and allow student to cover wound.
- SMALL—Wash with soap and water and rinse. Cover with band aid. Notify Health Office and /or parent.
- LARGE—Apply dressing. Press firmly and elevate to stop bleeding. DO not remove first dressing. Notify Health Office and /or parent immediately. If unavailable, obtain medical help immediately. Notify nurse and supervisor immediately if you believe you have been exposed to blood.
- Drug Overdose:** Notify Health Office and /or parent immediately. If unavailable, call LIFELINE, 275-5151 or 911. Watch for breathing difficulties.
- Ear:** Foreign objects - DO NOT REMOVE. Notify Health Office and /or parent immediately.
- Fainting:** Keep in flat position. Turn head to side. If breathing difficulties, elevate head and shoulders. Notify Health Office and /or parent.
- Fractures:** DO NOT move injured part. Notify Health Office and /or parent immediately. If unavailable, obtain medical help.
- Head Injuries:** DO NOT MOVE. Notify Health Office and /or parent. If unavailable, obtain medical help.
- Neck Injury:** DO NOT allow head to move. Notify Health Office and /or parents immediately. If unavailable, obtain medical help.
- Nosebleeds:** Sit upright. Give student gauze or Kleenex and have student apply direct pressure to nose by squeezing outside of nostrils with thumb and index finger for 10 minutes. Do not lean head back. Notify Health Office and /or parent. Notify nurse and supervisor if you think you have been exposed.
- Poisoning:** Notify Health Office immediately. If unavailable, call LIFELINE, 275-5151 or 911. Watch for breathing difficulties.

- Shock:** Shock should be considered in all injuries. Treatment consists of: keep person lying down. If breathing difficulties, elevate head and shoulders. Maintain normal body temperature and obtain proper medical help.
- Sprains:** Do not move injured part. Apply cold to injured part. Notify Health Office and /or parent immediately.
- Teeth:** If tooth is knocked out or chipped: Notify Health Office and /or parent immediately. Have student place tooth back in socket. If this is not possible have student hold in mouth or place in milk. Notify nurse and supervisor if you have been exposed to blood.

CONTAGIOUS DISEASE GUIDELINES

The following is a list of commonly encountered contagious conditions with suggestions for reasonable restrictions until the condition clears. These are meant only to be guidelines. Judgment must be made by the nurse as to the severity of the condition and the need for and/or responsiveness to therapy. In severe cases, upper limits would be more suitable. In mild cases, restriction may not be necessary if the child starts therapy promptly. Readmission to school should check in through the nurse's office. The district's policy relating to "Contagious, Infectious and Communicable Diseases" should be reviewed and implemented whenever possible. Communication and positive interaction with parents is essential. Efforts must be made to ensure confidentiality, minimize panic, and notify the school physician as needed. In the event a child presents with new onset of symptoms that may potentially suggest the presence of a contagious illness, but the child has not yet been diagnosed by a physician with the specific disease entity, then the nurse must not make a presumptive diagnosis. She must assume potential infectiousness, describe symptoms and findings to the parent, and isolate the student until the parent picks up the child to be seen and diagnosed by their physician. A suspected highly contagious condition warrants that the child not be returned to the classroom to pick up their own belongings.

CONTAGIOUS DISEASE GUIDELINES

Condition	Able to be in school	Comment	Other Restrictions
Bronchitis	Controlled cough Absence of fever	None	None
Chicken Pox	When student is not clinically ill and after last pustule is crusted and dry; or on sixth day after onset of rash if all lesions are crusted.	Parent advisory letter. Contacts do not need to be excluded but parents of elementary age children should be notified of index case outbreak.	None
Conjunctivitis			Parent advisory letter. Student may remain till end of day with education about hand washing for non-purulent conjunctivitis (pink conjunctive clear, watery discharge, no fever, eyelid redness, or eye pain). Exclude student eye pain, blisters or redness of eyelids or skin surrounding eye, or impaired vision until examined by a physician and approved for readmission.
1) Viral	yes	Suggest good hand washing to parent and teacher	
2) Bacterial	yes	“	
3) Allergic or Chemical	yes	None; severe cases should be referred to own physician but exclusion is not necessary	

Condition	Able to be in school	Comment	Other Restrictions
Coxsackie (Hand-Foot-Mouth Disease)	Yes	Special classrooms for students with bladder or bowel incontinence may require special handling: call school physician	Good hand washing and hygiene are essential
Fever	Temperature less than 38°C (100.4°F) and student is not clinically ill.		May return to school if afebrile off all antipyretics for 8 hours
Fifth's Disease	Yes	Rash may occur intermittently for weeks; good hand washing and proper disposal of tissues with respiratory secretions are essential.	Advise pregnant staff to notify Ob-Gyn
Gastroenteritis	Absence of fever or vomiting		Diarrhea in non-toilet trained individual require exclusion
Hepatitis A B C	Seven days after onset of illness or jaundice or note from physician Exclusion per family physician based upon clinical symptoms Exclusion per family physician based upon clinical symptoms	Parent advisory letter from Health Department Standard precautions and confidentiality apply Standard precautions and confidentiality apply	Diarrhea in non-toilet trained individual requires exclusion. Food handlers require consultation with school doctor

