

# STAFF INFORMATION AND FORMS



## ACTION STEPS FOR SCHOOLS TO PREVENT THE SPREAD OF FLU

Take the following steps ALL the time and not only during a flu pandemic to help keep your students and staff from getting the flu.

- Educate and encourage students to cover their mouth and nose with a tissue when they cough or sneeze. Also, provide easy access to tissues. Remind them to cover coughs or sneezes using their elbow instead of their hand when a tissue is not available.
- Remind students to practice good hand hygiene and provide the time and supplies (easy access to running water and soap or alcohol based hand cleaners) for them to wash their hands as often as necessary.
- Be a good role model by practicing good hand hygiene and covering your mouth and nose when coughing or sneezing.
- Keep an eye out for sick students and send them to the school health office for further evaluation. Sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine).
- Clean surfaces and items that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or personal items with agents that are usually used in these areas.
- Teachers should stay at home when they are sick. Stay home until at least 24 hours after you no longer have a fever or signs of a fever (without the use of fever-reducing medicine).
- If you are pregnant, have asthma, diabetes, or other conditions that put you at higher risk for complications from the flu, consult your doctor as soon as possible if you develop symptoms of flu-like illness. People at high risk of flu complications who develop flu can benefit from early treatment with antiviral medicines.
- If you have children, plan ahead for child care if your child gets sick or his or her school is dismissed.

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G-1383 GBGC-EC

EXHIBIT EXHIBIT

**EMPLOYEE ASSISTANCE**  
**(Bloodborne Pathogen Requirements)**

**Appendix B**

**TRAINING FORMAT**

A. An accessible copy of the standard and an explanation of its contents.

The purpose of the law is to protect employees who have reasonably anticipated exposure to blood or OPIM (Other Potentially Infectious Material). This copy is available for your review. It is kept in the school principal's office and school nurse's office (with safety data sheets).

B. A general explanation of the epidemiology and systems of bloodborne diseases.

Covered in C below.

C. Explanation of modes of transmission.

1. Hepatitis B, HIV/AIDS, Hepatitis C, Syphilis, and Malaria are examples of bloodborne diseases. They are spread from infected individuals who very often have no signs or symptoms of infection or illness to noninfected individuals by:

- a. Needlestick, sharp-object cut, or other parenteral exposure.
- b. Splash or splatter into or on mucous membranes such as the eyes, nose, and mouth.
- c. Splash or splatter to nonintact skin (abrasion, cut, pimple).
- d. Illegal intravenous drug use.
- e. Sexual contact.
- f. An infected mother to her baby.

2. The symptoms of Hepatitis B infection include abdominal pain or discomfort, jaundice, flu-like symptoms, dark urine, fatigue, joint pain, rash, and fever.

3. The symptoms of HIV infection include a mononucleosis-type illness with fever, swollen lymph glands, joint pain, diarrhea, fatigue, and rash.

D. Explanation of the employer's Exposure Control Plan and how the employee can obtain a copy of the written plan.

We have a written Exposure Control Plan located in the school principal's office and the school nurse's office. It is available for your review anytime you would like. Our Exposure Control Plan describes who is covered under the standard and what protective equipment we will provide to you and when to use it. It also describes our housekeeping procedures, training information procedures, and record keeping.

E. Explanation of the appropriate method for recognizing tasks that may involve exposure to blood or, OPIM - and - H the selection of personal protective equipment.

1. School nurses.
2. Custodians.
3. Employees who clean and dress wounds.
4. Employees assigned to provide emergency first aid.
5. School staff members assigned to developmentally disabled children.

Personal protective equipment includes latex gloves, mouthpieces for CPR (to be used by certificated personnel only), and plastic waste bags.

F. Explanation of the use and limitations of the methods that will prevent or reduce exposures.

1. Documented training - initially upon assignment and annually to all employees, with documented follow-up. Stress universal precautions.

G. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.

1. The following guidelines are meant to provide simple and effective precautions against transmission of disease for all people potentially exposed to the blood or body fluids of any person (student and/or school employee). No distinction is made between body fluids from persons with a known disease or those from persons without symptoms or with an undiagnosed disease.

