

## **UNIVERSAL PRECAUTIONS FOR SCHOOL SETTINGS**

### **Definition of Universal Precautions**

Universal precautions refer to the usual and ordinary steps all school staff need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as the Hepatitis B virus). They are **universal** because they refer to steps that need to be taken in all cases, not only when a staff member or student is known to be HIV-infected. They are **precautions** because they require foresight and planning, and should be integrated into existing safety guidelines.

### **Protocol for Universal Precautions**

In response to the increase in hepatitis B 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 his/her 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 materials. 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 contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the care-giver 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 these measures will enhance protection of both the care-giver and the student.

### **HAND WASHING**

Proper hand washing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists (such as rings and 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, use alcohol hand rinse.

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

Barriers include disposable gloves, protective eye wear and gown. The use of a barrier is intended to reduce the risk of contact with blood and body fluids for the care-giver 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 material is possible.

Gloves should be worn when direct care of the student may involve contact with blood and body fluids. For infection control, it is recommended that gloves be worn as well for contact with urine, feces, and respiratory secretions. Gloves should be disposed of after each use and not reused.

- Gloves should be worn when changing a diaper or catheterizing a student.
- Gloves should be worn when changing dressings or sanitary napkins.
- Gloves should be worn when providing mouth, nose or tracheal care.
- Gloves should be worn if the care-giver has broken skin on the hands (even around the nails).
- Gloves should 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 care-giver's clothing if spattering of body fluids is possible. The apron or gown should be laundered or disposed of after each care session and should not be reused. In addition, protective eye wear and masks should be worn if splashing of body fluids is likely to occur (such as mouth suctioning or a coughing student).

Chux or other waterproof barriers should be used to cover any work surface if drainage or splashing with blood or body fluids is possible. The barrier should be disposed of after each care session and should not be reused.

## **DISPOSAL OF WASTE**

All used or contaminated supplies (including gloves and other barriers) except for syringes, needles and other sharp implements should be placed in a plastic bag which is then sealed. This bag should be placed in a second plastic bag, which is also sealed. The double-bagged waste can then be thrown in the garbage, out of the reach of children or animals.

Needles, syringes and other sharp objects should 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 should not be recapped, bent or removed from the syringe before disposal. Once it is full, the container should be sealed, double bagged and brought to health services central administration for disposal in large biohazard container. Health services will call biohazard waste disposal company for proper disposal at least annually. Bodily wastes such as urine, vomitus or feces should be disposed of in the toilet.

## **CLEAN UP**

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

- Wear gloves.
- Mop up the spill with paper towels or other absorbent material.
- Using a solution of one part household bleach (sodium hypochlorite) in ten parts of water, wash the area well.
- Dispose of gloves, soiled towels and other waste in sealed double plastic bag in the garbage as outlined above.

Routine environmental clean-up 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 should be decontaminated using the procedure outlined above. Regular cleaning on non-contaminated surfaces such as toilet seats and table tops can be done with the standard cleaning and removal of obvious soil. It is more effective than extraordinary attempts to disinfect or sterilize surfaces.

## **LAUNDRY**

Whenever possible, disposable barriers should be used, if contamination with body fluids or blood is possible. If sheets, towels or clothing do become soiled, they should be handled as little as possible. Wash with hot water and detergent for at least 25 minutes. Cool water washing is also acceptable if an appropriate detergent is used for the water temperature.

## **ACCIDENTAL EXPOSURE**

Accidental exposure to blood, body products or body fluids places the exposed individual at risk of infection. This risk varies depending on the type of body fluid (blood vs. respiratory vs. feces), the type of infection (salmonella vs. HIV) and the integrity of the skin that is contaminated.

## **PREGNANT WOMEN**

Pregnant women are at no higher risk of infection than other care-providers as long as appropriate precautions are observed. However, due to the possibility of in-utero transmission of viral infections such as cyto-megalovirus (CMV) or HIV, as well as the potential for adverse outcomes with these congenitally acquired infections, pregnant women should be especially careful to observe universal precautions.

Further information regarding universal precautions and infection control is available from the local Public Health Department and in references at the end of this section.

### **Personal Hygiene Emergency Procedures**

The purpose of the procedures outlined herein is to establish basic guidelines intended to assist students who may be having a personal hygiene emergency. Instances of such emergencies may include, but not be limited to, a bleeding nose, sneezing, coughing, uncontrollable urinating, and sudden bowel movement.

Headmaster/Principal shall:

- Ensure that all staff are familiar with this policy and that the provisions of this policy are implemented.

Classroom Teacher shall:

- Reassure and calm the student.
- Have the student report to the appropriate lavatory facility. In some cases, it may be necessary to have another student or a classroom aide accompany the child.
- Notify the school nurse.
- Contact the student's parent/guardian to report the incident, and if necessary, request that the parents come to the school to assist.
- Request that the parents supply a clean set of clothing to be stored at the school for chronic cases.
- Report action taken to the Headmaster/Principal.

School Nurse shall:

- Meet with the student to recommend the procedure to be followed, i.e. student to be sent back to class, parents to come to school, student to be sent home, etc.
- Assist in ensuring that the student is properly cleansed before returning to class, or await the student's parent's/guardian's arrival.
- Provide supervision and a comfortable surrounding, if the student is awaiting the arrival of his/her parent/guardian or awaiting transportation.
- Share observations/recommendations with the classroom teacher.

School Custodian shall:

- Clean the area where the emergency occurred. Blood, vomitus, or any other discharges or any body fluids from any person or child at the school site should be cleaned up as follows: obtain a plastic bag to dispose of all materials used in the clean up.

### **Human Bite Emergency Procedures**

The purpose of the procedures outlined herein is to establish basic guidelines intended to assist students and staff who have encountered a human bite that breaks the skin.

Each human bite represents a unique set of circumstances and requires an individualized response. In most biting episodes there are no communicable disease extenuating circumstances and the episodes are treated as general universal precautions. There is a heightened sense of urgency when one of the children has a communicable disease. The school nurse is responsible for guiding the response, working with the Headmaster/principal and ensuring that confidentiality is maintained.

- Review known medical information of both the “biter” and the “bitee”. If there is a known communicable disease issues, then the nurse needs to consult with the local Health Department for more specific guidance. Confidentiality needs to be respected throughout the consultation.
- Both biter and bitee should be referred to their primary care provider for further guidance. This may include any or all of the following: risk counseling; hepatitis, HIV testing; etc. The treatment approach is the decision of the primary care provider and the family.

Background information:

- In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. **Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances.** Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.
- The biter is probably more at risk than the bitee as s/he is exposed to the blood from the wound.

Headmaster/Principal shall:

- Ensure that all staff are familiar with this policy and that the provisions of this policy are implemented.

Classroom Teacher shall:

- Reassure and calm the students.
- Employ universal precautions in evaluating the bite.
- Notify the school nurse.
- Contact the student's parent/guardian to report the incident, but only after discussing with the school nurse.
- Report action taken to the Headmaster/Principal.

School Nurse shall:

- Gather the appropriate medical information.
- Call health services before calling the families if there is known communicable disease issues with one or both of students
- Be liaison to primary care provider, as requested by parent and within the boundaries of confidentiality.