

**1000**  
**Safety Requirements**

“The church as a mother is under an obligation, therefore, to provide for its children an education by virtue of which their whole lives may be inspired by the spirit of Christ. At the same time it will offer its assistance to all peoples for the promotion of a well-balanced perfection of the human personality, for the good of society in this world and for the development of a world more worthy of man.

It should watch over the health of the pupils and in general promote the work of the schools in its entirety. In this, however, the principle of subsidiarity must be borne in mind, and therefore there must be no monopoly of schools which would be prejudicial to the natural rights of the human person and would militate against the progress and extension of education, and the peaceful coexistence of citizens.”

Declaration on Christian Education, Vatican II, Gravissimum Educationis, 1965.

Inspection

The administrator must inspect all areas of the school buildings and grounds regularly, including general closets, storage compartments, and locations likely to be used to store papers, rags or other combustible materials. Grounds shall be inspected in order to ensure against concentration of incendiary materials, such as papers and dry leaves.

All protective devices including fire extinguishers, fire doors, and sprinkler systems must be regularly inspected for effective operation. Fire regulations regarding the physical structure of the classrooms shall be observed.

Boiler room doors and all fire doors are to be kept closed especially when the building is occupied. Paths of egress (such as doors on stairway enclosures) are not to be blocked when the building is occupied. Any condition likely to interfere with safe exit must be immediately corrected.

All Archdiocesan directives concerning asbestos and radon are to be followed.

Refer to: Archdiocesan Office for Insurance Services

**P/P**                    **Emergency / Crisis**

**Policy No.: SR 1002**  
**Date: September 2009**  
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There are unusual circumstances that call for immediate action on the part of the school administrator: Assault, Fire, Lock Down, Medical Emergencies, Evacuation, Shelter in Place, Bomb threats, etc. It is important that the school administrator have crisis intervention plans established for the school. These protocols are to be reviewed annually.

Emergency Drill Log should be completed for each school year.

Refer to: Archdiocese of Philadelphia, Crisis Management Plan

In the event of a serious accident or incident, a written report must be recorded by the administrator. Forms must be filed the day of the accident / incident and be kept on file for seven years.

The form should include the following:

- ◇ Name of student
- ◇ Grade, room number and date of incident
- ◇ Location
- ◇ Time of the day, weather conditions
- ◇ Activity in progress
- ◇ Teacher on duty or person in charge of activity
- ◇ Nature of incident / accident
- ◇ Structural and / or physical defects at the site
- ◇ Statement of the teacher in charge and / or person on duty
- ◇ Statements from witnesses
- ◇ Actions taken after the incident
- ◇ Point in time the administration was notified
- ◇ Miscellaneous information regarding the incident
- ◇ Signature of person completing this report
- ◇ Date of completion
- ◇ Notified OCE

Refer to: Accident / Illnesses at School S 327

**P/P**                    **Media / Emergency Situation**

**Policy No.:**    **SR 1004**  
**Date:**            **September 2009**  
**Page No.:**      **1 of 1**

In any emergency (for example: bomb threats, hostage situations, weapons, threatening parent, intruders), the Office of Catholic Education should be notified prior to the predetermined designate talking with any member of the media.

A copy of the emergency must be logged and sent to the Office of Catholic Education. Included should be a copy of the police report, news item, as well as any other pertinent information.

Refer to: Archdiocese of Philadelphia, Crisis Management Plan

Upon receiving a bomb threat:

**Bomb Threat Checklist**

(Keep near your telephone)

Questions to ask:

(Keep the caller on the line as long as possible)

- . When is the bomb going to explode?
- . Where is it right now?
- . What does it look like?
- . What kind or type of bomb is it?
- . What will cause it to explode?
- . Did you place the bomb?
- . Why?
- . What is your name?

**Exact Wording of the Threat**

(Record every word exactly and ask the person to repeat the message)

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Sex of Caller: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_

Age: \_\_\_\_\_ Length of the Call: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

**Caller's Voice:**

- |              |               |                    |               |            |
|--------------|---------------|--------------------|---------------|------------|
| ___ Calm     | ___ Angry     | ___ Excited        | ___ Slow      | ___ Rapid  |
| ___ Soft     | ___ Loud      | ___ Laughter       | ___ Crying    | ___ Normal |
| ___ Distinct | ___ Slurred   | ___ Nasal          | ___ Stutter   | ___ Lisp   |
| ___ Raspy    | ___ Deep      | ___ Ragged         | ___ Disguised | ___ Accent |
| ___ Familiar | ___ Whispered | ___ Deep breathing | ___ Cracking  |            |
|              |               |                    | Voice         |            |

If the voice was familiar, who did it sound like? \_\_\_\_\_

**P/P**

**Policy No.: SR 1005**  
**Date: September 2009**  
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**Background Sounds:**

<input type="checkbox"/> Street Noises	<input type="checkbox"/> Voices	<input type="checkbox"/> PA System	<input type="checkbox"/> Music
<input type="checkbox"/> House Noises	<input type="checkbox"/> Motor	<input type="checkbox"/> Office	<input type="checkbox"/> Machinery
<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Factory Noise	<input type="checkbox"/> Clear	<input type="checkbox"/> Static
<input type="checkbox"/> Local	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Booth	<input type="checkbox"/> Other

**Threatening Language:**

<input type="checkbox"/> Well-Spoken (Educated)	<input type="checkbox"/> Foul	<input type="checkbox"/> Irrational
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Taped	<input type="checkbox"/> Message Read by Threat Maker

Remarks:

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**NOTE:**

It is advisable to inform the caller that the building is occupied and that the detonation of a bomb could result in death or serious injury to many innocent people, including children.

Immediately after the caller hangs up, report all of the information to:

1. Your local police department - 911
2. Office of Catholic Education - Assistant Superintendent of Elementary Schools or another member of the staff.

Refer to: Archdiocese of Philadelphia, Crisis Management Plan



“In all schools where fire escapes, appliances for the extinguishment of fires, or proper and sufficient exits in case of fire or panic, either or all, are required by law to be maintained, fire drills shall be periodically conducted, NOT LESS THAN ONE A MONTH, by the administrator, under rules and regulations to be promulgated by the County under whose supervision such schools are. In such fire drills, the pupils and teachers shall be instructed in, and made thoroughly familiar with, the use of fire escapes, appliances, and exits. The drill shall include the complete removal of the pupils and teachers, in an expeditious and orderly manner, by means of the fire escapes and exits, from the building to a place of safety on the grounds outside.”  
(Article XV, Section 1517 Fire and Emergency Evacuation Drills - PA Public School Code)

A. Four basic principles of fire drills shall be adhered to faithfully:

1. Teachers must accompany their students.
2. Every building must be inspected to ensure that all have left the building.
3. Teachers and students should be familiar with the well-planned fire drill route.
4. Document of Drills

Administrators are urged to contact the local fire officials and request their assistance in evaluating their procedures during fire drills.

In case of fire, unidentified smoke, unusual odors or fumes:

- ◇      Immediately sound the school fire alarm and evacuate the school building. (Teachers are required to take their roll books.)

- ◇      The administrator or other designated person must:

Dial 911 (or the local police emergency number) and say: “I want to report a fire,” or “I see/smell smoke, unusual odors or fumes.” Give name and location of the school.

Note:

Fires in schools:

- ◇      In the event of any fire, whether extinguished by the fire department or school personnel, the following must be notified as soon as possible:
  1.     Pastor or Parochial Vicar
  2.     Office of Catholic Education
- ◇      It is suggested that this page be copied and placed in the school office, faculty room, the custodian’s room and faculty handbook.

- A. Safeguarding human life takes precedence over all other considerations. Students and other personnel must be instructed to leave the building in an orderly manner and to go to a safe place outside. The fire drill is to be practiced frequently enough to insure, in times of emergency, the highest degree of obedience, order, and control in the mass evacuation of the building. Every fire drill must be conducted on the assumption that an emergency exists. No line shall leave a building without a teacher.