2. The body fluids of all people should be considered to contain potentially infectious agents. The term *body fluids* includes blood, semen, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions (such as nasal discharge), and saliva.

- a. Whenever possible, avoid direct skin contact with body fluids. Disposable gloves are recommended when direct hand contact with body fluids is anticipated. If extensive contact is made with body fluids, hands must be washed afterwards. Gloves used for this purpose should be put in a plastic bag, secured, and disposed of daily.

- b. If direct skin contact does occur, hands and other affected skin areas of all exposed people shall be routinely washed with soap and water.

c. Proper handwashing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds.

d. Clothing and other nondisposable items that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains, rinse or soak the item in cold water prior to bagging. Clothing should be sent home with the student for washing, with appropriate directions to parents and teachers (see *laundry instructions* below). Always wear gloves when handling items that have come in contact with body fluids.

e. Contaminated disposable items shall be handled with disposable gloves, put in a plastic bag, secured, and disposed of daily.

f. Body fluid spills on hard surfaces (i.e., floors, countertops, books, etc.) shall be disinfected with bleach (diluted to ten parts water and one part bleach). Gloves shall always be worn during cleanup.

g. Cleaning equipment:

(1) Nondisposable cleaning equipment (such as dust pans, brooms, and buckets) shall be disinfected by thoroughly rinsing in diluted bleach (ten parts water and one part bleach). Mops shall be soaked in the disinfectant after use and then rinsed with hot water. The disinfectant solution shall be promptly disposed of down a drain pipe.

(2) Disposable cleaning equipment (such as paper towels, the vacuum bag, or sweepings) shall be placed in plastic bags, secured, and disposed of daily. No special handling is required for vacuuming equipment. Gloves shall always be used during cleanup.

h. Laundry instructions:

(1) Clothing soaked with body fluids shall be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material can be bleached, add one-half cup of household bleach to the wash cycle. If the material is not colorfast, add one-half cup of all-fabric bleach to the wash cycle.

H. Covered in E above.

I. Information on the Hepatitis B vaccine.

A safe immunogenic and effective Hepatitis B vaccine produced in yeast is currently used. HBV vaccination is the most important part of any Hepatitis B control program because gloving and other protective devices cannot completely prevent puncture injuries. The vaccination is offered free of cost to you. It consists of three arm inoculations - *first*, as soon as possible; *second*, after one month; *third*, at six months - or as the prescribing information indicates. I encourage you to take advantage of this protection. If you choose not to receive the vaccination series, I will require you to sign a declination form, but if in the future you should change your mind, you can still receive the vaccination free of charge.

J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

Use universal precautions and contact a school nurse and/or custodian.

K. Explanation of procedures to follow in the event of an exposure incident - and - L postexposure evaluation and follow-up. An exposure incident is a specific eye, mouth, or other mucous membrane, nonintact skin, or parenteral contact with blood or OPIM and will require the following procedures:

1. Report the incident immediately.
2. We will attempt to get a blood draw from the source individual and make the HBV and HIV status of that person known to your treating health-care professional.
3. We will write up a description of the incident.
4. You will be offered a Hepatitis B and HIV screen.
5. If you decline the HIV screen, but allow an HBV draw, I am required to preserve that sample for 90 days in case you change your mind.
6. You will be offered medical evaluation and counseling at no cost to you.
7. All test results will be maintained confidential.

L. Covered in K above.

M. Explanation of the sign and labels and/or color-coding.

Any bag or container that is red or has the biological hazard warning label on it is for regulated waste.

N. The employer must provide an opportunity for interactive questions and answers.

This is the question-and-answer portion of the training. If you have any questions about the material covered in this training, please take this opportunity to get them answered.

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G-1381 © GBGC-EA

EXHIBIT EXHIBIT

**EMPLOYEE ASSISTANCE**  
**(Bloodborne Pathogen Requirements)**

**Exposure Control Plan**

Employee(s) with occupational exposure to human blood, human blood components, products made from human blood, or pathogenic microorganisms, including but not limited to Hepatitis B virus or HIV, shall comply with this Exposure Control Plan designed to eliminate or minimize employee exposure.

