The Federal Occupational Safety and Health Administration (OSHA) mandates that an Infection Control/Universal Precautions update be conducted every year for all Broward County School Board employees. Failure to comply could result in a school being cited and possible fines levied against the school system.

According to federal law, all staff members must be updated on Infection Control information every year. Every staff member must:

1) View the infection control DVD, *BLOODBORNE PATHOGENS: FAST FACTS FOR SCHOOL*.

2) Thoroughly read the material contained in this brochure.

3) Sign the appropriate Universal Precautions Sign-In Form to acknowledge the DVD has been reviewed and the brochure read.
Universal Precautions

When the following “universal blood and other bodily fluid” precautions are used properly, the risk of acquiring disease/infection in a school setting becomes extremely low. These procedures must be used with every individual and all bodily fluids. Proper hand washing, barrier protection (gloves, gowns, etc.), decontamination of spills and appropriate disposal of waste and needles are the essential techniques of an effective infection control program.

HAND WASHING

Proper hand washing is one of the best practices known to reduce the spread of infection and disease. Liquid soap should be available in each school’s bathroom. A packaged antiseptic alcohol hand rinse that does not require the use of towels or water can also be used to disinfect hands when running water is not immediately available. When antiseptic hand cleaners or towelettes are used, hands should be washed with soap and running water as soon as possible, since proper hand washing is the best method of prevention.

Hands should be washed:
1) Before eating, drinking or serving food.
2) Before handling food, utensils or kitchen equipment.
3) Before and after using the toilet or diapering.
4) Before and after providing procedures such as catheterization, suctioning, etc.
5) After contact with bodily fluids (blood, urine, feces, mucus, saliva and drainage from wounds).
6) After removing soiled clothing or contaminated equipment, diapers or menstrual pads.
7) After removal of gloves.

GLOVES / BARRIERS

Disposable gloves provide barrier protection during the performance of tasks when contact with blood or bodily fluids occurs. Disposable gloves should be worn anytime there is a possibility of coming into contact with blood or other bodily fluids. Teachers and other employees should be given an ample supply of gloves to keep in their pockets or classrooms, so that prior to giving assistance, gloves may be put on. These gloves must never be washed or cleaned with the intent to reuse. Always discard gloves after each use. Hands should always be washed after gloves are removed.

Gloves should be worn:
1) When changing a diaper or catheterizing a student.
2) When changing dressings or sanitary napkins.
3) When providing mouth, nose or tracheal care.
4) If the caregiver has broken skin on the hands (even around the fingernails).
5) When cleaning up spills of blood (e.g., nosebleeds) or other bodily fluids and wastes, as well as when handling soiled supplies.
ORDERING SUPPLIES

Items below are available from the Warehouse:

- Body Fluid Clean Up Kit 1000176
- Hand Sanitizer 1000211
- Hand Sanitizer Purell Instant Foam 1003841
- Laundry Detergent 1000414
- Liquid Soap 1000075
- Wex-cide 128 1000068

Items below are available from General Catalog Supplies:

- Gloves, Exam Vinyl Nitrile Small 6000513
- Gloves, Exam Vinyl Nitrile Medium 6000514
- Gloves, Exam Vinyl Nitrile Large 6000515
- Gloves, Exam Vinyl Nitrile X-Large 6000516
- Gloves, Exam Vinyl Powder Free Small 6003921
- Gloves, Exam Vinyl Powder Free Medium 6003922
- Gloves, Exam Vinyl Powder Free Large 6003923
- Gloves, Exam Vinyl Powder Free X-Large 6003924
Universal Precautions

Spills of blood and other bodily fluids should be cleaned up immediately after the source of the spill has been cared for. While still wearing gloves, clean up the spill with paper towels or other absorbent material. Disinfect the area with the school district’s approved germicide, available from the warehouse. Wash the area well. Wipe the surface clean and allow to air dry. To clean up body waste products, such as vomit or feces, you may want to use the Body Fluid Clean Up Kit available from the warehouse. These kits contain everything needed to complete this process (disposable plastic bags, scoop, absorbing agent, etc.).

DISPOSAL OF WASTE

All waste baskets should be lined with a disposable waste basket liner that must be removed and replaced daily. All used contaminated supplies including gloves should be placed in a plastic bag, which is then sealed. Place this sealed bag into the lined wastebasket. Wash hands immediately. Do not place sharp objects such as needles and syringes in the wastebasket. Syringes, needles and other sharp objects should be placed in a metal or plastic puncture-proof container, known as a Sharps Box. Sharps Boxes are available from Risk Management upon written request from the school principal.