It is impossible to give specific directions to cover every situation. However, administrators are responsible for planning and conducting fire drills designed to meet fire emergency situations within their jurisdiction.

B. Procedures / Frequency

1. Fire drills must be held monthly throughout the school year.
  - a. Additional fire drills beyond these requirements are to be held when needed to a high degree of order and control under all school conditions.
  - b. The Fire Code requires that a record of date, time of drill, weather conditions, number of occupants evacuated, and total amount of time for evacuation be maintained in the school office and made available upon request.
2. Fire drills are to be held at varied intervals and at different times during the school day.
3. Fire drills are not to be announced in advance to staff and pupils except for very special circumstances such as conducting the first organizational drill of the school year, or for obtaining outer clothing on a cold day.
  - a. Advance notice of a fire drill is to be given to persons in charge of the cafeteria, medical services area, administrative offices in the building, and to the custodian.
  - b. Advance notice is not to be given more than one hour prior to calling the drill.
  - c. In the absence of advance notice, it must be assumed an emergency exists.

4. The fire drill signal is the sounding of the fire alarm.

- a. Fire alarm is not to be sounded during the session for any other purpose.
- b. Classroom bells are not to be used for fire signals.

**C. Distance from the school building**

1. Students are to be stationed outside the school building so as not to interfere with the use of hydrants or the access of fire department to the building and yard.
  - a. Student lines are to be formed at least fifty feet from the building.
  - b. Specific plans must be made for each school situation, including the responsibilities of staff members and the removal of students to more remote areas.
2. Teachers must carry the roll book/class list and must account for students attendance during fire drills.

**D. Testing of the fire system**

1. The administrator or a designated person, such as the custodian, is responsible for the daily testing of the fire alarms.
2. A log sheet is to be kept of the daily testing.
3. The administrator must be notified immediately if the alarm system is, or may be, inoperative for any reason.

**E. Posting of routes**

1. Fire drill procedures pertaining to each room and all other school areas must be posted conspicuously.
2. The directions must include the exit route to be used.
3. Persons occupying each area must know the fire drill directions for the area.

F. Handicapped pupils

1. The administrator must plan for the safe evacuation of all students with disabilities.
2. Specific responsibilities are to be assigned to designated staff members.

G. Observations of fire drills by the fire department

1. Twice each school year the local fire company is to observe fire drills in every school.

H. Assignment of duties

1. Members of the staff may be assigned responsibilities during fire drills by the administrator.
2. Although the custodian is subject to the direction of the administrator during fire drills, the custodian must perform important duties in connection with plant maintenance and operation.
3. In elementary schools, the administrator must designate a person in charge during his / her absence.

**A. Safe Storage of Materials**

The reduction or elimination of fire hazards is an important part of the program of fire safety in schools. They contribute directly to the protection of life and property. The following are basic considerations for the prevention of school fires and measures that are to be taken to prevent the spread of fire.

School buildings differ greatly in the fire resistant nature of construction. All school buildings, however, house considerable amounts of combustible equipment and supplies, such as tables, chairs, desks, books, paper, paints, oils, and chemicals. All of these materials can produce sufficient smoke to create a panic-hazard in the absence of an effective exit plan.

The fire prevention program must involve all school personnel, and specific responsibilities are to be assigned by the administrator or other school authority. To minimize fire hazards, each school organization must have an effective program of fire prevention directed to the safe storage, use, and disposition of all combustible equipment and supplies which are essential to an excellent program of instructions.

**B Regular Inspections**

**1. Daily inspections for fire hazards**

- a. The administrator and custodians are primarily responsible for checking potential fire hazards at all times in school facilities.
- b. In addition, all staff members must be concerned with potentially dangerous safety and fire conditions.
- c. When possible, the administrator, custodian, and staff must correct fire and safety hazards that have developed, such as the dangerous accumulation of combustible materials in closets and storage areas.
- d. Fire hazards that are beyond the ability of school personnel to correct are to be reported promptly to the Office of Catholic Education and/or the Assistant Superintendent for Elementary Educational Services.
- e. All interior doors, including closet and classroom doors, and fire doors, are to be closed at the end of the school day to prevent the potential spread of fire.

2. Annual and special inspections
  - a. The fire department and the department of licenses and inspection jointly conduct annual unannounced inspections of school facilities.
  - b. Violations issued will be the responsibility of the Pastor to correct immediately in the case of parish elementary schools. A copy will also be sent to the Office of Catholic Education.
- C. Smoking in school buildings
  - a. Smoking by pupils is banned in all schools, buildings and grounds.
  - b. Smoking by adults is banned in all areas of the school building.
- D. Extinguishing Fires
  1. Use of fire extinguishers

Knowledge of the proper use of fire extinguishers is essential in controlling small fires in school facilities.
  2. Fire extinguishers in hazardous school areas

Fire extinguishers must be available at all times in kitchens, lunchrooms, laboratories, science and computer classrooms.

**P/P            Chemicals**

**Policy            SR 1010**  
**Date:            September 2009**  
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All chemicals in a science laboratory or elsewhere should be locked in a closet. All flammable liquids must be kept in a tin closet at all times.



All schools must be equipped with emergency and exit lights, which must be operable at all times. Fire extinguishers must be serviced yearly. All staff members should know the location and the correct use of the extinguishers. In case of power failure in an emergency, establish a means to alert all occupants in the building, e.g., large hand bell. Each school should have a cellular phone in order to contact the parents or responsible parties in case of a general emergency. Police and fire department numbers should be posted near the school telephone.

**P/P                      School Crossing Guard  
                                 and Safety Patrol**

**Policy No.:    SR 1012  
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The administrator is to work with the local authorities to provide school crossing guards/police for the safe passage of the students to and from school.

When applicable, schools should have a well-organized safety patrol whose duty it is to assist students leaving and returning to school. The safety patrol should be supervised by a member of the faculty.

**P/P                      Physical Education Equipment**

**Policy No.:    SR 1013**  
**Date:            September 2009**  
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All Physical Educational materials and equipment must be properly maintained. Students may not use the equipment unless supervised by trained personnel.

Insurance regulations prohibit the use of trampolines in the Physical Education Program.

In order to maintain and acquire the proper equipment for indoor and /or outdoor playground equipment, refer to “Handbook for Public Playground Safety.” U.S. Consumer Product Safety Commission Office of Information and Public Affairs, Washington, DC. 20207. Toll free hotline 1-800-638-2772

**P/P**

**Students Performing Physical Work  
in School**

**Policy No.: SR 1014**

**Date: September 2009**

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Students may not perform heavy maintenance chores.

Students are sometimes requested by the parish elementary school administrators to assist in tasks such as sweeping classrooms and halls, emptying trash cans, setting up tables and picking up papers on the parish grounds. This is not an exhaustive list so it should not be misconstrued that if the specific item is not on the list it is acceptable. Extreme caution must be followed in the area of student safety.

Very serious and life threatening illnesses can be spread through contact with blood and other body fluids when an accident occurs in school. It is necessary to publish some precautions that must be inaugurated in our schools. AIDS is one disease that can be spread in this manner; but, there are a wide variety of diseases that can be spread through contact with blood, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions (nasal discharge) and saliva. Contact with any of these body fluids places one at risk of infection from these various diseases. This risk is very low and dependent upon the type of contact made and the type of fluid involved. It is good policy to treat all spills of body fluids as infectious in order to protect personnel from becoming infected.

### Blood and Body Fluid Spills

- ◇ Disposable, waterproof gloves should be worn when there is direct contact with body fluids (bloody noses, vomit, clothing soiled by incontinence, cuts and scrapes). Gloves used for this purpose should be placed in a plastic bag or lined trash receptacle secured and disposed of daily.
- ◇ Wash hands for ten seconds with soap and water after disposing of used gloves.
- ◇ If gloves are not available and one's hands come in contact with these fluids, one should wash the hands and other affected skin for ten seconds with soap and water after the direct contact has ended.
- ◇ All materials used to clean the spill (tissues, paper towels, etc) should be disposed of in the same manner as the plastic gloves.

