

***SAFETY PROGRAM: SAFETY, HEALTH AND INFECTION CONTROL POLICIES  
& PROCEDURES***  
**INDEX**

<b>1. Safety and Emergency Preparedness Plan .....</b>	<b>2</b>
<b>2. Emergency Action Plan (RACE) .....</b>	<b>3</b>
<b>3. Internal Emergency Plan .....</b>	<b>4</b>
<b>4. External Emergency Plan .....</b>	<b>5</b>
<b>5. Incident Reporting .....</b>	<b>6</b>
<b>6. Drills .....</b>	<b>7</b>
<b>7. OSHA Requirements.....</b>	<b>8</b>
<b>8. Medical Emergencies: First Aid, Poisoning, CPR, Emergency Services .....</b>	<b>10</b>
<b>9. Missing Students.....</b>	<b>12</b>
<b>10. Firearms and Weapons .....</b>	<b>13</b>
<b>11. Serious Injury or Death Investigation and Report.....</b>	<b>14</b>
<b>12. Operable Flashlights or Battery Lanterns.....</b>	<b>15</b>
<b>13. Infection Control Plan.....</b>	<b>16</b>
<b>13. Employee Health: Injuries, Illnesses &amp; Infections.....</b>	<b>18</b>
<b>14. Exposure to blood and body products.....</b>	<b>20</b>
<b>15. Student Health: Injuries, Illnesses &amp; Infections.....</b>	<b>23</b>
<b>16. Hazardous Materials.....</b>	<b>24</b>
<b>17. Handwashing.....</b>	<b>26</b>
<b>18. Procedures for cleaning.....</b>	<b>27</b>
<b>19. Pediculosis (Lice).....</b>	<b>28</b>
<b>20. Declination of Hep B Vaccine.....</b>	<b>29</b>
<b>21. Reportable Diseases in the State of Virginia.....</b>	<b>30</b>
<b>22. Safety and Infection Control Drill Form.....</b>	<b>31</b>
<b>23. Infection Control Correspondence .....</b>	<b>32</b>
<b>24. Additional readings: Hostage situations, terrorism, school communications....</b>	<b>33</b>
<b>25. Special Student Diets.....</b>	<b>33</b>

It is the intent of Lafayette School to provide a safe environment for students, families, staff and visitors. This plan and the related policies outline appropriate responses to natural disasters, fire, terrorist attacks or other emergencies that could disrupt the normal course of the program day. It includes staff responsibilities for moving people to a safe environment; alerting emergency personnel and sounding alarms; carrying out evacuation procedures; accessing student emergency medical information; using, maintaining, and operating emergency equipment; and using community support services.

All staff will participate in safety and emergency preparedness training upon hire, annually, and as learning needs are identified. Training includes review of basic safety principles, review of organizational policies, regular drills, and verbal testing of knowledge. Staff must show proficiency in dealing with a variety of disasters or emergencies, and must be able to implement the emergency preparedness plan. The importance of close monitoring and surveillance of students at all times is emphasized as a key deterrent to compromising the safety of students, staff and the environment. All staff members are trained in CPR. There will be at least one staff member on duty that holds a current certificate in Standard First Aid and CPR. Multi-disciplinary team meetings provide a regular time and place for staff to identify safety concerns, and problem-solve actions to address concerns. The Directors are responsible for health and safety management and will investigate all safety issues that may be a threat to the school environment.

Security of the building and records is maintained by a security system for after-hours protection. Limiting student or visitor access to certain areas of the building, such as offices and records areas maintains security during program hours. Doors to bathrooms that are capable of being locked can be quickly opened in case of an emergency. Escape routes are posted prominently throughout the school, and staff are trained and tested on their knowledge of exits. Weapons are prohibited except when carried by law enforcement personnel. Access to telephones is available for emergency purposes, and emergency telephone numbers are prominently posted on each phone.

The Office Manager is responsible for maintaining the fire alarm system, including preventative maintenance of the components, fire extinguishers, and posting signs for building evacuation. The building contains a centralized alarm system, with smoke detectors and a sprinkler system. These systems are tested annually. The fire safety procedure is designed to address the needs of the school in response to a fire, including the specific roles and responsibilities of staff members who are at a fire's point of origin, and those who are not. All staff members are responsible for the safe use and maintenance of equipment and materials. Safety concerns are communicated to the Administrator immediately, an incident report is completed, and a plan for resolution is implemented.

## **Emergency Action Procedures: RACE**

Saving lives in an emergency situation is the highest level of priority. No student or staff member should place his or her safety in jeopardy during an emergency to prevent or lessen structural, material, or property damage. In the event of an emergency situation, the staff will use the acronym **RACE**.

### **R**

“R” stands for RESCUE. The first responsibility of all staff is to direct students and visitors out of the building and to the designated “SAFE SPOT”. A head count is conducted to determine that all individuals are out of the building. Staff will follow the primary and secondary evacuation routes posted throughout the building to exit the building safely.

### **A**

“A” stands for ALARM. The second step is to alert the authorities of the nature of the emergency. Staff will direct the office manager to call 911. If he or she is not at the desk, that staff member will call 911.

### **C**

“C” stands for CONFINE. This means to close doors to prevent a fire from spreading. Staff should exercise confinement procedures as they are exiting the building, but should not place themselves at risk while doing so.

### **E**

“E” stands for EXTINGUISH. If time permits, and if it is possible to do so without putting themselves or others in danger, staff may use fire extinguishers to try to manage the situation. Fire extinguishers have a removable plastic key holding the pin in place. Pulling the pin will remove the plastic key. Aim the extinguisher barrel at the base of the fire, and sweep along the base of the fire.

## **Internal Emergency Plan**

**Definition:** An internal emergency will be classified as any emergency or physical problem of the building that could endanger the safety and well being of the occupants or the environment. This includes fires, gas leaks, power outages, loss of utilities, bomb threats, explosions, or structural collapse.