Condition	Able to be in school	Comment	Other Restrictions
Herpes (Oral or Genital)	No exclusion	Notify parents of immune suppressed contacts	No contact sports until lesions are gone
Herpes Zoster (see Shingles)			
Impetigo	After 24 hours of Rx or until lesions are no longer weeping	Parent advisory letter	No contact sports, swimming or locker room until lesions are dry and crusted
Infectious Mononucleosis	Once physician diagnosis is made, exclude till recovery is confirmed by private physician (usually after absence of fever or exudative-pharyngitis)	Able to be in school	No sports if spleen is enlarged and until private physician releases. Standard Precautions
Measles	Upon clinical recovery; 6 days after onset of rash	Parent advisory letter	
Mumps	9 days after onset of swelling	Parent advisory letter	
Pinworms	Yes	Good hand washing is essential Reinfestation is common Parent advisory letter	
Pediculosis (Head Lice)	After approval and adequate treatment has begun;*adequate treatment is 4oz. per 6" of hair; for 3rd reinfestation, or if 3 or more cases in a classroom, nurse may consider exclusion until nit free	Immediate exclusion of all persons infested with live adult lice. If only nits present, child can finish end of school day. Letter home to families.	Note: Nits greater than 3/4" on hair shaft from scalp should be considered nonviable.

Condition	Able to be in school	Comment	Other Restrictions
Scabies	24 hours after treatment with effective Scabicial agent (Note: rash may still be present)	Immediate exclusion of any individual infested with untreated scabies. Letter home to families	
Sexually Transmitted Disease	After treatment has begun	Refer contact to Health Department or private MD	Ensure confidentiality as long as child is demonstrating proper medical management
Shingles	See Chicken Pox for lesions unable to be completely covered by clothing. Child may be in school when uncovered lesions are dry and crusted	If lesions are able to be completely covered by clothing and patient is not clinically ill, patient may be cleared for early admission by school physician	
Strep Throat and/or Scarlet Fever	24 hours after treatment was initiated, if afebrile and feeling well	For multiple classroom outbreaks, contact school physician. Letter home to families	
Tinia (Ringworm) Capitis	24 hours after institution of Rx	Note from MD or parent stating child is on Rx	No contact sports, swimming, or locker room privileges for 72 hours of Rx unless site is completely occluded. Flip flops in locker room.
Corporis or Pedis	24 hours after institution of topical Rx	Note from MD or parent stating child is on Rx	

Condition	Able to be in school	Comment	Other Restrictions
Tuberculosis (active infectious)	Exclude until Health Department has determined child is not infectious		
Upper Respiratory Infection	Absence of fever; controlled cough		
Warts (all sizes)	Yes, but refer to doctor	No bare feet in locker room or during competition	
Whooping Cough	4 weeks after onset of first cough, or 1 week after last whoop heard, or 5 days after appropriate antibiotic	Consult with school physician and Health Department on all cases	Confirmed cases will require letter of notification to entire building
Zoster (see Shingles)			

Reportable diseases - For illnesses such as those covered by standard immunizations among other Health Department reportable illnesses, please involve the Health Department. They have standard approaches and letters for the problem mentioned. The Infection Control Nurse at the Infectious Diseases Unit of the Health Department is the appropriate resource to call. Do not send out letters without input in these major diseases.

If you have questions, please call the District NP /WorkFit physician before sending out letters to families.

Medical Waste Contract

DIVISION OF
SAFETY AND HEALTH

PUBLIC EMPLOYEE
SAFETY AND HEALTH BUREAU

PESH
STAFF DIRECTIVE

August 12, 1992

PESH ALL STAFF DIRECTIVE A92-5

SUBJECT: Application of the Blood borne Pathogen
Standard to First Aiders

Attached is a notice from OSHA describing the provision for providing hepatitis B vaccination to first aiders. PESH policy will be consistent with this memorandum and citations will not be issued in cases where the OSHA policy says that the violation is *de minimus*.

Further clarification of the OSHA memorandum is provided here:

1. This policy is pertinent only to first aid tasks and does not apply to other tasks where there is potential exposure (needle sticks, etc.).
2. The policy does not apply to public safety workers who intermittently perform first aid. These workers are covered under the pre-vaccination provisions of the Standard.
3. Examples of public sector workers who would meet the criteria for exemption and thereby need only be offered post vaccination:
 - Security guards in an office building.
 - Coaches in a school athletic program.
 - Bus drivers for a school district who are designated and trained to perform first aid.
 - DPW/DOT or other field type workers trained and designated to perform first aid in the event of an accident.
 - Office workers designated and trained to perform first aid.

These workers would be exempt if they have been designated and trained to perform first aid. These are only a few examples, this is not an all-inclusive list:

•• Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs.

... Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time as well as a determination of whether an exposure incident, as defined in the standard, has occurred.

... Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.

... First aid providers must receive training under the blood borne pathogens standard that covers the specifics of the reporting procedures.

... All first aid providers who need assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must be offered the full immunization series- - as soon as possible but in no event later than 24 hours. If an exposure incident as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

The new policy is effective immediately.

#

The text of this news release is available from the Department of Labor electronic bulletin board, LABOR NEWS. User costs are limited to a toll call. LABOR NEWS Phone: 202-523-4784; 1200 or 2400 BAUD; Parity: None; Data Bits=8; Stop Bit=1; Voice phone 202-523-7343

This information will be made available to sensory impaired individuals upon request. Voice phone: 202-523-8151. TDD message referral phone: 1-800-326-2577.

BULLETIN

FIRST AID PROVIDERS MAY RECEIVE HEPATITIS B VACCINE UPON EXPOSURE, OSHA SAYS

The U.S. Labor Department's Occupational Safety and Health Administration (OSHA) announced it will allow employers to offer hepatitis B vaccinations to certain employers after they're given first aid, rather than offering pre-exposure vaccinations.

Based on the low risk of exposure for these first aid providers, OSHA believes that post-exposure prophylaxis, including hepatitis B vaccination within 24 hours of possible exposure, both minimizes the risk to employees and lessens demands on limited supplies of the vaccine.