The use of biohazardous waste symbols and/or red bagging for disposal of potentially infectious material should be standard procedure at all Vocational Centers, Exceptional Student Education Centers and cluster schools. Contact Risk Management for implementation of procedures and materials at (754) 321-1900. Employees should only use hazardous waste symbols and/or red bagging for disposing of saturated materials whenever and wherever injuries are treated (e.g., coaching or training rooms, practice and official playing fields or courts).

ACCIDENTAL EXPOSURE

Accidental exposure to blood and other bodily fluids places the exposed individual at risk of infection. If you think you may have been exposed to blood or other bodily fluids, report the incident immediately or as soon as possible to your supervisor or principal. The notified supervisor/principal will initiate a phone call to the Workers’ Compensation Triage Unit to report the injury at 1-800-374-4810. The supervisor or principal will contact Risk Management immediately to obtain information regarding emergency treatment. Risk Management will advise the principal/supervisor and/or employee which medical facility will provide the required services. The physician at the medical facility will determine which treatment option is most suited to the employee.

The most important thing to remember in preventing exposure to and transmission of any infection, is anticipating potential contact with infectious materials in routine, as well as emergency situations. Each individual should be prepared to take appropriate precautions prior to providing care. Using common sense will enhance protection of both the caregiver and the student.
Hepatitis B

THE BASICS

Hepatitis is a disease characterized by an inflammation (swelling) of the liver. Viral Hepatitis B is a serious disease that results in an estimated 2,000 to 4,000 deaths each year in the United States due to cirrhosis and liver cancer. Even though Hepatitis B infection is preventable, approximately one out of twenty people will be infected with the virus some time during their lives.

Infection with the Hepatitis B virus (HBV) occurs through direct contact with the blood or body fluids of an infected individual. Persons at risk of Hepatitis B infection might also be at risk for infection with the Hepatitis C virus (HCV) or the Human Immunodeficiency Virus (HIV).

HBV can be spread through a cut in the skin, sexual contact with an infected person, sharing needles for injection drug use, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during childbirth. Because HBV can survive outside the body for at least seven days on a dry surface, it is further recommended that persons should avoid sharing toothbrushes and razor blades. Hepatitis B is not spread through food, water or casual contact with an infected person.

Hepatitis B carriers are people who are infected with the Hepatitis B virus (HBV) and never recover fully from the infection. They carry the virus and can infect others for the rest of their lives. In the United States, about 1.4 million people carry HBV.

A person may have Hepatitis B, and spread the disease, and not know it. Sometimes a person with HBV infection has no symptoms at all. Only a blood test can verify HBV infection. Symptoms of Hepatitis B infection may include a yellowing of the skin and/or eyes, loss of appetite, nausea, vomiting, abdominal pain, fever, fatigue and joint pain.

There is no cure for Hepatitis B. However, there are medications available to treat long-lasting HBV infection. These medications are not effective in all individuals suffering from long-lasting Hepatitis B infection.

THE VACCINE

The Hepatitis B vaccine has been available since 1982 and has been instrumental in preventing Hepatitis B disease and its serious consequences. The HBV vaccine has been shown to be very safe when administered to infants, children and adults. Therefore, the medical, scientific and public health communities have endorsed routine vaccination of all individuals.

TREATMENT OF HBV

Persons infected with viral Hepatitis B should be evaluated by their doctor for liver disease. Alpha interferon and lamivudine are two drugs approved by the FDA for the treatment of chronic Hepatitis B. These drugs have proven effective in about 40 percent of HBV patients. Use of these medications is not recommended for pregnant women. Several new drugs are currently being tested for future use.

People with Hepatitis B infection should not engage in any type of drug or alcohol use due to the possibility of increased liver damage. It is further recommended that those infected with HBV maintain a healthy lifestyle that includes a well balanced diet and exercise program.
Hepatitis C

THE BASICS

Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States. It is estimated that nearly 4 million Americans have been infected with Hepatitis C. Nearly 40 percent of chronic liver disease is HCV-related, resulting in over 15,000 deaths per year.

HCV is spread primarily by large or repeated direct exposure to the blood of an infected person. Persons at risk for HCV infection might also be at risk for infection with Hepatitis B or HIV.

Transfusion associated infections occurred prior to blood donor screening which was initiated in 1992. The chances of becoming infected with HCV via a blood transfusion are an estimated 1 in 1.9 million Americans. After a needle stick or sharps exposure to HCV positive blood, about two percent will become infected with Hepatitis C.

Hepatitis C is not spread through sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses. Persons should not be excluded from work, school, play, child-care or other settings based on their positive HCV infection status.

To further decrease the chances of HCV infection, always follow routine barrier precautions and safely handle needles and other sharps. Additionally, avoid sharing personal care items that might have blood on them, such as razors and toothbrushes. There are several blood tests that can be done to determine if you have been infected with HCV.

It is possible to detect HCV through blood analysis within two weeks of initial infection with the virus. A doctor may feel it is necessary to order a combination of blood tests to confirm a positive HCV test result.