**Procedure:** In the event of an internal emergency, all staff will follow **RACE**.

1. Notify all staff and call 911.
2. Evacuate immediately by the primary route unless the emergency situation blocks the primary route, then the secondary route will be used. A head count will be conducted of all staff, students, and visitors as they exit the building. Clients with special needs (e.g. a handicapping condition) will be escorted from the building by staff. All people will be instructed to proceed to the Safe Spot at the far end of the parking lot.
3. Director(s) is responsible for assuring that all students and staff are evacuated during the emergency
4. Director(s) is responsible for removing the bus keys from the building upon leaving.
5. If it is determined by the staff or the Director(s) that the situation in the Safe Spot becomes too dangerous, students and staff will board the school buses and head to a predetermined destination that has been established with a local church less than 4 miles from the school where students and staff will be evacuated.
6. No one may reenter the building until clearance has been issued from the Office Manager and/or Director(s) indicating that the building is safe to occupy.
7. During the emergency, no incoming or outgoing phone calls will be made or received, except those that directly relate to the emergency at hand, thus keeping the lines open for calls from staff, fire, rescue or police.
8. Process the incident and gather information from all involved. Notify parents/guardians and report the incident to the proper authorities as applicable: Department of Education; local fire authorities; and the landlord.

Note: Notification occurs at such time when the immediate situation is stable and the conditions and status of the safety of individuals and the building can be reported.

9. Complete an incident report.

**NOTE:** An internal emergency can range in severity from life threatening to those situations that demand immediate attention due to a risk to health, safety or well being of clients. One example is loss of utilities. In this case, the Director(s) will be immediately notified and a decision will be made regarding suspension of school services until the situation is resolved.

## External Emergency Plan

**Definition:** An external emergency is any threat to the building or grounds that could endanger the safety and well being of the occupants and the environment. It could be an immediate threat or a situation that left unaddressed could endanger others or the environment. The following are examples: severe weather; explosion; live power lines; fire; damage to the building or grounds.

**Procedure:** In the event of an external emergency, all staff would follow **RACE**.

1. Notify all staff and call 911.
2. If the building is in danger, direct all students and visitors to evacuate the building by the primary or secondary route (whichever is most safe). Students and visitors are directed to the Safe Spot. Students with special needs (e.g. a handicapping condition) will be escorted from the building by staff. A head count will be conducted to determine whether all are present.

NOTE: In severe weather, do not evacuate the building unless directed by authorities such as the fire department.

3. Director(s) is responsible for assuring that all students and staff are evacuated during the emergency
4. Director(s) is responsible for removing the bus keys from the building upon leaving
5. If it is determined by the staff or the Director(s) that the situation in the Safe Spot becomes too dangerous, students and staff will board the school buses and head to a predetermined destination that has been established with a local church less than 4 miles from the school where students and staff will be evacuated.
6. No one may reenter the building until the administrator or the executive director or administrator has issued clearance.
7. During the emergency no incoming or outgoing calls shall be taken or made, except those that relate directly to the emergency at hand, thus keeping all lines open for calls from staff, fire, rescue or the police.
8. Process the incident and gather information from all involved. Notify parents and guardians and report the incident to the proper authorities: Department of Education; local fire authorities or other rescue personnel as applicable; and the landlord. Notification occurs at such time as the immediate situation is stable and the conditions and status of the clients can be reported.
9. Complete an Incident Report.

### **Procedure for Severe Weather**

1. Listen to the radio for developments about severe weather.
2. When a storm watch is upgraded to a warning, all staff will be notified.
3. Conduct a head count of all students, staff and visitors.
4. Restrict telephone calls to emergency use only.
5. Move students to the internal hallway, away from windows and exit doors.
6. Close all doors.
7. All should sit on the floor with backs against the wall, knees bent, and head between the knees, with arm protecting the head.
8. Remain in this area until the warning is cleared or until further instructions are given.

### **Incident Reporting**

An incident report will be completed by the initial staff member involved, with input from other staff involved, upon the occurrence of any unusual or adverse incident. The report must be completed and forwarded to the Director(s) for review as soon as possible following the incident, and at least by the end of the work day of the incident. Failure to complete an incident report and forward such to the Director(s) is cause for disciplinary action.

Copies of incident reports will be maintained in the Safety Manual for at least three years. Data from the incident reports will be discussed and may result in identification of staff learning needs, or the modification of school policy. This data is also important in identifying quality improvement areas for the program.

An unusual or adverse incident includes any deviation from established policy that affects the quality of care delivered to students and families. It also includes safety hazards or unsafe behavior. Examples include: student or staff falls or injuries; allegation of student rights violations or other unethical behaviors; broken equipment or other hazardous environmental condition; illegal behavior; threats of legal action; or any situation that results in a disruption of services. In general, staff should err on the side of caution when deciding if an incident warrants completing an incident report and complete the report. Ask your supervisor if you are not sure whether an incident report is needed.

## **Drills**

Drills will be conducted at least monthly. The following situations are possible targets for drills:

- Fire
- Internal emergency: gas leaks, bomb threats, explosions, or structural collapse
- External emergency: severe weather, explosion, live power lines, fire, chemical exposure, or damage to the building or grounds.
- Sanitation

The Director(s) or a designee will conduct unannounced drills and will maintain a written record of the drills in the Safety Manual for three years. Satisfactory performance entails full compliance with the school policy. Unsatisfactory performance in any aspect of a drill will result in some corrective action, depending on the nature of the problem. These actions may include staff and student education of procedure, increased frequency of drills, and disciplinary action.

