

## INFECTIOUS DISEASE POLICY

The Governing Board recognizes its dual responsibility to protect the health of its students and staff from risks posed by infectious diseases and to uphold the right of students to a free and appropriate education in the least restrictive environment.

The goals of this policy are to prevent the transmission of communicable diseases in the school setting and to protect the right of any student with a health condition to attend school in the regular classroom setting with the approval of his/her physician and the Ventura County Health Department, upon the determination that the student's condition cannot be transmitted to others who are present in the school environment.

### Legal References:

#### **California CONSTITUTION**

Article 1, section 1 - Right to Privacy

#### **CIVIL CODE**

56-56.37 Confidentiality of Medical Information

#### **EDUCATION CODE**

§ 48210-48214	Persons Excluded
§ 48211	Habits and Disease
§ 48221	Physical or Mental Condition
§ 49073-75	Privacy of Pupil Records
§ 49076	Access to Records By Persons Without Written Consent Or Under Judicial Order
§ 49403	Cooperation In Control Of Communicable Disease And Immunization Of Students
§ 49405	Smallpox Control
§ 49406	Examination For Tuberculosis
§ 49408	Information Of Use In Emergencies
§ 49451	Parent's Refusal To Consent To Medical Exam
§ 49602	Confidentiality Of Information Disclosed By A Parent Or Pupil 12 Years Or Older To A School Counselor

#### **HEALTH AND SAFETY CODE**

199.20	Prohibition Against Compelling Identification Of AIDS Test Subjects
199.21	Unauthorized Disclosures
199.24	Disclosure To Certain Persons Without Written consent
199.30-199.40	Acquired Immune Deficiency Syndrome (AIDS) Research Confidentiality Act

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3118	Exclusion for communicable disease
3380-3390	Immunization against communicable diseases
3400-3409	Tuberculosis tests for pupils
<b>EDUCATION FOR ALL HANDICAPPED CHILDREN</b>	
20	United States Code,1400 et seq.
<b>FEDERAL FAMILY EDUCATIONAL AND PRIVACY RIGHTS ACT</b>	
20	United States Code,1232g
<b>CODE OF REGULATIONS. TITLE 8</b>	
3204	Access to Employee Exposure and Medical Records
5193	California Bloodborne Pathogens Standard
<b>CODE OF FEDERAL REGULATIONS. TITLE 29</b>	
1910.1030	OSHA Bloodborne Pathogens Standard

ADOPTED: 9/10/86

REVISION/REDESIGNATION: 12/8/93 (BP 541 - Infectious Disease Policy)

## INFECTIOUS DISEASE POLICY

### I. Employee Exposure Control Plan to Bloodborne Pathogens

The following infectious disease exposure control plan has been developed for the Oxnard Union High School District in accordance with the Occupational Safety and Health Administration's (O.S.H.A.) Bloodborne Pathogens Guide to Compliance (October, 1992) (Code of Federal Regulations Title 29, Section 1910.1030) and the California Code of Regulations, (Title 8 Section 5193) and in consultation with Ventura County Health Services, Ventura Unified School District, Oxnard Union High School District nursing staff, California School Nurses Organization, the Centers for Disease Control (C.D.C.), Atlanta, Georgia and other agencies.

#### A. Exposure Determination

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 employment related duties. Employers with such occupationally exposed employees must establish a written Exposure Control Plan and must specifically list all job classifications with occupationally exposed employees, even if only a portion of the employees in some classifications have exposure. This determination must be made without regard to frequency or the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

\* Note: O.S.H.A. has not specified which employees are covered. This aspect of the standard is "performance based." It is the responsibility of the employer to determine this. Health care workers and others with predictable exposure to blood and Other Potentially Infectious Material (O.P.I:M.) are covered. For other, the potential for exposure must be determined by the employer.

Job classifications, and associated tasks/procedures for these categories include and are not limited to those listed on the following chart.

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Special Education teachers, instructional aides, nurses, educational specialists, health office assistant, a core of substitutes for these positions, administrators and other staff who perform any of the - associated tasks/procedures.

Specialized health care procedures, feeding students, rendering first aid, interaction which results in a student spitting at, biting or bleeding on an employee, toileting or diaper-changing students where blood may be mixed with other body fluids, clean up of bodily fluids, inspection of students for possession of weapons or drugs.

Teachers, para-educators, nursery aides in Teen Parent Program and nursery school setting.

Diaper changes, clean up of blood, bodily fluids, first aid.

Bus drivers, campus supervisors, day custodians, administrators.

First aid, clean up of blood, bodily fluids, exposure to blood through puncture with sharp objects, during inspection of students, repair of equipment and tools contaminated with blood or bodily fluids.

Coaches and - Physical Education teachers.

First aid exposure to blood, and other bodily fluids.