This Exposure Control Plan contains the following elements:

- Y The exposure determination outlined below.
- Y The schedule and method of implementation.
- Y The procedure for the evaluation of circumstances surrounding exposure.

A copy of this Exposure Control Plan shall be accessible to employees.

This Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

This Exposure Control Plan shall be made available to the Assistant Secretary of Labor and the Director of the Occupational Safety and Health Administration upon request for examination and copying.

**Exposure Determination**

The District has determined that employee positions may involve the following levels of exposure to bloodborne pathogens as a collateral function to the primary job description:

- Y High risk - Coaches, physical education teachers, health services personnel, certain special education program personnel, custodians, and playground duty personnel.
- Y Moderate risk - Regular instructional program personnel, other special education program personnel, school level office personnel, food services personnel, bus drivers and maintenance personnel.
- Y Low risk - District office personnel, school level administrators, and other special assignment personnel (e.g., counselors, librarians, et cetera).

**Methods of Compliance**



*General.* Universal precautions shall be observed by all District employees to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

*Engineering and work practice controls:*

Ÿ Engineering and work practice controls shall be used to eliminate or minimize employee exposure. If occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Ÿ Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Ÿ The District shall provide hand-washing facilities that are readily accessible to employees.

Ÿ When provision of hand-washing facilities is not feasible, the District shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Ÿ The District requires that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Supervisory personnel shall ensure compliance.

Ÿ The District requires that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Supervisory personnel shall ensure compliance.

Ÿ Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.

§ Contaminated needles and other contaminated sharps shall not be recapped or removed unless no other alternative is feasible or such action is required by a specific medical procedure as determined by a competent medical professional qualified to make such determination.

§ Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Ÿ Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed.

Ÿ Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Ÿ Food and drink shall not be kept in refrigerators, freezers, shelves, or cabinets, or on countertops or beachtops where blood or other potentially infectious materials are present.

Y All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Y Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Y Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

§ The container for storage, transport, or shipping shall be labeled or color coded according to law and closed prior to being stored, transported, or shipped. When a facility utilizes "universal precautions" in the handling of all specimens, the labeling/color coding of specimens is not necessary, provided containers are recognizable as containing specimens. This exemption applies only while such specimens/containers remain with the facility. Labeling or color coding is required when such specimens/containers leave the facility.

§ If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color coded according to the requirements of this standard.

§ If the specimen could puncture the primary container, the primary container shall be placed within a secondary container that is puncture resistant in addition to the above characteristics.

Y Equipment that may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the decontamination of such equipment or portions of such equipment is not feasible as determined by a supervisory employee assigned to make such determination.

§ A readily observable label in accordance with law shall be attached to the equipment stating which portions remain contaminated.

§ This information shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

***Personal protective equipment:***

Y *Provision.* When occupational exposure occurs, the District shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other

mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

ÿ *Use.* The District requires that all exposed employees use appropriate personal protective equipment unless the District documents that a specific employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was such employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be reported by the employee and investigated and documented by the District in order to determine whether changes can be instituted to prevent such occurrences in the future.

ÿ *Accessibility.* Appropriate personal protective equipment in the appropriate sizes must be readily accessible at the work site or issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

ÿ *Cleaning, laundering, and disposal.* The District shall clean, launder, and dispose of *personal protective equipment required* in this standard, at no cost to the employee.

ÿ *Repair and replacement.* The District shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

ÿ Any garment(s) penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible.

ÿ All personal protective equipment shall be removed prior to leaving the work area.

ÿ When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

ÿ *Gloves.* Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and nonintact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

§ Disposable (single-use) gloves, such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised.

§ Disposable (single-use) gloves shall not be washed or decontaminated for reuse.

§ Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

**Housekeeping:**

ÿ *General.* The work site must be maintained in a clean and sanitary condition. The District shall establish, attach hereto, and implement an appropriate written schedule for cleaning and the method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

ÿ All school activity areas are cleaned daily.