### Hand Washing

Proper hand washing is important. This requires the use of soap and warm water and vigorous washing under running water for approximately ten seconds. Rinse hands thoroughly and dry with paper towels or a hand dryer. (Do not use a cloth towel.)

### Disinfectants

- ◇ A solution of ten parts water to one part household bleach will destroy HIV and should be used to clean all spills.
- ◇ This solution should be used to wash all equipment involved in body spill cleanup including mops, buckets, dustpans.
- ◇ Any surface involved must be cleaned with the above solutions. This solution should then be disposed by emptying it down a drain pipe.

- ◇ Contaminated clothes must be laundered with soap and water to eliminate potentially infectious agents. The addition of bleach will reduce the risk of potential infection. Clothing soaked with body fluids should be washed separately from other clothing.

#### Placement of Gloves

- ◇ Disposable waterproof gloves must be placed in each classroom, lavatory, cafeteria, school hall, nurse's room, school office, and in a place accessible for volunteers.

#### Students

- ◇ Students must not clean up accidents which may contain body fluids. Students are to be educated regarding universal precautions.

In school and other educational settings, knowing who carries an infectious disease and what germ may be present is not possible. In an effort to minimize occupational exposure by certain employees to blood or other potentially infectious materials, and to the extent required by the U.S. Occupational Safety and Health Administration's ("OSHA") Blood Borne Pathogens Standard, the Parish has adopted the following Exposure Control Plan for the elementary school (the "School"). Refer to OSHA standards, 29 CFR ~ 1910.20.

\_\_\_\_\_ PARISH \_\_\_\_\_ SCHOOL

Academic Year 20\_\_ - 20\_\_

**CHECKLIST FOR ADMINISTERING  
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS**

**(A copy of this form should be filled out at the beginning  
of each year and consulted to assist in compliance with the Plan)**

**Important: this checklist is not a substitute for reviewing the Plan.  
The reader is urged to study the entire Plan to ensure compliance.**

A. Designation of Personnel

1. First Aid Responder Team

Aside from the specific positions designated in the Plan, the School must designate the following personnel each year:

At least one teacher from grades 2 through 8 (from each building)

\_\_\_\_\_  
\_\_\_\_\_

At least one first grade teacher (from each building)

\_\_\_\_\_  
\_\_\_\_\_

At least one kindergarten teacher (from each building)

\_\_\_\_\_  
\_\_\_\_\_

At least one pre-kindergarten teacher (from each building)

\_\_\_\_\_  
\_\_\_\_\_

At least one per building for before or after school activities

\_\_\_\_\_  
\_\_\_\_\_



B. Plan Administration \_\_\_\_\_ (name/title) is appointed to assure that all elements of this Plan are implemented and carried out.

(✓and date when complete)

1. Training

The School should

- conduct annual training for all First Aid Responder Team members. The training should include all of the elements set forth in the Plan.
- a copy of the Plan at the main office
- ensure that a roster showing attendee names, trainer name(s), and dates of instruction is prepared and attached to the Plan. A copy of the training course outline should be retained with the roster.

2. Recordkeeping

The School should maintain:

- a copy of each Potential Exposure Incident Report in a master log in the main office
- a separate, confidential medical file for each employee on the First Aid Responder Team, as well as for any employee who has assisted in a situation involving potentially infectious materials.
- First Aid Responder Team training records in the main office. A notation also should be placed in the employee's personnel file indicating that he/she has received his/her annual training.

3. Disposal

The School should:

- ensure that containers are designated for the disposal of any item which may be contaminated with potentially infectious materials.
- ensure that designated containers are marked with the universal biohazard symbol.

C Employee's Response to Situations which may involve potential Infectious Materials

Q1 Does the situation involve potentially infectious materials as that term is defined in the Plan? If no, the Plan does not apply. If yes, then proceed to Q2.

Q2 Is the employee a member of the First Aid Response Team? If no, the employee should call the main office to summon a Team member and, if necessary, summon medical assistance. Any employee may act as a Good Samaritan in appropriate circumstances.

Regardless of whether the responding employee is a member of the Team, he/she must:

- observe universal precautions
- use disposable latex gloves
- report the incident to the administrator or his/her designee as soon as possible and not later than the end of the employee's work shift.
- fill out page one of the Hepatitis B Vaccination Form (1016.3)
- if the employee had contact (eye, mouth, nasal or skin) with potentially infectious materials he/she must fill out page 2 of the Hepatitis B Vaccination Form (1016.3)
- fill out a potential exposure incident report (1016.4)

D. School follow-up in situations involving potentially infectious materials

- Where the employees has assisted in any situation involving potentially infectious materials or has come into contact with such materials, the Hepatitis B vaccine series must be made available to the employee at the school's expense no later than 24 hours after the incident.
- If the employee had contact with potentially infectious materials, the school will offer to have the employee's blood collected and (for up to 90 days thereafter) tested for Hepatitis B and HIV.

- Ensure that SR 1016.3, 1016.4, 1016.5 (where appropriate) are completed and filed in the correct location.
  1. If requested by an employee who has had contact with potentially infectious materials, the source of the potentially infectious materials will be asked for his/her written consent to Hepatitis B and / or Human Immunodeficiency virus (HIV) testing. For a source individual who is younger than 18 years of age, written consent must be granted by the individual's parent or legal guardian.
  2. If an incident under this Plan involves a student, his/her parent should be notified of the circumstances of the incident that day.

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SCHOOL

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PARISH

## EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

In school and other educational settings, knowing who carries an infectious disease and what germ may be present is not possible. Because pathogens such as Hepatitis B and Human Immunodeficiency Virus (HIV can cause AIDS) are carried through the bloodstream, each contact with human blood or other bodily fluids represents a risk of disease. In an effort to minimize occupational exposure by certain employees to blood or other potentially infectious materials, and to the extent required by the U.S. Occupational Safety and Health Administration's ("OSHA") Blood Borne Pathogens Standard, the Parish has adopted the following Exposure Control Plan for its elementary school (the "School");

## I. Potentially Infectious Materials

OSHA guidelines define "potentially infectious materials" as including the following: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid,<sup>1</sup> pleural fluid,<sup>2</sup> pericardial fluid,<sup>3</sup> peritoneal fluid,<sup>4</sup> amniotic fluid, and drainage from scrapes and cuts. Under this Plan, the term also includes feces, urine, vomitus, respiratory secretions (e.g. nasal discharge), and saliva but only where this material is visibly contaminated with blood.

**You should assume that a material is contaminated with blood (i.e. that blood is present) in situations where it is difficult to ascertain whether blood or other potentially infectious materials are present.**

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<sup>1</sup> Synovial fluid is a clear amber colored fluid present in small quantities in the joints of the body (i.e., knee, elbow).

<sup>2</sup> Pleural fluid is found in the membrane lining between the inside of the chest cavity and the outside surface of the lungs.

<sup>3</sup> Pericardial fluid is found in the sheath of tissue surrounding the heart.

<sup>4</sup> Peritoneal fluid is a clear straw-colored serous fluid found in the membrane lining the abdominal cavity.

II What employees are covered?

OSHA requires that the School determine those job classifications in which employees can reasonably anticipate exposure to potentially infectious materials in the performance of their duties. The exposure determination is to be made without regard to whether the employee would be using personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment), and without regard to frequency of anticipated exposure.

The School will establish a team of designated “First-Aid Responders” who will be responsible for responding to incidents where potentially infectious materials, as that term is defined above, may be present. This designation of First-Aid Responders in no way limits or prohibits other faculty and staff members from responding as Good Samaritans in emergency situations.