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**B. Implementation/Compliance Methodology**

California/O.S.H.A. (Cal O.S.H.A.) also requires that this plan include the methods of implementation for the various requirements of the standard. The Principal or designee will inform their respective staffs of the following procedures and will conduct a needs assessment of personal protective equipment (P.P.E.) needed to comply with these procedures.

**1. Universal precautions**

Universal precautions will be observed by all personnel of Oxnard Union High School District. Universal precautions, as defined by the Centers for Disease Control, are those practices performed to protect oneself, family, friends, co-workers, and students from all infectious diseases - especially Acquired Immune Deficient Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). infections. All blood, saliva, vomit, semen, urine, and feces will be considered infectious regardless of the perceived status of the source individual.

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#### a) Hand washing

Hand washing facilities shall be made available to all employees who perform the associated tasks-procedures noted in Section I. A. Antiseptic towelettes shall be available in all first aid kits, field trip supplies, Community Based Instruction kits and any classroom not equipped with a sink and running water.

When hand washing facilities are not available, an antiseptic towelette should be used. The manufacturers recommendations for the product should be followed. When antiseptic towelettes are used, employees shall wash their hands with soap and water as soon as feasible.

Hands should be washed before eating or drinking, before and after giving personal physical care, after having contact with blood or other body fluids or contaminated materials, and after using the toilet or assisting with toileting or diapering.

Following are recommended hand washing procedures:

1. remove all jewelry;
2. wet hands with running water. Use warm water if available to improve sudsing;
3. apply liquid soap and lather well to suspend particles and dirt; (Bar soap harbors microorganisms);
4. wash hands using a circular motion and friction for 15 to 30 seconds and include the front and back surfaces of the hands, between the fingers and knuckles, and around the nails and entire wrist;
5. rinse hands under running water to carry away debris and dirt; and,
6. dry hands thoroughly with paper towels, turn off the water faucet using paper towels. then discard the towels in an appropriate plastic lined receptacle.

#### b) Gloving

Disposable/non-sterile latex gloves will be provided in all first aid kits, in all health offices, in classrooms where the potential for blood exposure has been identified, and for specialists and para-educators who work in home settings. Disposable gloves shall be worn whenever it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes and body fluids or when handling or touching contaminated items or surfaces.

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Following are examples of situations requiring the use of gloves:

- care of students with nosebleeds, bleeding gums, cuts or wounds and when responding to a fight;
- disposal of clothing and materials soiled with blood or body fluids such as bandages, menstrual pads, and tissues;
- administering all specialized physical health care procedures such as gastrostomy feedings, catheterizations, suctioning (mouth-nosetracheostomy), colostomy or ureterostomy bag changes, postural drainage and percussion, injections, etc.;
- examination of mouths or weeping eyes;
- wiping a runny nose;
- applying pressure to a bleeding injury;
- helping a student in the bathroom, changing diapers or handling bodily fluids;
- cleaning any contaminated surfaces, including but not limited to the health office, restrooms and eating areas.

Disposable gloves in appropriate sizes will be readily accessible at the work site and issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Following are glove use procedures.

1. Use gloves only one time. Extra gloves should always be available. Double gloving may be recommended especially where large amounts of blood or contamination are likely to be encountered or when their ability to function as a barrier is compromised.
2. It is important that gloves fit tightly at the wrist to prevent contamination of hands around the cuff.
3. Remove gloves by grasping the cuff and then stripping the gloves off by turning it inside out.
4. Dispose of gloves in double plastic bags.
5. Wash hands after removing gloves.

If contaminated, reusable gloves will be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

2. Engineering and work practice controls

Engineering and work practice controls such as utilizing antiseptic towelettes for hand washing where there is no running water, providing containers for disposing of sharp objects, plastic trash liners and appropriate disinfectants will be implemented to eliminate or minimize exposure to employees.

a) Cleaning and laundering

All personal protective equipment (P.P.E.) will be cleaned, laundered and/or disposed of by the employer at no cost to the employees. All necessary repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood will be removed immediately or as soon as feasible. All P.P.E. will be removed prior to leaving the work area. When P.P.E. is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. The most important factor in laundering clothing and other linens is the elimination of potentially infectious organisms.

Following are laundering procedures.

1. Linens and clothing soaked by blood or other body fluids shall be handled as little as possible and washed with a minimum of agitation and separated from other items.
2. As with any item contaminated by body fluids, these materials are to be sealed in marked double plastic bags until laundered and should be handled only when wearing gloves and protective clothing.
3. Soiled items must not be stored, even temporarily.
4. If the material is bleachable, 1/2 cup of household bleach should be added to the regular wash cycle.
5. If the material is not colorfast, 1/2 cup of non-chlorox bleach, should be added to the wash cycle.
6. Student's soiled clothing should be sealed in double plastic bags and sent home with laundering instructions to the parents.
7. Contaminated leather goods should be brush-scrubbed with soap and hot water.

b) Decontamination

Each workplace should be cleaned daily. All contaminated work surfaces will be decontaminated after completion of associated tasks/procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end ' of the work' shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles which may be contaminated shall be inspected and decontaminated on a regularly scheduled basis. Any broken glassware which may be contaminated will not be picked up directly with the hands; a mechanical means (brush, dust pan, tongs or forceps) shall be used.