OSHA is revising the inspection directive issued under its blood borne pathogens standard. OSHA will consider it a *de minimis* violation - a technical violation carrying no penalties - if employees who administer first aid as a collateral duty to their routine work assignment are not offered the hepatitis B vaccination until they give aid involving blood or other potentially infectious materials. In these circumstances, no citation will be issued.

All other requirements of the standard apply to employers with employees who are designated to render first aid on the job.

The *de minimis* classification for failure to offer hepatitis B vaccination in advance of exposure would NOT apply to personnel who provide first aid at the first aid station, clinic or dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work.

Exceptions would be limited to persons who render first aid only as a collateral duty, responding solely to injuries resulting from

workplace incidents, generally at the location where the incident occurred. To merit the *de minimis* classification, the following conditions also must be met:

Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs.

Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time as well as a determination of whether an exposure incident, as defined in the standard, has occurred.

Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provide to OSHA upon request.

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The new policy is effective immediately.

**United States
Department
of Labor**

Office of Information

Washington, DC 20210

Occupational Safety and Health
Administration

CONTACT:	Susan Hall Fleming	USDL; 92-436
OFFICE:	(202) 523-8151	FOR RELEASE: IMMEDIATE
HOME:	(703) 354-1861	Mon., July 6, 1992

**FIRST AID PROVIDERS MAY RECEIVE HEPATITIS B VACCINE UPON EXPOSURE,
OSHA SAYS**

The U.S. Labor Department's Occupational Safety and Health Administration (OSHA) today announced it will allow employers to offer hepatitis B vaccinations to certain employees after they've given first aid rather than offering pre-exposure vaccinations.

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Exceptions would be limited to persons who render first aid only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. To merit the *de minimis* classification, the following conditions also must be met:

nor does it mean that every employee in these job titles is covered. These employees must be included in the Exposure Control Plan and all other elements of 1910.1030 must be in compliance.

4. Examples of employees who do not meet the exemption criteria and must be covered under 1910.1030:

- School nurses
- Teachers in developmentally disabled settings or youth detention facilities
- Firefighters
- Police
- Emergency Medical Service Personnel

5. Examples of employees who are not covered at all under 1910.1030:

Bus drivers} unless they are designated and trained
Teachers} to perform first aid.

Office or other} who may have been trained as a benefit
type workers} of employment but are not designated to perform
first aid.

Good Samaritan Acts are still not covered under the Standard.

6. If an employer is claiming exemption from pre-vaccination of workers, he must be in compliance with all elements, items 6 (a) - (c) of the OSHA memorandum. If all of these elements are not in place, the exemption is not applicable and a citation for 1910.1030 (f)(2)(i) will be issued.

Patricia Adams
Program Manager - PESH

PA:af
Encl.

STANDARD OPERATING PROCEDURES

STANDARD OPERATING PROCEDURES
FOR
SPECIAL EDUCATION CLASSROOM, DAY CARE AND EARLY CHILDHOOD STAFF
AND SUBSTITUTES
ONE TO ONE AIDS AT RISK BY ASSIGNMENT OF CERTAIN DANGEROUS STUDENTS
BUILDING PRINCIPALS AND ASSISTANT PRINCIPALS, DISTRICT YOUTH
ASSISTANTS
Category 1

The special classroom may pose some increased risk of infection for both the staff and students. Students who have special needs should have a written procedure to follow to meet their special health care needs. It is essential that routine procedures be followed by staff and students to maintain a clean and safe environment for all and to avoid cross-contamination.

Teachers and instructional aides in facilities where instruction is provided for the developmentally disabled are at increased risk due to children's vulnerability to injury, special medical needs, sometimes aggressive behavior, and dependence on adults for personal care.

Among developmentally disabled children, there may be some who are carriers of HBV. Between 25% and 50% of children infected before age 5 become carriers. Over 98% of developmentally disabled students were instructed in public facilities during the 1986-87 academic year. A pregnant staff person who may become infected, has a 90% chance of infecting her newborn. Therefore, some or all staff working with the developmentally disabled may be covered under the OSHA Blood borne Pathogen Standard.

Building Principals, Assistant Principals, and District Youth Assistants may have need to intervene in physical altercations between students and are at increased risk for exposure to blood and body fluids. Therefore, they meet the criteria established for designation as Category 1.

Everyone should practice proper hand washing techniques, before and after assisting children with feedings, running noses, diapering, etc. Wearing a clean smock over street clothes is also advisable. Spills need to be properly removed, play areas and articles routinely cleaned. Waste receptacle with disposable plastic bags need to be accessible and emptied daily.

1. All Category 1 personnel identified at risk for occupational exposure to Blood borne Pathogen should have on hand disposable non-latex gloves, plastic bags, disposable towels, disposable soap or alcohol twilights (or dispenser soap and water), sanitary absorbent agent, and bleach (1:10) or an EPA-approved disinfectant.

Staff should always direct or help an individual involved with a blood/body fluid incident to care for him/herself with minimal contact to the staff member. However, there are situations when a staff person will need to intervene and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. In most instances the staff member should not be expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff should be called for clean-up.

When a staff member needs to intervene and implement “standard precautions,” they do so from an informed, voluntary response under the “Good Samaritan Act” and use prudent public health protective procedures.

