

USD #377 2014-2015 Safety Handbook

Purpose:

To ensure student, staff and visitor safety at all times.

Emergency Phone Numbers:

Police/Fire/Medical 911

District Central Office 913-833-5050

****When in doubt, call 911****

- 1) Take a deep Breath**
- 2) Stay Calm**
- 3) Think!**

ATCHISON COUNTY COMMUNITY SCHOOLS

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EMPLOYEE SAFETY and AWARENESS

To All District Employees:

The Board of Education is very concerned with the safety of all employees both on and off the job. It is the policy of this district to obtain the greatest practical degree of freedom from accidents and to assure that every employee is provided safe and healthful working conditions, free from recognized hazards.

The Board of Education has adopted the **Policy for Safety, 'EBB'; the Policy for Hazardous Materials, 'EBBA'; Drug Free Workplace, 'GAOA'; and, Drug Free Schools Program, 'JDDA';** located in the District Policy Handbook. **A Bloodborne Pathogens Exposure Control Plan** is included in this handbook.

The objective of these policies is to develop a safety consciousness among all persons associated with the schools.

To accomplish these very important goals the District has appointed the Superintendent as the District Safety Coordinator. In addition, the District is assigning the responsibility, authority and accountability for accident prevention to supervisory personnel within their individual areas of operations. This will also require the participation of every employee in observing safe work practices at all times and in all places along with reporting unsafe acts and conditions to their respective supervisor.

SUPERVISORS AND THEIR RESPECTIVE EMPLOYEES:

SUPERINTENDENT OF SCHOOLS

Overall Operations and
District Safety Coordinator

SCHOOL VEHICLE MECHANIC

Bus Drivers

BUILDING PRINCIPALS

Teachers, Aides, Secretaries

FOOD SERVICE DIRECTOR

Cooks, Student Workers

MAINTENANCE SUPERVISOR

Custodians, Maintenance Workers

EMERGENCY TELEPHONE LISTINGS

EFFINGHAM EMERGENCY	911	
ATCHISON EMERGENCY	911	
ATCHISON HOSPITAL.....	913-367-2131	
ATCHISON COUNTY ROAD DEPT	913-367-1372	
ATCHISON COUNTY SHERIFF	913-367-4323	
ATCHISON COUNTY HEALTH DEPT.	913-367-5152	
LOCAL HIGHWAY PATROL.....	913-367-6562	
TOPEKA KS HIGHWAY PATROL	913-296-3102	
MISSOURI HIGHWAY PATROL	816-525-5555	
CENTRAL OFFICE, USD 377	913-833-5050	
JUNIOR/SENIOR HIGH SCHOOL	913-833-2240	877-854-4615
ELEMENTARY SCHOOL	913-833-4420	877-854-4689
MAINTENANCE/TECH	913-833-2059	
BUS GARAGE.....	913-833-2035	
KANSAS DRUNK DRIVER REPORT		800-332-7334

POISON CONTROL CENTERS

ATCHISON HOSPITAL.....	913-367-2131
ST JOSEPH, MISSOURI – HEARTLAND HOSPITAL	816-271-6000
KU MED CENTER.....	800-332-6048
STORMONT VAIL HOSPITAL	785-354-6000
KS DEPT HEALTH	785-296-1500
NATIONWIDE POISON CONTROL CENTER	800-222-1222

SAFETY AWARENESS

DUTIES OF THE PRINCIPALS AND SUPERVISORS:

The Principals and Supervisors within the school district are held directly responsible and accountable by the Superintendent and School Board for the prevention and/or elimination of accidents within their respective buildings/ departments, and the enforcing of all safety rules and regulations as outlined in the district safety plan. These individuals will be responsible for the following:

- 1) Instill safety awareness in each employee through personal and periodic safety contacts and by conducting periodic group safety meetings.
- 2) **Report all Accidents**, employee and non-employee, immediately.
- 3) **See that all injuries are promptly and properly treated.** Seek medical attention if necessary.
- 4) **Investigate all accidents** to ascertain what can be done to prevent a recurrence of the same accident.
- 5) **See that employees complete injury report forms.** Send the employee report and a **Supervisor report of all incidents to the Superintendent. If the incident is work related, fill out a Workers Compensation Form with the District Clerk.**
- 6) **Enforcement of all written and existing safety rules.** Help with development and implementation of additional rules/policies as required.
- 7) See that all essential **safety devices and personal protective equipment are provided** and used on all jobs/teaching assignments.
- 8) Take **prompt corrective action** whenever unsafe conditions and/or human errors are noted.
- 9) **Train and re-train all employees**, new and old, on the safe and proper procedures to follow when completing a job or assignment. Review the general and specific safety rules and regulations, and the ways and means to develop good, productive safety work habits.
- 10) **Perform building/department inspections** on a regular basis and get all employees involved.
- 11) **Set an example** for your department in safety.

EMPLOYEE DUTIES:

The employee should be the person most concerned for his/her own safety and the safety of others. In addition, each employee has to assume certain duties to assure on-the-job safety. These duties include:

- 1) Reporting all accidents, **no matter how minor**, by completing an injury report form and giving it to the supervisor/principal.
- 2) Knowing his/her job and always applying safe work practices.
- 3) Recognizing the hazards of the job and taking precautions to assure his/her safety and the safety of others.
- 4) Informing the supervisor/principal of hazardous conditions and unsafe practices and recommending how to eliminate or minimize each hazard.
- 5) Using proper personal protective equipment and safety equipment at all times as needed.
- 6) Actively participating and cooperating in the overall safety program.
- 7) Maintaining cleanliness and good personal health habits.
- 8) Identifying and reporting any hazards which could possibly cause injury to self, other employees, students, parents or the public.

NEW EMPLOYEE ORIENTATION AND INTRODUCTION

Supervisors will communicate the general and specific safety rules and regulations, and the ways and means to develop good, productive safety work habits to all new employees. Such training will begin on the employee's first day of work and will include:

- 1) Emphasizing the District's commitment to a safe, healthy working environment.
- 2) Reviewing the District Policy on Drug Free Workplace.
- 3) Instruction and discussion on safety procedures in the work place, the Material Safety Data Sheet Book, asbestos in the work place, proper use of equipment and products, proper lifting of heavy objects, etc.
- 4) Reviewing the job description as to what, where, and when.
- 5) Showing where the first aid kits, fire extinguishers, restrooms, break area, etc., are located.
- 6) Demonstrating and observing employees to determine if correct and safe methods of performance are being used.
- 7) Being available to employees for questions and letting them know how their job fits into the overall operation and its importance.

What Causes Accidents - Every injury and near miss constitutes proof that a hazardous condition or unsafe practice, or both, has gone unchecked or uncorrected. Every effort has to be made to investigate these incidents promptly. The longer an investigation is put off, the harder it will be to gather facts. As time passes, evidence is lost and important details are quickly forgotten. Prompt investigations yield more complete and useful information.