Following are decontamination procedures.

1. Latex disposable gloves must always be used when cleaning up any blood and body fluids.
2. All surfaces, equipment and instruments must first be cleaned of all visible soil using a district-approved agent with a disposable towel.
3. Use another disposable towel to wipe all areas with a fresh bleach solution of 1:10 dilution (1 In cups bleach to 1 gallon water). Do not place bleach solution directly on large amounts of protein matter, i.e. blood, because noxious fumes may be produced.
4. After the bleach solution has been in contact with the surface for 5-10 minutes, rinse the area with water to prevent possible corrosions.
5. If sawdust or other dry sanitary agents are used to absorb vomitus, leave on area a few minutes and then vacuum or sweep up. The vacuum bag or sweeping must be disposed of in double plastic bags. No special handling is required for the vacuum equipment.
6. If a rug is contaminated, apply a germicidal rug shampoo with a brush and then vacuum.
7. If a mop, broom, or dustpan is used in the clean up, it must be soaked 5-10 minutes in the bleach solution.
8. Following all clean up, gloves are to be disposed of in double plastic bags and hands washed with warm water and soap following the handwashing guidelines.

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#### c) Work area restrictions

Employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner which will minimize splashing, spraying, spattering, and generation of droplets of blood or other potentially infectious materials.

#### d) Searches

Only administrators and designated employees shall perform searches of students suspected of possessing weapons or drugs. Search procedures outlined in Oxnard Union High School District Policy 529, Searches, shall be followed. Blood contaminated weapons and drug paraphernalia shall be handled with protective gloves and extreme caution. When searching purses, lockers, vehicles or other containers, attempt to touch only objects which can be seen. For example, dump the contents of a purse on to a table rather than feeling through it.

#### e) Regulated waste disposal

##### 1. Trash disposal

The following protective measures must be taken when handling all trash:

- gloves must be worn at all times when handling trash; infectious waste materials are those contaminated by blood and other body fluids. The contaminated materials must be placed into a plastic bag, tied without undue air agitation and placed inside a second plastic bag and tied securely;
- this double plastic bag should be disposed of daily with normal trash.
- The trash in all rest rooms and health offices must be double-bagged and disposed of daily.

2. Disposable sharp objects

Contaminated sharp objects shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and properly labeled.

During use, containers for contaminated sharp objects shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharp objects are used or can be reasonably anticipated to be found (health office). The containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharp objects from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be properly labeled to identify its contents. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

3. Personal Protective Equipment (P.P.E.)

The Principal or designee is responsible for ensuring that the following provisions are met.

Personal protective equipment shall be worn as an additional precaution such as disposable and utility gloves, barrier masks, and protective glasses. All P.P.E. used in this District will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The P.P.E. will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other-mucous membranes under the normal conditions of use and for the duration of time which the protective equipment will be used. Personal protective Equipment will be stocked by the District warehouse.

The site principal or designated administrator is responsible for ensuring that the proper P.P.E. is available to employees. Employees are responsible for wearing the designated P.P.E.

The site principal or designated administrator shall ensure that employees use appropriate P.P.E. unless the supervisor shows that the employee temporarily and briefly declined to use P.P.E. when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased hazard to the safety of the worker or co-worker. When the employee or supervisor makes this judgment, the circumstances shall be investigated by the Principal or designee and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

All P.P.E. will be cleaned and/or disposed of at no cost to employees. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All P.P.E. will be removed prior to leaving the work area. Glasses, reusable gloves and barrier masks shall be decontaminated by the user by soaking in a solution of one (1) part bleach to ten (10) parts water for at least five (5) minutes.

- a) Masks are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and nose or mouth contamination can reasonably be anticipated. Masks shall be disposed of after each use. Associated tasks/procedures which may require the use of masks include: specialized health care procedures, feeding or rendering first aid where an employee can reasonably anticipate that blood, or other body fluids may enter the nose or mouth.

Barrier masks shall be available in first aid kits supplied to special classrooms, cafeteria, school buses, athletic field and health-office. They shall be used whenever Cardio-Pulmonary Resuscitation (CPR) or mouth-to-mouth rescue breathing is administered to prevent the back flow of fluids from the mouth of a victim to the rescuing party.