## **OSHA Requirements**

In general, The Occupational Safety and Health Act of 1970 covers all employers and their employees. The Act assigns OSHA two regulatory functions: setting standards and conducting inspections to ensure that employers are providing safe and healthful workplaces. The employer will use knowledge of the applicable standards to eliminate hazards and comply with standards.

Employees will have the following personal protective equipment available to protect them against certain hazards:

- First Aid Kit includes contains: saline, bandages, band-aids, sterile gauze, tweezers, instant ice pack(s), adhesive tape, first-aid cream, rubbing alcohol, antiseptic and gloves.

Access to Medical and Exposure Records: The employer will grant the employee access to any medical records the employer maintains with respect to that employee, including any records about the employee's exposure to toxic substances.

Record keeping: The employer will maintain three types of OSHA-specified records of job-related injuries and illnesses.

- The OSHA Form 300: an injury/illness log, with a separate line entry for each recordable injury or illness. Such events include work-related deaths, injuries and illnesses other than minor injuries that require only first aid treatment and that do not involved medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job.
- Each year, the employer will post a summary of the OSHA Form 300 on Form 300A, which includes the previous year's injuries and illnesses, in the workplace from February through April.
- The OSHA Form 301 is an individual incident report that provides added detail about each specific recordable injury or illness. A suitable insurance or workers' compensation form that provides the same details may be substituted for OSHA Form 301.

Reporting: The employer will advise the nearest OSHA office of any accident that results in one or more fatalities or the hospitalization of three or more employees. The employer will notify OSHA within eight hours of the occurrence of the accident and document this notification on the incident report.

Employee Rights: Employees have the right to complain to OSHA about safety and health conditions in their workplaces and have their identities kept confidential from employers, to contest the amount of time OSHA allows for correcting violations of standards, and to participate in OSHA workplace inspections.

Private sector employees who exercise their rights under OSHA can be protected against employer reprisal, as described in Section 11(c) of the OSH Act. Employees must notify OSHA within 30 days of the time they learned of the alleged discriminatory action. OSHA will then investigate, and if it agrees that discrimination has occurred, OSHA will ask the employer to restore any lost benefits to the affected employee. If necessary, OSHA can take the employer to court. In such cases, the worker pays no legal fees.

### **Compliance Assistance Available**

The *Federal Register* is an excellent source of information on standards, since all OSHA standards are published there when made final, as are all amendments, corrections, insertions and deletions. The *Federal Register* is published five days a week, and it is available in many public libraries. Annual subscriptions are available from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402. OSHA also provides copies of its *Federal Register* notices on its Web site ([www.osha.gov](http://www.osha.gov)).

Each year the Office of the *Federal Register* publishes all current regulations and standards in the Code of Federal Regulations (CFR), also available at many public libraries and from GPO. OSHA's regulations and standards, which are collected in several volumes in Title 29 CFR, Parts 1900-1999, are also available on OSHA's Web page on standards. In addition, OSHA has a compliance assistance section on its Web site. For a fee, GPO offers a data text-retrieval package in CD-ROM format that contains all OSHA standards, compliance directives and standards interpretations.

Finally, a number of Expert Advisors help employers and workers to understand and apply OSHA's regulations.

Because states with OSHA-approved job safety and health programs adopt and enforce their own standards under state law, copies of these standards can be obtained from the individual states.

## **Medical Emergencies: First Aid, Poisoning and CPR**

**Definition:** A medical emergency is any situation experienced by a student, visitor, parent or guardian, or a staff member in which the person's health, safety, or well being is compromised in a manner requiring immediate action.

Six fully stocked first aid kits are maintained in the classrooms, the school buses, and staff bathroom for treatment of injury or illness. The Office Manager or a designee checks it each month and items are replaced as needed. The first aid kit contains: saline, bandages, band-aids, sterile gauze, tweezers, instant ice pack(s), adhesive tape, first-aid cream, rubbing alcohol, antiseptic and gloves.

The Charlottesville/Albemarle County Rescue Squad provides emergency services. They are contacted by calling 911.

### **Procedure:**

- The staff member will direct the office manager to call 911. If the office manager is not available, the staff member will call 911 and notify them of the emergency.
- A staff member trained in CPR will remain with the person experiencing the emergency until emergency personnel take over or until the emergency no longer exists.
- The office manager will notify other staff of the emergency as soon as possible so that they can proceed to the emergency and assist in the care of those in need.
- A staff member will obtain the Emergency Face Sheet from the student's chart. A copy of this sheet will be made and given to emergency personnel. If the person with the emergency is not a student, staff will attempt to obtain relevant medical history information from the person and to relay this to emergency personnel.

### **Emergency Face Sheet Information:**

- Student information: date of birth, social security number, address, phone number
- Two emergency contacts and information
- Parent/guardian signature and witness signature
- Medical information: allergies, physical conditions, medications, substances, physical limitations, dietary restrictions
- Parent/guardian information
- Household information
- Legal status
- Parent/guardian employment information
- The Administrator and/or Executive Director will be notified of the situation as soon as possible and an incident report will be completed.

**Procedure for Suspected Poisoning:**

1. The telephone number of the regional Poison Control Center is posted in each room of the school.
2. Should staff suspect a poisoning, they will call the Poison Control Center:

Poison Control Center  
UVA Hospital  
924-5543 (Charlottesville)  
1(800) 451-1428

3. Have emergency information available when talking with 911 or the Poison Control Center.
4. Notify the parent/guardian, the Administrator and the Executive Director as soon as possible.
5. Complete an incident report.

## **Missing/AWOL Students**

Staff is responsible for student safety at all times. Regular monitoring and surveillance of students during program hours is an expectation of all staff. Students are frequently reminded of the expectation to stay under staff supervision at all times.

