



POLICY:
SUBJECT:

GBEC (Also JHCC)
PREVENTION OF BLOOD-BORNE
COMMUNICABLE DISEASES

APPROVAL DATE:
REVISION DATE:
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November 2, 1999
February 5, 2001
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1. INTRODUCTION

The Board of Trustees of The Winnipeg School Division recognizes the right of each student to a public education in the least restrictive environment. The Board also recognizes its responsibility to protect the health and safety, rights, and privacy of the entire school community regarding transmission of blood-borne diseases.

Blood-borne Diseases

Diseases known to be Transmitted by Blood and Body Fluids Containing Blood are the following:

HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). It is capable of destroying the body's immune system, thereby increasing the infected individual's susceptibility to certain infectious diseases and cancers.

HIV is transmitted primarily through:

- unprotected sexual intercourse with an infected person;
- sharing needles and syringes for injecting drugs (e.g. cocaine, steroids) with someone already infected;
- tattooing, skin piercing, or acupuncture with unsterilized needles;
- transmission from mother to baby during pregnancy or childbirth, or through breastfeeding.

In the usual social contact of a school setting, there is no risk of transmission of the virus among children and staff. For example, the virus will not spread through everyday casual contact such as touching, hugging, being sneezed on, or sharing drinking fountains. The virus needs a route of entry into an uninfected person's bloodstream, usually through a break in the skin. No vaccine is available to date.

Hepatitis B (also known as Hep B, HBV, Serum Hepatitis)

Hepatitis B is a disease of the liver which is caused by the Hepatitis B virus. Hepatitis B can cause permanent liver damage, in some cases death, and is the leading cause of liver cancer in the world. Hepatitis B is more easily transmitted than the AIDS virus.

Hepatitis B is transmitted through:

- unprotected sexual intercourse with an infected person;
- transmission from mother to baby during pregnancy or childbirth, or through breastfeeding;
- sharing needles and syringes for injecting drugs (e.g. cocaine, steroids) with someone already infected;
- tattooing, skin piercing, or acupuncture with unsterilized needles;
- transfusion or accidental puncture of human blood or blood products from an infected person (e.g. contaminated needles, syringes or other intravenous equipment, especially in injection drug users) or unscreened blood/blood products; (In Canada, blood is now routinely screened for HBV.)
- contamination of wounds or lacerations with blood/bloody fluids from an infected person;
- mucous membrane exposure to blood or blood products from an infected person.



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Hepatitis B vaccine is now part of routine childhood immunization in all provinces and territories of Canada. Schools are not considered to be high risk areas for transmission of Hepatitis B. Workers who are at risk of experiencing a significant occupational exposure to blood/body fluids, as defined in the Integrated Post-Exposure Protocol from Manitoba Health, should be immunized.

Hepatitis C (also known as Hep C, HCV)

Hepatitis C is a disease of the liver caused by the Hepatitis C virus. Hepatitis C can cause profound fatigue, cirrhosis, and liver cancer. Liver disease related to Hepatitis C infection is the leading reason for liver transplantation in Canada.

Hepatitis C is known to be transmitted through:

- sharing needles and syringes for injecting drugs (e.g. cocaine, steroids) with someone already infected; (Injection drug use is associated with at least half of HCV infections in Canada.)
- tattooing;
- receipt of blood and blood products, especially before 1990 when routine screening began. (Receipt of blood and blood products is the second most important risk factor for HCV infection.)

The risk of acquiring Hepatitis C from unprotected sexual intercourse with an infected person is estimated to be 2.5% over 20 years. Transmission from mother to baby during pregnancy or childbirth is uncommon. Transmission through breastfeeding is not known. Unlike Hepatitis B, the risk of transmission of Hepatitis C through personal contact is low. There is no vaccine available.

2. STUDENTS - EDUCATIONAL PLACEMENT

Students infected with HIV and/or other blood-borne disease shall have the right to attend regular classes, including community placements, and shall be given equal access to and considered eligible for all rights, privileges, and services available to all students.

Where the physical condition or behaviour of the student poses a health risk, alternative arrangements for instruction/placement shall be provided. Decisions regarding the alternative arrangements for instruction/placement shall be determined on a case-by-case basis.

3. STAFF

Where the physical condition or behaviour of any employee poses a health risk, or the employee becomes too ill to continue employment, all regular employee benefits such as sick leave provisions, salary continuance, and long-term disability shall apply.

4. CONFIDENTIALITY

Confidentiality, with regard to information about students or employees with HIV infection, shall be maintained at all times. The dissemination of any information regarding a student or employee with HIV infection shall be restricted to those persons who have been identified as requiring the information to assure proper care and support to the infected person, and to identify situations where potential for transmission may increase



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5. PREVENTION AND PRECAUTIONS

In the best interest of all students and staff :

To prevent the transmission of blood-borne germs in the school setting, the best approach is to treat all body fluids of every person as potentially infectious. These precautions are intended to supplement existing routine infection control procedures and do not address transmission of non-bloodborne germs.