The following School personnel have been designated “First-Aid Responders”:

- ◇ The administrators
- ◇ main office secretarial staff
- ◇ all maintenance and janitorial staff
- ◇ all nurses<sup>5</sup>
- ◇ at least 1 grade 2-8 teacher from each building
- ◇ at least 1 first grade teacher from each building
- ◇ at least 1 pre-kindergarten teacher in each building
- ◇ all physical education teachers, if applicable
- ◇ at least 1 coach for each extracurricular sport
- ◇ at least 1 teacher/monitor from each building for activities which take place during non-school hours at the school.

An effort will be made to designate First-Aid Responders with respect to class or work location so as to maximize coverage. The administrator or his/her designee will select the members of the Team, recording the appropriate names on the checklist included with this Plan.

The members of the First-Aid Responder Team render first-aid only as a collateral duty of their jobs and respond solely to injuries resulting from School-related incidents, generally at the location of the incident. These Team members do not render first-aid assistance on a regular and predictable basis.

**No person will be required to accept designation as a First-Aid Responder.**

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<sup>5</sup> The nurses are relied upon to provide First-Aid services in the School. However, because these nurses are not employees of the School, they are not covered by the other elements of this Plan.

III. Timetable and method for accomplishing the Plan

A. Minimizing Exposure to Potentially Infectious Materials

OSHA regulations and the Plan require the School to change work practices so as to minimize possible exposure to potentially infectious materials. To accomplish this goal, the school has formed the First-Aid Responder Team.

On those occasions where potentially infectious materials may be present, school employees are to call the main office to summon one or more of the nearest members of the First-Aid Responder Team to handle the situation, and if necessary, summon medical assistance.

Employees who are not First-Aid Responders should avoid contact of any kind with potentially infectious materials. However, no employee should feel constrained not to act as a Good Samaritan should the situation dictate it.

B. Observation of Universal Precautions

Regardless of whether he/she is covered under the Plan (i.e., on a First Aid Responder Team), each employee must observe “universal precautions” in order to prevent or minimize contact with potentially infectious materials. All potentially infectious material must be considered infectious regardless of its source. The universal precaution guidelines are set forth in **SR 1016.1** Universal Precautions and **SR 1016.2** - Guidelines for Communicable Disease Control.

Hand washing facilities (working sinks with soap, and paper towels or a hot air dryer) are made available to employees who incur exposure to potentially infectious materials.

At locations in or around the school where hand washing facilities are not available, the school will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, the employee is to wash his/her hands with soap and running water as soon thereafter as feasible.

The school shall ensure that, after the removal of personal protective gloves, employees wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water, based upon procedures contained in Appendices A and B. Employees that incur exposure to their skin or mucous membranes will insure that they wash those areas with soap and water as soon as feasible following contact, based upon procedures contained in Appendices A and B.

C. Personal Protective Equipment (PPE)

The school will provide, without cost, disposable latex gloves to its employees. The protective equipment will be of the type which does not permit potentially infectious material to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

Employees (without regard to whether they are on the First-Aid Responder Team) must wear disposable gloves whenever they reasonably anticipate hand contact with potentially infectious materials or when handling or touching contaminated items or surfaces. Disposable gloves which have been used are not to be washed or reused but rather must be appropriately disposed in a designated container. (Refer to: SR 1016.1, 1016.2)

D. Hepatitis B Vaccine

OSHA Policy provides that the Hepatitis B vaccine is to be offered to school employees, as follows:

Where an unvaccinated employee renders assistance in any situation involving potentially infectious materials (regardless of whether that employee comes into physical contact with the potentially infectious materials) or has contact (eye, mouth, nasal or skin) with such materials, the school will offer to that employee a full hepatitis B vaccination series (including the administration of immunoglobulin, where medically indicated).

In such cases, the vaccination series will be made available to the employee as soon as possible, but in no case will the vaccine be made available more than 24 hours after the employee has rendered the assistance.

The vaccination series will be made available at the sole expense of the School and will be recorded in the appropriate portion of the form attached to this Plan as SR 1016.3

Employees who are offered and decline the Hepatitis B vaccine must sign a waiver, a form of which is attached to this Plan as SR 1016.3

An eligible employee who initially declines the vaccine but who later wishes to have it, and remains eligible, may then have the vaccine provided at no cost.

Page 1 of the Hepatitis B Vaccination form must be filled out and signed in the appropriate place on each occasion when an employee has rendered assistance in a situation involving potentially infectious materials.

E. Incidents Involving Potentially Infectious Materials

When an employee, in the course of his/her duties, has rendered assistance in any situation where potentially infectious materials are present or has had contact with such materials, the incident must be reported immediately, and in no case later than the end of the work shift, to the administrator or his/her designee.

All such incidents should be documented according to the following procedures:

- ◇ Regardless of whether the employee had contact (eye, mouth, nasal, or skin) with potentially infectious materials, page 1 of the Hepatitis B Vaccination Form must be completed by the employee. If accepted by the employee, the school will pay for a Hepatitis B vaccine series in accordance with this Plan.
- ◇ If the employee had contact (eye, mouth, nasal, or skin) with potentially infectious materials, he/she must fill out page 2 of 1016.3. If desired by the employee, the School will pay to have the employee's blood collected and tested for Hepatitis B virus and Human Immunodeficiency virus (HIV), as well as make the Hepatitis B vaccine series available to the employee.
- ◇ The employee is to document the circumstances related to the incident and the possible route of exposure on a "Potential Exposure Incident Report." (Refer to: SR1016.4). If the incident involved a student, that student's parent or legal guardian should be notified of the circumstances of the incident.
- ◇ If the source individual agrees, in writing, his or her blood will be tested for HIV/HBV infectivity (Refer to: SR1016.5). Remember, if the source individual is less than 18 years of age, the school must obtain the written consent of that student's parent or legal guardian.
- ◇ If written consent to test the source individual is granted, the results of testing of the source individual will be made available to the exposed employee. The exposed employee will be advised that applicable laws and regulations prohibit further disclosure of the identity and infectivity of the source individual.



- ◇ The employee will be advised to seek post-exposure prophylaxis, where medically indicated, in accordance with current recommendations of the U.S. Public Health Service.
- ◇ The employee will be given appropriate counseling concerning precautions to take after the exposure incident. The employee will also be given information on what potential illnesses to be alerted for and to report any related experiences to his/her medical provider and appropriate school personnel.

F. Labels and Signs

The school shall ensure that biohazard labels are affixed to containers and bags designated for the disposal or storage of blood or other potentially infectious materials or any item which may be contaminated with such materials. These “containers” include, where applicable, specially designated disposal containers. The universal biohazard symbol, on fluorescent orange or orange-red paper, shall be used to identify such containers.

G. Information and Training

The school shall ensure that training is provided to members of the First-Aid Responder Team. This training shall be provided as follows:

- ◇ at no cost to the employee
- ◇ on an annual basis
- ◇ at the time the employee is initially designated as a member of the Team
- ◇ within 12 months of the previous training
- ◇ at the education and language level of the employee
- ◇ offered during the normal school day

The training will be interactive and include the following elements:

1. A copy of the regulatory text of the OSHA Standard and an explanation of the contents (Refer to: Appendix F)
2. A general explanation of the epidemiology and symptoms of blood Borne diseases
3. An explanation of the modes of transmission of blood Borne pathogens
4. An explanation of this Plan and the means by which the employee can't obtain a copy of the written plan

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate work practices, and personal protective equipment
7. Information on the types, proper use, location, removal, handling, and disposal of personal protective equipment
8. An explanation of the basis for selection of personal protective equipment
9. Information on the Hepatitis B Vaccine, including information on its efficiency, safety, method of administration, the risks and benefits of being vaccinated, and the situations under which Hepatitis B vaccination will be offered free of charge by the school
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
11. An explanation of the procedure to follow if an incident occurs which involves potentially infectious materials, including the method of reporting the incident and the medical follow-up that will be made available
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
13. An explanation of the signs and labels and/or color coding required by this Plan
14. An opportunity for interactive questions and answers with the person conducting the training session

H. Record Keeping

1. The Exposure Control Plan for Blood Borne Pathogens

The school will make a copy of this Plan available in the main office to all employees and volunteers.