If at any time a student leaves staff supervision and his or her whereabouts are unknown, the following actions are to be taken:

1. Immediate notification of all staff on premises.
2. Conduct a thorough search of the building and grounds, and organize a search of the surrounding areas.
3. Once the student is located (either on grounds or in the community), he/she should remain within staff eyesight and supervision until the parent/guardian or the police assume responsibility for the student. Staff should use good judgment and remain in contact with staff. If the situation becomes dangerous (e.g. student fleeing from staff in traffic), staff are to call 911 immediately.
4. Notify the parent/guardian or other appropriate agencies (probation officer, police, etc.) of the event and the outcome.
5. Verbal processing with the student(s) upon return to the program, and reinforce the need for safety at all times.
6. Debrief with the staff involved to determine consequences, alternate strategies to try in the future, and any modifications to the student's treatment/educational plan.
7. Document behavior in the student's chart.
8. Complete an incident report.
9. Verbal processing of the event with staff to evaluate program activities, to discuss the effectiveness of staff monitoring, and to identify any revisions to the student's treatment plan or revision of program rules that may come from the event.

## **Firearms and Weapons**

Firearms and weapons are prohibited on school grounds and in the school building with the exception of Law Enforcement Personnel. No staff, students or visitors are allowed to have weapons on school grounds or in school events (e.g. in the community). Students with any weapons will be subject to discipline, up to and including expulsion.

Note: The Director(s) will be notified of any situation involving law enforcement personnel on the grounds of the school.

## **Serious Injury or Death Investigation and Report**

**Definition:** Serious injury is defined as an injury that is life-threatening or potentially life-threatening, requiring emergency surgery or extensive recuperation, permanently disabling or disfiguring, or where injury is likely to evoke significant media attention. Decisions about the degree of seriousness of an injury should be made with the input of a physician and the Director(s).

**Procedure:** The school will investigate any incident that results in serious injury or death of students, visitors, staff, or others on the grounds of the school. It will be reported to the local authorities and reported to the Office of Licensure, Department of Education. An incident report will be completed by staff witnessing the event and will be kept on file in the Safety Manual for at least three years.

**Operable Flashlights or Battery Lanterns**

Operable flashlights or battery lanterns shall be readily accessible to program staff.

## **INFECTION CONTROL PLAN**

The goal of Lafayette School's Infection Control Plan is to identify and reduce the risks of endemic (common cause) and epidemic (special cause) infections in students and staff. Endemic infections usually refer to the habitual presence of a disease within a geographic area; and may also refer to the usual prevalence of a given disease within such an area. Epidemic infections are an outbreak of a group of illnesses of similar nature, clearly in excess of expected rates and derived from a common or propagated source. Infection control activities, therefore, are designed to reduce the risk of transmission of infection, endemic or epidemic. These activities can be divided into three categories: surveillance, control and prevention.

### **SURVEILLANCE**

Staff are educated regularly in signs and symptoms of infection, in order to facilitate early identification of illness and implement established control techniques. Education about the infection control plan and policies enables staff to be aware of infectious issues on a day-by-day basis. In multidisciplinary staff meetings, staff can communicate infection control concerns present in the environment, as well as discuss individual students and their signs and symptoms, to determine if there is a need for consultation with the health department.

Infection control principles are addressed during new employee orientation and annual training. Surveillance is documented in the Attendance Log and includes the student name, signs and symptoms or diagnosis when possible, number of days the infection lasted, and any treatment received or other actions taken. The Administrator serves as the infection control officer and can institute any surveillance, prevention and control measures or studies when there is reason to believe that any student or staff member may be in danger. Data on infections, including types, rates, whether or not transmission occurred, and other important data are compiled in reports. The Administrator will consult with the local health department on any issues related to infection control, surveillance and prevention.

### **PREVENTION**

Both staff and students are educated that handwashing is the most effective preventative measure to contracting and transmitting infectious illness. Universal precautions, as outlined in the infection control policies, are practiced by all staff. Staff are trained in anticipating potential contact with infectious materials in routine and emergency situations. Use of universal precautions in all situations may prevent infection transmission. Students or staff suffering with contagious or infectious disease shall be excluded from school while in that condition. Lafayette School may request a physician's evaluation and note from the health care provider to allow the student to return to school once the infection or illness is resolved or non-contagious. Lafayette School will follow the Virginia School Health Guidelines and/or the recommendations of

the local health department for determining what actions to take when a student has an infectious illness.

A student's immunization status is assessed at the time of admission, and a current physical examination and immunization record is required for each student (completed within the past 3 years) prior to the student beginning the program. The child psychiatrist will review the information and determine if referral for additional services is needed. Children with incomplete immunizations or uncertain immunization history are referred to a public health clinic or to their family practitioner or pediatrician. Student exposure to T.B. or other infectious illness or development of a chronic respiratory condition will result in referral to a physician for evaluation.

Employee immunization status is determined upon hire, by employee completion of the immunization status form. In addition, employees are required to complete a physical examination prior to beginning work, and have a T.B. test, as outlined in the Employee Physical and Emotional Health. Results of the T.B. tests are maintained in the employee health files, as are the physical examination forms, and any other relevant employee health documentation. Employees must be free of tuberculosis in a communicable form in order to work with students. Should the employee believe he/she has been exposed to T.B. or develop chronic respiratory problems, the employee will be re-evaluated by a physician.

Employee health policy dictates that an employee is responsible for reporting infections of a contagious nature to the Administrator immediately, and the employee may need to seek medical care to determine the exact nature of the infection as well as the treatment. Depending on the symptoms or diagnosis, the employee may need to suspend direct care responsibilities, or not report to work until given release. Some diagnosed infections will result in mandatory absence from work (employee) or attendance in program (student), and possibly a medical release prior to return. The Infection Control policies, the local health department, and current scientific literature serve as resources in determining proper action to prevent the spread of infection. An additional resource for current findings on infectious illness in the state of Virginia is the "Virginia Epidemiology Bulletin", published quarterly by the Virginia Department of Health. The Virginia School Health Guidelines(1999) (2<sup>nd</sup> ed) serves as a resource for promotion of health and prevention of infection. The infection control officer reviews these issues, as well as other findings of current literature, and incorporates these into policies, student education activities, and staff development/ continuing education activities.

