

COMMUNICABLE DISEASES

CONTROL REGULATIONS

General control regulations shall be those regulations that can reasonably be expected to decrease the risk of transmission of communicable diseases. Good housekeeping and personal hygiene practices shall be taught and observed according to general statute and the North Carolina Department of Health and Human Services. Guidelines for cleaning up blood or body fluid spills (attached exhibit) shall be followed at all times. Instruction concerning the use of Universal Precautions shall be a part of the orientation of all new employees.

North Carolina General Statute 130A-136 requires school principals who have a reason to suspect that a person within the school has a communicable disease or a communicable condition, declared by the North Carolina Commission of Health Services to be reported, shall report information required by the Commission to the local Health Director of the county in which the school is located. Confidentiality of such reports is protected by General Statute 130A-143, and school principals cannot be held liable for reporting by General Statute 130A-142.

Specific control regulations shall be developed when a severe communicable disease, e.g., HIV, AIDS, HBV, HCV, is recognized by the Transylvania County Director of Public Health as being an immediate or impending threat to the health and well-being of employees.

Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV)

All school employees shall receive training in how AIDS is acquired and how transmission can be prevented. This training shall be a part of the orientation of all new personnel.

Screening for HIV antibody is inappropriate as a condition for employment because most employees with HIV or AIDS or represent no threat for AIDS transmission through casual contact with other employees.

The Transylvania County Director of Public Health shall notify the superintendent of schools when an employee with HIV, AIDS, HBV, or HCV poses a risk for transmission to others. The superintendent shall notify the employee's immediate supervisor, the employee shall be temporarily removed, with pay, from the workplace, and his/her case referred to the interdisciplinary committee.

A system-level interdisciplinary committee shall be established by the superintendent. The committee shall be convened within three (3) working days after notification and comprised of the employee, the employee's principal or immediate supervisor, the superintendent, the Transylvania County Director of Public Health, or his designee, the employee's personal

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physician, a physician appointed by the school board, the school board attorney, and the employee's attorney, if he/she so desires. The superintendent shall act as chairman of the committee. Confidentiality forms shall be signed and access to medical records at each school will be limited to designated school personnel.

Within ten (10) working days, the interdisciplinary committee shall decide:

1. When/if the employee shall return to work;
2. If a change in job assignment is in the best interest of all employees and students;
3. Control measures to be followed;
4. Those people with a need to know; and
5. A schedule for periodic re-evaluation of the employee's physical condition and assigned duties.

These decisions shall be based on current legal, scientific, and medical evidence and professional judgment of job performance. The employee shall commence work as soon as all of the conditions set by the interdisciplinary committee can be met. The superintendent shall inform the school board of the interdisciplinary committee's decisions, on an anonymous basis.

Confidentiality shall be strictly protected for all employees with HIV, AIDS, HBV, and HCV infection. The decisions of the interdisciplinary committee shall be limited to those individuals who have responsibility for the employee's welfare.

Employees known to have HIV, AIDS, HBV, or HCV shall be provided information and appropriate counseling by the Health Department.

The following guidelines are meant to provide simple and effective precautions against transmissions of disease for all persons potentially exposed to the blood or body fluids of any student and employee. No distinction is made between body fluids from persons with a known disease or those from persons without symptoms or with an undiagnosed disease. Universal precautions shall be adhered to by everyone.

The following definitions shall apply to these policies and guidelines:

BLOOD means human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

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CONTAMINATED means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED SHARPS mean any contaminated object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, and exposed ends of wires.

COLLATERAL DUTY means a duty existing at the same time, but in a subordinate relationship to, the work duties required by an employee's job.

DECONTAMINATION means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.

ENGINEERING CONTROLS means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

HAND WASHING FACILITIES means facilities providing an adequate supply of running, potable water; soap; and single-use towels or hot air drying machines.

LICENSED HEALTH CARE PROFESSIONAL is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and post-exposure evaluation and follow-up.

HBV is the Hepatitis B Virus.

HCV is the Hepatitis C Virus.

HIV is the human immunodeficiency virus, the virus that causes AIDS (Acquired Immunodeficiency Syndrome).

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

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OTHER POTENTIALLY INFECTIOUS MATERIALS means 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

PARENTERAL means exposure to mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT is specialized clothing or equipment such as gloves, masks, goggles, or disposable gowns, worn by an employee for protection against an exposure. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against an exposure are not considered to be personal protective equipment.

