

**CLEANING UP SPILLS OF BODY FLUIDS
UNIVERSAL PRECAUTIONS FOR SCHOOL SETTINGS**

Universal precautions refer to the usual and ordinary steps **all** school staff need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as the Hepatitis B virus).

They 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 be HIV- infected.

They are **precautions** because they require foresight and planning, and should be integrated into existing safety guidelines.

Appropriate equipment (mops, buckets, bleach, hot water, hand soap, disposable towels and latex gloves) must be readily available to staff members who are responsible for the clean-up of body fluid spills.

1. Treat human spills with caution.
2. Clean up blood spills promptly.
3. Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, or ask another staff member to do the clean up. **Latex free gloves** must be worn when cleaning any body fluids.
4. Clean up spills with a solution of one part household bleach to ten parts water (1:10) pouring the solution around the periphery of the spill. Disinfect mops, buckets and other cleaning equipment with fresh bleach solution. Spills may be cleaned with **Chlorasorb**** as noted on the instructions.
5. **All** disposable materials, including gloves, must be discarded in a sealed plastic bag and immediately taken to a dumpster.
6. **Always** wash hands with soap and water 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.)
7. **Clean** up other body fluid spills (urine, vomitus, feces), unless grossly blood contaminated, in the usual manner. They do not pose a significant risk of HIV infection.

** **Chlorasorb** is the preferred cleaning/disinfecting agent. Other methods should only be used when Chlorasorb is not available.

Adapted from Universal Precautions for School Settings, Massachusetts Department of Education and Medical Update to Massachusetts Policy Guidelines: Infants, Toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Settings (June, 1989)

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UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

In response to the increases in hepatitis B and human immunodeficiency virus (HIV) infections, the Center for Disease Control have recommended “universal blood and body-fluid precautions.” Universal Precautions and Infectious Control requires that you consider every person, all blood and most body fluids to be a potential carrier of infectious disease. These measures are intended to prevent transmission of these and other infections, as well as to decrease the risk of exposure for care-providers and students. As it is currently not possible to identify all infected individuals, these precautions must be used with every student, regardless of their medical diagnosis.

Universal precautions pertain to blood and body fluids containing blood, cerebrospinal fluid, synovial fluid, vaginal secretions, semen, and pericardial fluid.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the care-giver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both the care-giver and the student.

HAND WASHING

Proper hand washing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists (such as rings with stones) should be removed prior to washing and kept off until completion of the care procedure and hands are rewashed. Use of running water, lathering with soap and using friction to clean all surfaces of remaining jewelry and hands is key. Rinse well with running water and dry hands with paper towels. If soap and water are unavailable, wet Towelettes or “Handi-wipes” may be used.

- Hands should be washed before physical contact with student and after the contact is complete.
- Hands should be washed after contact with any used equipment.
- If hands (or other skin) become soiled with blood or body fluids, they should be washed immediately before touching anything else.
- Hands should be washed whether gloves are worn or not and after gloves are removed.

BARRIERS

Barriers include disposable gloves, protective eye wear, masks and gowns. The use of a barrier is intended to reduce the risk of contact with blood and body fluids for the care-giver as well as to control the spread of infectious agents from student to student.

It is essential that appropriate barriers be used when contact with potentially infectious material is possible.

Gloves should be worn when direct care of the student may involve contact with blood or body fluids. For infection control, it is recommended that gloves be worn as well as contact with urine, feces and respiratory secretions. Gloves should be disposed of after each use and not reused.

- Gloves should be worn when changing a diaper or catheterizing a student.
- Gloves should be worn when changing dressing or sanitary napkins.
- Gloves should be worn when providing mouth, nose or tracheal care.
- Gloves should be worn if the care-giver has broken skin on the hands (even around the nails).
- Gloves should be worn when cleaning up spills of blood (e.g., nosebleeds) or body fluids and wastes, and soiled supplies.

ACCIDENTAL EXPOSURE

Accidental exposure to blood, body products or body fluids places the exposed individual at risk of infection. This risk varies depending on the type of infection. This risk varies depending on the type of body fluids (blood vs. respiratory vs. feces), the type of infection (salmonella vs. HIV) and the integrity of the skin that is contaminated.

- Always wash the contaminated area immediately with soap and water.
- If a mucous membrane splash (eye or mouth) or contamination of broken skin occurs, irrigate or wash the area thoroughly.
- If a cut or needle stick injury occurs, wash the area thoroughly with soap and water.

In those instances where broken skin, mucous membrane or needle stick exposures occur, the care-giver should document the incident. The student's parent or guardian should also be notified. The person who had the exposure should contact his or her physician for further care as outlined by the CDC recommendations.

Further information regarding universal precautions and infection control is available from the local Public Health Department and the school nurse.