2. If an accident involving a blood/body fluid spill occurs, the individual should be encouraged to tend to his/her own injury. For example, if student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If the individual needs assistance, first aid and clean-up, it should be initiated by the individual identified under the exposure control plan.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. any blood-stained materials should be placed in a sealable plastic bag
 - c. clean and disinfect all soiled surfaces immediately; follow standard operating procedures or contact the appropriate personnel for clean-up
 - d. discard all disposable cleaning materials in a sealable plastic bag
 - e. remove gloves following proper procedures
 - f. wash hands thoroughly with soap and water using hand washing procedures
3. Apply sanitary absorbent agent for larger soiled areas. Keep students away from area of blood/body fluid spill until area is cleaned and disinfected. Follow standard operating procedures or call appropriate personnel for clean-up (designated custodial staff).
4. Assisting with the change of a menstrual pad
Equipment needs:
 - Disposable non-latex gloves
 - Disposable towels
 - Readily accessible hand washing facility including dispenser-style liquid soap
 - Plastic bag for disposal
 - Clean pad (and belt if needed)
 - Clean clothes

Procedure:

- Wear disposable non-latex gloves when assisting a student with limited physical or mental abilities in changing menstrual pads.
- Prepare disposable towel with soap and water.
- Wearing gloves, remove clothing, soiled pad and place in separate plastic bags. Send clothing home to parent in plastic bag.
- Clean any blood from student’s skin with soap, water and disposable towel. Place in disposable bag with soiled pad.
- Wash gloved hands.
- Put clean pad and clothes on student.
- Encourage student to wash her own hands if hands become soiled on toilet seat or floor per standard operating procedure. For major blood spills, contact school custodian.
- Remove gloves and place in disposable plastic bag with soiled pad.
- Wash hands thoroughly with soap and water using hand washing procedures.

5. Diapering Equipment needs:

- Changing table: student's own bed, cot, mat or safe, firm nonporous surface (clean and sanitized).
- Readily accessible hand washing facility, including hot and cold running water, liquid soap and disposable paper towels.
- Supplies for cleaning student's skin, disposable baby wipes, soap, water and cotton balls or soft tissue and clean disposable diaper.
- Plastic bags for student's soiled clothing.
- Covered waste receptacle, inaccessible to students, lined with a disposable plastic bag for disposable diapers.
- The use of cloth diapers is discouraged. However, if cloth diapers are used, a covered receptacle lined with a disposable plastic bag should be used. Soiled cloth diapers should be stored in an area inaccessible to the students.
- Plastic bag ties or masking tape for sealing disposable plastic bags at time of discard.
- Disposable non-latex gloves.
- Disinfectant for cleaning changing surface.

Procedure:

- Wash hands and put on disposable latex gloves.
- Place student on clean changing surface (do not leave unattended).
- Remove soiled diaper folding inward, wrapping the diaper in its own plastic liner and place in appropriate receptacle.
- If other clothing is soiled, remove, rinse using gloves and place it directly in a plastic bag that can be marked with student's name and secure; send home at the end of the day.
- Cleanse the perineum and buttocks thoroughly with disposable baby wipes or soap and water; move from front to back to prevent urinary tract infections, paying particular attention to skin creases.
- Use disinfectant to clean changing area and other contaminated surfaces according to standard operating procedure.
- Remove gloves.
- Rinse well and dry skin prior to applying clean diaper.
- Wash student's hands.
- Wash own hands.
- Return student to class activity.
- Wear disposable non-latex gloves to rinse and wring out, in toilet, any cloth diaper soiled with feces.
- After rinsing, place cloth diaper in the appropriate receptacle.
- Remove gloves and discard them in the appropriate receptacle.
- Wash hands according to hand washing procedures.
- Report abnormal conditions to the appropriate personnel, school nurse/teacher or school administrator.

6. Guidelines for Classroom Cleanliness

Equipment needs:

- Lab coat or smock (large blouse or shirt to cover street clothes).
- Covered waste receptacles with disposable plastic bags.
- Plastic bags that can be labeled and sealed for individual's soiled laundry.
- Disposable non-latex gloves.

- Hand washing facility, including hot and cold running water, liquid soap and disposable paper towels.

Procedure:

- Wash hands
 - If a lab coat or smock is worn:
 - use a clean garment each day.
 - always hang the garment right side out when leaving the work area for breaks or lunch
 - If there are open cuts, abrasions, or weeping lesions on hands, wear disposable plastic gloves.
 - use a new pair of gloves in each situation in which hand washing is indicated.
 - discard used gloves in plastic bag in covered waste receptacle
 - Store and handle clean clothing and linens separately from soiled clothing and linens.
 - immediately place each student's soiled clothing and linens in an individually labeled plastic bag, which is to be sealed and sent home at the end of the day
 - immediately place all soiled school linens in a plastic bag in a covered waste receptacle.
- Launder linens daily.

7. The following are techniques for storing, cleaning, and disposing of classroom equipment, supplies and other items:
 - 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; stuffed toys should be washed weekly, more often when heavily soiled. Whenever possible, a toy that is mouthed should be washed before other children handle it.
 - Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.
 - Store each student's personal grooming items (combs, brushes, toothbrushes) separately.
 - In handling disposable diapers, at least once a day seal and discard the disposable plastic bag used to line the covered receptacle.
8. When laundry facilities are available at school, launder diapers, sheets or other cloth items soiled in the school setting daily.
 - Launder diapers to other items soaked with body fluids separately.
 - Presoak heavily soiled items
 - Follow the manufacturer's directions on the label to determine the amount of detergent to be added.
 - If the materials are bleachable, add 1/2 cup household bleach to the wash cycle.
 - If the material is not colorfast, add 1/2 cup non-chlorine bleach (e.g. Clorox II, Borateam, etc.) to wash cycle.
 - Use hot cycle on washer and dryer.
 - Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.
9. Establish a routine cleaning and disinfecting schedule.
 - Clean protective floor pads, bolsters, wedges, and so forth after each non ambulatory student has been removed and at the end of each day.
 - Wash all toys with soap and water and rinse thoroughly as needed and at the end of each day.