ÿ In cleaning operations involving human blood, a cleaning solution consisting of ten to one (10:1) ratio of water and bleach will be used.

ÿ All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

§ Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

§ Protective coverings - such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces - shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

§ All bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

§ Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps.

§ Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

ÿ *Regulated waste:*

§ Contaminated sharps discarding and containment:

© Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- w Closable.
- w Puncture resistant.
- w Leakproof on sides and bottom.

- w Labeled or color coded.
- © During use, containers for contaminated sharps shall be:
  - w Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).
  - w Maintained upright throughout use.
  - w Replaced routinely and not be allowed to overflow.
- © When moving containers of contaminated sharps from the area of use, the containers shall be:
  - w Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - w Placed in a secondary container if leakage is possible. The second container shall be:
    - ù Closable.
    - ù Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
    - ù Labeled or color coded.
- © Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.
- § Other regulated waste containment:
  - © Regulated waste shall be placed in containers that are:
    - w Closable.
    - w Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
    - w Labeled or color coded.
    - w Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - © If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

w Closable.

w Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

w Labeled or color coded.

w Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

§ Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, states, territories, and political subdivisions of states and territories.

#### Ÿ Laundry:

§ Contaminated laundry shall be handled as little as possible, with a minimum of agitation.

⊙ Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

⊙ Contaminated laundry shall be placed and transported in bags or containers labeled or color coded. When a facility utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

⊙ Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soaking-through and/or leakage of fluids to the exterior.

§ Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.

§ When a facility ships contaminated laundry off-site to a second facility, which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers that are labeled or color-coded.

#### **Hepatitis B Vaccination and Postexposure Evaluation and Follow-up**

##### **General:**

Ÿ The District shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and postexposure evaluation and follow-up to all employees who have had an exposure incident.

Ÿ The District requires that all medical evaluations and procedures, including the hepatitis B vaccine, and vaccination series and postexposure evaluation and follow-up, including prophylaxis, are:

§ Made available at no cost to the employee.

§ Made available to the employee at a reasonable time and place.

§ Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

§ Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified in this section on hepatitis B vaccination and postexposure evaluation and follow-up.

Ÿ The District requires that all laboratory tests be conducted by an accredited laboratory at no cost to the employee.

***Hepatitis B vaccination:***

Ÿ Hepatitis B vaccination shall be made available after the employee has received the training required and within ten (10) working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Ÿ The District shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

Ÿ If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the District shall make available hepatitis B vaccination at that time.

Ÿ The District requires all employees who decline to accept hepatitis B vaccination that is offered to sign the following 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 virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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EXHIBIT EXHIBIT

**EMPLOYEE ASSISTANCE****(Bloodborne Pathogen Requirements)****Appendix D****BLOODBORNE PATHOGENS WAIVER**

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I realize that I may decline 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 hepatitis B vaccine, I can receive the vaccination at no charge to me.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

 Did receive vaccination     Chose not to receive vaccination

Date \_\_\_\_\_



**G-1450 © GBGCB  
STAFF HEALTH AND SAFETY**

**(Communicable Diseases)**

It is the policy of the School District to take reasonable and lawful measures to protect students and staff members from the transmission of communicable diseases. The Superintendent is authorized to adopt such procedures as are necessary to implement this policy in a manner consistent with state and federal laws.

**Exclusion from School**

A staff member who has a communicable disease shall be excluded from school only if the staff member presents a direct threat to the health or safety of others in the school workplace. The outbreak control measures and other directives of the Department of Health Services (DHS) and local health agencies shall be acted upon as the best medical knowledge and judgments with regard to the exclusion of a staff member who has a communicable disease that is addressed by DHS regulations. The communicable diseases specifically addressed by DHS regulations are listed at A.A.C. R9-6-203 *et seq.*

A staff member who has a chronic communicable disease, such as tuberculosis or HIV/AIDS, shall not be excluded unless a significant risk is presented, to the health and safety of others, which cannot be eliminated by reasonable accommodation. The Superintendent shall consult with legal counsel and health professionals, as necessary, to ensure that exclusion of a staff member with a chronic communicable disease will not violate the staff member's rights under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act.

