GUIDELINES FOR HANDLING BODY FLUIDS AND SUBSTANCES IN SCHOOLS

Recent concern about how children with HIV infection or AIDS or other communicable disease should be educated has raised several questions regarding exposure of teachers and children to potentially infectious body fluids from children with communicable diseases in the school setting:

1. Does contact with body fluids present a risk of infection?
2. What should be done to avoid contact with potentially infected body fluids?
3. What should be done if direct contact with body fluids is made?
4. How should such fluids when spilled be removed from the environment?

The following guidelines are meant to provide simply and effective precautions against transmission of disease for all persons, including pregnant women, potentially exposed to the blood or body fluids or substances of any student. No distinction is made between body fluids from students with a known disease or those from students without symptoms or with an undiagnosed disease.

Does Contact with Body Fluids Present a Risk?

The body fluids and substances of all persons should be considered to contain potentially infectious agents (germs). The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (i.e., nasal discharge) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

Table 1 provides examples of particular germs that may occur in body fluids and the respective transmission concerns. It must be emphasized that with the exception of blood, which is normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Furthermore, many germs may be carried by individuals who have no symptoms of illness.

Infected individuals may be at various states of infection: incubating disease mildly infected without symptoms, or chronic carriers of certain infectious agents including HIV/AIDS and hepatitis B viruses. In fact, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always carried out.

TABLE 1

TRANSMISSION CONCERNS IN THE SCHOOL SETTING
BODY FLUID SOURCE OF INFECTIOUS AGENTS

Body Fluid-Source	Organism of Concern	Transmission Concern
Blood -cuts/abrasions abrasions -nosebleeds -menses -contaminated needle	Hepatitis B virus HIV/AIDS virus Cytomegalovirus	Bloodstream inoculation through cuts and on hands Direct blood stream inoculation
*Feces -incontinence	Salmonella bacteria Shigella bacteria Rotavirus Hepatitis A virus Giardia, campylobacteria, E.Coli 0157:H7	Oral inoculation from contaminated hands
*Urine -incontinence cuts and oral contaminated	Cytomegalovirus	Bloodstream (through abrasions on hands) and inoculation from hands
*Respiratory Secretions -saliva -nasal discharge	Mononucleosis virus Common cold virus Influenza virus Epstein Barr virus AIDS virus Hepatitis B virus	Oral inoculation from contaminated hands Bloodstream inoculation through cuts and abrasions on hands; bites
*Vomitus	Gastrointestinal viruses, e.g., (Norwalk agent Rotavirus)	Oral inoculation from contaminated hands
Semen/Vaginal (intercourse) Fluids	Hepatitis B HIV/AIDS virus Gonorrhea	Sexual contact

*Possible transmission of AIDS and Hepatitis B is of little concern from these sources. There is no evidence at this time to suggest that the AIDS virus is transmissible via these fluids.

****HAND WASHING IS VERY IMPORTANT.**

WHAT SHOULD BE DONE TO AVOID CONTACT WITH BODY FLUIDS?
When possible, direct skin contact with body fluids and substances should be avoided. Disposable gloves should be available in at least the offices of the custodian, nurse and principal. Wear disposable gloves when direct hand contact with body fluids and substances is anticipated (i.e., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). Hands should be washed after any contact with body fluids and substances. Gloves used for this purpose should be put in a plastic bag or lined trashcan, secured and disposed of daily.

When possible, have students wash off their own cuts and abrasions. After cuts are washed with soap and water, they should be covered with Band-Aids or bandages of appropriate size. Where possible, students should be taught to hold their own bloody noses.

When possible, pocket facemasks should be used for mouth-to-mouth resuscitation.

WHAT SHOULD BE DONE IF DIRECT SKIN CONTACT OCCURS?
In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (i.e., when wiping a runny nose, applying pressure to a bleeding injury outside of the classroom, helping a child to the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Particular attention should be paid to areas around and under fingernails and between fingers. Clothing and other nondisposable items (i.e., towels used to wipe up body fluid) that are contaminated with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains (blood, feces), used gloves to rinse or soak the item in cold water prior to bagging. Clothing should be sent home for washing with appropriate direction to parents/teachers (see page 5). Contaminated disposable items (tissues, paper towels, diapers) should be handled as with disposable gloves.

HOW SHOULD SPILLED BODY FLUIDS BE REMOVED FROM THE ENVIRONMENT?
Most schools have standard procedures already in place for removing body fluids (vomitus). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills (i.e., ZGOOP, Parsen Mfg. Co., Philadephia, PA). Disposable gloves should be worn when using these agents. The dry material is applied to the contaminated area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment, other than cleaning.

HAND WASHING PROCEDURES
Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds.

Soaps suspend easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands and to turn off running water.

DISINFECTANTS

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. District personnel should use only those disinfectants provided by the school district. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

DISINFECTION OF HARD SURFACES AND CARE OF EQUIPMENT

After removing the soil, a disinfectant is applied. Mops should be soaked in the disinfectant for at least one minute 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 washed before rinsing in the disinfectant. The disinfectant solution should be promptly disposed down a drainpipe. Disinfected surfaces should be allowed to air dry. Remove gloves and discard in appropriate receptacles.

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

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. Wash dustpan and broom and rinse in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

LAUNDRY INSTRUCTIONS FOR CLOTHING SOILED WITH BODY FLUIDS

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add 1/2-cup household bleach to the wash cycle. If the material is not colorfast, add 1/2-cup nonclorox bleach (Clorox II, Borateem) to wash cycle.

CONCERNS ABOUT HIV/AIDS INFECTION

Although AIDS (Acquired Immune Deficiency Syndrome) and HIV infection have received a great deal of attention, there are other diseases more communicable than AIDS of which we should also be aware.

1. It is extremely difficult to be infected with the HIV/AIDS virus. Exposure of blood to intact skin is an unlikely way of being infected with the HIV/AIDS virus.

2. HIV/AIDS is transmitted by getting blood, semen or vaginal secretions into the bloodstream of a noninfected person.

3. Other body substances (saliva, tears, urine, and feces) have extremely small, if any, levels of virus.

4. There have been no documented cases of HIV/AIDS transmitted by mouth-to-mouth resuscitation.

5. The HIV/AIDS virus is easily destroyed by common disinfectants.

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