- Clean all equipment at the end of each day.
 - If a rug or carpet becomes soiled, clean it immediately according to procedures.
 - Clean changing surface, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.
 - Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.
10. During physical altercations all staff should use judicious avoidance to protect self and others. When intervention is required, should exposure to blood or body fluids occur staff should
- * immediately wash affected area
 - contact SNT/RN for immediate assistance
 - follow district procedures for incident reporting and follow-up
11. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
THE SCHOOL HEALTH OFFICE STAFF AND SUBSTITUTES
CATEGORY 1

The school nurse/teacher or designated health service personnel have the responsibility to protect self, students and staff from transmission of infectious diseases. Adherence to infection control procedures including standard precautions must be strictly practiced at all times. School nurse/teachers and other health personnel meet the criteria for occupational risk to blood borne pathogens and are covered by the exposure control plan.

1. The school health office must be equipped at all times with all essential materials/equipment to provide complete, effective hand washing, first-aid, blood/body fluid clean up, waste disposal, and disinfection of special equipment (thermometers, diabetic monitoring, catheters, suctioning materials etc.).
2. School health personnel must use protective barrier equipment and measures to prevent skin and mucous membrane exposure to any blood/body fluids during routine care, emergencies and/or accidents.
 - a. wash hands before and after all contact with an individual and associated materials using proper hand washing procedures.
 - b. use non-latex disposable gloves for any procedure with potential for exposure to blood/body fluids
 - c. use goggles, mask and apron when splash/splattering may be anticipated
 - d. use mouth piece for resuscitation to eliminate mouth-to-mouth contact in CPR situation
 - e. place used syringes, needles, lancets (all sharp instruments) immediately in nearby puncture proof impermeable container labeled medical or infectious waste. Never re-cap a syringe
 - f. dispose of all contaminated materials in a covered waste receptacle lined with disposable plastic bag
 - g. call a custodian for clean-up of large blood/body fluid spill
3. The school nurse/teacher must maintain documentation/record keeping of each individual incident requiring care and treatment. Maintain confidentiality of health records by securing records in a locked file.
4. The school health office has an extreme high priority for cleaning on a daily basis. The area must be dusted daily and all work surfaces cleaned with an EPA approved tuberculocidal disinfectant. All trash and materials used in treatment must be appropriately bagged and disposed of daily. Bathrooms connected to the school health office should be cleaned according to standard operating procedures previously discussed.
 - a. any materials, tools, or equipment used must be disinfected immediately following use
 - b. fabric mattresses and pillows should be covered with plastic which can be thoroughly cleaned with soap and water and an EPA-approved disinfectant in case of blood/body fluid spill after each use

- c. bedding and towels are to be changed and laundered on a regular schedule as per predetermined guidelines for housekeeping. If contaminated from blood/body fluid spill, immediately remove, place in a sealable plastic bag, label and follow laundering instruction.
 - d. disposable examination paper can be used to cover sheets and pillows to minimize laundering
 - e. maintain storage areas for clean linens, equipment and disposable items. These areas must be separate from areas used for storage of soiled items.
 - f. follow standard operating procedures identified for special education classroom related to assisting with change of a menstrual pad, diapering, or fecal or urine accidents
5. If health personnel are handling regulated medical waste, follow standard operating procedures for “Regulated Medical Waste Disposal.”(See pages 22-24).
 6. Following any percutaneous injury, the health service personnel should advise the employee/student or legal guardian regarding the need for a tetanus vaccination. Follow procedure for incident of exposure.
 7. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
CUSTODIAN / MAINTENANCE / CLEANERS
Category 1

The Custodian/Maintenance/Cleaners have the responsibility to protect self, students and staff from transmission of infectious diseases. Adherence to infection control procedures including standard precautions must be strictly practiced at all times. The Custodian/Maintenance/Cleaners meet the criteria for occupational risk to blood borne pathogens and are covered by the exposure control plan.

The following procedure shall be established:

1. Gloves. Non-latex or vinyl gloves must be worn when cleaning restrooms and for other activities where custodians may come in contact with blood/body fluids during regular or emergency cleaning tasks. Household rubber gloves can be used. However, they should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
2. Mop Water. Generally, mop water should be changed when the mop is not visible through the solution. Mop water must be changed after it is used to clean blood/body fluid spills. Dirty mop water should be carefully poured down the drain, to prevent splashing or spilling on to clean areas. After use, mops should be soaked in a disinfectant solution for 20 minutes.
3. Restroom Cleaning. Floors, toilets, and sinks of all restrooms should be cleaned and disinfected daily with an EPA-approved disinfectant:
 - a. toilet paper, paper towels, and dispenser soap should be restocked on a daily basis
 - b. busy restroom should be checked throughout the day and restocked when necessary
 - c. overflowing toilets or clogged drains should be placed "out-of-service" until repaired and cleaned. These repairs should be given high priority.
 - d. a covered, leak resistant container should be easily accessible to dispose of sanitary napkins/tampons in all the female restrooms.
4. Garbage and waste receptacle. All garbage cans and waste paper baskets should have plastic liners and must be changed daily. Plastic liners should be tied as part of the removal and disposal process. Any plastic liner that contains non-dripping or caked blood/body fluid waste should be double bagged and then discarded in the normal trash.
5. Disinfectant. Select an intermediate-level disinfectant which will kill vegetative bacteria, fungi, tubercle bacillus, and virus. Select an agent that is registered with the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in schools. Use all products according to the manufacturer's instructions. Agents should belong to one of the following classes of disinfectants:
 - a. Sodium hypochlorite (1:10 or 1:100 dilution of household bleach). This solution must be made fresh for each use. It is effective against HIV and Hepatitis B.
 - b. Ethyl or isopropyl alcohol (70-90 percent).
 - c. Quaternary ammonium germicidal detergent solution (2 percent aqueous solution).