The school nurse or other person designated by the Superintendent must reassess a staff member who is excluded from school because of a communicable disease before the staff member returns to work. The District may require a physician's written medical release as a condition for the staff member's return to work.

**Reporting and Notification**

The District shall report by telephone to its local health agency each diagnosed and suspected case of a communicable disease as set out in regulation JLCB-R.

If an outbreak of a communicable disease occurs in a school setting, the Superintendent or the school nurse shall promptly inform staff members who are known to have special vulnerability to infection. The District does not assume any duty to notify an employee of health risks caused by the presence of a communicable disease in the school setting unless the at-risk employee has notified the District of the conditions when notification is needed.

**Confidentiality**

The District shall make reasonable efforts to maintain the confidentiality of staff members' medical conditions. All medical information relating to employees is confidential. The identity of a staff member who has a communicable disease and/or the nature of the communicable disease may be disclosed only to:

- Y Staff members who must have such information to carry out their duties under this policy; or
- Y Staff members or students (or their parents/guardians) who must have such information to protect themselves from direct threat to their health or safety.

Inquiries or concerns by staff members or others regarding communicable diseases or a staff member who is known or believed to have a communicable disease shall be directed to the Superintendent or the school nurse.

#### Universal Precautions

The District shall follow the "Universal Precautions Standard" set forth in the attached Exhibit GBGCB-E to protect employees who are at risk of being exposed to blood and body fluids in the course of their work.

#### Food Service Workers

The District shall follow the guidance of the U.S. Department of Health and Human Services concerning infectious and communicable diseases transmitted through the handling of food, and special precautions required for food services workers.

#### HIV/AIDS

Current medical information indicates that HIV can be transmitted by sexual intercourse with an infected partner, by injection of infected blood products, and by transmission from an infected mother to her child *in utero* or during the birth process. None of the identified cases of HIV infection in the United States are known to have been transmitted in a school setting or through any other casual person-to-person contact. There is no evidence that HIV is spread by sneezing, coughing, shaking hands, hugging, or sharing toilets, food, water, or utensils. According to best medical knowledge and judgments, the use of the "universal precautions" and other procedures that implement this policy are sufficient to protect staff members and students from transmission of HIV at school.

*Adopted:* date of manual adoption

LEGAL REF.: A.R.S. 36-621

36-624

A.A.C. R9-6-203 et seq.

R9-6-355

29 U.S.C. 794 et seq. Rehabilitation Act, (Section 504)

42 U.S.C. 12101 et seq. (Americans with Disabilities Act)

29 C.F.R. 1630.1 et seq. (ADA guidelines)

29 C.F.R. 1910.10 et seq. (OSHA Universal Precautions)

**BGGCE STAFF HEALTH AND  
SAFETY**

**(Communicable Diseases)**

It is the policy of the School to take reasonable and lawful measures to protect students and staff members from the transmission of communicable diseases. The Executive Director is authorized to adopt such procedures as are necessary to implement this policy in a manner consistent with state and federal laws.

**Exclusion from School**

A staff member who has a communicable disease shall be excluded from school only if the staff member presents a direct threat to the health or safety of others in the school workplace. The outbreak control measures and other directives of the Department of Health Services (DHS) and local health agencies shall be acted upon as the best medical knowledge and judgments with regard to the exclusion of a staff member who has a communicable disease that is addressed by DHS regulations. The communicable diseases specifically addressed by DHS regulations are listed at A.A.C. RS-6-301 et seq.

A staff member who has a chronic communicable disease, such as tuberculosis or HIV/AIDS, shall not be excluded unless a significant risk is presented, to the health and safety of others, which cannot be eliminated by reasonable accommodation. The Executive Director shall consult with legal counsel and health professionals, as necessary, to ensure that exclusion of a staff member with a chronic communicable disease will not violate the staff member's rights under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act.

