



Administrative Procedure 4515

Blood Borne Infections / Handling Bodily Fluids

Board Governance Policy Cross Reference: [1](#), [13](#), [14](#)

Administrative Procedures Cross Reference:

[Prevention of Communicable Disease / Infection Transmission](#)

Form Cross Reference:

Legal/Regulatory Reference:

[Manitoba Education Human Sexuality](#)

[The Public Schools Act](#)

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Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome (AIDS) is caused by a virus called Human Immuno-deficiency Virus (HIV), which is capable of destroying the body's immune system.

HIV is transmitted primarily through:

- sexual intercourse with infected persons;
- sharing contaminated needles and syringes;
- transfusion of contaminated blood and blood products; and
- from mother to child during pregnancy and child birth.

HIV may weaken or destroy the body's immune system, thereby increasing the infected individual's susceptibility to a number of infectious diseases. Any person whose immune system is damaged risks suffering severe complications from common communicable infections. The individual's doctor can best determine the degree of injury to the immune system and assess the infected person's risk of acquiring such diseases.

In the usual social contact of a school setting, there is almost no risk of transmission of the virus among children and staff. AIDS is not spread through the kinds of contact children have with each other, such as hugging, touching or sharing desks and toilet facilities.

General Principles

The Brandon School Division recognizes its responsibilities to students and staff with the HIV virus or AIDS to ensure that they are protected and to ensure that they have the right to make decisions about the dissemination of information describing their personal health status.

The Division also recognizes the desirability of protecting the health and safety of the entire school community.

To accommodate the best interests of the infected person and the best interest of the parent(s)/guardian(s), other students and employees, the Division shall take action, the result of which will be that:

- Information on the HIV virus and how it is transmitted is provided for students and all employees regardless of whether HIV infected individuals are involved.
- An education program for students will be provided based on the curriculum materials in [Manitoba Education Human Sexuality](#).
- In accordance with the Division personnel administrative procedures, each employee's rights and benefits therein set out will be protected.
- The administrative procedures of the Division with respect to blood borne infections will be based upon the most current available medical knowledge.
- Restrictions on or differential treatment of infected students or staff will be made on the advice of the individual's physical and/or the Medical Officer of Health only to the extent necessary to minimize the risk of transmitting the HIV virus and/or for the welfare of the infected person and/or others in the system.
- Protection of the rights of privacy of the infected student or employee will be provided.
- Protection for the health and safety of others in the system will be provided.
- In evaluating new information the Division will maintain liaison with the local Medical Officer of Health or designate.

The administrative procedures established herein shall be reviewed annually and revised to the extent required by legal and/or medical developments.

Procedures

Based on information provided by:

EduServe Inc. – *AIDS and the Education Community* – an affiliate of the BC School Trustees Association; and Manitoba Health Communicable Disease Control

Students

The Division believes that for most school-aged children who are HIV positive or who have AIDS, the benefits of an unrestricted educational setting would

outweigh the risks of them acquiring potentially harmful infections in the setting and the apparent non-existent risk of transmission of AIDS through casual contact. To this end, the Division believes that these students should attend school in an unrestricted setting unless, in the opinion of the student's physician and the Medical Officer of Health, there are special circumstances, which necessitate some restrictions. The assessment for attendance or restrictions should be based on the behaviour, development and physical condition of the student and the expected type of interaction with others in the educational setting.

In those instances where, in the opinion of the student's physician and the Medical Officer of Health, a more restrictive educational environment may be required the type of educational setting and attendance restrictions are best determined by a team consisting of the student's physician, the student's parent(s)/guardian(s) and appropriate school personnel.

Subject to the overriding principle that confidentiality of this information is required, the Superintendent/CEO or designate, subject to consultation with the student's parent(s)/guardian(s), the student's physician and/or the Medical Officer of Health, shall determine which other persons should have the information to ensure the proper care and support of the infected person.