- d. Iodophor germicidal detergent (500 ppm available iodine).
 - e. Phenolic germicidal detergent solution (1 percent aqueous solution).
 - f. Accelerated hydrogen peroxide (0.1 – 1.5% aqueous solution)
6. Clean and disinfect all soiled, washable surfaces (i.e., tables, chairs, floors) immediately, removing soil before applying a disinfectant:
 - a. use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels and soap and water to clean area.
 - b. apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, sweep up material. Discard material in a sealable plastic bag.
 - c. disinfect area with an EPA-approved disinfectant according to manufacturer's instructions.
 7. Clean and disinfect soiled rugs, carpets, and upholstered furniture immediately:
 - a. apply sanitary absorbent agent, let dry and vacuum. Discard material in a sealable plastic bag.
 - b. apply a sanitary shampoo with a brush or an extractor and revacuum. Discard material in a sealable plastic bag.
 - c. spray with an EPA-approved disinfectant according to manufacturers instructions
 8. Clean equipment and dispose of all disposable materials:
 - a. soiled tissues and flushable waste can be flushed in a toilet. Discard paper towels and vacuum bag or sweep into a plastic bag, seal and dispose of according to procedure
 - b. rinse broom and dustpan in disinfectant solution after removing debris
 - c. soak mop in disinfectant solution for a minimum of 20 minutes and rinse thoroughly
 - d. used disinfectant solution should be promptly poured down a drain
 9. The Health Office should be considered as a high priority for cleaning on a daily basis. These rooms must be cleaned and disinfected. Special attention should be given to all work surfaces. All trash should be double bagged and discarded each day. The health office may contain regulated medical waste that required special handling. Refer to 'Regulated Medical Waste Disposal' section. (See pages 22-24).
 10. Follow frequent hand washing procedures throughout the day especially after removing gloves.
 11. When responding to an incident resulting in a blood or body fluid spill, follow Standard Operating Procedure for Clean-up. Adherence to following all the steps in the Clean-up procedure is critical for decreasing transmission of infectious diseases in the school environment.
 - a. wash hands before and after all contact with an individual and associated materials using proper hand washing procedures.
 - b. use non-latex gloves for any procedure with potential for exposure to blood/body fluids
 - c. use goggles, mask and apron when splash/splattering may be anticipated
 - d. use mouth piece for resuscitation to eliminate mouth-to-mouth contact in CPR situation

- e. place used syringes, needles, lancets (all sharp instruments) immediately in nearby puncture proof impermeable container labeled medical or infectious waste. Never re-cap a syringe
 - f. dispose of all contaminated biohazardous materials according to regulation and district policy for “Regulated Medical Waste Disposal.” (See pages 22-24).
12. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
ATHLETICS AND PHYSICAL EDUCATION TEACHERS, COACHES, TRAINERS
CATEGORY 1

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. Use of proper protective equipment and adherence to safety procedures in all athletic activities are appropriate prevention strategies for reducing the risk of blood/body fluid spills.
5. Students with open lesions (i.e., cuts, acne with draining lesions) should not participate in close physical contact sports unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze. Refer to health office if there is a question of risk.
6. During practices and competitions, coaches identified as Category 2 staff shall always have on hand disposable non-latex gloves, sealable plastic bags, paper towels, sanitary absorbent material, disposable alcohol towelettes, liquid soap and water, alcohol and bleach or another disinfectant.

7. If open lesions or wounds have come in contact with blood from another person, instruct students to scrub the affected area with soap and running water. A skin disinfectant (i.e., 70% alcohol, Betadine, Hibiclens) should be applied after washing. Report incident to appropriate personnel (i.e., school nurse/teacher).
8. When the skin is intact, have the player wear gloves and wash his/her own skin using a disposable towel containing soap and water, or with soap under running water. Gloves and towels should be discarded in a plastic bag. Player should wash hands using hand washing procedures.
9. If a player gets blood in the eyes, flood exposed area with running water at room temperature for 2 to 3 minutes, take player to eye wash station if one is available. Report incident to appropriate personnel (i.e., school nurse/teacher).
10. If a player gets blood in the mouth, rinse with tap water for 2 to 3 minutes and spit out. Report incident to appropriate personnel (i.e., school nurse/teacher).
11. Do not permit students to share razors.
12. Fluids provided for players should be dispensed in individual, single-use disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source of infection. Several outbreaks of viral meningitis have been attributed to this practice.
13. Blood saturated or dripping uniforms must be changed. Blood stained uniforms shall be blotted with hydrogen peroxide or similar disinfectant and air dried before a student should resume contact competition.
14. All staff must report suspected exposure to supervisor immediately.