Accidents don't just happen - they are caused. One of the purposes of accident investigations is to find out what causes them. Once this has been determined, action to eliminate or control the cause can be taken. Even minor injuries should be investigated. Eliminating the cause of a minor injury today may prevent a serious accident tomorrow.

Supervisors are to investigate all accidents, employee and non-employee, and report them to the Superintendent who will forward the report to the School Nurse. Supervisors know the person and the job best, understand the situation and recognize the problems needing attention, and are able to demonstrate concern for safety and prove that accident prevention is a priority.

After the cause of the accident is found, action will be taken to eliminate or control the condition at fault. Time has been wasted if the results of the accident investigation are not used to devise ways of preventing more accidents.

Employee Correction/Education Action - Employee correction and education action is to help the individual improve improper safety work habits and safety violations. Supervisors will use the following steps for safety violations. The Classified Evaluation Form would be the next step if this Correction/Education Action fails to improve the employee.

- 1) Counseling, verbal reminder - informal discussion about safety in work performance and behavior in general; recommendations for correction given.
- 2) Oral reprimand - warning that work performance or behavior is unacceptable and violates safety rules; specific examples will be stated and recommendations for correction given.
- 3) If both of the above steps fail to improve the employee's safety work habits, the formal Classified Evaluation Form will be used as the next step.

Local Safety Inspections - Safety tours and inspections are another visible demonstration of the District's commitment to the safety program. Everyone is responsible for maintaining a safe working environment and reporting any unsafe conditions or practices to their supervisor. Supervisors recognize and appreciate the efforts of employees reporting these unsafe conditions. Supervisors are to conduct regular and unannounced safety tours to insure safe working conditions in the workplace.

Results of all employees' commitment to safety improve awareness, attitude, working environment, efficiency, and lower the accident and injury frequency rates.

State/Other Safety Inspections

- 1) The Kansas State Fire Marshal inspects all buildings annually for compliance with the Kansas Fire Prevention Code.
- 2) Campbell Fire Protection inspects the High School Food Service fire hood automatic sprinkler system twice each year.
- 3) The Kansas Department of Human Resources Division of Industrial Safety and Health inspects all buildings and grounds for all safety hazards approximately every three years.
- 4) The Kansas Department of Human Resources Division of Industrial Safety and Health inspects the following boilers annually: Main heating boiler in the Elementary School, the hot water tank in the Junior/Senior High School, the Food Service steam boiler in the Junior/Senior High School, and the main heating boiler in the Maintenance/Tech building. The District insurance company also inspects all of the above boilers on an annual basis.
- 5) All Fire Extinguishers in the District Buildings and Buses are annually inspected and recharged according to State Law.
- 6) All buildings are inspected every six months in compliance with the Asbestos Management Plan. All friable asbestos containing materials have been removed from all USD 377 buildings; all other asbestos containing materials are being managed in compliance with the EPA and AHERA.
- 7) All building water systems and drinking fountains have been tested for lead according to EPA regulations. USD 377 is in compliance and within safe limits of the EPA.

Safety, Disaster and Emergency Preparedness

PURPOSE: The Board of Education recognizes that its responsibility for the safety of students and staff extends not only to general safety practices, but to possible natural and man-made disasters; thus, all safety practices and emergencies are best met by planning and preparedness.

The Board authorizes a system of safety practices and emergency preparedness which shall ensure that:

- 1) The health and safety of students and staff are safeguarded.
- 2) The time necessary for instructional purposes is not unduly diverted.
- 3) Minimum disruption to the educational program occurs.
- 4) Students and staff are helped to learn self-reliance and trained to respond sensibly to safety practices and emergency situations.
- 5) All threats to the safety of the school district's facilities shall be identified by appropriate personnel and responded to promptly in accordance with a plan for emergency response.

RESPONSIBILITY: The Building Principal shall develop a plan for the handling of either natural or man-made emergencies, which includes a plan for the prompt and safe evacuation of the schools, if necessary.

BUILDING EMERGENCY PROCEDURES

Building Principals are responsible for organizing, drilling, and recording all emergency building procedures. In the event of a crisis situation staff members are reminded to observe the following actions:

Take a deep breath.....
Stay Calm.....
Think!

In all crisis situations an information blackout shall be imposed. All requests for information shall be forwarded to the superintendent/designee. At no time shall a staff member attempt to communicate crisis plans, procedures to others. Principal/designee will notify the entire staff when a crisis situation has passed.

FIRE DRILLS/TORNADO AND SEVERE WEATHER DRILLS:

Fire drills are conducted once each month with all personnel leaving the building during a drill, evacuation routes/exits well planned out, all students and staff exit in an orderly fashion, and everyone is accounted for after the evacuation.

Severe Weather and Tornado Drills will be conducted on an as needed basis and all areas of safe shelter will be outlined in the building handbooks. A minimum of three tornado drills will be conducted each school year at each attendance center (KAR 22-18-2 (a) & (b))

- Exits shall be unlocked and unobstructed whenever the building is occupied.
- **In case of fire or smoke, *EVACUATE THE BUILDING*, and contact the local fire department immediately.**
- Facility staff shall be assigned specific responsibilities for notification and evacuation of the building.
- A minimum of two different routes to take in the event one path is obstructed and a diagram showing both routes shall be posted in each classroom. We recommend occasionally using the secondary evacuation routes.
- Designate a safe area far enough from the building (50 feet minimum) to avoid the danger from fire, fire department operations and equipment, or from falling debris or explosion. If it is necessary to cross roads, facility staff or adult volunteers shall be provided to stop vehicle traffic.
- At assemblies, athletic and social events of over 300 occupants, special attention shall be given to seating and exit routes, tornado refuge area, and will be announced prior to the beginning of the event or printed in event programs.

Automated External Defibrillators:

The board has authorized the use of Automated External Defibrillators in school buildings. Qualified persons are allowed to use the devices when appropriate. A “qualified person” means an employee who has:

- 1) completed a course in cardiopulmonary resuscitation or a basic first aid course of training that included cardiopulmonary resuscitation training;
- 2) has completed a course of training in the use of automated external defibrillators and;
- 3) demonstrated proficiency in the use of an automated external defibrillator.

Employees who wish to be trained in use of an automated external defibrillator, or who may have questions about these devices are urged to contact their supervisor.

SCIENCE & SHOP CLASSROOMS

The School Science and Vo-Ag Departments have safety class procedures and instruction before students participate in the Laboratory. These safety instructions are taught by the Science teachers to all students in the Department. In addition, a chemical inventory and storage listing/ location sheet is used based on the Flynn safety guidelines. Material Safety Data Sheets are also available according to law. Eye wash stations are used in both the Elementary School and Junior/Senior High School, and the Junior/Senior High School has a safety fire blanket.

The Junior/Senior High School Shop/Vo Ag Classes have safety class periods and instructions on the proper use/care of machines, equipment, and other materials used in the classroom and/or shop. Students are tested on these safety procedures and instructions before they are allowed to participate.