## CONTROL

The State of Virginia has laws governing reportable diseases in Virginia. Lafayette School follows the law in reporting these diseases, in accordance with the Infection Control policy on Reportable Diseases in Virginia. Hand washing is seen as the single most important way to control the spread of infection.

## **Employee Health: Injuries, Illnesses, and Infections**

It is the intent of Lafayette School to maintain a safe environment for students and staff. Any staff injuries, illnesses, and infections must be reported to administration as soon as possible.

### **Procedure for Injuries**

1. Any employee injured while working must fill out an incident report before leaving the workplace, unless the injury is severe and medical attention is needed immediately.
2. A first aid kit is available in the school and in the school vehicles in the event of staff or student injury.
3. If medical attention is required, the employee will inform their health care provider if the injury occurred on the job. The Director(s) or Office Manager will assist the employee in completing the necessary paperwork.
4. In the case of any injury or illness that results in time away from work or that affects the employee's ability to perform duties, the employee's health care provider must notify the Administrator or Executive Director in writing.

### **Procedure for Infections**

1. Any infection of a contagious nature is to be reported to the Director(s) immediately. Symptoms suggesting an infectious illness must be reported. Among these are:
  - Any eye drainage or sign of an eye infection
  - A wound with drainage or other signs of infection
  - Rashes
  - Flu-like symptoms
  - Diarrhea, infectious or unexplained
  - Herpes whitlow
  - Herpes labialis (cold sores)
  - Known exposures (at home or work) to chickenpox, measles (rubeola), rubella (German measles), hepatitis B, TB, meningitis
  - Significant dermatitis on hands
2. Employees will seek medical attention and this health professional will report any necessary work restrictions and provide clearance to return to work.
3. When indicated, the employee may need to seek medical care to determine the nature of the illness. Depending on the symptoms and/or the diagnosis, the employee may be asked to suspend duties, to not come to work, and/or to secure a physician's release to return to work following treatment. The Administrator is

the infection control officer and serves as a resource for helping the employee to decide the proper course of action.

4. All employees will engage in regular hand washing. Strict adherence to hand washing guidelines is critical in controlling the spread of infection.
5. The Administrator will maintain documentation of staff and patient infectious illness; and will consult with the local health department to make recommendations for action if transmission occurs or the risk of contagion is present.
  
6. NOTE: All illnesses, infections and injuries will be documented, including a record of time missed from work. A physician's note may be requested for any illness, injury or infection, and is mandatory for any absence of more than three consecutive working days.

### **EMPLOYEE IMMUNIZATION PROGRAM**

Another method of infection control and prevention is the employee immunization program that makes the following immunizations available at no cost to the employee:

- Tetanus/Diphtheria - booster needed every 10 years or within 5 years if a contaminated wound injury occurs
- Influenza Vaccine - offered every fall
- Measles (rubeola) - Rubella (German measles) Vaccine - recommend anyone born in/after 1957 who has not been vaccinated since 1980 be re-vaccinated
- Hepatitis B Vaccine - recommend for employees who are at risk to be exposed to blood-body fluids in their job.
- Varivax Vaccine (chickenpox) - recommend for employees with a negative titer who have contact with patients.
- Tuberculosis Surveillance Program

All new employees are given a tuberculin skin test. Employees that are 30 years of age or older and/or foreign-born will be skin tested twice upon hire, one week apart. The 5tu Mantoux method is used and read either by the health department or another qualified Registered Nurse. Employees with a positive skin test upon hire will be required to have a chest X-ray to rule out active disease. Employees with a positive PPD will be offered treatment of latent TB. Employees who have been exposed to a student with active, pulmonary TB will have a PPD placed for baseline evaluation as soon as possible after the exposure is known with follow-up PPD placement 12 weeks after exposure.

## **EXPOSURE TO BLOOD AND BODY FLUIDS THROUGH PUNCTURE WOUNDS, SKIN, AND MUCOUS MEMBRANES**

A significant exposure to blood or body fluids is defined as 1) injury with a contaminated sharp object (e.g., needlesticks, cuts), 2) spills, splashes or sprays of blood, body fluids or other potentially infectious material into non-intact skin (e.g., cuts, hangnails, dermatitis, abrasions, chapped skin) or into a mucous membrane (i.e., mouth, nose, eyes), or 3) blood exposure covering a large area of apparently intact skin. All exposures are evaluated by either the Administrator or a health professional in the Emergency Room.

Exposures to blood and body fluids put the employee at risk for acquiring blood-borne viruses such as HBV, HCV, HIV, and CMV. If students expose employees, parents will be notified and will take their child to the Emergency Room; where blood work will be drawn on the employee and patient source when the source is known and available.

Any exposure should be reported immediately. Once the exposure is reported, a rapid HIV test can be authorized and the necessary steps can be taken to have a blood sample drawn from the source patient (if the source patient is not known to be HIV positive). After an exposure, the employee should immediately report to the Emergency Room. After an injury risk assessment is made by health care professionals caring for the source patient, the nursing supervisor will advise the injured person where to report. If the exposure is high risk (source patient is HIV positive, or has been involved in high risk behavior as defined by the Rapid HIV Assessment Protocol), the employee will be asked to report immediately to the ED for evaluation, counseling and possible treatment.

Appropriate follow-up, counseling, lab work and treatment will be coordinated through the hospital Emergency Department.