REASONABLY ANTICIPATED means that an exposure is possible, based on tasks assigned to the employee as a requirement of the job. Examples are job tasks where employees are required to handle blood or blood products, such as laboratory technicians, physicians, nurses, and emergency medical technicians. "Good Samaritan Acts", an employee's rendering of assistance to accident victims, and other exposures that cannot be "anticipated" do not constitute occupational exposure.

REGULATED WASTE means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

SOURCE INDIVIDUAL means any individual, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

STERILIZE means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.

UNIVERSAL PRECAUTIONS is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are

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treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens. Universal Precautions are established by the Centers for Disease Control.

WORK PRACTICE CONTROLS means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., wearing gloves while diapering students unable to control bodily excretion functions, requiring that glass be picked up with tongs or a dustpan and brush.)

Risk of Contact with Body Fluids

The body fluids of all persons shall be considered to contain potentially infectious agents (germs/microorganisms). The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge), and saliva. Contact with body fluids presents a risk of infection from a variety of germs/microorganisms. In general the risk is dependent on a variety of factors including the type of body fluid with which contact is made and the type of contact.

Body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Many germs may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including the hepatitis virus and persons with HIV. Transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because precautions are not always followed.

Avoiding Contact with Body Fluids

When possible, direct skin contact with body fluids shall be avoided. Disposable gloves shall be available. Gloves are required when direct contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). Hands shall be washed afterwards. Gloves used for this purpose shall be put in a biohazard bag or lined trash can, secured, and disposed of daily.

Methods of Compliance and Schedule **Universal Precautions**

Universal precautions, as outlined by the Centers for Disease Control, shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

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Engineering and Work Practice Controls

Engineering/environmental controls and work practice controls shall be used to eliminate or minimize employee exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Hand Washing and Other Affected Skin Areas

Transylvania County Schools shall provide hand washing facilities which are readily accessible to employees. When provision of hand washing facilities is not feasible, the school system shall provide either an appropriate antiseptic hand cleanser in conjunction with single use cloth/paper towels or antiseptic towelettes. When antiseptic hand cleanser or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Contaminated Needles and Other Contaminated Sharps

Contaminated needles and other contaminated sharps shall not be bent, recapped, sheared, or broken before disposal, with the following exceptions:

- A. Transylvania County Schools can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure; and/or
- B. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers for disposal. These containers shall be: 1) puncture resistant, 2) labeled or color-coded in accordance with this policy, and 3) leak-proof and spill-resistant. **BIOHAZARD** labels shall be affixed to containers of regulated waste and containers used to store, transport or ship blood or other potentially infectious materials. These labels shall be predominantly orange-red with lettering or symbols in contrasting color. The label shall be affixed to the container by a method that prevents the loss or removal.

Other

Equipment, such as sports equipment, which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or transporting and shall be decontaminated as necessary.

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Personal Protective Equipment Provision

Transylvania County Schools shall provide appropriate personal protective equipment. Under normal conditions of use and for the duration of the time which the protective equipment will be used, equipment is considered "appropriate" if it does not allow blood or other bloodborne pathogens to reach clothing, skin, eyes, mouth, or other mucous membranes.

A. Use

Employees shall use appropriate personal protective equipment unless, in the employee's judgment, its use shall pose an increased safety risk to others. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

B. Accessibility

Transylvania County Schools shall ensure that appropriate personal protective equipment is accessible at the worksite. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be accessible to those employees who are allergic to gloves normally provided.

C. Repair and Replacement

Transylvania County Schools shall repair or replace personal protective equipment as needed to maintain its effectiveness. When personal protective equipment is removed it shall be placed in a designated area or container for washing, decontamination or disposal.

D. Gloves

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, mucous membranes, non-intact skin or other potentially infectious materials.

Housekeeping

All equipment and environmental and working surfaces shall be decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials. Broken contaminated glassware shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Contaminated materials shall be labeled with the appropriate **BIOHAZARD** label.

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What To Do If Direct Skin Contact Occurs

When contact with body fluids occurs, hands and other affected skin areas of all exposed persons shall be immediately washed with soap and water. Also flush mucous membranes immediately with water.