2. Master File of Possible Exposure Incidents

The school will maintain in the main office a chronological file of copies of the Potential Exposure Incident Reports (Refer to: SR 1016.4). This Master Incident File shall be available to any employee upon request to the administrator or his/her designee.

3. Medical Records

The school will maintain medical records of the employees who are on the First-Aid Responder Team, as well as all employees who may have had occupational exposure (i.e., contact) with potentially infectious materials. These medical records will be kept in/at \_\_\_\_\_ (indicate office or room and address).

Medical records must be maintained in accordance with OSHA standards, 29 CFR~ 1910.20. Records are to be kept confidential and for at least the duration of an employee's employment, plus thirty (30) years.

An employee's medical records are to be maintained separately from his/her personnel file and should contain, where applicable, the following:

- a. The name and social security of the employee
- b. A copy of each Potential Exposure Incident Report which contains the employee's name
- c. A copy of the employee's HBV Vaccination Form (indicating whether the employee has received the vaccine, including the dates of vaccination, or declined it)
- d. A copy of all results of examinations, medical testing, and follow-up procedures for the employee
- e. A copy of all information concerning the employee which was provided by the school to any health care professional, including a

description of the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances of exposure

4. Training Records

The school will maintain a record of employee training under this Plan. These records will be kept in /at \_\_\_\_\_ (indicate office or room and address).

Training records must be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions
- b. An outline describing the training material presented
- c. The names and qualifications of the persons conducting the training
- d. The names and job titles of all persons attending the training session

5. Availability of Records

Medical and training records of an employee will be made available to that employee in accordance with Title 29 CFR ~ 1910.20, as follows:

- a. Upon request, an employee or his/her designated representative shall have access to his or her records under this Plan
- b. If access cannot be granted within 15 days of the request, the school will notify the requesting person of the reason for the delay and the earliest date the records can be made available.
- c. The school will provide the employee or his or her designated representative with a copy of the employee's records under this plan at no charge to the employee
- d. An employee's designated representative must present written authorization before he or she may access or copy an employee's records under this plan

- e. These records will be made available subject to the remaining provisions of the applicable OSHA standard.

The School Master Incident File, as well as all employee records (medical and training) shall be made available to the Assistant Secretary of Labor for the U.S. Occupational Safety Health Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon written request.

I. Compliance Schedule

\_\_\_\_\_ All provisions required of this Plan will be implemented by September 30 of each year. Compliance means that this report is completed, employees are trained, and PPE are in place.

J. Evaluation and Review

\_\_\_\_\_ This Exposure Control Plan will be reviewed annually by the administrator or his/her designee, who will assess compliance with OSHA regulations, institute changes where necessary, and ensure that all equipment, supplies, training materials and records are available and/or maintained as required under the Plan.

IV Please refer to the following attachments:

- S 1016.1: Universal Precautions to Prevent the Spread of Infectious Diseases in Schools
- S 1016.2: Guidelines for Communicative Disease Control in Schools
- S 1016.3: Hepatitis B Vaccination
- S 1016.4: Potential Exposure Incident Report
- S 1016.5: Documentation of Source Individual
- S 1016.6: Attach OSHA Regulations here

**UNIVERSAL PRECAUTIONS  
TO PREVENT THE SPREAD OF INFECTIOUS DISEASES IN SCHOOLS**

Definition of Bodily Fluids

It is not always possible to know who carries an infectious disease. For this reason, the body fluids of all persons should be considered to contain potentially infectious agents. The term “bodily fluids” includes the following: blood, semen, drainage from scrapes and cuts. The term also includes feces, urine, vomitus, respiratory secretions (e.g., nasal discharge) and saliva, but only where this material is visibly contaminated with blood.

Precautions to Avoid Contact with Bodily Fluids

Whenever possible, you should avoid direct contact with bodily fluids. Disposable gloves made of impenetrable material are available in each classroom, the athletic office, the nurse’s office, the main office, and the custodian’s office. You must use these gloves whenever you anticipate direct hand contact with bodily fluids (e.g., treating bloody noses or scrapes, handling clothes soiled by incontinence, cleaning small spills by hand).

After use, you should place these gloves in a separate, secure plastic bag and dispose of it that day in a container specifically designated for the disposal of medical waste. Medical waste containers are located in each classroom. It is imperative that you wash your hands and clothing on which bodily fluids may have made contact. Clothing which may have come into contact with bodily fluids must be cleaned according to laundry instructions (which follow below), even when gloves are worn.

Procedures if Direct Skin Contact Occurs

In the event that an unplanned and unanticipated skin contact with bodily fluids should occur where gloves are not immediately available (e.g., when wiping a runny nose, applying pressure to a bleeding injury, helping a child in the bathroom), hands and other affected skin areas of all exposed persons should be thoroughly washed with soap and water after direct contact has ceased (see hand washing procedures below). Clothing and other non-disposable items (e.g., towels used to wipe up bodily fluids) that are significantly soiled with such fluids should be rinsed in cold water and placed in sealed plastic bags. You should wear disposable gloves when you are rinsing soiled material. Clothing should be sent home in a secured plastic bag to be laundered (see laundry instructions on next page). Soiled disposable items (i.e., tissues, cotton balls, band aids, paper towels, diapers) should be handled in the same manner as disposable gloves.

### Removal of Soiled Bodily Fluids

The School will stock sanitary absorbent agents, specifically intended for cleaning bodily fluid spills, which the administrator or his/her designee will insure are readily available to custodial staff. Disposable gloves made of impenetrable material shall be worn when using these agents. A disinfectant shall be applied according to the directions indicated for that agent. Then a dry material is to be applied to the area, left for a few minutes to absorb the fluid (or as per the individual directions of these agents), and then vacuumed or swept up (or as the agent's instructions direct). The vacuum bag or sweepings shall be disposed of in a plastic bag or in a container specifically designated for the disposal of medical waste. While wearing gloves described earlier in this section, you should rinse any exposed broom and dustpan in a disinfectant. Special handling may be required for vacuuming equipment.

### Disposal of Contaminated Materials

All disposable materials which may have been contaminated (e.g., gloves, tissues, cotton balls, band aids, paper towels, diapers, and absorbent agents) must be placed in a container specifically and exclusively designated for blood and potentially infectious materials. These containers will be closable, of such construction as to prevent leakage during handling, and will be labeled with the universal "Biohazard" mark. The School will insure that the materials in these medical waste containers are disposed of on a regular basis with a disposer legally licensed to accept and dispose of such medical or infectious waste.

### Hand Washing Procedures

Proper hand washing requires the use of soap and water and vigorous washing under a stream of running (preferably hot) water for a minimum of 60 seconds. Rinse under running water. Use disposable towels (e.g., paper towels) to dry the hands thoroughly and then discard the towels.

### Disinfectants

When applying a disinfectant, use only disposable gloves made of impenetrable material. A disinfectant (e.g., a 1:10 solution of household bleach and water) should be used to clean surfaces contaminated with bodily fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses.

### Disinfectant of Hard Surfaces, Disinfection of Rugs, and Care of Equipment

Employees are to wear disposable gloves made of impenetrable material while disinfecting hard surfaces and equipment, especially during those procedures that are noted below.

After removing the soil, apply a disinfectant. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinsed. Disposable cleaning equipment should be placed in a plastic bag for disposal and rinse water should be placed in the toilet. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed of down a drain pipe. Gloves should be discarded in appropriate receptacles (as noted earlier).