A person designated by the Executive Director must reassess a staff member who is excluded from school because of a communicable disease before the staff member returns to work. The School may require a physician's written medical release as a condition for the staff member's return to work.

**Reporting and Notification**

The School shall report to its local health agency each diagnosed and suspected case of a communicable disease that must be reported under state or local law. Disease outbreaks that the School must report by telephone within twenty-four (24) hours, pursuant to A.A.C. RS-6-202(C), are:

- Foodborne/waterborne illness.
- Giardiasis.
- *Haemophilus influenzae*, type b, invasive disease.
- Hepatitis A.
- Measles (rubeola).
- Meningococcal invasive disease.
- Mumps.
- Pertussis (whooping cough).
- Rubella (German measles).
- Scabies.
- Shigellosis.

Outbreaks of pediculosis (lice infestation) also must be reported, pursuant to A.A.C. RS-6-342.

If an outbreak of a communicable disease occurs in a school setting, the Executive Director shall promptly inform staff members who are known to have special vulnerability to infection. The School does not assume any duty to notify an employee of health risks caused by the presence of a communicable disease in the school setting unless the at-risk employee has notified the School of the conditions when notification is needed.

#### Confidentiality

The School shall make reasonable efforts to maintain the confidentiality of staff members' medical conditions. All medical information relating to employees is confidential. The identity of a staff member who has a communicable disease and/or the nature of the communicable disease may be disclosed only to:

- Y Staff members who must have such information to carry out their duties under this policy; or
- Y Staff members or students (or their parents/guardians) who must have such information to protect themselves from direct threat to their health or safety.

Inquiries or concerns by staff members or others regarding communicable diseases or a staff member who is known or believed to have a communicable disease shall be directed to the Executive Director.

#### Universal Precautions

The School shall follow the "Universal Precautions Standard" to protect employees who are at risk of being exposed to blood and body fluids in the course of their work.

#### Food Service Workers

The School shall follow the guidance of the U.S. Department of Health and Human Services concerning infectious and communicable diseases transmitted through the handling of food, and special precautions required for food services workers.

#### HIV/AIDS

Current medical information indicates that HIV can be transmitted by sexual intercourse with an infected partner, by injection of infected blood products, and by transmission from an infected mother to her child *in utero* or during the birth process. None of the identified cases of HIV infection in the United States are known to have been transmitted in a school setting or through any other casual person-to-person contact. There is no evidence that HIV is spread by sneezing, coughing, shaking hands, hugging, or sharing toilets, food, water, or utensils. According to best medical knowledge and judgments, the use of the "universal precautions" and other procedures that implement this policy are sufficient to protect staff members and students from transmission of HIV at school.

See GBGC-B-E *Staff Health and Safety*

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EXHIBIT EXHIBIT

**STAFF HEALTH AND SAFETY****(Communicable Diseases)****Handling Body Fluids in School**

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all people potentially exposed to the blood or body fluids of any person (student and/or school employee). No distinction is made between body fluids from persons with a known disease or those from persons without symptoms or with an undiagnosed disease.

The body fluids of all people should be considered to contain potentially infectious agents. The term *body fluids* includes blood, semen, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions (such as nasal discharge), and saliva.

Ÿ Whenever possible, avoid direct skin contact with body fluids. Disposable gloves are recommended when direct hand contact with body fluids is anticipated. If extensive contact is made with body fluids, hands must be washed afterwards. Gloves used for this purpose should be put in a plastic bag, secured, and disposed of daily.

Ÿ If direct skin contact does occur, hands and other affected skin areas of all exposed people shall be routinely washed with soap and water.

Ÿ Proper handwashing requires the use of soap and water and vigorous washing under a stream of running water for approximately ten (10) seconds.

Ÿ Clothing and other nondisposable items that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains, rinse or soak the item in cold water prior to bagging. Clothing should be sent home with the student for washing, with appropriate directions to parents and teachers (see *laundry instructions* below). Always wear gloves when handling items that have come in contact with body fluids.

Ÿ Contaminated disposable items shall be handled with disposable gloves, put in a plastic bag, secured, and disposed of daily.