STANDARD OPERATING
PROCEDURE FOR
CLASSROOM TEACHERS
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
DRAMA CLASS
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable non-latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. Make-up equipment such as sponges, eye or lip make-up applicators shall not be shared. If student has acne or open lesions on the face or mouth, this recommendation is especially important. Use of make-up that is packaged individually is the most effective way in preventing the transmission of pathogens. Students that frequently participate in drama productions should purchase their own make-up kits.
5. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
MUSIC CLASS
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. Students should have their own mouthpiece or instrument. If this is not practical, thoroughly cleanse mouthpiece by washing with soap and warm water, A small bottle brush (often available from the science lab in your building) or cloth should be used to clean the inside of the mouthpiece. Follow this by soaking mouthpiece in a bleach solution (1 part bleach to 10 parts water) for 10 minutes. Wash, rinse, and dry before reusing (Caution: make sure that the bleach solution will not harm or stain the instrument finish).
5. Another option is the following: Sterisol Germicide (E. P. A. Registration No. 2767-5) is a special musical instrument disinfectant. A 30 second exposure to Sterisol will destroy a wide variety of organisms and infections including aerobic and anaerobic organisms, Vincent’s Infection (Trench Mouth), Typhoid, Diphtheria, Streptococci, and E coli. It can be used to disinfect mouthpieces or poured directly into instruments to sanitize the entire instrument. It will not harm finish on wood or metal instruments. Sterisol comes in concentrate and is used after mixing 2 oz. of concentrate to 1 qt. of water. Rinsing of instrument or mouth

piece after soaking in Sterisol is recommended. Rinse until red color of Sterisol disappears. It is manufactured by Person-Hickrill Laboratories, Glendal, Arizona and can be purchased from Lyon, P.O. Box 1003, Elkhart, IN 46515 (219) 294-6602.

6. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
THE LABORATORY
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable non-latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. If blood stick procedures are conducted in the school, single-use, sterile lancets should be used. Proper hand washing before and after the procedure must be observed. Prior to lancing, the area should be cleaned with an alcohol swab. Each student disposes of his/her own used lancets in a puncture-proof container labeled as “Infectious Waste” directly supervised by an adult. The skin puncture should be thoroughly washed by the student with dispenser-style soap and water and covered with a bandage.
5. If lab coats or smocks are soiled by blood spill, place the soiled garment in a sealable plastic bag to be taken home for laundering. Skin in contact with the soiled garment should be washed with dispenser soap and running water.
6. If a blood/body fluid spill occurs on any equipment (i.e., machinery, tools, cutlery), the staff person covered by the Exposure Control Plan should clean up using the following procedures:
 - a. wear gloves; use disposable towels to wipe up the spill

- b. vigorously scrub the area with soap and water
 - c. wipe the area with a disinfectant and allow to air dry for 2 to 3 minutes before reusing the equipment
 - d. remove and dispose of gloves and other disposable cleaning materials in a sealable plastic bag
 - e. wash hands thoroughly with soap and water using hand washing procedures
 - f. dispose of closed plastic bag according to policy
7. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
OCCUPATIONAL AND TECHNICAL EDUCATION
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable non-latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable latex non-gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. If a student gets blood in the eyes or mouth, flood exposed area with running water at room temperature for 2 to 3 minutes. Take student to eye wash station if one is available. Report the incident to appropriate health service personnel.
5. Any clothing soiled by blood/body fluid spill should be removed, placed in a sealable plastic bag and sent home for laundering. Skin in contact with the contaminated garment should be washed by the student with dispenser-style soap and running water.
6. If a blood and/or body fluid spill occurs on any equipment (i.e. machinery, tools, cutlery), a Category 1 staff person shall clean up using the follow procedure:
 - a. wear gloves, use disposable towels to wipe up the spill
 - b. vigorously scrub the area with soap and water
 - c. wipe the area with a disinfectant and allow to air dry for 2 to 3 minutes before reusing the equipment
 - d. remove and dispose of gloves and other disposable cleaning materials in a sealable plastic bag

- e. wash hands thoroughly
 - f. dispose of closed plastic bag according to policy
7. In cosmetology class, materials used for make-up application (i.e., sponges, mascara, lip and eye brushes and pencils) shall not be shared. Also other equipment (i.e., scissors, comb, brushes) shall not be shared.
 8. "Specialty classrooms" such as science laboratories, and career & tech. ed. classes such as phlebotomy and certified nursing assistants) will follow the same established procedures for safe needle handling and disposal. Whenever possible safer needles will be used.
 9. All staff must report any suspected exposure to supervisor immediately. All students will be educated to do the same

STANDARD OPERATING PROCEDURE
FOR
THE PLAYGROUND
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable non-latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. Playground monitors should be alert to any blood/body fluid spills on equipment or grounds and should contact appropriate Category 1 personnel for clean-up.
5. Students must be cautioned not to touch any discarded needles, syringes or other sharps found on school property, but instead should report the incident to the school office immediately. The school nurse/teacher or other Category 1 staff person should remove the item and appropriately dispose of it in a puncture-proof medical waste container. A tool such as pliers, forceps, or tweezers should be used to pick up sharp items.
6. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
BUS DRIVERS
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. It is recommended that all bus drivers should have training in basic first-aid. Each bus should be equipped with a first aid kit and blood/body fluid clean-up materials, including sanitary absorbent material. Therefore, they would be identified as having “reasonably anticipated” occupational exposure to BBP and covered under the BBP standard.
2. If an injury occurs and results in a blood/body fluid spill, encourage the individual to contain, clean and dress his/her own wounds, bloody nose, etc. If this is not possible, follow Standard Operating Procedure:
 - a. wear disposable non-latex gloves and use disposable towels/clean gauze for each injury
 - b. any blood-stained first aid supplies and cleaning materials should be placed in a sealable plastic bag
 - c. wipe up blood/body fluid spill with paper towels
 - d. disinfect with EPA approved disinfectant
 - e. follow proper glove removal procedures and place in a sealable plastic bag
 - f. wash hands thoroughly using disposable soap or alcohol towelette. Wash hands with soap and running water using hand washing procedures upon return to bus garage
3. Keep students away from spills
4. When absorbent agents are used to clean vomitus, blood, or other body fluids, the dry materials (i.e., absorbent powder or paper towels) should be applied, allowed to absorb, and then picked up by a Category 1 staff member. This waste material should be placed in a plastic bag that is tightly closed and tied, and then disposed in proper receptacle upon return to garage.
5. Follow Standard Operating Procedure for soiled, hard washable surfaces as applies to inside of bus upon return to bus garage.
6. All staff must report any suspected exposure to supervisor immediately.

