The (Insert Name) School District has adopted the use of Universal Precautions to decrease the risk of accidental exposures or transmission within the school setting. These procedures have been put in place with input from the Arkansas Department of Health, the Centers for Disease Control (CDC), the American Academy of Pediatrics (AAP), and the National Association of School Nurses (NASN).

Bloodborne diseases such as Hepatitis B (HBV). Hepatitis C (HCV), and the Human Immunodeficiency virus (HIV) are diseases that are spread by direct exposure to infected blood. This could be through accidental needle stick or blood splashed into open breaks in the skin or onto mucous membranes (the eyes). These diseases have not been documented to be spread by tears, saliva, sweat or nasal secretions unless those fluids also contain blood.

The purpose of these guidelines is to educate staff including teachers, administration, custodial, and health care staff on the appropriate implementation of Universal Precautions against all blood and body fluids.

**General Guidelines**

The transmission of bloodborne diseases within the school setting is extremely rare. It is not required that current employees or students divulge whether they are infected with, or are carriers of, bloodborne diseases. All blood, body fluids contaminated with blood, and other body fluids except sweat should be regarded as potentially infectious.

Care that involves exposure to children’s body fluids and excrement, such as feeding and diaper changing, should be performed by persons informed about Universal Precautions. Good hand washing must always be observed and gloves are to be worn for any procedures that might expose the employee to potentially infectious material. Open lesions on children or staff should always be covered.

**Immunization Requirements**

State immunization requirements mandate all children entering public schools be immunized against HBV. Immunized children are protected from HBV infection and immunization is highly recommended for staff that might come into contact with the blood of a student or staff member.

**Notice of Nondiscrimination and Possible Need for Exclusion**

These guidelines also delineate the possible need for exclusion of high-risk individuals, the importance of maintaining confidentiality, and rights of the infected individuals to an unrestricted education and workplace.

The School District maintains a nondiscrimination policy and will make every effort to provide the least restrictive workplace or educational setting. It is therefore imperative that confidentiality be maintained within the District regarding a student’s or staff member’s infectious status.

Decisions about restrictions in the workplace or educational setting will be made on a case-by-case basis. The decision will be based on the infected individual’s behavior, neurological development, physical condition, and expected interaction with others in the school setting. A more restricted environment may be advisable for certain students based on his or her individual medical conditions (neurologically handicapped children who lack control of their body secretions, children who display concerning or violent behaviors such as biting, and those with oozing lesions). The school will make decisions regarding necessary restrictions with input from the Superintendent, principal, teachers, Health Services, and the Arkansas Department of Health if necessary. The individual’s personal physician may also be included. The group will consider what steps will be in the best interest of the individual and the school. The number of people informed of the infected individual’s status will be kept to the minimum required to make this decision. Confidentiality will be preserved at all times. Information about individuals infected with HIV, HBV, or HCV will not be disclosed to the general public, other school employees including teachers, or groups associated with the school.

**Universal Precautions**

The School District will follow the guidance of the Arkansas Department of Health by following procedures known as Universal Blood and Body-Fluid Precautions. Universal Precautions pertain to blood, body fluids containing blood, and other potentially infectious materials (OPIM). These precautions do not apply to other body products such as saliva, sputum, feces, tears, nasal secretions, vomitus, and urine unless blood is visible in the material. However, these other fluids and body wastes can be sources of other infections and should be handled as if they are infectious.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Diligent and proper handwashing, use of protective equipment, appropriate waste disposal and proper documentation of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both students and staff.

**Handwashing**

Proper handwashing is crucial to preventing the spread of infection. If possible, textured jewelry should be removed prior to washing and kept off until completion of the care procedure and rewashing of the hands. Proper handwashing includes: use of running water, lathering with soap, and using friction to clean all surfaces of remaining jewelry and hands. Rinse well with running water and dry hands with paper towels. If soap and water are unavailable, gel hand sanitizer, wet towelettes or “Handi-wipes” may be used and then hands washed with soap and water as soon as possible.

1. Staff and students must wash their hands after coming into contact with blood or OPIM.
2. Staff and students must also wash any other body area that has been in contact with blood or OPIM.
3. If a staff member’s or student’s eyes or mouth come into contact with blood or other fluids, the area must be flushed with water immediately or as soon as possible.
4. Staff must wash their hands immediately or as soon as possible after removing gloves.

Employees must immediately report to their supervisor:

* Gross contamination or prolonged exposure to blood or OPIM.
* Contact of blood or OPIM with eyes, mouth, other mucous membranes, or nonintact skin

**Gloves**

In general, gloves must be worn whenever it can be reasonably anticipated that an employee’s hands may come into contact with blood or OPIM, mucous membranes (mouth), or non-intact skin (cuts and abrasions). Disposable gloves shall be available to all schools. It is the individual employee’s responsibility to have several pairs of gloves immediately available to him/her if he/she should suddenly come upon a situation where they will be needed. School staff who routinely provide acute care for children with bloody noses or bleeding from injuries should wear gloves and use good hand washing technique immediately after glove removal. To prevent the spread of other infections such as hepatitis, enteric and respiratory infection, it is suggested that gloves also be worn for contact with feces and respiratory secretions.

