

Infectious Disease Policy

Viral infections may be present in human blood or other bodily fluids. Therefore, the following routine procedures should be used when providing care that will expose the care giver to human blood, bodily fluids, and excrement unless directed by emergency medical or other healthcare provider, law enforcement or fire department, or local, state, or federal official. These procedures are necessary to safeguard against caretaker infection and the spread of infection within the classroom environment.

1. The caretaker should observe good hand washing, including before and after all contact with a child suspected of being ill, after any exposure to blood, bodily fluids (urine, saliva, sweat, feces, vomit, semen, etc.), and other potentially infectious materials and/or surfaces, and before caring for another child. If hands are visibly soiled, hands should be washed using soap and water and not alcohol-based hand rubs.
2. Waterproof disposable gloves must be worn to protect against possible open lesions on the caretaker's hands.
3. If available, personal protective equipment should be worn by the caretaker to protect against possible exposure of mucous membranes where there is a threat of possible exposure to certain highly communicable diseases, such as Ebola virus disease. Additional personal protective equipment, such as waterproof disposable gloves, fluid resistant or impermeable gowns, eye protection, surgical facemasks, disposable shoe covers, and leg coverings should be worn when entering areas where a caretaker could be exposed to a potentially infectious materials and/or surfaces or a child suspected of being ill with a highly communicable disease. Caretakers should carefully remove all personal protective equipment to avoid contaminating one's eyes, mucous membranes, clothing or other surfaces with potentially infectious materials and good hand washing should be performed immediately after removal of personally protective equipment.
4. Any open lesions on the child's body must be covered.
5. Any pregnant caretaker should wear a surgical mask when providing care involving exposure to a child's excrement.
6. Surfaces soiled with blood, urine, feces, vomits, etc., must be thoroughly washed with soap and water and then be disinfected with the disinfectant agent provided (MATAR or its equivalent), used per manufacturer's recommendation.
7. Personnel cleaning the spill must wear disposable gloves and wash hands thoroughly after removal of contaminated gloves. Personnel cleaning the spill of blood, bodily fluids, or surfaces that may have come into contact with materials or a child suspected of infection with a highly communicable disease should wear all appropriate personal protective equipment (see number 3 above). Hands should be washed thoroughly after removal of contaminated personal protective equipment. Personnel should follow closely

the instructions of any emergency medical or other healthcare provider, law enforcement, or fire department, or local, state, and federal public health official in cleaning a spill.

8. Mops and towels must be thoroughly rinsed in the disinfecting agent and properly stored if they are to be reused. If further use will not occur, they must be properly double bagged and disposed with other waste materials. If mops, towels, or any other materials were used in the cleaning of blood, bodily fluids, materials or surfaces that may have come into contact with materials or a child suspected of infection with a highly communicable disease then the materials should be soaked in an appropriate disinfectant with a 10% solution of household bleach and water (1 part bleach, 9 parts water), double-bagged in a leak proof bag, and placed in a leak proof HAZMAT container.

Specific procedures for certain highly communicable diseases outlined in these guidelines should be followed.

49 C.F.R., Parts 171-180.