SCHOOL NURSE - HEALTH SERVICES

The school nurse is on duty from 7:45 a.m. to 3:15 p.m. on regular school days. The school nurse instructs staff on student special needs, and is available on an advisory basis for general health requirements. The nurse is responsible for keeping student health records updated and provides staff with information on student special needs, medications, etc.; and for the following Central Office files and record keeping: student and employee accident reports, student accident insurance claims, hepatitis B, and the blood borne pathogens plan.

DISTRICT HEALTH OFFICERS

The School Nurse will be assigned as the District Health Officer or designated representative to inspect each of the school buildings in the district. She is responsible to annually perform a sanitary inspection of each school building and grounds plus an inspection necessary for protection of the public health of students of the school. In addition, Kansas Law mandates reasonable provision for making buildings and facilities accessible to and usable by the physically handicapped. This annual report is sent to the Kansas Department of Health and Environment.

MAINTENANCE DEPARTMENT/FOOD SERVICE

Maintenance and Food Service personnel have listings of safety procedures and warning labels on products used. This is all included in the MSDS (Material Safety Data Sheets) Folders located in each central work area and the Administrative Office of each Building Complex. In addition, all maintenance personnel have had the two hour awareness training in asbestos and its hazards.

Maintenance and Food Service personnel have been instructed to assist Building Principals with emergencies to include crowd control, mass evacuations and medical emergencies.

The Maintenance Supervisor and the Food Service Supervisor instruct their personnel in the safe use of all chemical products used, all machines and equipment used, how to comply with State and Federal Safety Rules and Regulations, and the proper procedure and safety for lifting and moving large heavy objects.

TRANSPORTATION DEPARTMENT

- 1) All Buses have First Aid Kits.
- 2) All Buses have Fire Extinguishers which are inspected annually.
- 3) All Buses have extra Fuse Kits.
- 4) All Buses have a handbook with emergency telephone listings, sheriff and highway patrol listings, and drug/poison control listings.
- 5) All Buses are equipped with FM Radios for communication which cover the entire county and extend to area schools where district buses travel. In addition, these radios may be used in cooperation with local and county emergency personnel in the event of a need for mass evacuation or a local disaster requiring transportation and/or building space.
- 6) All bus drivers have a copy of "KANSAS BUS EMERGENCY SERVICE SYSTEM" to contact other school districts for road service help when traveling on activity trips. USD 377 is a participating District for other schools traveling in our area.
- 7) All bus drivers have had eight (8) hours of training in the DEFENSIVE DRIVING COURSE and recertify every three years.
- 8) All bus drivers have had eight (8) hours of training in the MEDIC FIRST AID COURSE and recertify annually.
- 9) All students participate in a bus evacuation drill each semester.
- 10) Selected students are instructed in how to do the following on a bus in the event of an emergency when the bus driver is incapacitated: Turn off the ignition switch, set the emergency brake, use the FM Radio system, locate the fire extinguisher and first aid kit, locate the bus handbook with emergency telephone numbers, and move evacuated students to a safe location.
- 11) All Kindergarten students are instructed in how to open the front door with the safety latch, how to open the rear emergency door, and how to use the FM Radio system in an emergency.
- 12) Other District vehicles involved in student transportation are equipped with First Aid Kits.

EARLY DISMISSAL DROP-OFF POINTS

School is periodically dismissed early (unscheduled early dismissal) during the school term for such things as heat, bad weather, etc.

Parents/guardians are given the opportunity at the time of enrollment to provide the name and address of a person with whom they would authorize the District to leave their child until they are able to take them home.

This person would most likely be a relative, neighbor, close friend, or babysitter and would accept responsibility for the child until the parent/guardian arrives. This early dismissal drop-off point is subject to School Vehicle Mechanic/Superintendent approval (determine length of route, etc.).

School Cancellations - The Superintendent will consult with the School Vehicle Mechanic, who will have checked with the County Road Supervisor, regarding road and weather conditions. The Superintendent will also consult the radio stations and other area superintendents and a decision will be made as soon as possible.

Delayed Bus Time for USD 377 - When such weather conditions exist that it is safer for buses to run later than regularly scheduled, school buildings will open at their regularly scheduled time. Parents may send or bring their students to school at the regular time in order to avoid disrupting their work schedules, etc. Building Principals will organize/schedule staff for these students until the buses arrive.

Every School Building shall have the following:

- 1) Plans for fire drills, severe weather, and bomb threats in the faculty handbook.
- 2) Employee right to know and material safety data sheets in each administrative office and each work area central location where hazardous materials are used.
- 3) An emergency weather radio tuned to the national weather service and a flashlight with back-up battery located in each administrative office.
- 4) A copy of the asbestos management plan and procedures for that building.
- 5) A copy of the district emergency procedures and instructions handbook.
- 6) First aid stations.

DRUG FREE SCHOOLS

GAOB Drug-Free Schools (See JDDA and LDD)

GAOB

The possession, use, sale, distribution, or being under the influence of controlled substances and/or alcohol by school employees at school; on, in, or while utilizing school property; or at school sponsored activities, programs, or events is prohibited.

Employee Conduct - As a condition of continued employment in the district, all employees shall abide by the terms of this policy. Employees shall not manufacture, distribute, dispense, possess, use, and/or be under the influence of illicit drugs, controlled substances, and/or alcoholic beverages at school; on, in, or while utilizing school property; or at school sponsored activities, programs, or events.

Possession, use, and/or being under the influence of a controlled substance by an employee for the purposes of this policy shall only be permitted if such substance was:

1. Obtained directly from, or pursuant to a valid prescription or order, issued to such employee from a person licensed by the state to dispense, prescribe, or administer controlled substances; and
2. Used, if at all, in accordance with label directions.

Compliance with the terms of this policy is mandatory. Employees who are found violating the terms of this policy will be reported to the appropriate law enforcement officers. Additionally, an employee who violates the terms of this policy may be subject to any or all of the following sanctions:

1. Short term suspension with pay;
2. Short term suspension without pay;
3. Long term suspension without pay;
4. Required participation in a drug and alcohol education, treatment,
 - i. counseling, or rehabilitation program;
5. Termination or nonrenewal of employment relationship.

Prior to applying sanctions under this policy, employees will be afforded any due process rights to which they are entitled under their contracts or the provisions of Kansas law. Nothing in this policy is intended to diminish the right of the district to take any other disciplinary action. This policy is not intended to change any right, duty, or responsibilities in the current negotiated agreement.

If it is agreed that an employee shall enter into and complete a drug education or rehabilitation program, the cost of such program will be borne by the employee. A list of area drug and alcohol counseling and rehabilitation programs, along with names and addresses of contact persons for the programs, is on file with the board clerk.

Employees are responsible for contacting the directors of the programs to determine the cost and length of the program and for enrolling in the programs. If participation in such a program is required as a condition of continued employment, copies of any documentation related to enrollment in and attendance in such program shall be made available to the board and/or administration upon request.

A copy of this policy shall be provided to all employees.