A student infected with the HIV virus or AIDS shall, except in circumstances set below, have an equal right to attend regular classes and shall be considered eligible for all rights, privileges and services provided by [The Public Schools Act](#) except that:

- The decision regarding attendance at regular classes or provision of alternate arrangements shall ultimately be the responsibility of the Superintendent/CEO or designate. Such a decision shall be made subject to consultation with the student's physician and/or the Medical Officer of Health and following consultation with the student's parent(s)/guardian(s).
- Where the physical condition or behaviour of the infected student requires alternative arrangements for instruction, they will be provided.

Decisions regarding the alternative arrangements for instruction shall be determined on a case-by-case basis.

A review of the student's medical condition shall occur in consultation with the family physician whenever a significant change in the student's physical condition or behaviour occurs.

Divisional Employees

An employee who has become infected with the HIV virus or AIDS is encouraged to report the diagnosis of this condition to the Superintendent/CEO or designate.

Subject to the overriding principle that the confidence of this information is to be respected, the Superintendent/CEO or designate, subject to consultation with the employee's doctor and/or the Medical Officer of Health, shall determine which other person should have the information to ensure proper care and support of the infected person. A meeting of the Superintendent/CEO or designate, the employee, the employee's physician and the Medical Officer of Health may be held to ensure that everyone involved understands the situation and the implications of any actions that may be taken. The infected employee may be accompanied at the meeting by a union or association or other representative if he/she so desires.

An employee infected with the HIV virus or AIDS shall have the right to maintain his/her regularly assigned position unless, because of the employee's physical condition or behaviour, there is a risk to the infected person or the employee is no longer able to physically perform his/her duties. When reasonable cause prevails, the Division, on the recommendation of the Superintendent/CEO or designate, shall have the authority to reassign the employee to a more suitable employment position, subject to consultation with the physician of the infected employee, public health personnel, Division personnel and the employee. All regular employee benefits such as sick leave provisions, salary continuance and long-term disability shall apply.

Routine Precautions

Although the risk of casual contact with blood is small, all blood and body fluids should be considered potentially infectious whether or not a child with AIDS is known by school personnel to be present. To this end, school personnel, in the everyday social contact setting of the school, are reminded to take all reasonable precautions to minimize the risks of accidental spillage of blood and other fluids.

Release of Information

In accordance with the provision of these procedures, the Superintendent/CEO or designate shall be responsible for responding to any inquiries or requests for information from individuals, school communities or the media, related to the handling of specific cases of HIV infection or AIDS.

Other Blood Borne Infections

(Refer to Administrative Procedure [Prevention of Communicable Disease / Infection Transmission](#))

Disease	Transmission (Spread)	Symptoms	Infectious Period/Exclusion
Hepatitis B Virus (HBV)	By contact with infected blood (sharing needles, blood transfusions), unprotected sexual intercourse with infected person, mother to baby before or during birth.	May show no symptoms, may cause liver disease. Vaccine preventable.	May be infectious for life, no need to exclude. Contact Public Health about any bite that breaks the skin. Blood test may be required.
Hepatitis C Virus (HCV)	By contact with infected blood (sharing needles, blood transfusions).	May show no symptoms, may cause liver disease.	May be infectious for life, no need to exclude. Contact Public Health about any bite that breaks the skin. Blood test may be required.
Human Immunodeficiency Virus (HIV)	By contact with infected blood (sharing needles, blood transfusions), unprotected sexual intercourse with infected person, mother to baby before or during birth.	Failure to gain weight, diarrhea, persistent infections, pneumonia.	May be infectious for life, no need to exclude. Contact Public Health about any bite that breaks the skin. Blood test may be required.

Standard Procedures for Handling Bodily Fluids in School

Definition of “bodily fluids” applies to blood, drainage from scrapes and cuts, feces, urine, vomit, saliva and drainage from any orifice (i.e. nose, ears).

The following procedures/precautions should routinely be used throughout the school system to minimize the risks of transmission of communicable diseases. These guidelines provide simple and effective precautions for all persons potentially exposed to the body fluids of others.

Principle 1

Direct skin contact with body fluids of another should be avoided when possible.

