



Policy: Blood Borne Infections

Policy Number: EBB

Policy Type: Support Services

Policy

Hanover School Division recognizes its responsibility to protect and safeguard the health and well-being, rights, and privacy of students and employees of Hanover School Division who have been diagnosed with a blood-borne infection such as Hepatitis (Hep B and Hep C) and Human Immunodeficiency Virus (HIV).

The policy will reflect Hanover's commitment to promoting assistance, understanding and support for students and employees diagnosed with a blood borne infection

Hanover School 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, other students and employees of Hanover School Division, the Board will ensure:

- a) An education program for students will be provided based on the **K-12 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles** developed by Manitoba Education. Appropriate supplemental resources may be used to augment the provincial curricular materials.
- b) Each employees' and students' information, human rights and benefits will be protected under The Personal Health Information Act (PHIA); The Freedom of Information and Protection of Privacy Act (FIPPA); and The Protecting Children (Information Sharing) Act (2016).
- c) The policy and procedures of Hanover with respect to blood-borne infections such as Hepatitis (Hep B and Hep C) and Human Immunodeficiency Virus (HIV), will be based upon the most current available medical knowledge and best practices.
- d) Protection of the rights of confidentiality of the infected student / employee will be provided.
- e) Protection for the health and safety of others in the system will be provided.
- f) In evaluating new information, Hanover School Division will maintain liaison with the local medical officer of health (Southern Health) or designate.

Guidelines

1. Communicable Diseases

Information on the nature, transmission and prevention of HIV shall be provided for students of the Hanover School Division. This information shall be age-appropriate, developmental, sequential, and promote positive health practices.

- 1.1. Implementation of HIV education instruction shall be based on the guidelines and curriculum materials as approved by the Minister of Education and Hanover School Division. Such materials shall be adapted to meet the needs of the students. Appropriate supplemental resources may be used to augment the provincial curricular materials.

2. Infected Students

- 2.1. The parent/guardian of a student infected with the HIV virus, in consultation with a family physician, may choose to inform a Superintendent. A Superintendent will facilitate the provision of any special educational services the student may require.
- 2.2. A Superintendent is not bound to report his or her knowledge of an infected student to the Board of Trustees.

- 2.3. An employee who is informed in confidence on the health status of a student infected with the HIV virus shall maintain that confidence at all times. There shall be no release of information without prior written consent from the parent/guardian. In the event that information shall be released, a Superintendent will be responsible for the release of all information.
- 2.4. The student's parent/guardian, in consultation with a family physician and a Superintendent, may invite other people to participate in discussions about the education of the student. It is recommended that the regional medical officer be included, with the parent/guardian's consent as early as possible in the consultation process. Inclusion of a teacher is recommended in the process.
- 2.5. Sharing of any information regarding the infected student shall be restricted to the persons who have been identified as requiring the information to assure proper care and support of the infected student and to identify situations where the potential for transmission may increase. A Superintendent in consultation with the student's parent/guardian and a family physician shall determine who shall be informed.

3. Regular Class Attendance by Infected Students

- 3.1. Those informed by the parent/guardian of the student's status (see guidelines 2.4 and 2.5) should participate in an assessment of the student's physical and psychological health status, to identify factors affecting the students educational experience. Each individual case shall be judged on its own merit and consideration should be given to the psychosocial benefits of participating in classes and activities, as his or health status permits.
- 3.2. A review of the instructional arrangements shall occur in consultation with the family physician whenever a significant change in the student's physical condition or behavior occurs.

4. Alternative Arrangements for Infected Students

- Where alternative arrangements are required for instruction of a student infected with the HIV virus, those arrangements should be recommended by the persons identified in guidelines 2.4 and 2.5 to a Superintendent of the school division. Alternative arrangements may be put into place immediately in response to the needs of the infected child.
- 4.1. Alternative arrangements may include a variety of settings ranging from special instruction within the school to home tutoring.
 - 4.2. Decisions regarding alternative educational arrangements shall be made on a case by case basis.
 - 4.3. A review of these instructional arrangements shall occur as in 3.2.