The following precautions should be taken to avoid the spread of germs when we come in contact with blood or body fluids from other persons.

5.1 Hygiene and Sanitation

Hand washing is the single most effective way to prevent the transmission of most communicable diseases. In order to prevent the transmission of blood-borne germs, hand washing is necessary:

- after a glove leak or tear;
- after removing gloves;
- after handling materials that may be contaminated with blood or fluids capable of transmitting blood-borne germs.

Hands should be washed by rubbing vigorously for at least 10 to 15 seconds with soap and water, and should be dried with a paper towel or air dryer.

Equipment (including mops) and surfaces contaminated with blood or fluids capable of transmitting blood-borne pathogens should be cleaned thoroughly.

5.2 Waste

Disposable sharp items such as lancets, needles, or broken glass, if contaminated with blood, should be carefully handled and placed by the user in an approved puncture-resistant container. Suctioned fluids, excretions, and secretions may be carefully poured down drains connected to the sanitary sewer system.

Disposable items such as paper towels used to clean up blood or fluids capable of transmitting bloodborne pathogens should be placed in a plastic bag and disposed of with the regular garbage.

Clothing and linen visibly soiled with blood or body fluids should be rinsed in cold water, placed in a plastic bag, and sent home.

5.3 Personal Protective Equipment

Appropriate protective equipment should be worn for anticipated exposure to blood or body fluids capable of transmitting blood-borne pathogens.

5.3.1 Disposable Gloves

- Disposable gloves made of a material such as vinyl or latex, when intact, provide an adequate barrier to blood-borne pathogens.
- Disposable gloves should be worn for all procedures that may involve direct contact of skin or mucous membranes with blood or body fluids capable of transmitting blood-borne pathogens.



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- Disposable gloves must be changed immediately after use and after contact with each individual before care is provided to another.
 - Disposable gloves must be discarded and not washed or disinfected.

5.4 Accidental Exposure

A significant exposure is defined as an injury during which one person's blood or body fluid containing blood comes in contact with someone else's broken, punctured or chapped skin, or mucous membranes. Injuries of concern involve needle sticks and other sharps, as well as splashes and bites.

If a significant exposure occurs in the school/work setting:

1) Provide first aid:

- encourage bleeding at the injury site;
- wash area well with soap and warm water;
- for splashes to the eye(s), wash the eye out well with cold water •.

2) Report to:

- the school administrator, who will complete a Student Accident Form or an Employee Accident and Workers' Compensation Report respectively;
- Public Health personnel for consultation regarding appropriate management and any treatment required (consistent with the Integrated Post-Exposure Protocol from Manitoba Health). Calls should be directed to the Communicable Disease unit at 788-6737 or Health Links at 788-8200.
- your primary care physician for medical follow-up, if required

5.5 Immunization

Immunization to Hepatitis B virus is offered to staff assigned to work directly with students who are known to be unpredictable and aggressive.



ADMINISTRATIVE RULE/

PROCEDURE: GBEC-R (also JHCC)

APPROVAL DATE: August 23, 1988

REVISION DATE: March 21, 1989

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Rules and regulations on Communicable Diseases as determined by The Winnipeg School Division

1. Establishment of Procedures

All schools and other work sites shall adopt routine hygiene procedures for handling blood or body fluids, including sanitary napkins, to minimize the possibility of transmission of bloodborne infections.

These procedures should include the following:

- (a) Handwashing after contact with blood or other body fluids is the most important precautionary step.
- (b) Disinfection of Soiled Objects and Surfaces. Objects or surfaces which are visibly with blood/body fluids of any persons shall be wiped clean with soap and water and then with disinfectant. The person doing the cleaning should wear disposable gloves to avoid exposure of open sores and/or broken mucous membranes to blood/body fluids. Disposable materials such as paper towels should be used. If a mop is used, it should be rinsed in disinfectant before being used again.

Clothing and linens visibly soiled with blood/body fluids should be rinsed in cold water and then machine-washed in hot water and ordinary household laundry detergent if possible. Disposable gloves should be worn by the person who is rinsing the clothes. All disposable articles soiled with blood/body fluids should be placed in a plastic bag(s), closed with a twist tie, and then placed in the regular garbage container outside the school building.

- c) Administering First Aid

Preliminary first aid should be administered. Disposable gloves should be worn if possible to avoid exposure of open sores and/or broken mucous membranes. As soon as possible thereafter, all areas exposed to blood/body fluids should be washed off in hot soapy water. It should be emphasized that careful handwashing is an effective and reliable precaution. If blood/body fluids do come into contact with an open sore, it should be washed promptly.

2. Responsibility of Employee

It is the duty of an employee who suspects that they may have HIV infection to obtain a medical opinion as to the state of their health because a person who has HIV infection is susceptible to opportunistic infections and may acquire a disease that is contagious and which endangers the health of students and colleagues.