- b) Glasses or face shields are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye contamination can reasonably be anticipated. Glasses shall be decontaminated by the wearer after each use. Associated tasks/procedures which may require the use of glasses include: specialized health care procedures, feeding or rendering first aid where an employee can reasonably anticipate that blood, or other body fluids may enter the eyes.
- c) Additional protective clothing (i.e. aprons) shall be worn in instances when a great deal of contamination can reasonably be anticipated.

C. Hepatitis B Vaccine

The Oxnard Union High School District shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The district's Personnel Division shall ensure that all medical evaluations and procedure\$ including the Hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis are:

- a) made available at no cost to the employees;
- b) made available to the employee at a reasonable time and place;
- c) performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d) provided according to the recommendations of the United States Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Designated first-aid responders who respond only as a collateral duty and are not health care personnel will only be vaccinated after response to an incident where blood or other potentially infectious material is present.

1. Vaccination (Hepatitis B)

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment, to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination shall sign a Cal/O.S.H.A. required waiver indicating their refusal (Appendix A).

If a routine booster dose of Hepatitis B vaccine is recommended by the United States Public Health Service at a future date, such booster doses shall be made available.

2. Post-exposure evaluation and follow-up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Personnel Division.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a) documentation of the route of exposure, and the circumstances under which the exposure incident occurred; and
- b) identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by state or local law;
- c) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine Bloodborne Pathogens infectivity. If consent is not obtained, the Personnel Division shall establish that legally required consent is not required by law. The source individual's blood, if available, shall be tested and the results documented.
- d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a) the exposed employee's blood shall be collected as soon as feasible (within 24 hours) and tested after consent is obtained; and,
- b) the employee will be offered the option of having his/her blood collected for testing for HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological testing.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Cal/O.S.H.A. standard. All post exposure follow-up will be performed by the designated emergency room.

3. Information provided to the healthcare professional

The district's Personnel Division shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination and the evaluation of an employee after an exposure incident is provided the following additional information:

- a) a copy of 5193 (O.S.H.A. Guidelines);
- b) a written description of the exposed employee's duties as they relate to the exposure incident;
- c) written documentation of the route of exposure and circumstances under which exposure occurred;
- d) results of the source individual's blood testing, if available; and,
- e) all medical records relevant to the appropriate treatment of the employee, including vaccination status and dates.

4. Healthcare professional's written opinion The Personnel Division shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination and post-exposure follow-up shall be limited to the following information:

- a) whether vaccination is indicated for the employee, and if the employee has received such vaccination;
- b) a statement that the employee has been informed of the results of the evaluation; and,
- c) a statement that the employee has been told of : any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings of diagnosis shall remain confidential and shall not be included in the written report.

5. Labels and signs

The site Principal or designee shall ensure that biohazard labels be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The label shall include the universal biohazard symbol and the legend BIOHAZARD.



**BIOHAZARD**

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In case of regulated waste the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red. Regulated waste bags or containers must also be labeled.

#### D. Training and Information

The Personnel Division shall ensure that training is provided to the employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be provided at no cost to the employee and at a reasonable time and place. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. Training records shall be kept for five years.

The training will be interactive and cover the following elements:

- a) an accessible copy of the standard and an explanation of its contents;
- b) a discussion of the epidemiology and symptoms of Bloodborne diseases;
- c) an explanation of the modes of transmission of Bloodborne pathogens;
- d) explanation of the Oxnard Union High School District's Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy;
- e) the recognition of tasks that may involve exposure;
- f) an explanation of the use and limitations of methods to reduce exposure, or examples of engineering controls, work practices and personal, protective equipment (P.P.E.);
- g) information on the types, use, location, removal, handling, decontamination, and disposal of P.P.E.s;
- h) an explanation of the basis of selection of P.P.E.s;
- i) information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits; and that it will be offered free of charge;
- j) information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material (OPIM);
- k) an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- l) information on the evaluation and follow-up required after an employee exposure incident; and,
- m) an explanation of the signs, labels, and color coding systems.

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The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered. Additional training shall be provided to employees when there are any \_changes of tasks or procedures affecting the employee's occupational exposure.

#### E. Recordkeeping

##### 1. Medical records

The Personnel Division is responsible for maintaining medical records related to occupational exposure as indicated below. Medical records are confidential and shall be maintained in accordance with Title 8, California Code of Regulation Section 32204. These records shall be kept confidential, not disclosed without the employee's written consent, and must be maintained for at least the duration of employment plus 30 years.

The records shall include the following:

- a) the name and social security number of the employee;
- b) a copy of the employee's HBV vaccination status, including the dates of vaccination and the ability to receive vaccination;
- c) a copy of all results of examination, medical testing, and follow-up procedures;
- d) a copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documents of the routes of exposure and circumstances of the exposure; and,
- f) a confidential copy of the healthcare professional's opinion.

##### 2. Training records

The Personnel Division is responsible for maintaining the following training records. Training records shall be maintained for three years from the date of training.