USD 377 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN AND FIRST AID

INTRODUCTION

In December 1991, the Occupational Safety and Health Administration issued safety standard regulations for the handling of bloodborne pathogens by entities subject to its control.

Although public entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources the authority to inspect public entities, such as school districts, for safety. In the spring of 1992, KDHR announced that it would apply the OSHA standard for bloodborne pathogens to public entities in the State of Kansas. This Exposure Control plan will be implemented in USD 377 to achieve compliance with the state directive.

EXPOSURE DETERMINATION:

For purpose of this plan, “occupational exposure” means reasonably anticipated skin, eye, mucous membrane, or parental (piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, abrasions, etc.) contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of the employee’s respiratory discharge, tears, vomitus, urine, feces, saliva in dental classifications have been divided into three categories:

Category I

All employees in the following job classifications at USD 377 have occupational exposure:

- 1) Custodians
- 2) Coaches/Trainers
- 3) Secretaries
- 4) Building Administrators
- 5) Teachers/Aides/Bus Drivers/Paraprofessionals that work with exceptional children
- 6) School Nurse/Medical Aides

Category II

Some employees in the following job classifications in USD 377 may have an occasional occupational exposure:

- 1) Teachers/Substitute Teachers
- 2) Teacher Aides/Paraprofessionals
- 3) Bus Drivers

Category III:

Some employees in USD 377 are unlikely to have occupational exposure. These job classifications include:

- 1) Central Office Personnel
- 2) Maintenance Personnel
- 3) Cooks

The following is a list of tasks and procedures or group of closely related tasks and procedures in the school district in which occupational exposure occurs or is likely to occur and by which employees in which job classifications such tasks are performed.

<u>Task or Procedure</u>	<u>Job Classification</u>
Cleaning and bandaging scrapes, cuts or abrasions, nose bleeds	Teachers, teacher aides, coaches, bus drivers, secretaries, custodians
Cleaning vomitus from floor, classrooms, hallways, restrooms	Custodians
Cleaning vomitus from bus, seats or floors of buses	Bus Drivers

IMPLEMENTATION SCHEDULE AND METHODOLOGY

METHODS OF COMPLIANCE

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV). Precautions shall be observed in USD 377 to prevent contact with blood and OPIMs.

ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also be used.

ENGINEERING CONTROLS

Engineering controls are controls which isolate or remove the bloodborne pathogen hazard from the work place. The following engineering controls will be used in the district:

The district will maintain appropriate receptacles for the deposit of contaminated clothing, protective clothing, and other articles.

Engineering controls will be examined, maintained or replaced on a regular scheduled basis.

<u>Control</u>	<u>Inspected By</u>	<u>Timeline</u>
Receptacles	Custodians	Daily

WORK PRACTICE CONTROLS

Work practice controls are those controls that reduce the likelihood of an exposure by altering the manner in which the task is performed.

The following work practice controls apply in USD 377:

- 1) Contaminated needles will not be bent, recapped or removed and will be disposed of in appropriately labeled container.
- 2) Eating, drinking, smoking, applying cosmetics, applying lip balm and the handling of contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.
- 3) Food and drink cannot be kept in an area where blood or OPIMs are present.
- 4) Procedures involving blood or OPIMs will be performed in a manner to minimize splashing, spraying, or spattering.
- 5) Mouth suctioning of blood or OPIMs is prohibited.
- 6) Specimens of blood or OPIMs should not be brought to or taken into the school. If specimens of blood or OPIMs are present in the school they should be in leak-proof containers, appropriately labeled, and closed prior to storing or transporting.
- 7) Equipment which may become contaminated with blood or OPIMs shall be decontaminated, or appropriately labeled, as soon as is feasible after the contamination occurs. Anyone responsible for handling, servicing or shipping of the equipment will be advised of the contamination prior to handling the contaminated equipment.

prior to any handling, servicing or

HAND WASHING FACILITIES

Hand washing facilities are provided for all students and employees of the district. Because washing one's hands with soap and running water is one of the most effective ways to prevent the spread of disease through blood or OPIMs, employees shall wash their hands with soap and water whenever exposure occurs. Although hand washing may be advisable in other situations, employees must thoroughly wash their hands or any other exposed or contaminated skin with soap and water in these situations:

- 1) Immediately after the removal of gloves or other protective equipment.
- 2) Following contact of hands or other skin with blood or OPIMs.

In some situations, such as on athletic or field trips, hand washing facilities may not be available. In this case, the person in charge of the event (football coach, teacher who is taking the class on a field trip, etc.) shall ensure that antiseptic towelettes or other antiseptic hand lotions are available for use. Antiseptic hand lotions which may be used for this purpose are available in each district bus. Whenever an employee uses an antiseptic towelette or antiseptic hand lotion, the employee shall thoroughly wash his or her hands with soap and water as soon as it is feasible to get to a hand washing facility.

PERSONAL PROTECTIVE EQUIPMENT

It shall be the responsibility of each building principal and/or supervisor, through the School Nurse, to ensure that appropriate personal protective equipment is available and readily accessible for each employee's use at no cost to the employee. The building principal and/or supervisor shall also ensure that all employees use personal protective equipment when there is occupational exposure. In the event that an employee, exercising his or her personal judgment, fails to use protective equipment, the circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent future occurrences.

It shall be the responsibility of an employee who used personal protective equipment to place the equipment in the appropriately designated receptacle for storage, washing, decontamination or disposal after its use. These receptacles are located in the custodians' storage area in each building. The school district shall be responsible for storing, cleaning, laundering, decontaminating, repairing, replacing or disposing of such equipment.

ALL PERSONNEL SHALL USE GLOVES AND THE DISPOSABLE BAGS PROVIDED AND, LABEL THE BAGS CONTAINING CONTAMINATED MATERIAL WITH THE BIOHAZARD MARKING.

All personal protective equipment which may be penetrated by blood or OPIMs should be removed as soon as is feasible and placed in the appropriate receptacle.

Personal protective equipment is stored at each building site in the district. The equipment may be checked out or obtained for use by contacting the building principal and/or supervisors. The following protective equipment is available:

- 1) Gloves
- 2) Eye Wear
- 3) Disposal containers/bags
- 4) Biohazard markings for trash bags
- 5) Antiseptic towelettes/antiseptic hand lotion

Gloves

Gloves shall be worn by any employee when it is reasonably anticipated that there will be hand contact with blood, OPIMs, mucous membranes or non-intact skin. Gloves shall also be worn when handling or touching contaminated items or surfaces.

Disposable (single use) gloves are available for employee use in situations where such use is warranted or directed. These gloves should be deposited by the employee in the appropriate container (bag with biohazard marking) for disposal immediately following their use. Hand washing after removing the gloves is required.

Eye Protection, face shields and masks

This type of protective equipment shall be worn whenever splashes, spray, splatter or droplets of blood or OPIMs may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Gown, lab coats, aprons, and other protective body clothing

This type of protective clothing shall be worn in occupational exposure situations. The type of protective clothing necessary will depend on the degree of exposure, and shall be left to the employee's judgment.