Ÿ Body fluid spills on hard surfaces (i.e., floors, countertops, books, et cetera) shall be disinfected with bleach (diluted to ten [10] parts water and one [1] part bleach). Gloves shall always be worn during cleanup.

Ÿ Cleaning equipment:

§ Nondisposable cleaning equipment (such as dust pans, brooms, and buckets) shall be disinfected by thoroughly rinsing in diluted bleach (ten [10] parts water and one [1] part bleach). Mops shall be soaked in the disinfectant after use and then rinsed with hot water. The disinfectant solution shall be promptly disposed of down a drain pipe.

§ Disposable cleaning equipment (such as paper towels, the vacuum bag, or sweepings) shall be placed in plastic bags, secured, and disposed of daily. No special handling is required for vacuuming equipment. Gloves shall always be used during cleanup.

Y Laundry instructions:

§ Clothing soaked with body fluids shall be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material can be bleached, add one-half (1/2) cup of household bleach to the wash cycle. If the material is not colorfast, add one-half (1/2) cup of all-fabric bleach to the wash cycle.

LEGAL REF: A.R.S. 36-621 et seq.

A.A.C. R9-6-101 et seq.

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WELLNESS PROGRAMS**

**Measles (Rubeola)**

It shall be a condition of employment that, unless exempted, all employees, including substitutes, shall present proof of immunity to rubeola (measles) prior to reporting for work.

Evidence of immunity to measles shall consist of:

- ÿ A record of immunization against measles with a live virus vaccine given on or after the first birthday; or
- ÿ A statement, signed by a licensed physician or a state or local health officer, that affirms serologic evidence of having had measles.
- ÿ Anyone born prior to January 1, 1957 shall be considered to be immune to measles. (Rubeola)

**German Measles (Rubella)**

Similarly, unless exempted, all employees, including substitutes, shall present proof of immunity to rubella (German measles) prior to reporting for work.

Evidence of immunity to rubella shall consist of:

- ÿ A record of immunization against rubella given on or after the first birthday; or
- ÿ A statement, signed by a licensed physician or a state or local health officer, that affirms serologic evidence of having had rubella.

**General Information**

Exempted employees include those with medical contraindications for receiving vaccines and those who refuse immunization for religious reasons.

Nonimmune employees, including those who utilize the exemption, shall, in the event of an outbreak of either disease, be put on leave without pay, or they may use accumulated sick leave during the period they are excluded from work due to the outbreak. If a staff member does not have any earned sick leave, a salary deduction of one (1) contract day will be made for each day of authorized leave used.

*Adopted:* date of manual adoption

LEGAL REF: A.R.S. 36-624

A.A.C. R9-6-347

R9-6-360

R9-6-704

A.G.O. I88-037

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REGULATION

REGULATION

**WELLNESS PROGRAMS**

Unless legally exempted, all staff members must show proof of immunity to measles and rubella [see GBGCA].

**Measles (Rubcola)**

Acceptable proof of immunity to measles shall consist of:

- Y A record of immunization against measles with a live virus vaccine given on or after the first birthday; or
- Y A statement, signed by a licensed physician or a state or local health officer, that affirms serologic evidence of having had measles.
- Y Anyone born prior to January 1, 1957 shall be considered to be immune to measles. (Rubcola)

**German Measles (Rubella)**

Evidence of immunity to rubella shall consist of:

- Y A record of immunization against rubella given on or after the first birthday; or
- Y A statement, signed by a licensed physician or a state or local health officer, that affirms serologic evidence of having had rubella.

**General Information**

*In the event of an outbreak of either disease, memory of immunization date is not acceptable; medical documentation of immunity is required.*

Staff members who are not in compliance shall be put on leave without pay until they are in compliance.

In the event of an outbreak of measles or rubella, nonimmune staff members, including those who utilize the exemption, must be excluded from school.

**Implementing Policy**

The District shall generate a list of all employees to identify those who need proof of immunity to measles.

The Superintendent shall distribute information about the District's policy on measles and rubella.