The following information shall be documented:

- a) the dates of the training sessions;
- b) an outline describing the material presented;
- c) the names and qualifications of persons conducting the training; and,
- d) d) the names and job titles of all persons attending the training sessions.

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### 3. Availability

The employee's records shall be made available to the employee or to his designated representative for examination and copying upon request in accordance with Title 8 California Code of Regulations, General Industry Safety Code Section #3204. All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (D.O.S.H.) and the National Institute for Occupational Safety and Health (N.I.O.S.H.).

### 4. Transfer of records

If school district is closed or there is no successor employer to receive and retain the records for the prescribed period, the Chief of DOSH shall be contacted for final disposition in accordance with the - Section 3204.

## II. Student Admission Procedure

### A. Reportable infectious diseases

1. The Director of Instructional Support Services shall consult the California State Department of Health Services document Control of Communicable Disease in California (available in the school health office) as a criteria for determining the admission or exclusion of a student with a suspected or diagnosed infectious disease.
2. The Ventura County Health Department shall be consulted in all cases of reportable diseases (California State Dept. of Health. Control of Communicable Disease in California (1983), section 1).
3. The Director of Instructional Support Services shall obtain a written statement from the student's physician that he/she does not pose a risk of infection to other students and staff.
4. The Director of Instructional Support Services shall ensure that all of the students' rights to confidentiality are strictly observed in accordance with law. In all instances, confidential information shall not be released without written parental consent.

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B. Non-reportable infectious diseases

1. Parents/guardians are encouraged but not mandated to inform the Principal or designee if their student has HIV/AIDS so that the student will have access to appropriate district programs and services.
2. The Director of Instructional Support Services shall appoint a review panel to make recommendations regarding appropriate programs and services for students with HIV/AIDS and shall consider the panel's recommendation when making the final decision.
  - a) The review panel members may include, but not be limited to, the site principal, school nurse, parent/guardian, student's physician, Public Health official, and/or appropriate school personnel.
  - b) Before the review panel convenes, the Director of Instructional Support Services shall request that parents/guardians sign a written release form to obtain pertinent confidential medical, psychological or educational information in order to develop recommendations for the appropriate placement of the student. If the parent/guardian prefers the student's identity not be released, the review panel may study the facts of each case and reach a decision without knowing that student's identity.
  - c) Upon collecting the required authorizations and statements, the review panel shall evaluate placement options for the student. The panel shall consider the following: - the age, physical condition, neurological development and behavior of the infected student; - the expected type of interaction with others in the school environment; and - risks to the infected student.
  - d) The review panel shall provide the Superintendent or designee with a written plan and subsequent reviews recommending academic placement and needed designated services.
  - e) The admission procedures shall begin when the Superintendent or designee and parent/guardian agree upon the plan.

**APPENDIX A**

**FORMS:**

(Click on one to receive)

**[Form A](#)**

**[Form B](#)**

**[Form C](#)**

**[Form D](#)**

## APPENDIX B

### STANDARDIZED PROCEDURES

1. Blood/body fluid cleanup
2. Special Education classroom, day care, early childhood and infant programs
3. Classroom teachers and other staff
4. Physical education
5. Infectious disease precautions for athletics including California Interscholastic Federation (CIF) sports rules

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#### 1. STANDARDIZED PROCEDURES FOR BLOOD/BODY CLEAN-UP

Blood/body fluid cleanup materials should be readily accessible to any employee who may be faced with a situation that would involve handling or cleanup of blood/body fluid spills. These materials should be provided to each staff member or placed in each first aid and disaster kit.

These materials may be packaged into a readily accessible container i.e., self-sealing plastic bag.

Cleanup materials are:

- 1 pair disposable latex gloves
- 1 roll disposable paper towels
- Sanitary absorbent material (optional)
- 1 box plastic bags with seals Liquid soap packet or antiseptic towelettes

Instructions for use:

- Wear disposable gloves before handling blood/other potentially infectious materials.
- Soak up spilled blood/other potentially infectious material with disposable towels or sanitary absorbent material:
- Vigorously clean with soap and water.
- Disinfect with 1:10 bleach solution, freshly prepared.
- Place all soiled materials in plastic bag.
- Remove gloves, turning inside out during removal, and place in plastic bag of soiled materials.
- Avoid touching skin with soiled gloves. Seal and dispose of plastic bag properly (Section I, B., 2,e)).
- Wash hands thoroughly with soap and water or antiseptic towelettes using handwashing procedures outlined in these procedures (Section I. B. 1., a).
- Larger blood/other potentially infectious material spills should be referred to the head/lead custodian.
- Keep students/staff away from the contaminated area until it is properly disinfected.