HOUSEKEEPING

It shall be the responsibility of the Superintendent of Schools, Building Principal, and Supervisors to see that each work site and building in the district is maintained in a clean and sanitary condition.

All equipment and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as feasible after contact with blood or OPIMs.

Protective coverings used to cover equipment and environmental surfaces shall be removed and decontaminated or replaced as soon as feasible when they become overtly contaminated.

All bins, pails, cans, and waste paper baskets shall be inspected, cleaned and decontaminated on a regularly scheduled basis, or as soon as feasible upon visible contamination.

Broken glassware shall not be picked up by hand, but by using a broom and dust pan, tong, vacuum cleaner or other mechanical means.

BUILDING CLEANING SCHEDULES

Each attendance center in USD 377 will be cleaned each day, giving special attention to areas of higher possible incidence of possible infectious material such as restrooms and health rooms. These areas and other areas deemed necessary will be decontaminated no less than once a day. These areas will be disinfected by an approved EPA approved disinfectant.

All contaminated and regulated waste will be disposed of in compliance with state and federal regulations.

LAUNDRY

The school district will use precautions with all soiled or contaminated laundry. Any contaminated items which can be laundered will be placed in appropriate containers at the site of the contamination and handled as little as possible. If the items are wet, leak proof containers shall be used. Such items shall not be stored or rinsed at the site of the contamination. The containers shall be appropriately labeled.

Any employee who comes into contact with contaminated items or laundry shall wear gloves and other personal protective equipment as deemed necessary or appropriate.

HEPATITIS B VACCINATION

USD 377 will make the Hepatitis B Vaccine and vaccination series available to any employee of the district who has occupational exposure and falls within Category I of the exposure determination. In light of the OSHA directive in early July 1992, indicating that persons who render first aid solely for injuries resulting from work place accidents, generally at the location where the injury occurred, will be offered post-exposure vaccination rather than pre-exposure vaccination, and the district will make the Hepatitis B vaccine and vaccination series available to employees in categories II and III within 24 hours of possible exposure to HBV.

The Hepatitis B vaccination and any medical evaluation required before the vaccine can be administered will be provided to the employee as a prerequisite for receiving the Hepatitis B vaccinations. The vaccine will be offered after the employee has received training on bloodborne pathogens and within 10 working days of an employee's initial assignment to work involving the potential for occupational exposure, unless the employee has previously been vaccinated, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Employees who decline the Hepatitis B vaccine will sign a waiver form as required by Appendix A of the OSHA standard (a copy of the required waiver form is attached to this plan). The School Nurse/Central Office shall be responsible for assuring that the vaccine is offered, and the necessary waiver is signed and appropriately filed for any employee who declines to accept the Hepatitis B vaccination which was offered.

Any employee who declines to accept the Hepatitis B vaccination may later request the vaccination, the district will provide the vaccination for the employee at that time. The Atchison County Health Department will administer the vaccine to employees of the district.

Although booster doses of Hepatitis B vaccine are not currently recommended by the US Public Health Service, the district will make the booster doses available at no cost to all employees who have occupational exposure.

REPORTING PROCEDURES FOR FIRST AID INCIDENTS

Whenever an employee is involved in a first aid incident which results in potential exposure, the employee shall report the incident to his or her supervisor or administrator before the end of the work shift during which the incident occurred. The employee must provide the supervisor or administrator with the names of all first aid providers involved in the incident, a description of the circumstances of the accident, the date and time of the incident, and a determination of whether an exposure incident, as defined in the OSHA standard and this policy, has occurred. The information shall be reduced to writing by the supervisor or administrator and maintained in the first aid incident report file. The district will maintain a list of such first aid incidents which will be readily available to all employees and provided to KDHR upon request. Any employee who renders first aid or other assistance in any situation involving the presence of blood or OPIMs, regardless of whether or not a specific exposure incident has occurred, other post-exposure evaluation and follow-up procedures will be initiated as well.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident occurs when there is specific mucous membrane, non-intact skin or parental contact with blood or OPIMs. Whenever an employee has an exposure incident in the performance of his or her duties, an opportunity for a confidential post-exposure evaluation and follow-up will be provided to the employee at the expense of the district. Post-exposure and follow-up shall be performed by the Atchison County Health Department according to recommendations of the US Health Service current at the time these evaluations and procedures take place. The district will make sure that any laboratory tests required by the evaluation or follow-up procedures are conducted at an accredited laboratory at no cost to the employee. Whenever an exposure incident occurs, the exposed employee shall report the incident to his or her supervisor or building principal within 24 hours or as soon as possible after the incident occurs. The building principal will explain to the employee his or her right to a post-exposure evaluation and follow-up.

A post-exposure evaluation and follow-up will include the following elements:

- 1) Documentation of the circumstances under which the exposure incident occurred, including the route(s) of the employee's exposure.
- 2) Identification and documentation of the source individual whose blood or OPIMs caused the exposure, unless identification is infeasible or prohibited by the law.
- 3) Unless the source individual is known to be infected with HCV, HBV or HIV, the school district will seek the consent of the source individual for blood testing for HCV, HBV or HIV. Failure to obtain consent will be documented by the district.
- 4) The exposed employee will be offered post-exposure prophylaxis in accordance with current recommendations of the US Public Health Service. These recommendations are currently as follows: If the source individual has AIDS, is HBV, HCV or HIV positive, or refuses to be tested, the employee should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Retesting on a periodic basis may be necessary. During this follow-up period, especially the first 6 months after exposure, the employee should follow recommendations for preventing the transmission of the virus.
- 5) The exposed employee will be offered counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. Reports should be made to the building administrator/supervisor, and in turn, to the School Nurse/Central Office.

WORKING WITH THE HEALTH CARE PROFESSIONAL

The School Nurse/Central Office will provide the Atchison County Health Department with a copy of the OSHA regulation governing bloodborne pathogens, and ensure that the Atchison County Health Department is provided with: a description of the employee's duties as they relate to the exposure incident, documentation of the circumstances under which the exposure incident occurred, results of the source individual's blood test (if available), and all medical records which the district is required to maintain which are relevant to the appropriate treatment of the employee, including the employee's vaccination status.

WRITTEN OPINION OF THE HEALTH CARE PROFESSIONAL

Following post-exposure evaluation, the health care professional shall provide the school district with a copy of his/her written opinion within 15 days after completion of the evaluation. This opinion shall include:

- 1) An opinion on whether Hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination.
- 2) A statement that the employee has been informed of the results of the evaluation and about any medical conditions resulting from exposure to blood or OPIMs which require further evaluation of treatment.

All other findings or diagnoses shall remain confidential between the employee and the health care provider and shall not be included in the written opinion.

COMMUNICATION OF HAZARDS TO EMPLOYEES

LABELING

Any container which contains used needles, blood or OPIMs in the district shall be appropriately labeled with a "BIOHAZARD" label and/or shall be red in color. All "BIOHAZARD" labels will have a fluorescent orange or orange-red background and have the biohazard symbol and the word "BIOHAZARD" in a contrasting color.