5. Infected Employees

- The identity of a division employee infected with the HIV virus shall be confidential.
- 5.1. The employee infected with the HIV virus, in consultation with a family physician, may choose to inform a Superintendent.
 - 5.2. A Superintendent is not bound to report his or her knowledge of an infected employee to the Board of Trustee.
 - 5.3. An employee who is informed in confidence of the health status of an employee infected with the HIV virus shall maintain that confidence at all times. There shall be no release of information without prior written consent from the employee. In the event that information shall be released, a Superintendent will be responsible for the release of all information.
 - 5.4. The employee, in consultation with a family physician and a Superintendent, may invite other people to participate in discussions about the employment assignment of the employee. It is recommended that the regional medical officer be included, with the employee's consent, as early as possible in the consultation process.

- 5.5. Sharing of any information regarding the infected employee shall be restricted to those persons who have been identified as requiring the information to assure proper care and support for the infected employee and to identify situations where the potential for transmission may increase.

6. Employment Placement of Infected Employees

Employees infected with HIV virus shall have the right to continue their employment with the Division. Consideration should be given to the advisability of the employee continuing in his or her current work assignment. Infected employees may choose to consult with a union, association, or representative of his/her choice.

Where an employee with HIV-related illness is no longer able to work, full access shall be provided to all benefits as described in applicable collective and/or legislative agreements, including sick leave, long-term disability, and medical benefits.

7. Routine Hygiene Procedures for Handling Body Fluids

This Division shall adopt routine hygiene procedures (Universal Precautions in the handling of blood and bodily fluids) as per protocols outlined by the Medical Officers of Public Health / Southern Health /Santé Sud regardless of whether persons are known to be infected with the HIV virus are in attendance (see attached Procedures).

8. Staff Development

- 8.1. The Division shall be responsible for providing in-service training to staff who will implement HIV Education programs.
- 8.2. The Division shall be responsible for communicating the contents of their HIV Infections policy to all staff.
- 8.3. The Division will provide training to all staff on "Universal Procedures for Handling Body Fluids in School".

9. Policy Review

This policy shall be reviewed and revised regularly and as required to reflect new legal and/or medical information regarding HIV virus infections.

A Superintendent shall bring to the attention of the Hanover School Division Board for consideration, without delay, any new information that may have implications for changes to this policy.

10. Prevention and Precautions

Based on Information provided by:

- Health Authorities /URIS/Public Health Nurse
- 10.1. Manitoba Health Communicable Disease Control the following procedures/precautions should be routinely used throughout Hanover School Division to minimize the risks of transmission of communicable diseases like HIV and hepatitis.
- 10.2. These guidelines provide simple and effective precautions for all persons potentially exposed to the body fluids of others.

Definition - Body Fluids: Body fluids apply to blood, drainage from scrapes and cuts, feces, urine, vomit, saliva and drainage from any orifice (i.e. nose, ears).