## **EMPLOYEE EXPOSURE TO OTHER INFECTIOUS DISEASES**

Employees exposed to an infection listed below should contact the Director(s) immediately:

- Meningococcal meningitis
- Varicella zoster (shingles) disseminated or localized (only for susceptible employees--- those who have had neither varicella nor varicella vaccine)
- Varicella (chickenpox)
- Ebola virus
- Pertussis (whooping cough)
- Tuberculosis
- Measles (rubeola)
- Rubella (German measles)
- Scabies
- Smallpox
- SARS

Since it is not possible to know whether these body fluids contain blood borne pathogens, all body fluids should be considered infectious. The following are ways to avoid contact with body fluids:

- Avoid direct skin contact with body fluids.
- Use gloves in such situations as: caring for nosebleeds or other bleeding injuries changing a bandage or handling sanitary napkins, disposing of supplies soaked with blood or other body fluids.
- Dispose of gloves after each use.
- Wash Hands after removing gloves.
- If spattering of body fluids occurs, the person's clothing should be laundered or disposed of after it is used and should not be used again until it is clean.
- Use a shield for rescue breathing: If it is necessary to perform rescue breathing, a one- way mask or other infection control barrier should be used. However, rescue breathing should not be delayed while such a device is located.

#### Disposal of Infectious Waste:

Contaminated supplies will be placed in a plastic bag, removed from the school, and placed in the dumpster.

#### General principles to follow when encountering body fluids:

1. Personal protective equipment, including latex gloves are available in the first aid area in the school and on the school bus.
2. Gloves must be worn for any contact with body fluids.
3. Wash hands after all physical contact with students, regardless of presence of body fluids. (For exposure to body fluids, follow procedure outlined below.)
4. Blood or body fluids in the environment must be cleaned by staff immediately:
  - a. Remove students from the area
  - b. Wear gloves, and gown if volume is large
  - c. Mop up spill with absorbent material. Dispose of paper towels or other material used to clean up fluid in sealed plastic bags and place in garbage bag and remove bag from classroom or program area.
  - d. Clean exposed surface with soap and water, then clean with a bleach and water solution (mix 1 part household bleach with ten parts of water. Replace this solution daily as needed).

#### **Procedure if exposed to body fluids:**

##### Immediate Action:

1. Clean the wound or contaminated area with warm water and soap. If in the community, use the antiseptic first aid spray or the antiseptic soap contained in the first aid kit of the school bus.

2. If mucus membranes (i.e. eyes or mouth) are contaminated by a splash of potentially infectious material or contamination of broken skin occurs, irrigate or wash area thoroughly. Saline and sterile water is contained in the first aid kit.
3. If a cut or needle injury occurs, wash the skin thoroughly with soap and water. If in the community, use the antiseptic first aid spray or the antiseptic soap contained in the first aid kit of the school bus.
4. Report the incident to the Administrator.
5. Complete an incident report.
6. In every situation, a tetanus immunization is recommended if the victim has not been immunized in the past 5 years.
7. In instances where broken skin or mucus membranes, or a needle puncture occur, the parent/guardian should be notified. This will be documented in the incident report.
8. The person exposed to the infection will be informed to contact his/her health care provider for further care.

#### Hepatitis B Vaccination:

Hepatitis B vaccinations are available to all employees who have had an occupational exposure to blood within 10 days of the exposure, at no cost, and under the supervision of a licensed physician or licensed healthcare professional. Employees must sign a declination form if they are exposed and choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the U.S. Public Health Service, the employee will be offered the doses at no cost.

#### Record keeping:

Medical records dealing with employee exposure to body fluids will be kept for the duration of the employment plus 30 years. These records are considered confidential, and include the following information: name, social security number, Hepatitis B vaccination status (including dates), results of any examinations, medical testing and follow-up procedures, a copy of the employee's written opinion of the incident (copy of the incident report), and a copy of the information provided to the employee.

Training records for infection control must be maintained for three years and includes dates, contents of the training or a summary of the program, trainer's name and qualifications, names and job titles of all persons attending the sessions. The annual training consists of the Infection Control Policies and CDC and Virginia School Health Guidelines.

## **Student Health: Injuries, Illnesses, and Infections**

It is the intent of Lafayette School to maintain a safe environment for students and staff. Any student injuries, illnesses, and infections must be reported to administration as soon as possible. Any absences from the program should be reported to the staff by the parent/guardian, and should include information on the nature of the problem or the reason for the absence. This information will be maintained in the attendance record.

### **Procedure for Student Injuries**

1. Follow the procedure for Medical Emergencies
2. Any student injured while in the program must have an incident report completed before the employee completing the report leaves the workplace.
3. A first aid kit is available in the school and in the school vehicles the event of student or staff injury.
4. If medical attention is required, staff will either call the parent to inform them of the incident and staff recommendations; or call 911. Any injury or illness that results in excessive time away from the program or that affects the student's performance requires notification to the Director(s) by the student's health care provider.

### **Procedure for Infections**

1. Any infection of a contagious nature is to be reported to staff immediately. Symptoms suggesting an infectious illness must be reported to the parent/guardian, as a student may need to seek medical care to determine the nature of the illness. Depending on the symptoms or the diagnosis, the student may be asked to leave the program, to not report to school, and/or to secure a physician's release to return to school following treatment. The Office Manager and Director(s) are the infection control officers and serves as a resource for helping the student and their parent/guardian to decide the proper course of action.
2. All employees will engage in regular hand washing. Students will be directed to wash hands as well, including after the use of the bathroom, before eating, after recreational therapy, or after contact with any substance that soils the hands. Strict adherence to hand washing guidelines is the most important factor in controlling the spread of infection.
3. The Office Manager will maintain documentation of staff and student infectious illness and will make recommendations for action in consultation with the local health department if transmission occurs or the risk of contagion is present.

## **Hazardous Materials**

Employees will be instructed in the proper use and care of any hazardous products used at the school. The Director(s) will inform employees of chemical hazards. Contracted services (e.g. housekeeping) will be instructed to take all hazardous products with them when they complete their services, and to avoid use of hazardous products without notification of administration prior to entering the building.