2. STANDARDIZED PROCEDURES FOR SPECIAL EDUCATION CLASSROOM, DAY CARE, EARLY CHILDHOOD AND INFANT PROGRAMS

The special classroom may pose some increased risk of infection for both the staff and students. Students who have special needs must have a written procedure to follow to meet their specialized physical health care needs. It is essential that standard procedures be followed by staff and students to maintain a clean and safe environment for all and to avoid cross-contamination.

Everyone should practice proper handwashing techniques, before and after assisting students with feedings, runny noses, diapering, oral/motor activities, etc. Wearing a clean apron over street clothes may be advisable. Spills need to be promptly removed, and play areas and articles cleaned daily. Waste receptacles with disposable plastic bag need to be accessible and emptied daily.

All school personnel will have in their first aid kits disposable latex gloves, plastic bags, disposable towels, antiseptic towelettes (or dispenser soap and water), sanitary absorbent agent and bleach solution (to be diluted 1:10 with water and used within 30 minutes for disinfection).

If an accident involving a blood/other potentially infectious material (OPIM) spill occurs, the individual should be encouraged to tend to his/her own injury i.e. if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose. If this is not possible, follow blood/other potentially infectious material (OPIM) procedures:

- Wear disposable latex gloves and use disposable towels/tissues for each injury.
- Any blood-stained first aid materials should be placed in a sealable plastic bag.
- Clean and disinfect all soiled surfaces immediately; follow standardized procedures or contact the appropriate personnel for clean-up.
- Discard all disposable cleaning materials in a sealable plastic bag.
- Remove gloves following proper procedures; and,
- wash hands thoroughly with soap and water using handwashing procedures.

Apply sanitary absorbent agent for larger soiled areas. Keep students away from area of the blood spill until area is cleaned and disinfected. Follow standardized procedures or call appropriate personnel for clean-up.

Assisting with the change of a menstrual pad

Equipment needed includes the following:

- disposable latex gloves;
- disposable towels/baby wipes;
- readily accessible handwashing facility including dispenser-style liquid soap;
- plastic bag for disposal;
- clean sanitary pad; and,
- clean clothes for student.

Procedures for assisting with the change of a menstrual pad.

- Wear disposable gloves when assisting a student with limited physical or mental abilities in changing menstrual pads.
- Prepare disposable towel with soap and water or use baby wipes.
- Wearing gloves, remove soiled pad and clothing and place in separate plastic bags. Send clothing home to parents in plastic bag.

Clean any blood from student skin with soap, water and disposable towel or baby wipe, place in disposable plastic bag, in covered waste receptacle. Wash gloved hands. Put clean pad and clothes on student. Encourage student to wash her own hands if hands become soiled or if she participates in the procedure. Still wearing gloves, clean up minor blood spills on toilet seat or floor per standardized procedures. For major blood spills, contact school custodian. Remove gloves and place in disposable plastic bag with soiled pad. Wash hands thoroughly with soap and water using handwashing procedures outlined in this policy (Section I.,B., 1., a).

Diapering

Equipment needed includes the following: changing table: student's mat, or safe, firm, nonporous surface (clean and sanitized); readily accessible handwashing facility, including running water, liquid soap and disposable paper towels; supplies for cleaning student's skin, disposable baby wipes, soap, water and cotton balls or soft tissue and clean disposable diaper, plastic bags for student's soiled clothing; covered waste receptacle inaccessible to students, lined with a disposable plastic bag for disposable diapers; plastic bag ties or masking tape for sealing disposable plastic bags at time of discard; disposable latex gloves; and, Environmental Protection Agency (E.P.A.) approved disinfectant for cleaning changing surface.

## INFECTIOUS DISEASE POLICY - AP 4119.42 (CONT.)

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Procedures for diapering.

- Wash hands and put on disposable latex gloves.
- Place child/student on clean changing surface (do not leave unattended).
- Remove soiled diaper folding inward, wrapping the diaper in its own plastic liner and place in appropriate receptacle.
- If other clothing is soiled, remove, rinse using gloves and place it directly in a plastic bag that can be marked with student's name and secure. Send home at the end of the day.
- Cleanse the perineum and buttocks thoroughly with disposable baby wipes or soap and water. Move from the front to back to prevent urinary track infections, paying particular attention to the skin creases;
- Rinse well and dry skin prior to applying clean diaper.
- Wash student's hands and return to class activity.
- Use disinfectant to clean changing area and other contaminated surfaces according to standardized procedure.
- Remove gloves.
- Wash hands according to handwashing procedures (Section I.,B.,1., a).
- Report abnormal conditions to the appropriate personnel, i.e. school nurse or site administrator.

### Guidelines for Special Classroom Cleanliness

Equipment:

- disposable apron;
- covered waste receptacles with disposable plastic bags;
- plastic bags that can be labeled and sealed for individual's soiled laundry;
- disposable latex gloves;
- EPA approved disinfectant, (or freshly prepared 1:10 chlorine bleach solution); and,
- handwashing facility, including running water, liquid soap and disposable paper towels.