To disinfect rugs, apply sanitary absorbent agent, let dry, and vacuum, or follow the instructions as prescribed for the agent. If necessary, mechanically remove with dust pan and broom; then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dust pan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted in the previous paragraph.

#### Laundry Instructions for Clothing Soiled with Body Fluids

The most important factor in laundering clothing soiled in a school setting is the elimination of potentially infectious agents by soap and water. The application of a disinfectant spray having the same effectiveness or content as Lysol should be applied thoroughly to the clothing to be laundered. Clothing soaked with bodily fluids is to be washed separately from other items. Pre-soaking is required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add one-half cup household bleach to the wash cycle. When handling any element of laundry soiled with bodily fluids, use only disposable gloves made of impenetrable material. Dispose of these gloves following procedures noted on the previous page. If the use of gloves is not possible, hands should be washed as soon as possible after exposure to the soiled clothing.

In the event of clothing soiled with bodily fluids belonging to employees, those employees shall not remove from the premises any clothing spilled with bodily fluids. Rather, this clothing shall be laundered or caused to be laundered under the direction of the appropriate school official.

In those instances where the soiled clothes of students are sent home for laundering, the appropriate administrator or school nurse will contact the parent/guardian, preferably by telephone, to convey these instructions for laundering.

#### Instructional Procedures Involving Testing of Bodily Fluids

In the course of instruction, no procedure which deliberately employs the use of bodily fluids (e.g., tests with spittle and/or blood) shall be permitted.



**GUIDELINES  
FOR COMMUNICABLE DISEASE CONTROL IN SCHOOLS**In the Classroom

- ◇ Disposable gloves made of impenetrable material must be available to teachers and students in every classroom, the main office, and the custodian's office. Teachers should keep a supply of disposable gloves in their desks in the event of an emergency and then should follow appropriate school procedures.
- ◇ Tissues provided by the school should be available to students and staff members in every classroom and office area.
- ◇ Gauze squares (4 x 4) should be available in all classrooms to cover the bleeding area until the student arrives at the health office.
- ◇ Dry granular absorbent packet materials must be in each teacher's desk to cover spills and bodily fluids until a custodian arrives.
- ◇ Classroom trash containers should have plastic liners changed daily or more often if necessary. In addition to these trash containers, each classroom shall have a designated container, of sufficient size, labeled "Contaminated Material." This container shall be used for bloodied waste and other bodily fluid waste.
- ◇ Classroom teachers must summon custodians to clean up bodily fluid spills according to the recommended procedure.
- ◇ Classroom should be well ventilated while allowing as much sun as possible.
- ◇ Each child in early childhood education shall be assigned his/her own sleeping mat. All mats (fabric or non-fabric in nature) should be washed with a disinfectant on a weekly basis. It is recommended that this be done on Fridays to permit ample time for fabric mats to dry. If vinyl mats are shared by students, these mats should be washed with disinfectant on a daily basis. Rugs used for early childhood education should be vacuumed daily.
- ◇ Instruct students in measures to reduce cross infection (e.g. using tissues when sneezing or coughing, placing used tissues in plastic-lined disposal, etc.).
- ◇ Send students who appear ill to health office for evaluation by the nurse following appropriate school procedures.

- ◇ Mouthpieces of shared musical instruments must be disinfected after each use with an appropriate agent such as 70% alcohol.

In the Lunch Room

- ◇ Strongly discourage the sharing of food, cups, glasses, eating utensils, napkins, etc.

In Athletics

- ◇ Gym mats must be scrubbed with disinfectant after use on a daily basis.
- ◇ Provide individual, disposable drinking cups during all athletic activities and ensure their use.
- ◇ Strongly discourage the sharing of towels, wash cloths, and physical education attire.
- ◇ It is the responsibility of the appropriate school personnel to check lesions of athletes on a daily basis, particularly in those sports (e.g., wrestling) where bodily contact is anticipated. Surfaces that may be expected to be in contact with the lesions of athletes should be cleaned thoroughly after use according to prescribed procedures.

Procedure for Skin Contact

- ◇ Avoid direct skin contact of bodily fluids.
- ◇ A supply of disposable gloves made of impenetrable material must be available in the teacher's desk, the nurse's office, the main office, the custodian's office, and the office of the appropriate administrator.
- ◇ Disposable gloves made of impenetrable material are to be used when direct hand contact with bodily fluids is anticipated (e.g., bloody nose, incontinence, vomitus, etc.).
- ◇ Disposable gloves made of impenetrable material used to clean up bodily spills should be placed in a plastic-lined trash can which is designated for the disposal of medical waste.
- ◇ After using gloves to clean up a bodily spill, discard gloves as noted above and wash hands thoroughly with soap and running water (see hand washing technique).

Unanticipated, Inadvertent Skin Contact with Body Fluids

- ◇ Such contact may occur in situations involving nasal discharge, bleeding injury, assisting a child in the bathroom, etc.
- ◇ Wash hands thoroughly with soap and running water as soon as possible (refer to hand washing technique).
- ◇ Rinse significantly soiled clothing (non-disposable items) in cold water and place in a plastic bag. Secure the bag.
- ◇ Send directions for laundering home with soiled items (refer to laundry instructions).

Contaminated Disposable Items

- ◇ Such items will normally include paper towels, gauze pads, incontinence pads, baggies, etc.
- ◇ Use disposable gloves made of impenetrable material to clean up bodily fluid spills and contaminated items.
- ◇ Place into a secured lined trash can designated for the disposal of medical waste, remove gloves, and dispose of in same manner as noted previously.
- ◇ Wash hands with soap under running water (refer to hand washing technique).

Hand Washing Technique

- ◇ Use soap and running water and wash vigorously under a stream of running (preferably hot) water for at least 60 seconds.
- ◇ Rinse well under running water.
- ◇ Use disposable paper towel to dry hands thoroughly.
- ◇ Skin cream applied daily will keep skin from becoming dry and cracked and thus decrease the chance of infection.

**HEPATITIS B VACCINATION**

**Confidential**

(The exposed employee should read and sign this form on each occasion where he/she has rendered assistance where potentially infectious materials are present or has had contact with such materials).  
**(The school must maintain and update this document in the employee's confidential medical file)**

Name of Employee: \_\_\_\_\_

Incident date/time: \_\_\_\_\_ Report date/time: \_\_\_\_\_

**IMPORTANT FOR EMPLOYEE:**

I understand that due to my occupational exposure to blood or other potentially infectious materials and/or my rendering first-aid assistance where such materials may have been present, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given information on the Hepatitis B vaccine, including the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered at no charge to me.

---

**WHERE EMPLOYEE ACCEPTS HEPATITIS B VACCINATION SERIES**

\_\_\_\_\_ I choose to accept the Hepatitis B vaccination series offered by my employer.

◇Inoculation 1 Date: \_\_\_\_\_ Place administered: \_\_\_\_\_  
(No later than 24 hours after incident)

◇Inoculation 2 Date: \_\_\_\_\_ Place administered: \_\_\_\_\_

◇Inoculation 3 Date: \_\_\_\_\_ Place administered: \_\_\_\_\_

---

\_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

---

**WHERE EMPLOYEE DECLINES HEPATITIS B VACCINATION SERIES**

I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself and decline the 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 am occupationally exposed to blood or other potentially infectious materials and/or render first-aid assistance where such materials may have been present, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

---

\_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

P/P

Policy No.: SR 1016.3  
Date: September 2009  
Page No.: 2 of 2

**TESTING OF EXPOSED EMPLOYEE'S BLOOD**

(The exposed employee should read and sign this form on each occasion when he/she has had actual contact with potentially infectious materials)

**Confidential**

(The School must maintain and update this document in the employee's confidential medical file)

---

Name of Exposed Employee: \_\_\_\_\_  
Incident date/time: \_\_\_\_\_ Report date/time \_\_\_\_\_

**Did you have contact (eye, mouth, nasal, or skin) with potentially infectious materials? If so, please read and complete this form.**

**IMPORTANT FOR EMPLOYEE:**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) or Human Immunodeficiency (HIV) virus infection. I understand that the school has offered to have my blood collected and tested for HBV and HIV status. If I choose to have my blood collected, it will be preserved for 90 days. At any time during this period, I can authorize that this sample be tested for HIV or that it be destroyed.