STANDARD OPERATING PROCEDURE
FOR
FOOD SERVICE WORKERS
CATEGORY 2

Staff should always direct or help an individual involved with a blood/blood containing body fluid incident to care for him/herself with minimal contact to the staff person. However, there are situations when a staff person may intervene voluntarily and provide assistance that requires contact. Therefore, staff should always implement a barrier between him/herself and the individual in need of assistance, using clean materials or latex/vinyl gloves. The staff member is not expected to clean up the blood/body fluid spill or the environment. Appropriate custodial staff designated Category 1 shall be called for clean-up.

When a staff member voluntarily intervenes, they must implement “standard precautions” and judicious avoidance. This is an informed, voluntary response under the “Good Samaritan Act.”

1. All school personnel shall have dispenser soap, water, paper towels and access to disposable non-latex or vinyl gloves.
2. If an accident involving a blood spill occurs, the individual will be encouraged to tend to his/her own injury. For example, if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If a student has a bleeding injury (cut, abrasion), hand him/her clean paper towels to hold over the injury. If this is not possible, call for help, ensure the safety of the student, and follow first aid procedures until help arrives. Provide assistance using a barrier between yourself and the individual.
 - a. wear disposable non-latex gloves and use disposable towels/tissues for each injury
 - b. remove gloves following proper procedures
 - c. wash hands thoroughly with soap and water using hand washing procedures
3. Keep students away from area of blood/body fluid spill, cover with paper towels until area is cleaned and disinfected. Call appropriate personnel for clean-up (designated custodial staff).
4. Maintain a clean area of the kitchen for preparing and serving food. A separate area of the kitchen should be designated for cleanup.
5. During cleanup, food from soiled dishes should be scraped into a plastic-lined, covered waste receptacle. Disposable dishes and utensils should also be placed in this receptacle. Liquids should be poured into the sink drain. Non-disposable dishes and utensils should be rinsed with warm water before being placed in the dishwasher.
6. Sinks, counter tops, tables, chairs, trays and any other areas where food or liquids have been discarded or spilled should be cleaned.
7. Before removing clean dishes from the dishwasher for storage, proper hand washing procedures should be followed.

8. If a blood/body fluid spill occurs on any equipment (i.e., machinery, tools, cutlery), the Category 1 staff person shall clean up using the following procedure:
 - a. wear gloves and use disposable towels to wipe up the spill
 - b. vigorously scrub the area with soap and water
 - c. wipe the area with a disinfectant and allow to air dry for 2 to 3 minutes before reusing the equipment
 - d. remove and dispose of gloves and other disposable cleaning materials in a sealable plastic bag.
 - e. wash hands thoroughly with soap and water using proper procedures
 - f. dispose closed plastic bag according to policy
9. It is required that plastic gloves be worn during food preparation and serving. Serving tongs, forks, spatulas or other devices must be used when handling ready-to-eat foods.
10. Food service handlers with cold-flu-like symptoms, diarrhea, etc. should not prepare or serve food.
11. Open sores and cuts should be covered with a bandage, and gloves should be used throughout the work day; change gloves frequently.
12. Employees must wash hands prior to preparation and serving of food, after using toilet, after blowing nose, following break, and after handling any blood or body fluids.
Employees must wash hands frequently.
13. Money handlers must not serve food unless hands are washed and fresh gloves put on before re-handling food.
14. All staff must report any suspected exposure to supervisor immediately.

SAFER NEEDLE DEVICES

OSHA required the institution of safer needle devices beginning in April 2001 as part of a revision to the Blood Borne Pathogens Standard.

The district, in keeping with the requirement concerning the input of non-managerial staff, conducted a written survey of nursing staff, in January 2002. Specific questions concerning the nurses' own experience with needle sticks and safer needle devices, were sent in a written form, with responses sent back to the district physicians for review. This was followed by a nursing advisory where the matter was addressed. Nurses were directed to plan on purchasing safer devices for the Fall 2002. They were advised to discard all unused old needle devices in the same impervious, biohazard containers, designated for used needles, at the end of the 2001-2002 academic year. Additionally, since the majority of sharps and needles in schools are those sent in by parents for students, all nurses were directed to send a letter to parents of students currently using needles asking that they discuss safer needle options with their private physicians on their next routine visit. That letter will be sent annually to all parents of children using needles in schools. The district will ask, but not mandate, that parents use safer needle devices.

The greatest use of needles in a school setting is three-fold:

1. Lancets for glucose and/or blood type testing
2. Epi-pens
3. Hypodermic needles primarily for diabetics: glucagon and/or insulin; blood letting devices for phlebotomy classes

Virtually all students should be using auto-lancets with retractable needles. Epi-pens now have built in safety needles that auto-sheath when not delivering epinephrine. The last category is actually the least, as the number of diabetics is relatively small, and the students usually give themselves their own medication, except in emergencies. The number of phlebotomy classes is also small. The district will attempt to purchase only safer devices based on the collective decision of the nursing staff as to type. The decision to mandate the purchase of safer needles by parents for use in schools will be made in the future, as safer devices become more readily available, and as the cost becomes reasonable for private physicians to order the devices for families.

Reviewed by

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1/2018



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