

Integrated Day Charter School
Governing Board



Policy Series: 3000
Policy Number: 3850

ADMINISTRATIVE REGULATION 3850.1

INFECTION CONTROL PROGRAM

The purpose of the plan is to identify those tasks and corresponding job positions within IDCS for which it can be reasonably anticipated that an exposure to body fluids or other potentially infectious materials may occur; to establish a schedule for implementation of the infection control plan, and to identify the procedure for the evaluation of the circumstances surrounding exposure incidents. In accordance with the Board of Directors policy on infection control and using the OSHA Blood borne Pathogens standard 29 CFR 1910.1030 as a guide, the Exposure Control Plan will be routinely followed by school personnel.

The objectives of the Infection Control Plan for IDCS are to:

1. Institute as many engineering and work practice controls to eliminate or minimize exposure to blood borne pathogens.
2. Protect employees from the health hazards associated with blood borne pathogens.
3. Provide appropriate treatment and counseling should an employee be exposed to blood borne pathogens.

This Plan will be reviewed annually by the director and the school nurse and, as necessary, revisions will be made. A copy of the Plan will be kept in the Health Office, the Director’s Office, the school library, and the maintenance office. Employees will annually be notified of the location of the plan on the first in-service day of each school year. The school nurses will be in charge of implementing this program.

Exposure Determination

As used in the Infection Control Program, an occupational exposure means anticipated skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. Those potentially infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluids, peritoneal fluid, amniotic fluid, saliva in dental procedures or any body fluid that is visibly contaminated with blood and any unfixed tissue or organ from a human (living or dead).

The job classifications and corresponding tasks listed below have been identified as those for which we can reasonably anticipate that an exposure to blood, other body fluids or other potentially infectious materials may occur. This determination was made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

<u>Job Title</u>	<u>Duties</u>
Registered Nurse Licensed Practical Nurse First Aid/CPR Trained Staff Coaches Custodians	Emergency medical care of students and/or staff Handling of wastes, clean up of body fluids and contaminated surfaces.

Exposure Determination (Continued)

Job classifications in which some employees may sporadically incur exposure to blood or other potentially infectious materials or perform tasks or procedures that would cause these employees to have occupational exposures are as follows:

<u>Job Title</u>	<u>Duties</u>
Bus Drivers	Handling of wastes, occasional clean up of body fluids and contaminated surfaces, contact with students' body fluids
Teachers Teaching Assistants Secretarial Other Support Staff Cafeteria Workers	Contact with students' body fluids

Implementation and Compliance Methodology

Universal precautions are in place at IDCS. All blood and body fluids are considered as potentially infected and employees are expected to protect themselves against exposure to all blood and body fluids. Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.

Engineering Controls

Whenever possible, steps will be taken to either remove a hazard or isolate employees from it. These controls will be monitored on a regular basis.

The following engineering controls and practices will be utilized:

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Personal Protective Equipment

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used. Personal protective equipment will be provided through the Health or Custodial Offices at no cost to employees. It will be the responsibility of the school nurse and custodial supervisor to ensure maintenance of supply for the staff. These following items of protective clothing are to be available and used whenever contact with body fluids is known or suspected:

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Disposable Utility and Examination Gloves

Non-Permeable Aprons

Masks and Protective Eye Wear

The employee's immediate supervisor must ensure that the employee uses the appropriate personal protective equipment, unless he/she can show that the employee temporarily and briefly declined to use it. This could occur under "rare and extraordinary circumstances" if the employee, in his or her professional judgment, decides that in a specific instance, its use would jeopardize the delivery of healthcare or pose an increased hazard to his or her safety or that of a co-worker. If an employee makes this judgment, the circumstances must be documented and investigated to determine whether changes can be made to avoid such an occurrence in the future.

Employees must wear gloves when it can be reasonably anticipated that they may have hand contact with blood, other potentially infectious materials, mucous membranes or non-intact skin; when handling contaminated items or surfaces; and when drawing blood. Disposable, or single-use gloves, such as surgical or examination gloves, must not be washed or decontaminated for use again. They must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is no longer effective.

Utility gloves may be decontaminated and reused if the glove is still intact. If the gloves are cracked, peeling, torn, punctured or shows other signs of deterioration or when their ability to function as a barrier is no longer effective, the gloves must be discarded.

Masks, eye protection and face shields must be worn when splashes, spray, platter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

If a garment is penetrated by blood or other potentially infectious materials, the garment must be removed immediately or as soon as possible. All personal protective equipment will be removed prior to leaving the work area. Disposable personal protective equipment shall be double bagged and placed into a biohazard labeled receptacle in the Health Office after use. Non disposable utility gloves and aprons must be soaked in a PSQ Germicide Solution or its equivalent. (Bleach solution of 1:10 dilution)

All contaminated work surfaces will be decontaminated after completion of the procedures or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. Decontamination will be accomplished by washing in a bleach solution of 1:10 dilution.