Approximately 75 percent of all persons infected with HCV will eventually develop long-term infection, leading to chronic liver disease. While up to 15 percent of those infected will develop cirrhosis of the liver over a period of 20 to 30 years, less than 3 percent of infected patients die from complications stemming from long term HCV infection.

Medical and dental procedures conducted in most settings in the United States do not pose a risk for the spread of HCV. There have, however, been some reports that HCV has been spread between patients in hemodialysis units where supplies or equipment may have been shared between patients.

TREATMENT OF HCV

There is no vaccine to prevent HCV infection. Persons infected with viral Hepatitis C should be evaluated by their doctor for liver disease. Antiviral drugs such as interferon used alone or in combination with ribavirin, are approved for the treatment of persons with chronic Hepatitis C. Interferon plus Ribivarin is an effective treatment in about 41 percent of HCV infected individuals.
HIV/AIDS

THE BASICS

HIV (Human Immunodeficiency Virus) is a virus that weakens the body’s defense (immune) system until it can no longer fight off illnesses such as pneumonia, tuberculosis, cancerous tumors and others. HIV infects and kills your CD4 cells (T cells), which direct your body’s immune system to defend against infection.

A person is considered to have AIDS when his/her immune system has been seriously damaged by HIV. If an individual has HIV and his/her CD4 count is less than 200, a doctor will tell him/her that he/she has AIDS. (An average CD4 cell count in a healthy immune system is 1,200 per drop of blood.)

There is still no cure or vaccine for either HIV or AIDS. There are, however, new drug treatments that can help people with HIV stay healthy longer and can delay the onset of AIDS.

HIV is transmitted from an HIV-positive person through infected body fluids, such as semen, pre-ejaculate fluid, blood, vaginal secretions or breast milk. HIV can also be transmitted through needles contaminated with HIV-infected blood, including needles used for injecting drugs, tattooing or body piercing. HIV is most often transmitted sexually.

Because many people with HIV can look and feel healthy for years, you cannot rely on symptoms to know whether you are infected. The only way to know is to be tested.

You do not get HIV from an HIV-infected person through playing sports, working together, shaking hands, hugging, closed-mouth kissing, breathing the same air, sharing drinking glasses, eating utensils or towels. Likewise, you cannot be exposed to HIV by using the same wash basin or toilet, swimming in the same pool, or coming in contact with an infected person’s sneezes, coughs, tears or sweat. You also don’t get HIV from insect bites or by donating blood.

POLICY AND PROCEDURE

Florida State Statute requires that all clinical (medical/health) records dealing with HIV or AIDS must be kept confidential. All health records, notes, and other documents that reference a person’s HIV/AIDS status shall be kept under lock and key with access to only the person(s) specifically designated by the parent or guardian.

There is no reason for any teacher or staff member to know about a student’s HIV status. Therefore, every school board employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy is cause for disciplinary action and/or personal liability for civil suit.

Information regarding HIV status should not be added to a student’s permanent educational or health record without written consent of the student’s natural parent(s), legal guardian(s) or the student if 18 years of age or older.

HIV/AIDS is a protected status under the Americans with Disabilities Act (ADA). Students cannot be prohibited from participating in any school-sponsored activity (including sports and physical education) based on HIV status. Further, students and faculty with complications from HIV are entitled to the same reasonable accommodations as other individuals with limitations resulting from a disability.

For more information, see School Board Policy 5012: Treatment of Students and Employees with Communicable Diseases and Conditions.
Biting Procedures

If the bite does not break the skin:
  a) Cleanse the wound with soap and water, holding the wound under running water for 2 minutes.
  b) Call the parent/guardian of student(s)* involved.
  c) Complete a Student Accident Report (Student). Contact the Workers’ Compensation Triage Unit at 1-800-374-4810 (Faculty/Staff).

If the bite breaks the skin, but there is no visible blood:
  a) Cleanse the wound with soap and water, holding the wound area under running water for 3 minutes.
  b) Call the parent/guardian of student(s)* involved.
  c) Complete a Student Accident Report (Student). Contact the Workers’ Compensation Triage Unit at 1-800-374-4810 (Faculty/Staff).

If the bite breaks the skin and the student or staff member is bleeding:

FOR STUDENTS:
  a) Cleanse the wound with soap and water, holding the wound area under running water for 3 minutes and cover the wound using approved First Aid procedures.
  b) Call the parent/guardian of the bite victim.
     1) If the parent/guardian is contacted, inform them that the student should be picked up to receive medical attention as soon as possible. If the parent/guardian is contacted but has not picked up the child within 1 hour, call 911.
     2) When the parent/guardian arrives, give them a copy of the Bite Resource Information Sheet.
  c) Call the parent/guardian of the biter.
     1) Discuss biting incident with parent/guardian.
     2) Give parent/guardian copy of the Bite Resource Information Sheet.
  d) Complete a Student Accident Report.