---

**WHERE EMPLOYEE ACCEPTS COLLECTION AND/OR TESTING OF BLOOD**

I choose to have my blood collected. \_\_\_\_\_  
Signature of Employee Date

I choose to have my blood tested for HBV and HIV virus  
\_\_\_\_\_  
Signature of Employee Date

**(Important: the results of this test are confidential and will not be disclosed to the school.)**

**WHERE EMPLOYEE DECLINES COLLECTION AND/OR TESTING OF BLOOD**

I choose **not** to have my blood collected or tested for HBV or HIV virus.  
\_\_\_\_\_  
Signature of Employee Date

**P/P Potential Exposure  
Incident Report**

**Policy No.: SR 1016.4  
Date: September 2009  
Page No.: 1 of 2**

**POTENTIAL EXPOSURE INCIDENT REPORT**  
(Routes and Circumstances of Possible Exposure Incident)

**Confidential**

**(A copy of this completed report must be provided to the medical professional evaluating the exposed employee's condition. The original should be placed in the exposed employee's medical file and a copy placed in the School's Master Incident File)**

**Please Print**

Date completed \_\_\_\_\_

Your Name \_\_\_\_\_ SS# \_\_\_\_\_

DOB \_\_\_\_\_

Job Title \_\_\_\_\_

Were you previously vaccinated for Hepatitis B?     Yes     No

Date of Exposure \_\_\_\_\_ Time of Exposure  AM     PM

Location of incident (Be specific) \_\_\_\_\_

Nature of Incident (Auto Accident, Trauma, and Medical Emergency) - Be specific:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you wearing personal protective equipment (PPE)?     Yes     No

If yes, list: \_\_\_\_\_

Did the PPE fail?     Yes     No

If yes, explain how: \_\_\_\_\_

What, if any, body fluid(s) were you exposed to (Blood or Potentially Infectious Material)? Be specific:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**P/P**

**Policy No.: SR 1016.4**  
**Date: September 2009**  
**Page No.: 2 of 2**

What parts of your body became exposed? Be specific: \_\_\_\_\_

Estimate the size of the area of your body that was exposed:

\_\_\_\_\_

For how long? \_\_\_\_\_

Did a foreign body (needle, nail, auto part, dental wires, etc.) Penetrate your body?

If yes, what was the object? \_\_\_\_\_

Where did it penetrate your body? \_\_\_\_\_

Was any fluid injected into your body      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what fluid? \_\_\_\_\_ How much? \_\_\_\_\_

Did you receive medical attention?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

By whom \_\_\_\_\_

When \_\_\_\_\_

Identification of Source Individual(s)

\_\_\_\_\_

Name (s) \_\_\_\_\_

Did you treat the person directly?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what treatment did you provide? Be specific:

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information \_\_\_\_\_

\_\_\_\_\_

**P/P**                    **Documentation of  
Source Individual**

**Policy No.: SR 1016.5**  
**Date: September 2009**  
**Page No.: 1 of 2**

**REQUEST FOR SOURCE INDIVIDUAL EVALUATION**

**(School Letterhead)**

Dear Medical Provider:

One of our employees was involved in an event which may have resulted in exposure to a Blood Borne Pathogen,

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation of Source Individual" form which was initiated by the exposed worker. If the source individual consents, please complete the source individual section (Part 2) and communicate the findings to the potentially exposed employee.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed employee concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical level.

We understand that information relative to Human Immunodeficiency Virus (HIV) and AIDS has specific protection under the law and cannot be disclosed or released, except under certain circumstances, without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,



P/P

Policy No.: SR 1016.5  
Date: September 2009  
Page No.: 2 of 2

**DOCUMENTATION OF SOURCE INDIVIDUAL**

(The exposed employee should fill out Part 1 of this form and provide it to his/her medical provider to complete Part 2. Copies are to be placed in the exposed employee's confidential medical file.)

**Confidential**

**PART 1 - Incident information:** (completed by the exposed employee)

Name of Exposed Employee \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure \_\_\_\_\_

Name of source of the exposure (if known) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 2 - Report of Source Individual Evaluation:** (completed by the medical provider)

CHECK ONE:

- Source individual denied consent to test or testing not feasible.  
State why not feasible: \_\_\_\_\_  
\_\_\_\_\_
- Evaluation of source individual reflected no known exposure to blood borne pathogen.
- Evaluation of source individual reflected possible exposure to blood Borne pathogen and medical follow-up by exposed employee is recommended.

Source Individual File Review By: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Entity providing evaluation)

**MEDICAL PROVIDER:** If authorized by the source individual, report the results of the source individual's blood test to the exposed employee named above  
**HIV - related information may not be released without the written consent of the source individual.**

**P/P**

**OSHA Regulations**

**Policy No.: SR 1016.6**

**Date: September 2009**

**Page No.: 1 of 1**

**Attach OSHA Regulations here.**

**P/P                      AIDS Policy**

**Policy No.:    SR 1017**  
**Date:            September 2009**  
**Page No.:     1 of 5**

The Second Vatican Council in the opening lines of the Pastoral Constitution, The Church in the Modern World, (Gaudium et Spes), outlines the intimate bond between the Church and all people: “The joys and the hopes, the griefs and the anxieties of the men and women of this age, especially those who are poor or in any way afflicted, these, too, are the joys and hopes, the griefs and anxieties of the followers of Christ.”

Inspired by Jesus and guided by the pastoral concerns of the Church, the Office of Catholic Education of the Archdiocese of Philadelphia issues the following policy for students and employees in Archdiocesan Catholic schools who are affected by HIV / AIDS.

**A. Admission and Attendance**

The Archdiocese of Philadelphia does not discriminate against HIV-positive students. HIV-positive students should, with very few exceptions, be admitted to the regular classroom, educated in the usual manner, and entitled to the same rights, privileges, and services as all other students.

Changes in the educational program of HIV-positive students will be made on a case by case basis by the administrator in conjunction with the student, the student's parent(s) or guardian (s) if the student is under the age of eighteen, and the student's physician. In the event that the plan does not meet with the approval of all parties concerned, the Office of Catholic Education Review Committee will serve as the final arbiter. That committee will be comprised of the Superintendent, a physician conversant in infectious diseases, a representative of the Diocesan AIDS office, a representative of the elementary, or the secondary, or by the special education department of the Office of Catholic Education depending on the educational level of the student, and a microbiologist conversant in HIV/AIDS. Reflecting the deepest Christian respect for the individual, decisions concerning a student's placement will be based on current educational practice and medical advice. If it is determined that a student is unable to attend school, every effort will be made to secure appropriate education for the student within the resources of the individual school.

**B. Parent's Responsibility to Notify**

If a physician diagnoses a student as HIV-positive or as having AIDS, the student's parent or guardian should notify:

1. the school's administrator
2. the parish pastor in the case of an elementary school student
3. and any other school personnel that the administrator determines has a need to know the student's condition.

Since immunosuppressed students are at a greater risk of suffering complications from other infections, the student's physician should consider removing the student from the school during epidemics of communicable diseases. The school administrator is responsible to communicate knowledge of such communicable diseases to the parent (s) or guardian (s) of known HIV-positive students.

**C. School Personnel**

The education of HIV-positive students ordinarily poses no threat to school personnel. Employees are expected to perform their duties in a professional and competent manner.

