

## ***INFECTION CONTROL PROCEDURES FOR SCHOOLS***

### **General Procedures for Preventing Transmission of Infectious Diseases in School Settings**

Having direct contact with the body fluids of another person can potentially provide the means by which many different infectious diseases can spread. Some examples of body fluids which transmit infection, and some of the diseases that can result include the following:

<u>Body Fluid</u>	<u>Diseases Spread Through Contact with this Body Fluid</u>
Eye discharge	Conjunctivitis (pink eye)
Nose or throat discharge	Colds, influenza, parvovirus B19 (Fifth's disease)
Blood	Hepatitis B, C, HIV
Feces	Hepatitis A, shigellosis, giardiasis
Urine	Cytomegalovirus

It is important to remember that any person could potentially have disease-causing organisms in their body fluids, even if they have no signs or symptoms of illness. Consequently, the following recommendations should be followed in all situations, not just those involving an individual known to have an infectious disease.

In the school setting, it is recommended that reasonable steps be taken to prevent individuals from having direct skin or mucous membrane contact with any moist body fluid from another person. Specifically, **direct contact should be avoided** with all the following:

1. Blood (preventing exposure to blood or blood-contaminated body fluids is discussed in more detail in the following section on standard precautions);
2. All other body fluids, secretions, and excretions regardless of whether or not they contain visible blood;
3. Non-intact skin (any area where the skin surface is not intact, such as moist skin sores, ulcers or open cuts in the skin); and
4. Mucous membranes.

If hands or other skin surfaces are contaminated with body fluids from another person, washing with soap and water should take place as soon as possible.

In general, standard medical vinyl or latex gloves should be worn whenever the possibility of direct contact with any body fluid with another person is anticipated. Gloves should be available and easily accessible in any setting where contact with body fluids could take place. Hands should always be washed immediately after removal of gloves. Pocket masks or other devices for mouth-to-mouth resuscitation should be available.

Mucous membranes cover the eyes and the inside of the nose and mouth, along with certain other parts of the body. In a school setting, avoiding mucous

membrane contact with body fluids means, for practical purposes, that one does not get these fluids in one's eyes, nose or mouth. This can generally be accomplished by not rubbing the eyes with one's hands, and not putting the hands or anything touched by unwashed hands (such as food) in one's mouth. Good hand washing is vital to preventing mucous membrane exposure to disease-causing organisms.

Additional steps to reduce the risk of transmission of communicable diseases in the school setting include the following:

1. Toilet tissue, liquid soap dispenser, and disposable towels should always be available in all restrooms. All children should be taught proper hand washing and encouraged to practice this after using the restroom.
2. All children should wash their hands, with direct supervision as necessary, before eating.
3. Children should be discouraged from sharing food, personal grooming items, and cosmetics.
4. Younger children should be discouraged from placing others' fingers in their mouths or their own fingers in the mouths of others, and from mouthing objects that others might use.
5. Proper sanitation procedures must be followed with regard to food handling and preparation, control of insects and rodents, and proper disposal of solid waste.

### **Standard Precautions**

Standard Precautions (formerly universal precautions) is the term now used to acknowledge that any person's body fluids, including blood, may be infectious, and includes the need to use personal protective devices such as gloves, masks or clothing to prevent exposure to body substances. These precautions include:

- Wearing disposable gloves for contact or anticipated contact with any person's blood or body fluids;
- Wearing protective gown/apron if soiling of clothes is likely;
- Wearing goggles and/or mask as appropriate when splashing of blood/bloody fluids is likely; and
- Always washing hands after removing gloves or when hands have come in contact with blood or any body fluid/excretion.

In addition:

1. If any body fluids come into contact with the mucous membrane surfaces of the nose or mouth, the area should be immediately flushed with water. If the mucous membrane surfaces of the eye are contaminated, there should be irrigation with clean water or with saline solution or sterile irrigants designed for this purpose.
2. Precautions should be taken to avoid injuries with sharp instruments contaminated with blood. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles,

and other sharp items should be placed in puncture-resistant, leak-proof containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. School districts should have a clear procedure for sharps usage and disposal.

