

PERSONNEL

Communicable Diseases

RESPONSE TO INCIDENTS INVOLVING BLOOD AND BODY FLUIDS

Introduction to Blood and Body Fluids

Hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) are bloodborne viruses that are transmitted from one person to another through body fluids such as blood, semen, vaginal secretions, feces, nasal secretions, sputum and vomitus. An exposure to these viruses can occur from a needle stick injury with a used needle, an injury with a sharp object that has been in contact with a body fluid, non-intact skin (rash, or open wound) that has come in contact with a body fluid, splashing of blood or body fluids into the mouth, eye, or open wound (i.e. vomit that has blood in it) or a bite that breaks the skin.

1.0 Objective:

To establish procedures for responding to incidents involving blood and other body fluids in order to prevent transmission of blood-borne infections such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus.

2.0 Responsibility:

- 2.1 The Durham District School Board will make every effort to provide a safe environment for students and employees. According to the Personal Health Information Protection Act (PHIPA) and the Municipality Freedom of Information Act (MFIPA), providing confidentiality to the student or employee infected with an infectious disease will be fully enforced.
- 2.2 Recognizing that education has a vital role to play in the prevention of transmission of infectious diseases, education about blood-borne infections of interest, including AIDS, shall be included in the curriculum.
- 2.3 All staff must be informed of and adhere to policies, procedures, and guidelines regarding occupational exposure to blood-borne infections.
- 2.4 Staff responsible for responding to this policy will include but not be limited to:
 - Superintendents;
 - Area supervisors; and
 - School principals.

3.0 Procedures:

- 3.1 The term **routine practices** are used to describe specific procedures that must be utilized at all times during potentially hazardous situations and to minimize and/or prevent the transmission of potential blood-borne infections.
- 3.2 **Routine practices** shall be used whenever administering first aid or cleaning spills of blood or body fluids. Body fluids are defined as semen, vaginal secretions, feces, nasal secretions, sputum, vomitus, and other body fluids containing blood.

3.3 4 Key Components of Routine Practices:

- 3.3.1 Hand hygiene
- 3.3.2 Use of protective barriers (Personal Protective Equipment (PPE))
- 3.3.3 Cleaning and disinfection of potentially contaminated surfaces
- 3.3.4 Safe handling/disposal of potentially contaminated material

A **disinfectant**, for purposes of this procedure, is defined as a Durham District School Board approved disinfectant

3.4 Hand Hygiene:

- 3.4.1 Frequent hand washing is the most effective way to prevent the spread of infectious diseases in schools.
- 3.4.1 Wash hands frequently and thoroughly, especially after contact with any blood and body fluids or a contaminated surface.
- 3.4.2 Wet hands with warm water and apply soap.
- 3.4.3 Rub hands vigorously together and scrub all surfaces (backs of hands, between fingers, thumbs and around fingernails) for at least 15 seconds. The soap, combined with the scrubbing action, helps dislodge dirt/soil and remove germs.
- 3.4.4 Thoroughly rinse hands under warm running water, removing all traces of soap lather.
- 3.4.5 Dry hands with a paper towel. Taps should be turned off using the towel, then discard paper towel. If hot air dryers are available, ensure hands are completely dry.

3.5 Protective Barriers:

- 3.5.1 Always wear appropriate protective barriers (disposable gloves) when contact with blood and body fluids is expected.
- 3.5.2 The Occupational Health and Safety Act (OHSAct) requires the employer to provide and maintain personal protective equipment in good condition, to require their use, and to train the worker on their use. [OHSAct s. 25 (1)(b), (d) and (2)(a), (h)]
- 3.5.3 Protective barriers reduce the risk of exposure to potentially infectious substances through contact with broken skin or mucous membranes.
- 3.5.4 Gloves:
 - 3.5.4.1 Disposable medical grade nitrile gloves offer the optimal protection against viruses that may be present in blood or body fluids.
 - 3.5.4.2 Gloves are necessary for cleaning and disinfecting potentially contaminated surfaces and handling of potentially contaminated waste.
 - 3.5.4.3 Change gloves after each task or exposure.
 - 3.5.4.4 If using disposable gloves, discard after each use; gloves should be removed inside-out, one at a time, and dispose as contaminated waste.
 - 3.5.4.5 Wash hands thoroughly with warm water and soap after removing gloves. (see 3.4 Hand Hygiene)
- 3.5.5 Personal Protective Equipment (PPE):
 - 3.5.5.1 Protective eye glasses and a mask (medical, surgical or procedural) must be provided and used where blood and body fluids are likely to splash on the mucous membranes of the eyes, nose or mouth.
 - 3.5.5.2 Safety goggles and/or face shields should also be worn when using the **disinfectant**. Where the spill or area of contamination is extensive, an impervious disposable coverall and shoe protectors (booties) as well as a mask should be worn. Gowns, lab coats or aprons must be provided and worn when clothing is likely to be soiled.