**D. Employees Who Are HIV-Positive**

Persons employed by or seeking employment within the Archdiocesan School System should not be discriminated against on the basis of their HIV status (refer to Harassment section E). AIDS is defined by the Americans with Disabilities Act as a physical handicap. In the pastoral statement of the United States Catholic Bishops on handicapped people (1978), the bishops addressed the rights of the handicapped in employment: "Defense of the right to life, then, implies the defense of other rights which enable the handicapped individual to achieve the fullest measure of personal development of which he or she is capable. These include the right to equal opportunity...in employment."

If an employed individual cannot perform his/her duties in a competent manner, reasonable efforts will be made to procure appropriate, alternate employment. Any decision to terminate employment will be made by the Office of Catholic Education or, in the case of a parish school, by the parish pastor and administrator after consultation with the Office of Catholic Education Review Committee.

**E. Harassment of Students or Staff Who Are HIV-Positive**

Given its Christian values of compassion, acceptance, and love, and given the anti-discriminatory policy of the Commonwealth of Pennsylvania that a person cannot be treated differently or worse because of a physical handicap, the Archdiocese of Philadelphia will not tolerate harassment of students or staff members.

If an administrator knows that the condition of a student or staff member has become public knowledge and that negative consequences within the school and its environs have arisen for the affected person, the administrator shall address the situation immediately with the offender(s), issue a written documentation and take appropriate action which may include immediate suspension, pending dismissal. Persistent harassment by an individual will be referred to the Office of Catholic Education Review Committee.

**F. CONFIDENTIALITY**

1. Definition of Confidential HIV-related Information

Confidentiality covers any information obtained by a person in his/her professional capacity or relating to a release which concerns whether an individual is HIV-positive, has an HIV-related illness or AIDS, or has had an HIV-related test. It includes any information which identifies or indicates in some way an individual who has one or more of these conditions including information regarding that person's contacts.

2. Treatment of Confidential Materials

No confidential HIV information shall be divulged, directly or indirectly, to any other individual or group. Questions concerning the scope of confidentiality should be referred to the Superintendent of Schools. All medical information and written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept by the administrator in a separate locked file. Access to this file is limited to those persons who have the written consent of the HIV-positive individual or the parent(s) or guardian(s) of the HIV-positive student if that student is under age 18. To further protect confidentiality, names will not be used in documents except when essential. Any document containing the name or any other information revealing the identity of the HIV-positive individual will not be shared with any person, not even for the purposes of word processing or reproduction.

3. Persons To Be Notified

The administrator of the school should notify the Superintendent of Schools that a student or employee in the school is HIV-positive or has AIDS. The name of the student or employee shall not be disclosed.

**G. EVALUATION OF THE SITUATION**

Each case shall be reviewed on an individual basis. The administrator shall review all pertinent aspects of the case including information provided by the employee, the student, and the student's parent(s) or guardian(s) if the student is under the age of 18, whether any educational and/or social alternatives are required and, if so, what alternatives are called for as they relate to work or to school activities. The administrator may consult with the Superintendent of Schools.

1. Student

The regular classroom is the appropriate educational setting for the HIV-positive student, unless health care professionals determine otherwise. If an outbreak of a communicable disease occurs in the school, or is considered likely to occur based upon available information within the community, the administrator shall notify the student's parent(s) or guardian(s) immediately. If the student requires medication throughout the day, the responsibility for administering the medication belongs to the parent(s) or guardian(s).

2. Employee

The employee shall be permitted to continue working as long as the employee is able to fulfill his/her responsibilities. If the administrator believes that a change in the employee's status may be necessary, reasonable efforts to accommodate the employee will be made.

## **RECOMMENDATIONS FOR EDUCATION REGARDING HIV DISEASE**

### Introduction

HIV is a deadly virus of unknown origin. In addition to physical pain and suffering for the HIV-positive person, HIV causes confusion, anxiety and fear in others - reactions that are often rooted in misunderstanding and prejudice. Here educators are called to recognize and embrace the “teachable moment.” Incumbent on Christian educators is the responsibility to enlighten with truth, to dispel half-truths and misunderstandings, to challenge prejudice and hatred, and to teach by word and example Christian responses toward those who are sick.

### The Goals of Education

Education about HIV and AIDS must have at each level two major goals: first, to reduce unnecessary fear and anxiety; and second, to provide effective and appropriate strategies for responding to information and events.

Basic to these two goals and their implementation are the assumptions that:

- ◇ the presence of HIV antibodies is a medical phenomenon
- ◇ an individual diagnosed as HIV-positive is a fellow human being and child of God
- ◇ the rapid spread of HIV will most likely affect every individual in some way

### Focus Populations

- ◇ Employees including administrators, faculty, support staff
- ◇ Students

### Approach and Method

Instruction in HIV and AIDS must address the primary goal of reducing fear and unnecessary anxiety. When implementing this goal, administrators should follow these recommendations:

- ◇ Materials and instructions should be easy to understand yet technically correct.
- ◇ Instruction should develop a common vocabulary based on a practical and common sense approach.
- ◇ Instruction should focus on the kinds of likely interactions with HIV-positive individuals and situations the particular audiences may encounter.



- ◇ This approach should highlight the difference between myth and fact. (A question box or alternate method for anonymous questions should be provided at any educational effort.)
- ◇ Wherever possible, instruction should include small group interaction. The purpose of this is twofold: one, to provide participants an opportunity to talk and to listen to others concerning HIV, thus reducing a sense of isolation and anxiety, and two, to gather information of an individual's and the group's understanding of HIV and AIDS, and to judge their ability to assimilate the material.

Suggested Format for Education

**Staff**

Each administrator should plan a one day in-service program on HIV within the next calendar year. Suggested topics may include:

- ◇ The AIDS Policy of the Office of Catholic Education;
- ◇ The nature and dangers of fear: reaction vs. response;
- ◇ The pastoral response of the school community;
- ◇ The nature and transmission of the disease;
- ◇ Universal precautions;
- ◇ Appropriate information path;
- ◇ Who needs to know, when and why;
- ◇ Confidentiality, its use and meaning within the school;
- ◇ The right to privacy and confidentiality as it pertains to HIV-positive individuals;
- ◇ The legal position of the school in relation to HIV-positive individuals.

As part of on-going education, the administrator should develop and maintain a binder of current HIV information, including relevant telephone numbers and "where to turn" information.

**Student**

To best serve the interests of students and to provide them with understanding and effective strategies, HIV and AIDS education will be made through educative efforts implemented through parent education.

**DEFINITIONS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome is the last stage of a disease caused by the human immunodeficiency virus (HIV), which attacks and weakens the body's natural immune system. Without a working immune system, the body gets infections and cancers that it normally would be able to fight off.
<b>ANTIBODY</b>	A substance formed by the body's immune system in response to a foreign agent or antigen.
<b>COMMUNICABLE</b>	Refers to a disease that may be transmitted from one person to another.
<b>CONTAGIOUS</b>	A disease that can be passed from a sick person to others without direct contact. AIDS is not contagious. The AIDS virus (HIV) can be spread only through the exchange of blood, semen, or vaginal secretions.
<b>HIV</b>	Human Immunodeficiency Virus; the virus that causes AIDS.
<b>HIV POSITIVE</b>	When antibodies to the human immunodeficiency virus (HIV) are in the body, it means that the person has probably been exposed to or infected by HIV.
<b>HIV-RELATED ILLNESS</b>	A disease or infection which occurs in persons who are HIV-positive or who have AIDS. It is not usually seen in individuals with normal, healthy immune systems.
<b>IMMUNOSUPPRESSION</b>	Weakening of the immune response that happens with HIV infection and with some antiviral or anticancer treatment.
<b>INFECTIOUS</b>	Capable of causing infection. A person who harbors HIV may not have any active symptoms of HIV disease, but is still capable of spreading the virus to others.
<b>SYNDROME</b>	A set of signs and symptoms occurring together that characterize a specific disease or disorder.