FOR STAFF:
  a) Cleanse the wound with soap and water, holding the wound area under running water for 3 minutes and cover the wound using approved First Aid procedures.
  b) Contact the Workers’ Compensation Triage Unit at 1-800-374-4810 for information about the appropriate action to be taken.
  c) Complete a Special Investigative Report and fax the completed form to the Special Investigative Unit (SIU). A hard copy of the report should also be sent to SIU and a hard copy should be kept on file at the work site.
  d) Give staff a copy of the Bite Resource Information Sheet.

3) If the parent/guardian is contacted, but is not able to pick up the student and take him/her for medical attention, inform the parent/guardian that the school will call 911 for medical assistance.
4) If the parent/guardian cannot be reached within 1 hour, call 911.

* In the case of a student biting another student, the parents/guardians of both students involved should be contacted.
Biting Procedures

Student Biting Another Student

Wear gloves when exposed to blood or other bodily fluids.

Wash the bite area with soap and water.

Cleanse the wound and cover it using approved First Aid procedures.

Is the bite victim bleeding?

Hold wound under running water for 2 - 3 minutes.

Call the parent/guardian of students involved.

Call the parent/guardian of students involved.

Biter

Discuss the incident with the parent/guardian.

Give parent copy of Resource Information Sheet.

If the parent is contacted, inform them that the student should be picked up to receive medical care ASAP. When the parent arrives, give them a copy of the Resource Information Sheet.

If the parent cannot be contacted within 1 hour call 911.

Complete Student Accident Report (Student).

If the parent is contacted but has not picked up the student within 1 hour, call 911.

Bite Victim

YES

NO
Wear gloves when exposed to blood or other bodily fluids.

Wash the bite area with soap and water.

Cleanse the wound and cover it using approved First Aid procedures.

Is the bite victim bleeding?

Hold wound under running water for 2 - 3 minutes.

Cleanse the wound and cover it using approved First Aid procedures.

Call the parent/guardian of student (biter) involved.

Complete Student Accident Report (Student) and contact the Workers’ Compensation Triage Unit at 1-800-374-4810 (staff).

Give parent copy of Resource Information Sheet.

Give staff member a copy of the Resource Information Sheet.

Contact Risk Management for information about the appropriate action to be taken. Complete a Special Investigative Report and fax the completed form to the Special Investigative Unit (SIU). A hard copy of the report should also be sent to SIU and a hard copy should be kept on file at the work site.

Call the parent/guardian of student (biter) involved.

Complete Student Accident Report (Student) and contact the Workers’ Compensation Triage Unit at 1-800-374-4810 (staff).
Q: Should teachers be supplied with the materials necessary to implement Infection Control procedures?
A: It is the obligation of the school principal to provide teachers convenient access to the materials necessary to implement Infection Control (Universal Precautions) procedures.

Q: Does the School Board of Broward County provide the Hepatitis B vaccine for all employees?
A: In accordance with the federal mandate, the school district offers the Hepatitis B vaccine to all “at-risk” staff members.

Q: Why don’t we have the right to know if a student in our class is HIV positive or has AIDS?
A: Due to state and federal regulations, HIV/AIDS information is strictly confidential. Since HIV is not passed through casual contact, Infection Control (Universal Precautions) procedures must be followed when dealing with body fluids. Medically, there is no reason for classroom teachers/assistants to know if a student is HIV infected. When dealing with body fluids, assume that “everyone has something”.

Q: What can we use as a disinfectant in our classroom?
A: An adequate disinfectant is the school district’s approved germicide. This material can be obtained from the custodial staff at your school or from the School Board warehouse (Wex-cide 128, 1000068).

Q: Do you need hot water to wash your hands?
A: Hot water is not necessary to properly wash hands. Soap and the heat caused by the friction of rubbing the hands and fingers together during washing is sufficient to clean hands thoroughly.

Q: What do we do about cleaning hands if we are in a portable with no running water?
A: Have your principal purchase hand sanitizer (1000211) from the warehouse. You can use this material in your portable without water or paper towels. When you get the opportunity, wash your hands with soap and running water to clean them properly.

Q: What do we do with a student coming into class with an open “wet” wound?
A: Any student with a “wet” uncovered wound should be sent immediately to the school health room or clinic to receive proper First Aid and have the wound covered.

Q: What are the symptoms of Hepatitis B and Hepatitis C?
A: Many individuals infected with Hepatitis B or Hepatitis C have no symptoms of infection. Symptoms of hepatitis infection may include yellow skin or eyes (jaundice), feeling extremely tired, fever, loss of appetite, stomach pain, nausea and/or vomiting, pain in the joints and darkened urine.