Removal of Body Fluids

Each school shall have procedures for the removal of body fluids, which shall be in accordance with standard universal precautions. School system buildings shall stock sanitary absorbent agents and disinfectants specifically intended for cleaning body fluid spills. The contaminated absorbent material or sweepings shall be disposed of in a plastic bag labeled with the appropriate **BIOHAZARD** label. Broom and dustpan must be disinfected or discarded.

Disinfectants/Disinfecting of Hard Surfaces and Care of Equipment

The initial step shall be cleaning with an intermediate level disinfectant. It is recommended that disinfectants be left on the contaminated surface for ten minutes before removal. Employees are required to clean equipment, environmental and work surfaces, and decontaminate them immediately after contact with blood or other body fluids using an EPA-approved disinfectant, such as phenolic or quaternary ammonium germicidal detergent solution or a 1:10 to a 1:100 dilution of bleach.

After removing the heavy contaminated material, a disinfectant is applied. Mops shall be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment shall be placed in a toilet or plastic bag as appropriate. Nondisposable cleaning equipment (dustpans, buckets) shall be thoroughly rinsed in the disinfectant. The disinfectant solution shall be promptly disposed into the sewage disposal system. Remove gloves and discard in appropriate receptacles marked with the **BIOHAZARD** label.

Disinfection of Rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

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Laundry Instructions for Clothing Soiled with Body Fluids

Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is negligible. Proper storage and processing of clean and soiled linen are recommended. Individuals specifically responsible for laundry will be given specific instructions.

TRAINING

1. Comprehensive training will be required for all employees with "anticipated risk of occupational exposure." Those employee classifications are found in the Exposure Control Plan. Training will also be given to each principal and either his/her assistant principal or designee.
2. Training will initially be conducted by the Transylvania County Health Department, and will be videotaped for future use in training of new employees who may be classified. Training will follow the guidelines established in OSHA standards. Copies of the OSHA standard will be made available upon request. Bloodborne pathogen training guidelines, an attendance record form, an employee evaluation form, and a sample training agenda are attached.
3. At the completion of the training all employees shall sign verification forms that they have received and rfcf . Copies of the signed verification forms will be filed in each employee's confidential file.
4. All employees will be trained in the use of Universal Precautions for Transylvania County Schools by the principal or his designee verify they have received this training. A copy of the signed verification form will be filed in the employee's confidential file.

RECORD KEEPING AND SURVEILLANCE

1. Record keeping will include all requirements set forth by OSHA standards. Specific records will include training events (times, dates, content, trainers and individuals present), post-exposure procedures, surveillance, monitoring and individual medical files for individuals offered and accepting the HBV vaccination series.
2. The responsibility for maintaining records shall be the superintendent's office.

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3. Periodic site and surveillance monitoring logs will be completed bi-annually by the principal/designee and submitted to the superintendent's office. Bloodborne Pathogen Periodic Site Surveillance and Monitoring Log is attached .
4. An annual survey regarding surveillance and monitoring will be compiled by the superintendent/designee and the Health Education Coordinator. This annual survey will be used in the annual update of this plan. A copy of the annual survey is also attached .

The following forms shall be filed:

- A-1 Exposure Control Plan for Local Education Agencies
- A-2 Schedule for Implementing Exposure Control Plan
- A-3 Exposure Control Plan
- A-4 Consent Form for Hepatitis B Vaccine
- A-5 Refusal of Hepatitis B Vaccine
- A-6 Sample Hepatitis B Vaccine Log
- A-7 Bloodborne Pathogens Workshop Agenda
- A-8 Training Record
- A-9 Bloodborne Pathogens Training Attendance Record
- A-10 Bloodborne Pathogens Training Employee Evaluation Form
- A-11 Post Exposure Sequence of Events
- A-12 Confidential Employee Bloodborne Pathogen Exposure Incident Report
- A-13 Employee Blood Exposure Follow-up Check List
- A-14 Annual Survey
- A-15 Bloodborne Pathogens Periodic Site Surveillance and Monitoring Log
- A-16 Verification Form A
- A-17 Verification Form B

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Appendix

Universal Precautions and Infection Control

In response to the increase in Hepatitis B, C, and human immunodeficiency virus (HIV) infections, the Centers for Disease Control have recommended "universal blood and body-fluid precautions." These measures are intended to prevent transmission of these and other infections, as well as to decrease the risk of exposure for care-providers and students. As it is currently not possible to identify all infected individuals, these precautions must be used with every student, regardless of their medical diagnosis.