The Superintendent shall collect proof of immunity from staff members and compile a list denoting immunity or nonimmunity of staff members.

Nonimmune staff members shall be referred for vaccine to a physician or the County Health Department. Their records will be updated as they receive vaccine.

#### **Maintaining Policy**

Throughout each school year, new staff members shall be required to show proof of immunity before employment.

A list of nonimmune employees shall be maintained and updated throughout the year.

## Adult CPR AED Skills Summary

| Step | Action   |
|------|--|
| 1    | <b>Make sure the scene is safe.</b>  |
| 2    | <b>Tap and shout.</b> <ul style="list-style-type: none"> <li>▫ Check to see if the person responds.</li> <li>▫ If the person doesn't respond, go to Step 3.</li> </ul>   |
| 3    | <b>Get help.</b> <ul style="list-style-type: none"> <li>▫ Yell for help.</li> <li>▫ Have the person who comes phone 911 and get an AED.</li> <li>▫ If no one can help, phone 911 and get an AED. Use it.</li> </ul>  |
| 4    | <b>Check breathing.</b> <ul style="list-style-type: none"> <li>▫ Make sure the person is on a firm, flat surface.</li> <li>▫ Check breathing.</li> <li>▫ If the person isn't breathing at all or is only gasping, give CPR.</li> </ul> <p style="text-align: center;">           No response + No breathing or only gasping = GIVE CPR         </p>  |
| 5    | <b>Push and give breaths. Give 30 compressions and 2 breaths.</b> <ul style="list-style-type: none"> <li>▫ Compressions:               <ul style="list-style-type: none"> <li>- Move clothes out of the way.</li> <li>- Put the heel of 1 hand on the lower half of the breastbone. Put the heel of your other hand on top of the first hand.</li> <li>- Push straight down at least 2 inches at a rate of at least 100 compressions a minute.</li> <li>- After each compression, let the chest come back up to its normal position.</li> <li>- Compress the chest 30 times.</li> </ul> </li> <li>▫ Breaths:               <ul style="list-style-type: none"> <li>- After 30 compressions, open the airway with a head tilt-chin lift.</li> <li>- After the airway is open, take a normal breath.</li> <li>- Pinch the nose shut. Cover the mouth with your mouth.</li> <li>- Give 2 breaths (blow for 1 second each). Watch for the chest to begin to rise as you give each breath.</li> </ul> </li> <li>▫ AED:               <ul style="list-style-type: none"> <li>- Use it as soon as you have it.</li> <li>- Turn it on by lifting the lid or pressing the "ON" button.</li> <li>- Follow the prompts.</li> </ul> </li> </ul> |
| 6    | <b>Keep going.</b> <p>Keep giving sets of compressions and breaths until the person starts to breathe or move, or until someone with more advanced training arrives and takes over.</p>  |

### How to Help a Choking Person Over 1 Year of Age

When a person is choking and suddenly cannot breathe, talk, or make any sounds, give abdominal thrusts. These thrusts are sometimes called the Heimlich maneuver. Abdominal thrusts push air from the lungs like a cough. This can help remove an object blocking the airway. You should give abdominal thrusts until the object is forced out and the person can breathe, cough, or talk or until the person stops responding.

Follow these steps to help a choking person who is 1 year of age and older:

| Step | Action   |
|------|--|
| 1    | If you think someone is choking, ask, "Are you choking?" If she nods, tell her you are going to help.          |
| 2    | Kneel or stand firmly behind her and wrap your arms around her so that your hands are in front.                |
| 3    | Make a fist with one hand.   |
| 4    | Put the thumb side of your fist slightly above her navel (belly button) and well below the breastbone.         |
| 5    | Grasp the fist with your other hand and give quick upward thrusts into her abdomen (Figure 12).                |
| 6    | Give thrusts until the object is forced out and she can breathe, cough, or talk or until she stops responding. |



Figure 12. Give quick upward thrusts into the child's abdomen.

#### Important

When abdominal thrusts are given to a choking victim, encourage the victim's parent or guardian to contact the child's healthcare provider.