- 3.5.6 Resuscitation Devices:
- 3.5.6.1 To minimize your exposure during emergency mouth-to-mouth resuscitation, mouthpieces or other resuscitation devices should be provided and utilized.
 - 3.5.6.2 Resuscitation devices should be a disposable type and available in every first aid kit and discarded after each use.
- 3.5.7 Cleaning of contaminated surfaces:
- 3.5.7.1 Consider the use of PPE before cleaning and disinfecting a contaminated area/surface (e.g. single use gloves, disposable gown, surgical mask and eye goggles/face shield).
 - 3.5.7.2 Discard all contaminated clean-up materials (i.e. paper towels, rags) in double plastic bags.
 - 3.5.7.3 If necessary, absorb the blood or body fluids (e.g. vomitus) using paper towels, and dispose of
 - 3.5.7.4 Clean contaminated **surfaces** or **objects** with detergent and water. Rinse surfaces with clean water to remove detergent film.
 - 3.5.7.5 After a thorough cleaning and rinsing, disinfect the surface, object or area by applying **disinfectant** with a clean paper towel/cloth or pouring onto area. Only use clean cloths/paper towels; do not reuse. **Avoid spraying** on disinfectant when possible. For floors, soak a mop in the disinfectant and wipe the floors. Some toys or other objects can be immersed directly in the disinfectant.
 - 3.5.7.6 Leave the disinfectant in contact with the surface or object for at least 10 minutes, or according to the manufacturer's instructions. Rinsing is not necessary, unless it is a food contact surface.
 - 3.5.7.7 Double bag and seal contaminated clothing. Have employees bring their contaminated clothing home to wash and dry on a hot cycle.
 - 3.5.7.8 Carefully remove gloves so as to avoid contaminating the hands.
 - 3.5.7.9 Contaminated disinfectant may be disposed of by pouring it down the drain.
 - 3.5.8.0 For outdoor toys and equipment (i.e. shovels, buckets, climbers and swings) follow the process for cleaning, disinfecting, and disposal of clean-up materials as above.
 - 3.5.8.1 If there is blood in sandboxes or other ground surfaces, remove the blood-soaked sand or dirt, and discard appropriately.
 - 3.5.8.2 Carpets should be thoroughly cleaned with detergent and water, and rinsed thoroughly with water. If practical, absorb the blood or body fluid using paper towels, prior to cleaning, and dispose of appropriately. **Where the spill is extensive, shampooing should be done with a germicidal carpet shampoo after the blood and/or body fluids have been removed.**
 - 3.5.8.3 Following clean-up, discard gloves and wash hands with soap and water. Dispose of PPE appropriately.
- 3.5.8 Safe handling/disposal of contaminated material:
- 3.5.8.1 Discard all contaminated clean-up materials in double plastic bags.
 - 3.5.8.2 Consider all contaminated waste as infectious.
 - 3.5.8.3 Wear disposable gloves and handle all contaminated wastes carefully to prevent body contact.
 - 3.5.8.4 Any object that could cut or puncture the skin such as needles or broken glass may carry infectious disease material and should be handled with caution. Dispose of sharps in a Durham District School Board approved unbreakable, non-pierceable containers that have a lid. **Never place sharps in the regular trash (see "Warning! Needles are a Danger poster).**

3.6 Routine Preventative Measures:

- 3.6.1 Discard cracked and broken toys.
- 3.6.2 In classrooms where younger children may mouth toys, regularly clean toys, rinse, disinfect toys and rinse again.
- 3.6.3 Toothbrushes and other personal items are not to be shared.
- 3.6.4 Keep other children away from areas where blood and body fluid spills have occurred, to minimize exposure to blood.
- 3.6.5 Broken skin (i.e. cuts, abrasions) should be covered with a bandage so that it is protected from contact with blood and body fluids. The bandage also contains any leakage of blood from site, therefore preventing potential contamination of surfaces.

3.7 Precautions to Take When Applying First Aid:

- 3.7.1 Disposable gloves should be part of a first aid kit, and used when performing first aid. However, DO NOT delay first aid if gloves are not available.
- 3.7.2 During first aid, use clean/sterile disposable materials on open wounds. Cover cuts or open wounds with clean/sterile bandages.
- 3.7.3 **Use direct or indirect pressure to control the bleeding depending on the type of wound and based on your first-aid training.** Wash any visible blood off of the intact skin with warm, soapy water **if it does not compromise first-aid measures and the situation is stable.** Discard blood stained clean-up materials appropriately.

4.0 **Post Exposure Prophylaxis:**

It is very important to be aware of the risks of exposure to infectious diseases and to understand how to prevent or minimize the risk of exposure. Exposures can be prevented by following routine practices, implementing appropriate procedures, and utilizing personal protective equipment (PPE). If there has been an exposure to blood or body fluids, the individual should go immediately to a local Emergency Department for medical assessment by a physician. If the Emergency Room physician examines the individual and identifies that an exposure occurred, he/she will determine the need for prophylactic treatment or vaccination to prevent infection from the exposure. In addition, baseline blood work for HIV, Hepatitis B and Hepatitis C will be done with additional follow up blood work at 3 months and 6 months after the date of exposure.