Any receptacle used for the disposal or deposit of contaminated materials for laundering or discard will be red in color, appropriately labeled or lined with red bags.

Any equipment which is contaminated will be appropriately labeled.

TRAINING - *A training program on bloodborne pathogens will be provided for all employees with occupational exposure. Training will be provided during working hours, and at no cost to the employee. Attendance at training sessions is mandatory.*

Initial training will be provided for all employees within 60 days after the adoption of this exposure control plan. Thereafter an employee will be provided with training at the time of initial assignment to tasks where occupational exposure may occur. Annual training for all employees will be provided. Additional training will be provided if changes in an employee's assignments affect the employee's occupational exposure.

The training program will be conducted by a person who is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the work place that the training will address, and presented in a manner which is understandable for all the employees.

The training program will contain at a minimum the following elements:

1. A copy of the OSHA standard and explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the exposure control plan and information on how the employee may obtain a copy of the plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs.
6. An explanation of the use and limitations of the methods, such as engineering controls, work practices, and personal protective equipment that will prevent or reduce exposure.
7. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits, and the conditions under which it is offered, free of charge, to employees.
8. Information on the appropriate actions to take and the persons to contact in an emergency involving blood or OPIMs.
9. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available at no charge.
10. Information on the post-exposure evaluation and follow-up following an exposure incident.
11. An explanation of labeling and color coding.
12. An opportunity for questioning the person conducting the training session.

RECORD KEEPING

MEDICAL RECORDS

The school district will establish and maintain a confidential medical record for each employee with occupational exposure. This record will include:

- 1) The name and social security number of the employee.
- 2) A copy of the employee's Hepatitis B vaccination status, including the dates the vaccination was given, any medical records relative to the employee's ability to receive the vaccination, or the employee's signed waiver.
- 3) A copy of all results of examinations, medical testing, and follow-up procedures.
- 4) A copy of the health care professional's written opinion following post-exposure evaluation and follow-up.
- 5) A copy of any information provided to the health care professional under the evaluation and follow-up procedures.

The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person, except as required by law, without the employee's express written consent. Medical records required under this plan will be maintained for the duration of the employee's employment, and for thirty years thereafter.

TRAINING RECORDS

The School Nurse/Central Office will maintain records of all training sessions offered to employees under this plan. Such records will include:

- 1) The dates of the training session.
- 2) A summary of the contents of the session.
- 3) The names and qualifications of the persons conducting the training.
- 4) The names and job titles of all persons attending the training sessions.

Training records will be kept for at least three years from the date on which the training occurred. Employee training records will be made available for inspection to employees, anyone having the written consent of the affected employee, and to KDHR upon request.

MAINTENANCE REQUIREMENTS

ALL PERSONNEL SHALL USE GLOVES AND THE DISPOSABLE BAGS PROVIDED AND LABEL THE BAGS CONTAINING CONTAMINATED MATERIALS WITH THE BIOHAZARD MARKING.

ALL MAINTENANCE PERSONNEL SHALL HANDLE THESE MARKED BIOHAZARD BAGS/CONTAINERS WITH PROPER CAUTION, PROCEDURES, AND DISPOSAL.

LAUNDRY

All contaminated laundry shall be placed in the containers provided; that is, a disinfected bucket with lid and lined with a red biohazard bag for transport to the laundry facility.

All contaminated laundry shall be laundered separate from daily laundry with appropriate cleaners meeting all OSHA and other Federal/State Requirements for Health Hazards.

All containers will be disinfected on a regular basis and replaced with new red biohazard bags daily or after each bag is removed from the container with contaminated material.

RESTROOM SANITARY PROCEDURES

All sanitary napkins shall be disposed in the containers provided; that is, a disinfected container with lid and lined with a red biohazard bag for disposal on a daily basis or more often if needed.

ACCESSIBILITY AND REVIEW

A copy of this Exposure Control Plan will be accessible to all employees of the district in the office of each building in the district. Any employee will be provided with a copy of the plan at no cost upon request. A copy of this plan will also be made available to KDHR upon request.

This Exposure Control Plan will be reviewed and updated at least annually, or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, or to reflect new or revised employee positions with occupational exposure. The Superintendent/School Nurse shall be responsible for scheduling the annual review of this plan.

Employee Consent to Hepatitis B Vaccine

On _____, I _____ received information concerning the risk of occupational exposure to blood or other potentially infectious material in the position of _____, which has been determined as job classification exposure Category _____. I have received a copy of the Hepatitis B information packet which has been explained to me and I understand this information.

I have been informed and understand (1) that Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection, and (2) the risks of the Hepatitis B vaccination which may include pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling, and (3) to obtain adequate immunity to viral Hepatitis B, it will be necessary to receive all three vaccinations of the vaccine series which are administered one month and six months after the initial vaccination, and (4) that the vaccination will be provided to me free of charge by USD #377. If at such future time the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I am employed by the facility in a job classification that involves some risk of an occupational exposure to blood or other potentially infectious materials.

If I leave the employment of this facility before the series is completed, it is my responsibility to contact my own medical provider to complete the vaccine series.

I hereby consent to the administration of the Hepatitis B vaccination and voluntarily acknowledge that:

- I do not have an allergy to yeast.
- I am not pregnant or nursing.
- I am not planning to become pregnant within the next six months.
- I have not had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

I do have the following known allergies:

Food:

Drugs:

Other:

**YOU MAY WISH TO CONSULT WITH YOUR PHYSICIAN BEFORE
TAKING THE VACCINE**

(Employee Name)

(Date)

(Witness)

(Date)

PLACE IN EMPLOYEE MEDICAL FILE

STATEMENT OF HEPATITIS B VACCINE DECLINATION

TO: Staff Members of Unified School District No. 377

FROM: Stephen E. Wiseman, Superintendent of Schools

RE: Hepatitis B Vaccine Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B viral (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series, at no charge to me, at that time.

Employee Signature: _____

Employee Print Name: _____

Title: _____

School/Department: _____

Date: _____

APPENDIX A – BLOOD BORNE PATHOGENS

Blood borne Pathogen Awareness Training

Welcome to the employee training for Blood Borne Pathogens. This training has been developed to inform and educate District Employees on how to prevent exposure or reduce the risk of contracting blood borne pathogens. Universal precautions will be discussed as a preventative measure to contracting these pathogens as well as procedural requirements that staff must follow should they have an exposure incident when they are performing their duties at work.

After the training, you will complete a short quiz to verify that you have read the information. Once you have completed the quiz, please give it to your school nurse.

Universal Precautions

"Universal Precautions"-what does this mean?

"Universal precautions" are an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, and other blood borne pathogens.

This method of infection control came about because people with blood borne infectious diseases are **difficult to identify** and, in many cases, **may not show symptoms up to 10 years after exposure or even lab evidence of infection** for several months after exposure, although they may still transmit the virus to others.

What does "universal precautions" look like to me in the school?