Employees shall wear gloves when:

* Changing a diaper, assisting a child with cleansing after toileting, or catheterizing a student
* Changing dressings or sanitary napkins
* Providing mouth, nose or tracheal care
* Cleaning up spills of blood (nosebleeds), body fluid or wastes, and soiled supplies
* Handling contaminated clothing that is soiled with blood or OPIM
* The employee caregiver has broken skin on the hands

Gloves should be visibly inspected for holes or tears prior to use. Gloves must be changed after handling potentially infectious material. Proper removal of gloves from the hand after use is accomplished by turning the glove inside out, whereby the hands need not touch the outer contaminated surfaces of the glove. Place used gloves inside a plastic bag lined trash can.

**Handling and Discarding Contaminated Materials**

All sharp objects (broken glass, needles) that might have contacted blood or OPIM must be handled with extreme care to avoid a contaminating injury. Broken glassware that may be contaminated should be considered infectious.

1. Broken glassware shall not be picked up directly with the hands, but must be cleaned up using mechanical means (a brush and dustpan).
2. Contaminated broken glassware shall be discarded in an appropriate puncture resistant container (cardboard box). It shall not be discarded in the standard plastic bags found in the average trash container.
3. Contaminated clothing, towels, or other non disposable washable items shall be rinsed and placed in plastic bags to be sent home for laundering. In the care of items belonging to the school, contaminated items are to be separated from other items and washed with germicidal cleaner.
4. Contaminated environmental surfaces are to be cleaned with an appropriate germicidal cleaner.

**Post-Exposure Evaluation and Prophylaxis**

The risk of transmission of HBV and HIV can be decreased following an exposure if appropriate post-exposure prophylaxis (PEP) is provided.

**Occupational Transmission of HBV**

HBV is well recognized as an occupational risk for health care personnel (HCP) and has been documented to be spread through unrecognized exposures in daycare centers and within typical family contact.The best way to protect an individual from HBV transmission is prior Hepatitis B vaccination. If the exposed individual is unvaccinated, then post exposure prophylaxis should be immediately started. In an occupational setting multiple doses of Hepatitis B Immune globulin (HBIG) or Hepatitis B vaccination series alone started within one week of exposure is 70-75% effective in preventing HBV infection. Combining HBIG and HBV vaccination may increase the protection to 85-90%.

School staff that care for developmentally disabled children have a risk comparable with that of HCP and should be vaccinated.

**Occupational Transmission of HCV**

HCV is not transmitted as effectively through exposure to infected blood or OPIM as HBV, and environmental contamination is less of a factor in the spread of HCV than it is the spread of HBV. Currently there are no reliable PEP procedures for preventing HCV transmission. Any HCV exposure will need to be managed by a physician who is an expert in HCV infections.

**Occupational Transmission of HIV**

Information about primary HIV infection indicates that infection does not occur immediately, leaving a brief opportunity during which post-exposure anti-viral intervention might modify or prevent viral growth. Determining which agents and how many to use or when to alter PEP regimen is largely empiric, therefore, any staff or student with an HIV exposure should be immediately referred to a center that deals with HIV.

**Post-exposure Procedure**

Exposure of staff or students to blood or OPIM, via contact with broken skin or mucous membranes is considered an urgent medical concern.

The following steps must be followed immediately:

1. Verbally report the incident to the Director of Health Services.
2. Complete the District Exposure Incident Investigation form. If the exposure is due to an accident, complete the Accident Report Form as well, and for staff, also notify the Company Nurse for Worker’s Compensation.
3. Send both forms to the Health Office where they will become a data base for medical management and part of the employee’s or student’s confidential health record.
4. Forms for students are to be made in duplicate: retain one copy of each form in the student’s confidential health record and the other will be kept in the Health Office.
5. If the Director of Health Services and the employee or student determine that an exposure has occurred, the school nurse will evaluate the incident and with appropriate authorization or parental/legal guardian consent, will refer the employee or student to the individual’s primary care health care provider for diagnostic testing and appropriate treatment.
6. Every attempt will be made to obtain voluntary consent for recommended testing if requested by the exposed person.

 Preventing the transmission of bloodborne diseases within the school setting is a major concern of the (Insert Name) School District and the Arkansas Department of Health. Universal Precautions and rapid reporting of exposures is imperative in providing a safe school environment for staff and students. Any questions about the medical details in this policy should be directed to the school nurse who has access to the Arkansas Department of Health. Any administrative questions should be directed to the school principal.