### **Labeling and other forms of warning:**

1. Containers will remain labeled, tagged or marked with required information.
2. Labels, tags and markings will include the identity of the chemical, appropriate hazard warnings, and the name and address of the chemical manufacturer, importer, or other responsible party.
3. Containers without appropriate forms of warning will not be used. A portable container does not have to be labeled if the employee who transfers it from a labeled container intends it for immediate use by that employee.

### **Material Safety Data Sheets (MSDS):**

1. MSDS will be available to employees before arrival of hazardous chemicals.
2. MSDS will be available in the Safety Manual.
3. MSDS are available to employees and to OSHA personnel.
4. MSDS must include:
  - a. Identify use on label
  - b. Chemical name(s)
  - c. Common name(s)
  - d. Physical and chemical properties
  - e. Physical hazards
  - f. Health hazards
  - g. Primary route of entry
  - h. OSHA permissible exposure limit (PEL); American Conference of Government and Industrial Hygienists (ACGIH) threshold limit value (TLV); and any other exposure limits
  - i. Carcinogenicity
  - j. Safe-handling procedures
  - k. Applicable spill control and disposal measures
  - l. Emergency and first aid procedures
  - m. Date of preparation or last change
  - n. Name, address and telephone number of manufacturer
  - o. A place where inaccurate information can be noted
5. MSDS will be developed for hazardous chemicals manufactured or produced (e.g. dust or fumes).

**Employee training and information:**

1. Training will be conducted at the time of an employee's initial assignment, annually thereafter, and whenever a new hazard is introduced into his or her work area.
2. Employees will receive training in the following:
  - a. Methods to detect hazardous chemicals
  - b. Physical and health hazards of chemicals (MSDS)
  - c. Employee protection measures/personal protective equipment needed for safe use and handling
  - d. Details of the hazard communication program
3. Employees will be provided with the following information:
  - a. Requirements of the hazard communication standard (contained in this policy)
  - b. Operations with hazardous chemicals present
  - c. Location and availability of the written hazard communication program
  - d. Location and availability of the chemical list

**Location and availability of MSDS**

1. MSDS will be kept in the Safety Manual.

## **Hand Washing**

Hand washing is the single most important factor in preventing the transmission of disease. Employees will wash hands regularly, and will encourage students to do so as well. Hand washing is indicated in the following situations:

- Before starting work and at the end of work.
- After use of the toilet.
- After blowing or wiping nose.
- Before and after eating.
- After handling any object containing human secretions.
- After any physical contact with a student.
- Any time when obviously soiled.
- After touching pets or pet food.

### Procedure:

1. Wet hands under running water.
2. Keep hands lower than elbows.
3. Scrub hands with soap available, scrubbing fingers, palms, back of hands and wrist. Scrub with soap for at least thirty seconds.
4. Clean under nails, and clean under and around rings.
5. Use paper towels to dry hands.
6. Turn off faucet with a clean paper towel and discard.

### Note about skin integrity:

It is also important to maintain the integrity of the skin (especially on the hands), as intact skin is the body's first barrier against infection. When frequent soap and water handwashing is used, a lotion will be needed. Cuts or cracks on the hands should be covered when handling any patient's blood or body fluids, or possibly contaminated objects. Likewise, cracks and crevices in the hands have been found to harbor organisms, a state that has contributed to reported outbreaks of infections despite routine handwashing measures.

## **Procedures for Cleaning**

LS will contract with a company to provide housekeeping services. Staff and students are responsible for cleaning up any messes, throwing away trash, and replacing school supplies in their proper location at the end of each activity and at the end of the day. Antiseptic cleanser, paper towels, soap and water are on hand to assist with cleaning.

### **Trash**

1. Trash is removed from the building three times per week (Tuesday, Thursday, and Saturday) and placed in approved containers.
2. Containers will not be overflowing at any time. Outdoor containers must be able to be fully closed and secured at all times.
3. Trash that is odorous is to be tied and removed from the building.

### **Procedures for cleaning equipment and furniture**

1. The housekeeper will vacuum
2. The housekeeper will dust and wipe all furniture
3. The housekeeper will disinfect and wipe door knobs
4. The housekeeper will disinfect and clean bathroom fixtures and toilets
5. The housekeeper will damp mop
6. The housekeeper will strip and wax floors at least two times per year

### **Microwave Oven**

Microwave ovens will be clean and sanitary and maintained in serviceable working condition at all times.

1. Cleaning and Sanitation: The microwave will be cleaned weekly by housekeeping staff, using bleach and water solution and a mild soap. Students and staff are responsible for cleaning up spills with each use.
2. Preparation: Food items heated in the microwave will be covered with plastic cover, plastic wrap or paper towel. Metal objects may not be placed in the microwave.
3. Safety: The Office Manager and Director(s) will be notified of any problems with the microwave. It will be inspected monthly for cleanliness, sanitation and serviceability. Student use of the microwave will be ONLY under immediate staff supervision.

### **Pediculosis (Lice)**

All suspected cases of head lice are to be immediately reported to the Director(s). If staff believes a student may have head lice, the parent/guardian will be notified, and they will be asked to obtain treatment before returning to school. In addition, the parents/guardians of other students will be notified that their child has been exposed to this infectious illness, and what symptoms to look for in their child to determine if transmission has occurred. Staff will complete an incident report.

LAFAYETTE SCHOOL  
INFECTION CONTROL POLICY  
NOTICE OF DECLINATION FOR HEPATITIS B VACCINATION

I, \_\_\_\_\_, understand that I have had an exposure to blood and body fluids. I further understand that the Hepatitis B vaccination has been made available to me within 10 days of exposure, and is available at no cost. I understand that I may later opt to receive the vaccine at no cost, and must notify my employer at that time. I understand that if booster doses are later to be recommended by the U.S. Public Health Service, that I am entitled to the booster doses at no cost.