For the most part, **the use of universal precautions will consist of the use of gloves when handling blood or body secretions.**

Gloves should be worn any time a provider (that's you):

- has an **open lesion** on the hands;
- handles **contaminated disposable items** such as tissues, diapers, clothing;
- has any **hand contact** with blood or body fluids
- especially when providing **cleanup of body fluid spills** such as vomit, blood, feces, urine, and when rendering first aid and diapering assistance.

Remember to **remove your soiled gloves and washing your hands** before touching any cabinets, doorknobs, or items other people may come in contact with.

Good way to remember Universal Precautions:

Consider *everything* Contagious!

The most important protection you can use for preventing the spread of communicable diseases is to:

WASH YOUR HANDS

WASH YOUR HANDS

WASH YOUR HANDSEspecially....

- before drinking or eating,
- before handling clean utensils, equipment or food,
- after going to the bathroom,
- after contact with any body secretions,
- after handling any soiled diapers, garments or equipment,
- after caring for children, especially those with any body secretion discharges, and
- **Always wash your hands before applying and after the removal of gloves.**

Proper hand washing should consist of:

- **Use of soap or other disinfectant if away from campus**
- **Friction**
- **Use of warm running water**
- **Drying thoroughly to prevent chapping**

Other Protection that may be needed:

- In rare instances you may need to use a **protective mouth shield** if you are providing CPR or Rescue Breathing to someone.
- These protective devices are available in the school health rooms or may be purchased yourself for your own use. Please contact your school nurse if you would need assistance in locating these items in your building or for your own purchase.

What should I do if I get body secretions on my hands?

Ideally, **you should be wearing gloves** when handling body secretion in accordance with universal precautions, but at times when you have had exposure or the gloves have not provided the protection you have needed, wash your hands or area of exposure as soon as possible after the exposure occurred.

If you have a question on whether you have experienced an incident that may need a medical evaluation, you may contact your building administrator and/or building school nurse **as soon as possible after the incident.**

Should I have disinfectants available in my room to clean contaminated surfaces?

- Disinfectants are available to staff and should be used on **hard surfaces, athletic mats, counter tops** and any other surfaces that have had exposure to blood and other body fluids. Cleaning should occur at the conclusion of each day or sooner if known contamination has occurred. Areas such as changing tables used for diapering should be **disinfected after each student**.
- Towels (Wipes), disposable, must be used for **one individual only** and then placed in the appropriate receptacle. Mops must be **rinsed with disinfectants** and use of gloves is required.

Remember, Hepatitis B retains infectivity for at least 1 month at room temperature. As with any type of cleaning agents used around children, safety within the setting must be assured and **chemicals should be properly labeled** in accordance with school building housekeeping practices.

Do not use any supplies of your own without checking with your building custodian. Chemicals may cause damage to items or may not have proper tubercle bacillus agents or may not be approved products for use in the school setting. Please contact your building custodians for assistance and direction for proper cleaning of any areas of contamination. If you need assistance with obtaining any cleaning supplies for your own use in your area of work, please contact the building principal, custodian, or school nurse.

What do I do with contaminated items in my classroom or health room?

- **Sharps** such as syringes and sharps for self-checking and self-administration of insulin on school grounds, or other items such as broken glass should be placed in a **disposable container** which is closable, puncture resistant, leak proof on all sides and bottom, and properly labeled.
- Items that have sharp edges must not be picked up by hand. Use tongs or brooms and dustpans to prevent the risk of penetrating intact skin or gloves.
- If you have students performing health duties on campus that involve syringes and other skin puncturing activities that the building school nurse is unaware of, please contact the school nurse to supply you with the appropriate containers and instructions.

Other items in your classroom that may be soiled or need discarding should be placed in a **plastic lined, leak resistant container, puncture resistant (if containing contaminated sharps) and properly labeled** in accordance with disposal of contaminated wastes.

Information on Hepatitis B (One type of a blood borne pathogen)
Information about this virus Hepatitis B is a virus that damages the liver. It is a blood borne virus.
How is Hepatitis B transmitted? Hepatitis B is transmitted from an infectious person to another through blood, semen, vaginal fluids, and some saliva especially if it is blood tinged. <i>These body secretions are considered infectious 1-2 months before and after the onset of symptoms and also in chronic carrier states of Hepatitis B.</i> Therefore, blood to blood contact associated with IV drug use, tattooing, ear piercing, acupuncture, and sharp piercing objects may be a method of transmission. Sexual intercourse with an infected person is the most important route of transmission in the United States. Blood exposure of an infected individual to the open wounds of another, and blood exposure of an infected individual to the mucous membranes of another is considered a possible way to transmit this virus. Saliva may be a vehicle of transmission through bites; however other types of exposure to saliva, including kissing, are unlikely modes of transmission. Infected mother to baby transmission is another mode of transmission.
What are the symptoms of Hepatitis B? The symptoms can be from mild to severe to fatal. A person may experience • loss of appetite • fatigue • nausea • vomiting • dark urine • abdominal pain • joint pain • jaundice (a yellow appearance to the skin and whites of eyes) Studies show that it can take anywhere from 6 weeks to 6 months after exposure to the Hepatitis B Virus for some symptoms to become apparent. In at least 30 % of the individuals infected with Hepatitis B no symptoms are present. Hepatitis symptoms are not specific to Hepatitis B and may present as the flu. Approximately 5,000 Americans die of Hepatitis or its complications every year. Hepatitis B is very resilient and can maintain infectivity for at least 1 month at room temperature.

How do I know if I am infected with Hepatitis B?

The only sure way is through a blood test. If you have experienced any of the symptoms and have had: unprotected sexual contacts, used IV drugs (association with dirty needles), have had contact with blood and body secretions of others while having open lesions on your hands, have cared for population groups with high risk of Hepatitis B infection such as staff of institutions or classrooms for the developmentally disabled or health care workers with frequent blood contact. Risk factors for contracting Hepatitis B can also occur from an unknown factor. Therefore, as with any health care concern you may have, you would want to discuss your symptoms with your physician.

Why does Hepatitis B concern me in my job at school?

If your job requires you to have contact with blood or body secretions during the work day at school, the **law requires you to attend an annual training** on blood borne pathogens, especially Hepatitis B, so you can protect yourself from contracting the diseases.

People who are infected with blood borne diseases may look and feel healthy at this time, but may **pose a risk to you and your health** if you do not take appropriate actions to protect yourself. As a result, "**Universal Precautions**" are required for any contact with another person's blood or body secretions.

There is a vaccine that is available to protect you from infection to Hepatitis B. It is a *recombinant* vaccine which means it works by taking a *plasmid containing gene* and inserting it into common baker's yeast.

What this means is you **cannot** contract the virus from the vaccine.

To complete the series, it involves **three (3)** injections of the vaccine. The series is usually given at months 0, 1, and 6. (This means you take your first injection at "month **0** ", the second one is given **one month later** and the third is given 6 months after the **first** one.).