Procedures for classroom cleanliness:

- Wash hands following handwashing procedures (Section I.,B., 1., a.)
- If apron is worn, use a clean one each day and hang apron right side out when leaving the work area for extended periods.
- If there are open cuts, abrasions, or weeping lesions on the hands, wear latex gloves.
- Use a new pair of gloves in each situation in which handwashing is indicated.
- Discard used gloves in plastic bag in covered waste receptacle.

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- Store and handle clean clothing and linens separately from soiled clothing and linens.
- Immediately place each student's soiled clothing and linens in an individually labeled plastic bag which is to be sealed and sent home at the end of the day.
- Immediately place all soiled school linens in a plastic bag in a covered waste receptacle.
- Properly label and send to laundry when bag is filled.

The following are techniques for storing, cleaning, and disposing of classroom equipment, supplies and other items.

- Use only washable toys and educational tools with diapered and/or drooling children/students. Wherever possible provide enough equipment for each student group so that items are not shared between groups.
- Hard surfaced toys should be washed daily; stuffed toys should be washed weekly, more often when heavily soiled. Whenever possible, a toy that is mouthed should be washed before the children/students handle it.
- Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.
- Store and label each student's personal grooming items (combs, brushes, toothbrushes) separately.
- In handling disposable diapers, seal and discard the disposable plastic bag used to line the covered receptacle at least once a day.

Establish a routine cleaning and disinfecting schedule.

- Using appropriate technique; clean protective floor pads, bolsters, wedges, etc. after each non-ambulatory student has been removed at the end of each day.
- Wash all toys with soap and water and rinse thoroughly as needed and at the end of each day.
- Clean all equipment at the end of each day.
- If a rug or carpet becomes soiled, clean it immediately according to standardized procedures.
- Clean changing surface, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.
- Seal and discard the soiled plastic bag used to line the covered waste receptacle at least once a day.

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#### 3. STANDARDIZED PROCEDURES FOR CLASSROOM TEACHERS AND OTHER STAFF

All school personnel shall include in their first aid kits disposable latex gloves, plastic bags, disposable towels, disposable soap or antiseptic towelettes (or dispenser soap, and water).

If an accident involving a blood spill occurs, the individual should be encouraged to tend to his/her own injury, i.e. if a student has a bloody nose, hand him/her the tissues and instruct to pinch nose and lean forward. If this not possible, follow blood/other potentially infectious material (OPIM) cleanup procedures.

- Wear disposable latex gloves and use disposable towels/tissues for each injury.
- Place any blood-stained first aid materials in a sealable plastic bag.
- Clean and disinfect all soiled surfaces immediately following standard operating procedures. Remove gloves following proper procedure.
- Wash hands thoroughly with soap and water using hand washing procedure (Section I., B., 1., a)
- Report incident to appropriate personnel.

Apply sanitary absorbent agent for larger soiled areas. Keep students away from area of blood (OPIM) spill until area is cleaned and disinfected following standard procedures.

Campus supervisors should be alert to any blood (OPIM) fluid spills on equipment or grounds and should contact appropriate personnel for clean up. Any discarded needles, syringes, or other sharp objects found on school property should be reported to the school office immediately. A tool such as pliers, forceps or tweezers should be used to pick up sharp items and disposed in a puncture proof medical waste container. See regulated waste disposal procedure I, B, 2 e.

4. STANDARDIZED PROCEDURES FOR PHYSICAL EDUCATION

Use of proper protective equipment (P.P.E.) and adherence to safety procedures in all physical education activities are appropriate prevention strategies for reducing the risk of blood/other potentially infectious material (OPIM) spills.

Students with open lesion i.e., cuts, sores, acne with draining lesions, should not participate in close physical contact sports unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze.

During practices and competitions, teachers and coaches should always have on hand disposable latex gloves, sealable plastic bags, paper towels, sanitary absorbent material, antiseptic towelettes, and 1:10 freshly prepared bleach solution:

If an injury occurs and results in a blood/other potentially infectious material OPIM spill, encourage the individual to clean and dress his/her own wounds, bloody nose, etc. If this is not possible, staff will follow standardized procedures:

- Wear disposable latex gloves and use disposable towels/clean gauze for each injury.
- Any blood stained first aid supplies should be placed in sealable plastic bag.
- Follow proper glove removal procedure and place in sealable plastic bag.
- Wash hands thoroughly with soap and water, using handwashing procedures.

If open lesions or wounds have come in contact with blood from another person, the affected area should be scrubbed with soap and running water. A skin disinfectant should be applied after washing.