Universal precautions pertain to blood and body fluids containing blood, cerebrospinal fluid, synovial fluid, vaginal secretions, semen, and pericardial fluid. 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. Based on the type of possible contact, the caregiver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both the caregiver and the student.

Hand Washing (Non-Emergency Procedures)

Proper hand washing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists (such as rings with stones) should be removed prior to washing and kept off until completion of the care procedure and hands are rewashed. Use of running water, lathering with soap and using friction to clean all surfaces of remaining jewelry and hands is key. Rinse well with running water and dry hands with paper towels. If soap and water are unavailable, wet towelettes or "handi-wipes" may be used for initial cleaning prior to thorough hand washing.

- Hands shall be washed before physical contact with student and after the contact is completed.
- Hands shall be washed after contact with any equipment exposed to body fluids.
- If hands (or other skin) become soiled with blood or body fluids, they shall be washed immediately before touching anything else.
- Hands shall be washed whether gloves are worn or not and after gloves are removed.

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Barriers

Barriers include disposable gloves, protective eyewear, masks and gowns (appropriate to task). The use of a barrier is intended to reduce the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to student. It is essential that appropriate barriers be used when contact with potentially infectious materials is possible.

Gloves shall be worn when direct care may involve contact with blood or body fluids. For infection control, it is recommended that gloves be worn as well for contact with urine, feces and respiratory secretions. Single use gloves shall be disposed of after each use.

- Gloves shall be worn when changing a diaper or catheterizing a student.
- Gloves shall be worn when changing dressings or sanitary napkins.
- Gloves shall be worn when providing mouth, nose, tracheal or gastric care.
- Gloves shall be worn if the caregiver has broken skin on the hands (even around the nails).
- Gloves appropriate to task shall be worn when cleaning up spills of blood (e.g., nosebleeds) or body fluids and wastes, and soiled supplies.

Gowns or aprons may be worn to protect the caregiver's clothing if spattering of body fluids is possible. The apron or gown shall be laundered or disposed of after each care session. Disposable items that have become contaminated shall not be reused. In addition, protective eyewear and masks shall be worn if splashing of body fluids is likely to occur (such as in suctioning).

Waterproof barriers shall be used to cover any work surfaces if drainage or splashing with blood or body fluids is possible. The barrier shall be disposed of after each care session.

In the event CPR is needed, a disposable mask with a one-way valve should be used. If this is unavailable, gauze or some other porous material should be placed over the mouth and mouth-to-mouth resuscitation given.

Disposal of Waste

Except for syringes, needles and other sharp implements, all used or contaminated supplies (including gloves and other barriers) shall be placed in a biohazard bag and sealed. Needles, syringes and other sharp objects shall be placed in a metal or other puncture-proof container immediately after use. To reduce the risk of an accidental needle stick or cut, needles shall not be recapped, bent or removed from the syringe before disposal. The container shall be sealed prior to disposal. Both types of contaminated waste shall be disposed of according to local or state regulations for medical waste.

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Large volumes of body wastes such as urine, vomitus or feces should be disposed of in the toilet. Body waste contained or absorbed into non-flushable materials such as paper towels shall be double bagged prior to disposal.

Clean-Up

Spills of blood and body fluids that are covered under universal precautions should be cleaned up immediately. The CDC method is as follows:

- Wear gloves appropriate to task (latex, vinyl or heavy utility).
- Clean up the spill with paper towels or other absorbent material.
- Thoroughly clean the area using an approved sanitizing solution such as solution of one part household bleach (sodium hypochlorite) in ten parts of water.
- Dispose of gloves, soiled towels and other waste in a sealed biohazard bag as outlined above.

Routine environmental clean-up of facilities (such as the health room and bathrooms) does not require any modification unless contamination with blood or body fluids covered under universal precautions should occur. If so, the area shall be decontaminated using the procedure outlined above. Regular cleaning of non-contaminated surfaces such as toilet seats and tabletops can be done with a standard cleaning solution.

Laundry

Contaminated items such as sheets, towels, or clothing should be handled as little as possible and washed with hot water and detergent and machine dried. Cool water washing is also acceptable if an appropriate detergent is used for the water temperature.