The efficacy of the vaccine has shown to be 79% at 6 months and 95-97% at 7 months. What this means is that one month after completing the vaccine series, only 3-5% of the adults who receive the vaccine are **not** protected from the virus. The vaccine duration of immunity is greater than 11 years at this time.

Are there any side effects to the vaccine?

Studies have shown that recipients of the vaccine may experience local reactions such as soreness, redness, and swelling at the injection site, as with all vaccines. The reactions are generally mild and usually subside within a two day period.

What happens if I miss the due date on a vaccine?
The Center for Disease Control has recommended that a person continue with the series where they had left off previously. There is no need to repeat the vaccines you have already received.
What if I have had reactions to other vaccines in the past or are hypersensitive to a lot of things?
Hepatitis B vaccine is contraindicated in individuals who are hypersensitive to yeast or any other components of the vaccine used. Please consult your physician or the contracted agency for the school district about the benefits and possible side effects of vaccination.
Will the District pay for the vaccine series?
If you are employed in a job that has been targeted as providing "at risk for occupational exposure" you are required to be vaccinated against Hepatitis B. At risk group are as follow: • Nurses, Elementary Secretaries, custodians • Teachers with students with identified health risk • Support paraprofessionals with students in the following Special ED category: SMD, Disabled, Autistic ABC, Trainable disabled • Bus Drivers • P.E. Teachers Coaches' assistant coaches If you have not received this vaccine and you are in an identified position to receive this series, you will be given an authorization form and notification to receive this series through the district contracted agency at the end of this course.
If you are unsure if your job is considered "at risk for occupational exposure", please contact the School Nurse. Other employees identified as performing duties that are in accordance with the law, have put them "at risk" or they have had an "exposure incident" are entitled to the vaccine series supplied by the Employer.
Do I need to sign a waiver for the school district records, if I am in a job category that is offered the vaccine series, and I choose not to have the vaccine series at this time?
Yes. The district has a waiver for you to sign indicating you have been offered the series but choose not to receive it at this time. If you opt out now and change your mind about receiving the vaccine, as long as you continue to be employed in a position that is targeted "at risk for occupational exposure", you may request to receive the vaccine series by contacting the School Nurse. If you have any specific questions about blood borne pathogens and /or the information in this training, please contact Tenille Forbes, School Nurse.

Information on Human Immunodeficiency Virus
- HIV was first identified in 1981. It was identified as a virus that attacks and destroys a person's natural immune system, affecting the number and efficacy of a person's white blood cells (CD4). - HIV is spread by exchanging infectious blood, semen and vaginal fluids with an infected individual. HIV can also be passed from an infected mother to her baby during pregnancy, delivery or breast-feeding. - People infected with this virus May look and feel healthy during the early stages of infection, although they can be transmitting the virus if they are exchanging their infectious body fluids with others.
HIV is not transmitted by casual contact. Risky behaviors associated with the spread of HIV include: - Sharing of needles and syringes associated with drug use, - Contact with infected fluids/blood-especially through unprotected sex with an infected person. - From mother to baby during pregnancy, delivery or breast feeding.
HIV – there is not a vaccine available at this time to prevent infection and there is still no cure for the virus. Medication treatment has been an option for some infected individuals, although long- term studies and results of this treatment are still under investigation. HIV is the virus that causes AIDS. The acronym AIDS stands for Acquired Immune Deficiency Syndrome. This diagnosis occurs after HIV has essentially destroyed an individual's immune system. A person's immune system is what usually fights off infections. Death of an individual infected with HIV occurs as a result of the body's inability to fight off opportunistic infections.
Data about HIV/AIDS: HIV is not a reportable disease everywhere therefore; the number of possible HIV cases can only be estimated.
Are there simple things that I can do personally to reduce my risks of contracting these viruses?
Simple personal preventative measures to reduce your risks of contracting a blood borne pathogen infection include: * Abstinence from unprotected sexual intercourse until a monogamous relationship occurs. You may want to consult with your Health Care Provider if either partner has participated in the risky behaviors mentioned above. * Proper use of condoms, lubricants and spermicidal products (condoms most effective in providing a barrier are those made of latex or polyurethane; laboratory evidence has shown natural membrane condoms allow the passage of natural pores and therefore are not recommended. Even when used consistently,

correctly, and reliably, a person's risk of acquiring a sexually transmitted disease is greatly reduced, but not guaranteed.)

- Don't use drugs or share needles ever.
- Use **Universal Precautions (mentioned above in this training)** while assisting or handling anything that has potential for contamination with blood or body fluids.
- Vaccination against Hepatitis B.

Even though I knew about Universal precautions, I still had an exposure incident, what should I do?

Let's begin with explaining what an "exposure incident means---"

Now, what do I do about this exposure incident?

Contact your building administrator **immediately**. Do not wait until the end of the workday!

- **To prevent the spread of a communicable disease such as Hepatitis B** after an exposure, it requires a quick and prompt medical evaluation. Waiting may decrease your chances for the best treatment options available for you. Remember that to acquire an infection one must come in contact with an **infectious** person's blood/body fluids. Because we do not know what infectious pathogens another person may have, it is essential to have medical follow-up.
- After reporting the incident of exposure, a confidential medical evaluation and follow-up care will be provided at no cost to you.
- If an immunoglobulin (shot) is recommended and given to reduce your chances of contracting Hepatitis B, it should be given within 72 hours to be effective. The sooner it is given, the more effective it may be in preventing infection.
- **All district employees have the right to this follow-up medical evaluation if they have an "exposure incident" while working for the school district.**
- **The medical provider for the employee may request to have the sources (in the school setting this is usually a student, but the law is not limited to a student/staff exposure) blood tested for pathogens to assist with a better treatment plan for the employee, but cannot require the individual to have his/her blood tested**

Blood borne Pathogens Quiz

1. If you have the potential to be exposed to infectious materials on the job, you may request a vaccine for which Blood borne disease?

- a. HIV
- b. Syphilis
- c. Hepatitis B
- d. Brucellosis

2. Which of the following materials could contain Blood borne pathogens?

- a. Bloody saliva
- b. Semen
- c. Vaginal secretions
- d. All of the above

3. If you wear gloves when cleaning up an accident site, it is not necessary to wash you hands afterwards.

- a. True
- b. False

4. Blood borne pathogens may enter your system through:

- a. Open cuts
- b. Skin abrasions
- c. Dermatitis
- d. Mucous membranes
- e. All of the above

5. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.

- a. True
- b. False

6. You should never eat, drink or smoke in a laboratory or other area where there may be potential exposure to Blood borne pathogens.

- a. True
- b. False

7. Protecting yourself from blood borne diseases requires knowing the facts about HIV and HBV and taking sensible precautions.

- a. True
- b. False

8. Uncontaminated sharps may be disposed of in regular trash bags.

- a. True
- b. False

I have read and understand the contents and modes of transmission of HIV, HBV and other pathogens discussed in this training module. I further understand the protective measures to be taken to protect myself.

Employee

Signature _____ **Date** _____