I understand that post-exposure follow-up includes a confidential medical evaluation, documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if consent is given, and post-exposure prophylaxis, counseling and evaluation of reported illnesses. This medical evaluation, and any laboratory tests are available at no cost to the employee.

I have read and understand the notice of declination for Hepatitis B vaccine.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

## **Reportable Diseases in the State of Virginia**

Lafayette School adheres to Health Laws for the State of Virginia as well as the Board of Health Regulations for Disease Reporting and Control. Therefore, all reportable diseases (see attachment 1), and any other disease or outbreak of public health importance is reported to the Virginia Department of Health.

- If a reportable disease or any disease of public health importance is diagnosed or suspected, the staff will report this to the Administrator.
- For questions about a disease or outbreak of public health importance, to determine if a particular disease or set of symptoms is reportable, or to determine a course of action for a particular disease, the Charlottesville and Albemarle area Health Department will serve as a resource.

**LAFAYETTE SCHOOL**  
***SAFETY & INFECTION CONTROL DRILL AND INSPECTION FORM***

DATE/TIME OF DRILL: \_\_\_\_\_ STAFF CONDUCTING DRILL/INSPECTION: \_\_\_\_\_  
LOCATION OF DRILL/INSPECTION: \_\_\_\_\_

**TYPE OF DRILL:** \_\_\_\_\_ Fire \_\_\_\_\_ Tornado \_\_\_\_\_ Explosion \_\_\_\_\_ Sanitation \_\_\_\_\_ Gas/Fumes  
\_\_\_\_\_ Power failure \_\_\_\_\_ Structural collapse \_\_\_\_\_ Bomb threat \_\_\_\_\_ Weapon in program  
\_\_\_\_\_ Other: \_\_\_\_\_

**SPECIFIC TASKS:**

- \_\_\_\_\_ Notify Mechums Security of planned drill (1.800.633.2677)
- \_\_\_\_\_ Pull fire alarm
- \_\_\_\_\_ Evacuation of building
- \_\_\_\_\_ Proper evacuation route utilized
- \_\_\_\_\_ Doors and windows closed
- \_\_\_\_\_ Attendance Sheet accurate
- \_\_\_\_\_ Attendance Sheet obtained for head count
- \_\_\_\_\_ Head Count conducted
- \_\_\_\_\_ Knowledge of RACE
- \_\_\_\_\_ Knowledge of closest extinguisher
- \_\_\_\_\_ Practice with extinguisher
- \_\_\_\_\_ Move students to hallway and assume severe weather position (if applicable)
- \_\_\_\_\_ Verbalize knowledge of primary and secondary route
- \_\_\_\_\_ Other: \_\_\_\_\_

Summary/Adherence to policy: \_\_\_\_\_  
\_\_\_\_\_

Actions to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Conducting Drill/Inspection**

## Infection Control Report

April 2002

Event: Confirmed, Close, Exposure to Whooping Cough (Pertussis)

### Description of Event:

Lafayette School was notified on March 20, 2002 that a male student in the lower school was possibly exposed to whooping cough. The student was present in the program, asymptomatic for one day after possible exposure. Pat Stark, RN, (Thomas Jefferson Charlottesville Albemarle Health Department Infection Control Nurse) was contacted to discuss the potential exposure and recommended actions. She assisted with the development of a letter to inform parents. On March 21, 2002, there was a case confirmed, close exposure in the lower school. A symptomatic student was in the classroom and transported via Albemarle County Public Schools. The letter was changed as appended and was sent to all parents/guardians of the school, the LEA's, and the transportation departments. LEA's were told to inform the students who went to other schools but were riding with the infected student from Lafayette.

Staff were informed of the possible signs of Pertussis. The importance of hand washing was reinforced, and policies of infection control were reviewed and discussed with staff. Scientific literature regarding Pertussis was shared with staff. During the next week, three staff became symptomatic and were treated with antibiotics. None of those that were tested were positive for Pertussis. A total of 6 students became symptomatic, were sent home, and were seen by their health care providers.

Spring Break came and all students were not in the program from April 1-5. Another letter was sent home since students would be on break and it was still within the 20-day incubation period. The letter included a reiteration of the symptoms to be aware of, and recommendations to seek medical care if these symptoms occur. Upon return from Spring Break, two students had the symptoms and were sent home. They returned with notes from their physicians authorizing their return to school. No further symptoms were reported within 20 days of the last possible case. Individual cases of infection were treated according to the standard school policy.

Administrator

### **Student Special Diets:**

Lafayette School does not provide meals for students. All Students are required to bring their own lunch and closed container with a drink (no glass). If a student forgets lunch, the parent/guardian will be called to bring in a meal. If the parent/guardian cannot or does not respond to this request, Lafayette School, will offer oatmeal or ramen noodles as an alternative lunch. It is the parent/guardian's responsibility to notify the school of any special diets or food allergies.

1. During the intake process special diets will be reviewed.
2. Special diets must be noted on the student application
3. All special diets will be noted in the student chart and their contact index card.
4. Food allergies will be reviewed during the intake process as well as noted on the application. These allergies will be noted on the outside of the student chart, in the medical section of the student chart, as well as on the contact index card.
5. Staff shall not allow sharing of food among students or staff in the event that a student has a food allergy.
6. Quarterly review sheets are sent home to maintain updates on special diets and food allergies.
7. All staff will be educated on special diets and food allergies for the applicable student by the school nurse.

Students are allowed to use microwaves to heat lunches. Students also have access to refrigerators to store food during the day. Snack will be provided by the school unless the student is receiving a special diet or has a food allergy, then the parent/guardian must provide the appropriate snack.