



Policy #2: Universal Precautions

Policy Overview

Universal precautions refer to the usual and ordinary steps all school staff needs to take in order to reduce their risk of infection with all other blood-borne organisms (such as Hepatitis B virus, HIV/AIDS) when coming into contact with bodily fluids such as blood, urine, feces or vomit. These precautions are universal because they refer to steps that need to be taken in all cases, not only when a staff member or student is known to have an infectious blood-borne disease.

They are precautions because they require foresight and planning and should be integrated into existing safety guidelines. Appropriate equipment (i.e., mops, buckets, bleach, hot water, hand soap, disposable towels, non-latex gloves, face shield, disposable aprons) must be readily available to staff members who are responsible for the clean-up of body fluid spills.

General Procedures

Whenever any person comes into contact with bodily fluids, being cautions means assuming that any such fluid carries the risk of infecting others. If you come into contact with any bodily fluid, follow these guidelines:

1. Avoid direct contact with the bodily fluids. Access personal protective equipment immediately, such as non-latex gloves, face shield, and disposable aprons.
2. Clean up bodily fluids promptly. Clean using a solution of one-part household bleach to ten parts water (solution must be prepared within 24 hours before use). Clean by pouring the solution around the periphery of the spill. Use non-latex or vinyl gloves, mops, buckets and other cleaning equipment with fresh bleach solution. Dispose of the spill and used material in a single use trash bag or container.
3. Inspect the intactness of skin on all exposed parts, especially the hands. Cover any and all open cuts or broken skin or ask another staff to complete the clean-up.
4. Always wash hands after any contact with body fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body (be especially careful not to touch your eyes before washing up).

Handwashing Procedures

Hand washing is the first line of defense against the spread of infection. Strict hand washing must be practiced by the children and staff including, but not limited to the following items:

- Upon arrival at the program.
- Before eating or handling food.



- After going to the bathroom or assisting in the toileting or diapering.
- After contact with body fluid (blood, mucus, feces, vomitus, etc.).
- After cleaning areas contaminated with body fluids.
- After handling pets or equipment.

The recommended hand-washing procedure includes the following steps:

1. Use a plain (non-antimicrobial) liquid soap for routine hand washing with temperate (warm) water, scrub vigorously for at least 15 seconds and then rinse under a stream of warm water. Soap suspends soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Bar soap should not be used.
2. Use paper towels to turn off the water faucet.
3. Use fresh paper towels to thoroughly dry hands.
4. Use paper towels to open any exit door.
5. Use paper towels to turn off bathroom lights.
6. Wash hands after touching any body fluid or contaminated object.
7. Always wash hands after gloves are removed.

NOTE ON USE OF HAND SANITIZERS: Hand sanitizers are not as effective as washing with soap and water and should not be used as a replacement for standard hand washing with soap and water. When hand washing facilities are not available, an ethanol alcohol-based (minimum 62 percent) hand sanitizer can be used, preferably in fragrance-free gel or foaming form. Hands must be washed with soap and running water as soon as feasible. Hand sanitizers are never appropriate when there is significant contamination such as occurs during a visit to a petting zoo or farm, after handling an animal, after changing a diaper, after playing outside, before preparing food or eating, after touching an infected wound, or after using the bathroom. Caution is recommended to avoid accidental ingestion or abuse of hand sanitizers by students.

Glove Use Procedures

When possible, direct skin contact with body fluids should be avoided. Disposable non-latex gloves will be available in the offices of coaches, custodians, nurses, principals, and staff in school settings such as the gymnasium, play fields, preschool, and health room where contact with blood or other body fluids is likely to occur. All other personnel will have access to first aid supplies, which includes gloves.

- Gloves should be worn when direct hand contact with body fluids is anticipated (treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand).