Procedures

- PROPER HAND-WASHING REQUIRES THE USE OF SOAP AND WATER AND VIGOROUS WASHING UNDER A STREAM OF RUNNING WATER FOR APPROXIMATELY 10 SECONDS. THOROUGH DRYING OF HANDS AFTER WASHING IS NECESSARY.
- Gloves should routinely be worn when direct hand contact with body fluids is anticipated; treating bloody noses, handling soiled clothes (e.g. by vomit), cleaning small spills by hand, etc.
- Gloves and other materials used for this purpose should be put in a plastic bag or lined trash can. Plastic bags should be changed daily and disposed of routinely. Double bagging can be used when grossly soiled or contaminated.
- Gloves should be kept in all areas of high risk, e.g. health room, maintenance areas, main office, any classroom where risk of spills is particularly high.
- Students should be taught to handle their own body fluids as appropriate (for age, state of health, etc.). When feasible, students should dispose of own tissue after blowing nose, apply pressure to nose and dispose of tissue/paper towels used for bloody nose; wash own scrapes/cuts, etc.
- Students should be taught good hand-washing techniques and encouraged to use them routinely – before eating, after toileting, after vomiting, etc.

Principle 2

When direct skin contact or contamination of materials occur from unanticipated skin contact with body fluids (helping a child in the bathroom, applying pressure to a bloody nose, unexpected vomiting etc.) proper cleaning techniques should be followed.

Procedures

- Hands and other affected skin areas of exposed persons should routinely be washed with soap and water after contact.
- Clothing items that are soaked through to the skin should be removed, placed in a plastic bag and sent home for laundering. Items laundered for school use, or in school, should be washed in a hot water cycle (71°C or 160°F) before reuse. One (1) cup (minimum) household bleach added to the wash is recommended if the material is colourfast. If material is not colourfast, add half (½) cup non-chlorine bleach (e.g. Clorox II or Borateen) to wash cycle.

- Contaminated disposable items (tissues, paper towel, diapers) should be handled with disposable gloves.

Principle 3

Spilled body fluids should be removed from the environment by proper cleaning technique.

Procedures

- Grossly contaminated environmental surfaces should be thoroughly cleaned with a freshly prepared solution containing a one-to-ten (1:10) mixture of household bleach per gallon of water. A germicide (e.g. Lysol) can be substituted if a bleach solution is unavailable. Disposable gloves should be worn.

NOTE: Cleaning solutions may damage metal surfaces. Therefore, all surfaces should be wiped dry after cleaning.

- Wastes and disposable cleaning equipment should be placed in a toilet or plastic bag as appropriate.
- Non-disposable cleaning equipment (mops, buckets) should be thoroughly rinsed in a bleach solution (as above). The bleach solution should be disposed of promptly down a drainpipe.
- Maintenance responsibilities should include daily cleaning with bleach/germicide as in 1. above, all areas of high risk for contact with body fluids such as the health room, health room toilet(s), sink(s), student and staff lavatories, etc. Plastic bags should also be changed daily and disposed of routinely; disposable gloves should be worn.
- Spilled body fluids on carpets should be disposed of by routine use of a moisture absorbent which is then swept/vacuumed, followed by a washing with a carpet cleaner, etc.

Principle 4

The clothing of persons at high risk for frequent contact with body fluids should be protected.

Procedures

- Clothing, if contaminated, should be laundered as previously described.

Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered for use in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

- Phenolic germicidal detergent in a one percent (1%) aqueous solution, e.g. Lysol
- Sodium hypochlorite with at least 100 ppm available chlorine (half (1/2) up household bleach in one (1) gallon water, needing to be freshly prepared each time it is used)

Disinfection of Hard Surfaces and Care of Equipment

After removing the soil, a disinfectant is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed of down a drainpipe. Remove and discard in appropriate receptacles.

Disinfection of Rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of disposable cleaning equipment as noted above.

Maintenance responsibilities should include daily cleaning with bleach/disinfectant of all areas of high risk for contact with body fluids such as the health room, health room toilet(s), drinking fountains, student and staff lavatories, etc. Plastic bags in wastebaskets should always be changed daily and disposed of routinely. Disposable gloves should be worn.

Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.