When the skin is intact, have the player wash his/her own skin using a disposable antiseptic towelette or soap and running water. The player should wash hands using handwashing procedures

(Section I., B 1. a)

If a player gets blood in the eyes, flood exposed area with running water at room temperature for 1 to 2 minutes. Report incident to appropriate personnel, i.e. school nurse, site administrator.

If a player has blood in the mouth, rinse with tap water for 1-2 minutes and spit out in appropriate place. Report to appropriate personnel, i.e. school nurse, site administrator.

Do not permit students to share razors.

Fluids provided for players should be dispensed in individual, single-use disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source infection.

5. STANDARDIZED PROCEDURES

INFECTIOUS DISEASE PRECAUTIONS FOR ATHLETICS  
INCLUDING  
CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) SPORTS RULES

**INTRODUCTION**

The California Interscholastic Federation (CIF) has adopted a policy to minimize the possibility of transmission of any infectious diseases during a high school athletic team practice or contest. These CIF guidelines must be followed for all athletic events during which blood or any visible body fluid is evident on clothing, coaches, participants, equipment, including mats, floors and pool decks.

While the risk of one athlete infecting another with HIV/AIDS during competition is close to nonexistent, there is greater risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Precautions for reducing the potential for transmission of these infectious agents should include, but are not limited to, the following:

**COMMUNICABLE DISEASE PRECAUTIONS**

1. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated (see Oxnard Union High School District, Infectious Disease Policy I,B, 1 -b)
2. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves. (see I, B, 2)
3. The bloodied portion of the uniform must be changed before the athlete may participate in competition and contaminated uniforms must be properly disinfected. (See I,B,2 a-b)
4. All blood and body fluid contaminated surfaces and equipment must be cleaned with a freshly prepared solution made from a 1:10 dilution of household bleach before competition resumes. Mats are to be cleaned and disinfected before and after match practices and competition. (See 1,11, 2-b)
5. Practice proper regulated waste disposal procedures to prevent injuries caused by needles and other sharp instruments (see 1,B,2-e)

## INFECTIOUS DISEASE POLICY - AP 4119.42(a) (CONT.)

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6. Gloves and barrier masks to prevent backflow of fluids from the mouth are to be readily accessible in every first aid kit for use in the event of mouth to mouth resuscitation/cardiopulmonary resuscitation (CPR). (See I, B, 3-a)
7. The athletic coach/trainer with a bleeding or oozing skin condition will refrain from all direct athletic care until the condition resolves. (NCAA Sports Medicine Handbook)
8. The athletic coaches/trainers must follow proper procedures for handling, decontaminating and disposing of bloody dressings, mouth guards, towels and other articles containing body fluids. (See I, B, 2b)
9. In dealing with athletes who are menstruating and the bleeding becomes evident through the uniforms, athletic competition must stop while the athlete is removed from game and appropriate steps must be taken.
10. Athletic coaches/trainers will encourage and educate their players to reduce exposure to infectious diseases by the following:
  - encourage student to not share razors,
  - encourage students not to share common drinking bottles; and, - discourage random spitting.

### Other Information

When coaches/trainers render First-aid or exposure to blood or other potentially infectious material, a report must be made to the Principal or designee immediately or within 24 hours. (reference O.S.H.A., BBP, Page 19 "C") Reference: 4157 Employee Safety (C.S.B.A. Sample, Pg.1 & 3)

### CIF SPORT RULES

Coaches are referred to the following interim C.I.F. precautions in each sport. It is anticipated that new National Federation rules will be published by C.I.F. for the 1993/94 school year in each sport which will reflect the latest changes regarding communicable disease precautions.

**INFECTIOUS DISEASE**

**GLOSSARY**

**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) and Human Immunodeficiency Virus (HIV).

**Contaminated** - means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

**Contaminated Laundry** - means laundry which has been soiled with blood or other potentially infectious materials or may contain sharp objects.

**Contaminated sharp objects (Sharps)** - means any contaminated object that can penetrate the skin 'including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**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. Decontamination includes procedures regulated by Health and Safety Code Section 25090.

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

**E.P.A.** - Environmental Protection Agency.

**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.

**Handwashing Facilities** - means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**HBV** - means Hepatitis B Virus.

**HIV** - means Human Immunodeficiency Virus.

## **INFECTIOUS DISEASE POLICY - AP 4119.42(a) (CONT.)**

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**Licensed Healthcare Professional** - is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by subsection (f), Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**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.

**Other Potentially Infectious Materials (O.P.I.M.) - means:**

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental, procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (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.

**O.S.H.A.** - Occupational Safety and Health Administration

**Parenteral** - means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (P.P.E.)** - is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**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. Regulated Waste includes "medical waste" regulated by Health and Safety Code Chapter 6.1.

**INFECTIOUS DISEASE POLICY - AP 4119.42(a) (CONT.)**

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**Source Individual** - means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Universal Precautions** - is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique)..