- Disposable (single use) non-latex gloves must be replaced as soon as possible when contaminated, or immediately if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Gloves, after use involving contact with body fluids, should be placed in a plastic bag or lined trash can, secured, and disposed of daily.
- Because of the increasing incidence of allergic reactions to latex, only non-latex gloves should be used.
- Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact skin) having contact with blood or body fluids should always double glove if lesions are extensive.
- Staff should change gloves between tasks on the same student/staff person after contact with material which may have a high concentration of microbes.
- Staff, including bus drivers/monitors and trip sponsors, should be taught how to properly remove gloves.
- Gloves need not be worn when feeding students, or when wiping saliva from skin, unless blood is present, or the caregiver has cuts or wounds on their hands.
- Staff should always wash hands with soap and water after removing gloves.
- As much as possible, have an injured student provide direct care for the wound (applying pressure, washing).
- If contact with contaminated body fluids by non-intact skin or mucous membranes does occur, the staff member should follow the school's policy for post-exposure management and seek medical evaluation of the need for post-exposure prophylaxis.

Unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (when wiping a runny nose, applying pressure to a bleeding injury outside of the classroom, helping a student in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be thoroughly washed with soap and water as soon as possible.

Diapering Procedures

1. Diapering should be done on surface used especially for diapering. The surface should be smooth, free of cracks, and non-porous. A disposable cover should cover this surface. After each use, throw away the cover; wash any contamination that you can see with soap and water, and spray with the standard bleach solution.
2. The diaper pail should be lined, covered and preferably have a foot pedal.
3. A sink for hand washing should be directly next to the diapering area.



4. Diapering and food areas should be totally separated from each other.
5. Wear gloves when diapering; it is necessary to wash your hands after diapering.

Disposal of Contaminated Waste Procedures

Materials saturated with suspected infectious waste should be disposed of in the following manner:

1. Disinfect the affected area with 1:10 bleach solution. This solution must have been mixed within 24 hours. Use a spray bottle if possible and wear protective equipment such as gloves and a face guard.
2. Disinfect waste by saturating with bleach solution. Use a mop or disposable wipes to clean up.
3. Place contaminated waste in a polyethylene bag supplied by custodians for this purpose. Double bag and tie off to seal.
4. Dispose of sealed bag in an approved trash receptacle.

Disposal of Contaminated Sharps Procedures

Students and staff should be advised to report found needles, broken glass, or other sharps, but not touch them. Staff and students should be reminded to take care to prevent injuries when using needles and other sharps.

- Broken glassware, discarded needles, and other sharps must not be picked up directly with the hands. Cleanup must be accomplished using mechanical means such as a brush and dustpan, tongs, or forceps, by staff wearing appropriate protective gloves. Broken glass should be disposed of in a container which keeps others from being cut.
- Contaminated, reusable sharps must not be stored or processed in a manner which requires employees to reach by hand into the containers where these sharps have been placed.
- Contaminated needles and other contaminated sharps must not be bent, recapped, or removed.
- Shearing or breaking of contaminated needles is prohibited.
- Contaminated sharps must be discarded immediately in containers which are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
- Containers for contaminated sharps must be easily accessible to personnel and located as close as possible to the immediate area where sharps are used (health rooms, science classrooms).



- Sharps containers must be maintained upright throughout use, replaced routinely, and not be allowed to overflow.
- When moving containers of contaminated sharps from the area of use, they must be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. They must be placed in a secondary container if leakage is possible. The secondary container must be closable, constructed to contain all contents, and prevent leakage during handling, storage, transport, or shipping. The secondary container must also be labeled and color-coded.
- Containers for contaminated *reusable* sharps must meet all of the qualifications for disposable containers, except they do not need to be closeable, since devices will be removed from these containers.
- Puncture resistant sharps containers should be provided if contaminated sharps (needles) are in the workplace.
- Disposal of these containers depends on local waste management programs.

Other Guidelines

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work or teaching areas where there is a reasonable likelihood of occupational body fluid exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

Related Policies

All staff should be familiar with related policies to ensure a clean and hygienic work environment, including but not limited to:

- Policy #1: COVID-19
- Policy #3: Infectious Disease Control
- Policy #4: Cleaning