3. Persons providing health care that have exudative skin lesions or weeping dermatitis should refrain from all direct patient care, and from handling patient-care equipment, until the condition resolves.

The Missouri Code of State Regulations, 19 CSR 20-20.092, promulgated under the authority of Section 191.640 RSMo, requires that “the blood-borne pathogen standard governing public employers in the state of Missouri having employees with occupational exposure to blood or other potentially infectious materials shall be the standard of the Occupational Safety and Health Administration as codified in 29 CFR 1910.1030. The rule establishes the current standard of practice with regard to the prevention of transmission of infectious blood-borne agents in occupational settings, and it contains good public health and risk management policies. School administrators and other school personnel who are involved in making health policy decisions should become familiar with this rule and consider, in consultation with appropriate legal counsel, adopting the policies that it describes, including the development of an exposure control plan. Such an exposure control plan should contain a statement on providing hepatitis B vaccine to appropriate school staff (August, 2001).

The Occupational Safety and Health Administration (OSHA) guidelines and the standard adopted by the Missouri Department of Health and Senior Services also require:

Persons who, as part of their assigned occupational duties, may reasonably be expected to have contact with blood should be vaccinated with hepatitis B vaccine. Vaccination of all school staff is neither feasible nor necessary. However, certain staff is assigned duties which could place them at increased risk of infection from hepatitis B. These individuals should be provided, free of charge, three doses of hepatitis B vaccine. Such individuals include:

1. The person(s) assigned primary responsibility for providing first aid;
2. Special education/early childhood development personnel who may have contact with children infected with hepatitis B. These children may have special behavioral and/or medical problems which increase the likelihood of hepatitis B transmission; and
3. The person(s) assigned primary responsibility for cleaning up body fluid spills.

A person who has been offered hepatitis B vaccine but refuses to receive it should be required to sign a statement indicating the vaccine was offered but he/she chose not to be vaccinated.

School nurses (RNs and LPNs) licensed under Chapter 335, RSMo, are required, according to Section 191.694 RSMo, to adhere to standard precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.

## Procedures for Cleaning Spills of Blood or Other Body Fluids

1. Absorbent floor-sweeping material should be used to cover larger body fluid spills.
2. Wear sturdy, non-permeable gloves and other protective clothing as necessary.
3. Use disposable absorbent towels or tissues, along with soap and water, to clean the area of the spill as thoroughly as possible.
4. All surfaces that have been in contact with the body fluids should then be wiped with a disinfectant. Any EPA-approved disinfectant can be used. A 1:100 dilution of household bleach can also be used (this solution should not be mixed in advance because it loses its potency). After the disinfectant is applied, the surface should either be allowed to air dry, or else to remain wet for 10 minutes before being dried with a disposable towel or tissue.
5. If the gloves worn to clean up the spill are reusable rubber gloves, they should be washed with soap and running water prior to removal. Disposable gloves should be placed in an impermeable plastic bag. Regardless of the type of gloves used, care should be taken during glove removal to avoid contamination of the hands. However, whether or not any known contamination occurs, the hands should be thoroughly washed with soap and water after the gloves are removed.
6. If the person doing the cleanup has any open skin lesions, preparations should be taken to avoid direct exposure of the lesions to the body fluids.
7. If direct skin exposure to body fluid accidentally occurs, the exposed area should be thoroughly washed with soap and water for at least 15 seconds.
8. It is necessary to keep one or more clean-up kits on hand for blood/body fluid spills. The clean up kit should consist of the following items:
  - Absorbent floor-sweeping material
  - Liquid soap
  - Disinfectant
  - Small buckets
  - Rubber or plastic gloves
  - Disposable towels or tissues
  - Impermeable plastic bags

All of these materials should be kept together in one or more central locations so that they are readily accessible.

**CAUTION:** Diluted bleach solutions, if utilized, should not be used for any other purpose than the clean-up described above. Mixing this solution with certain other chemicals can produce a toxic gas. Also, any EPA-approved disinfectant that is used should be diluted according to manufacturer's instructions. *It is not appropriate or necessary to add more disinfectant than the directions indicate. Doing so will make the disinfectant more toxic, and could result in skin or lung damage to those individuals using it.*

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