5.0 **Steps to be Followed by Durham District School Board Staff to Ensure Infection Control Within Schools:**

- 5.1 Staff shall consult the Durham District School Board resource: Communicable Diseases and Medical Procedures Resource Manual, and the Durham Region Health Department resource: Guidelines for Communicable Disease Reporting & Exclusion, to assist in the control and management of communicable diseases.
- 5.2 The principal shall inform the Superintendent of Education/Operations of any trends in cases of infectious disease. The superintendent will consult with the Durham Region Health Department to ensure proper precautions are in place to maintain confidentiality for the student(s) involved. The identity of the student and the details of the infection are to be kept in strict confidentiality.
- 5.3 The Superintendent of Education/Operations, in consultation with the Durham Region Health Department, parent(s), guardian(s), school staff, or student where appropriate, will develop a course of action to protect the student and school community involved. The dissemination of information to students/staff/community, if at all, will be determined, ensuring confidentiality and privacy of information to all involved.
- 5.4 Students will be excluded from school only when advised by a physician or Medical Officer of Health or per the resource, Guidelines for Communicable Disease Reporting & Exclusion. The Durham Region Health Department is available for consultation as needed.

- 5.5 Alternate instruction may be provided if determined that the student must be excluded from school due to the infectivity of the illness. Decisions regarding alternate instruction shall be made on a case-by-case basis. Teachers and other education workers who provide alternate instruction will be informed of required precautions as necessary and should not be placed at risk for transmission of the illness.

Appendix:

Warning – Needles are a Danger – Sign
Adult Vaccination Chart

Effective Date

88-10-24

Amended/Reviewed

98-01-21

2006-08-08

2008-10-08

2012-06-29



WARNING!

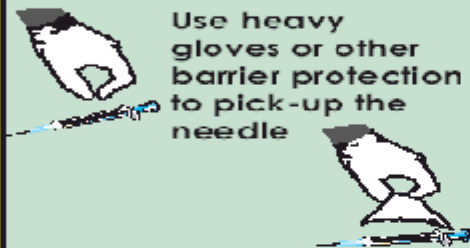
Needles Are A Danger



- Always assume the needle is contaminated
- Do not injure yourself or others

1.

Use heavy gloves or other barrier protection to pick-up the needle



2.

Pick-up the needle holding the tip away from you and others

- Do not separate syringe from needle
- Do not manipulate the needle in any manner
- Do not recap the needle
- Avoid excessive handling of the needle



3.

Place needle in an empty, hard plastic container (e.g. bleach jug or similar container with lid).

- Seal (cap) container tightly and secure with tape
- Clearly label container "SHARPS"



4.

Take the container to a Regional Waste Disposal Site

- Oshawa: 1640 Ritson Rd., N.
- Port Perry: 1623 Reach Street



NOTE: This procedure reduces the risk of an accidental needlestick injury which may be a source of infection. The information provided is meant for needles found out in the community and is not intended to be applied to biomedical waste from healthcare facilities, laboratories, or private homes. Do not place needles into the household garbage for local garbage pick-up.

NOTE: Should an accidental needlestick injury occur, the injured person should go immediately to one of the following Hospital Emergency Departments for assessment and to determine the need for further treatment.

- Lakeland Health - Oshawa: 1 Hospital Court, Oshawa, ON L1G 3B9
- Rouge Valley Health System - Ajax Pickering Health Centre: 580 Hardwood Ave., Ajax, ON, L1S 2J4

**For more information, contact Durham Region Health Department
Environmental Help Line, 905-723-3818 ext. 2188 or 1-888-777-9613 ext. 2188**

DURHEV 322 Mar/07

ADULT VACCINATION

IMPORTANCE: The Public Health Agency of Canada and the National Advisory Committee on Immunization (NACI) recommends a regular immunization schedule as an integral part of the health assessment of any adult. "Prevention of infection by immunization is a lifelong process. There are a number of vaccines that all adults (≥ 18 years) require. There are also other vaccines that need to be tailored to meet individual variations in risk resulting from occupation, foreign travel, underlying illness, lifestyle and age." "All adults should be counselled concerning their personal immunization status." (Canadian Immunization Guide, 7th Edition - 2006. pp. 96, 97)

Recommended adult vaccination:

Vaccine	Indication	Further Doses
Adacel® (booster against tetanus, diphtheria & pertussis)	All adults	Once only
Diphtheria	All adults	Every 10 years usually given with Tetanus
Tetanus	All adults	Every 10 years usually given with Diphtheria
Influenza	All adults	Every autumn
Hepatitis A	All adults	Once only, as series of 2 injections. (sometimes combined with Hepatitis B vaccine)
Hepatitis B	All adults	Once only, as series of 3 injections. (sometimes combined with Hepatitis A vaccine)
Meningococcal (conjugate)	All adults	Once only
Pneumococcal (conjugate)	All adults ≥ 65 years Adults < 65 years, who have conditions putting them @ increased risk of pneumococcal disease.	Once, for healthy individuals