11. Standard Procedures for Handling Body Fluids in Hanover School Division

- 11.1. Principle 1:** Direct skin contact with body fluids of others should be avoided when possible.
- 11.1.1. 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 and washing is necessary.
 - 11.1.2. Gloves should routinely be worn when direct contact with body fluids is anticipated; treating bloody noses, handling soiled clothes (e.g. by vomit), cleaning small spills by hand, etc.
 - 11.1.3. 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.
 - 11.1.4. 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.
 - 11.1.5. Students should be taught to handle their own “body fluids” as appropriate (for age, state of health, etc.). When feasible, students should dispose of their own Kleenex or paper towels that were used after they have blown their nose, controlled bleeding of their nose, or cleaned up a cut or scrape.
 - 11.1.6. Students should be taught good hand-washing techniques and encouraged to use them routinely – before eating, after toileting, after vomiting, etc.
- 11.2. 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 blood nose, unexpected vomiting, etc.) proper cleaning techniques should be followed.
- 11.2.1. Hands and other affected skin areas of exposed persons should routinely be washed with soap and water after contact.
 - 11.2.2. 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 / 160 F) before reuse. One cup (minimum) household bleach added to the wash is recommended if the material is colorfast; if material is not color fast, add ½ cup non-Clorox bleach (e.g. Borateem) to the wash cycle.
 - 11.2.3. Contaminated disposable items (tissues, paper towels, diapers) should be handled with disposable gloves.
- 11.3. Principle 3:** Spilled body fluids should be removed from the environment by proper cleaning technique.
- 11.3.1. Grossly contaminated environmental surfaces should be thoroughly cleaned with a freshly prepared solution containing a one to ten mixture of household bleach to 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.
 - 11.3.2. Wastes and disposable cleaning equipment should be placed in a toilet or plastic bag appropriately.
 - 11.3.3. Non-disposable cleaning equipment (mop/buckets) should be thoroughly rinsed in bleach solution (as above). The bleach solution should be disposed of promptly down a drainpipe.
 - 11.3.4. Maintenance responsibilities should include daily cleaning with bleach/germicide as in 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.
 - 11.3.5. 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.
 - 11.3.6. Disinfectants

An immediate 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): preferred for objects that may be put in the mouth.
- Phenolic Germicidal – detergent in a 1 percent aqueous solution e.g. Lysol
- Sodium hypochlorite with at least 100 PPM available chlorine (half cup household bleach in one gallon water, needing to be freshly prepared each time it is used).

11.3.7. 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.

11.3.8. Disinfection of Rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove with a 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 the 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 toilets(s), drinking fountains, student and staff lavatories, etc. Plastic bags in wastebaskets should also be changed daily and disposed of routinely. Disposable gloves should be worn.

11.4. **Principle 4:** The clothing of persons at high risk for frequent contact with body fluids should be protected.

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

Definitions:

1. HIV/AIDS

The Acquired Immune Deficiency Syndrome (AIDS) is caused by a virus that is commonly referred to as the Human Immune Deficiency Virus (HIV). Researchers have identified a variety of strains of the virus with each having a specific identification label. AIDS is a clinical condition that occurs in the late stages of HIV infection. HIV infection 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.

This policy has been developed to protect and safeguard the health and well being of the students and employees of the Division. The Division promotes an attitude of assistance, understanding and support for students and employees who are HIV positive or have AIDS.

HIV is transmitted primarily through:

- sexual activity with infected persons
- sharing contaminated needles and syringes
- receiving contaminated blood/blood products
- from mother to child during pregnancy, childbirth or breast-feeding.

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

2. HEPATITIS B

Hepatitis B is also known as Hep B, HBV, and Serum Hepatitis. Hepatitis B can cause serious damage to the liver, in some cases causing death. Hepatitis B is also one of the leading causes of liver cancer.

Hepatitis B is transmitted through:

- sexual activity with infected persons
- sharing contaminated needles and syringes
- receiving contaminated blood/blood products
- from mother to child during pregnancy, childbirth or breast-feeding.

Schools are not considered to be high risk areas for transmission of Hepatitis B. Government Health Care programs across Canada have included the Hepatitis B vaccine as part of a routine childhood immunization program.

3. HEPATITIS C

Hepatitis C is also known as Hep C and HCV. Hepatitis C is also a disease of the liver that can cause extreme fatigue, cirrhosis, and liver cancer.

Hepatitis C is transmitted through:

- sharing contaminated needles and syringes
- receiving contaminated blood/blood products
- tattooing

The risk of acquiring Hepatitis C through personal contact is low. Acquiring Hepatitis C from unprotected sexual activity with infected persons and transmission from mother to baby during pregnancy / childbirth is considered low. Transmission through breastfeeding is not known.

Acknowledgements: Living with AIDS: Interim Guidelines for Schools; Brandon School Division; Seven Oaks School Division; Evergreen School Division; and Winnipeg School Division

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Reference(s):	Additional Information: Formally Policy B50 See Administrative Procedure WSH 9 Routine Procedures for safety guidelines.
Related Forms:	