Any broken glassware which may be contaminated will not be picked up directly with the hands. Staff will stay at the area to prevent further injury/contamination and a custodian will be called to sweep up glass fragments, using gloves. Equipment and contaminated surfaces will be cleaned and decontaminated immediately.

Treatment and Removal of Contaminated Materials

There will be no reusable "sharps" on these premises. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Containers for contaminated sharps will be readily accessible in the Health Office.

Contaminated sharps, including needles, will be discarded immediately or as soon as feasible in containers that are collapsible, puncture resistant, leak proof on the sides and bottom and labeled or color-coded. For needles and syringes, the container lid opening will be a one-way system to prevent spillage. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

When personal protective equipment is removed, it shall be placed in a container in the Health Office for proper disposal. Potentially infectious materials will also be placed in a container which prevents leakage

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during the collection, handling, processing, storage and transport of the materials. Warning labels including the orange or orange-red biohazard symbol will be affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport or shipping of the specimen. Regulated waste will be disposed of in accordance with federal and state law.

Hand Washing

Hand washing is the most effective way to reduce the spread of disease; therefore, supervisors must ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as is feasible following contact.

When performing this task, employees will be trained to use the following procedure:

- Use soap (liquid is best) and warm running water
- Rub hands together vigorously for at least 30 seconds
- Wash all surfaces including thumbs, wrists, back of hands, between fingers, around/under nails
- Rinse hands well, letting water drain from wrists to fingers; don't turn off faucet
- Dry hands with paper towel, then use same towel to turn off faucet
- Discard towel; use of bar soap is discouraged as bacteria can grow on bar soap and soap dishes

Hand washing facilities are in the following locations:

- All lavatories and washrooms
- Health offices
- Staff lounges
- Classrooms

Training

Training for all employees will be conducted where occupational exposure may occur and annually thereafter. Training will include:

- An online video and test
- Explanation of the concept of universal Precautions
- A general explanation of the epidemiology and symptomatology of blood borne diseases
- Modes of transmission of blood borne pathogens
- An explanation of the Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
- Procedures which might cause exposure to blood or other potentially infectious materials at these facilities and how the employee may obtain a copy of the plan and an explanation of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- Control methods which will be used at these facilities to control exposure to blood or other potentially infectious materials
- Personal protective equipment available at these facilities, and who should be contacted concerning same
- Information on the post-exposure evaluation and follow-up
- An explanation of signs and labels at this facility
- Hepatitis B vaccine program at these facilities
- Information on the appropriate persons to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- A review of the School System's Administrative Regulation (3850.2) which details the procedures for handling body fluids

Hepatitis b Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered within ten (10) working days of the employee's initial assignment to work which involves the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will be required to sign a waiver.

Employees who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost. The Director will be responsible for ensuring that the vaccine is offered to the identified employees.

Post Exposure Evaluation and follow-Up

When the employee incurs an exposure incident, it must be reported to the school nurse, who will forward a written report to the Director's office within two (2) days. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. The school nurse has been designated to ensure that the policy outlined here is effectively carried out, as well as to maintain records related to this policy.

This post-exposure evaluation will include the following:

- Documentation of the route of exposure and the circumstances related to the incident
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity
- Results of testing of the source individual will be made available to the exposed employee, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual
- The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses for which he/she should be alert and will be instructed to report any related experiences to appropriate personnel.

Interaction With Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained when the employee is sent to obtain the Hepatitis B vaccine; or whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine or for evaluation following an incident
- That the employee has been informed of the results of the evaluation, and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials
- A copy of any interaction with health care professionals

Record Keeping

The school nurse will maintain records for each employee who has been identified as having a high risk to occupational exposure. Records will be maintained in the Health Office located in IDCS for the duration of employment plus thirty (30) years. These records will be considered confidential and the contents not disclosed without the employees expressed written opinion. If the employee refuses to release medical records, the name of the doctor conducting the examination and/or providing treatment will be recorded in the employee's medical folder. These records shall also include:

- Name and social security number of the employee
- A copy of the employees Hepatitis B vaccination status including the dates of all vaccinations or a vaccination waiver form and any medical records relative to the employee's ability to receive these vaccinations
- A copy of all results of examination, medical testing and follow-up procedures
- Training records shall be maintained for 3 years from the date on which the training occurred

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