

Infection Control Program

Consistent with the Public Employee Safety Health Act, Right-To-Know and Occupational Safety and Health Administration compliance programs, the policy of the Newburgh Enlarged City School District shall be to furnish its employees with employment and a place of employment which are free from recognized hazards that are likely to cause death or serious physical harm. Consistent with this intent, the District shall maintain an infection control program.

1. The Superintendent shall develop and all school personnel shall comply with guidelines and routine sanitary hygiene procedures for dealing with all spills of blood and other bodily fluids in or on school premises and grounds and at school-sponsored events (Universal precautions). All school personnel will be notified regarding the location of necessary equipment and materials, as well as the routine sanitary hygiene procedures to be utilized. The Superintendent should consult with the School Physician and public health officials, as appropriate, for the most current methods and information pertaining to such procedures.
2. All school nurses and other health care professionals employed by the School District shall be offered Hepatitis B series vaccinations, consistent with standard medical practice, at no cost. The Superintendent should consult with the School Physician and public health officials, as appropriate, regarding such vaccinations.
3. All school nurses and other health care professionals employed by the School District shall be given education on precautionary measures, epidemiology, modes of transmission and prevention of HIV infection/AIDS and Hepatitis B virus (HBV) infection. This shall include counseling regarding possible harm to the fetus from contracting HIV/HBV and associated infectious agents. These employees shall also receive training regarding proper work practices and the routine sanitary hygiene procedures for dealing with spills of blood and other bodily fluids (Universal precautions, including the location of necessary equipment and materials).
4. The District shall provide protective equipment to school nurses and other health care professionals employed by the School District, such as eye goggles, face masks and full face shield, as necessary, for protection against blood or blood-containing fluids.
5. The Superintendent shall develop procedures to be utilized for the disposal and transportation of putrescible solid or liquid waste (e.g., materials contaminated with potentially infectious material, such as blood) and the District shall provide appropriate receptacles for the disposal of such waste.

Infection Control Program Regulation

A. Policy Reference

The Newburgh Enlarged City School District Policy mandates the development of an “Exposure Control Plan” in accordance with OSHA Standard 29 CFR 910.1030, Occupational Exposure to Blood-borne Pathogens. Such a plan is designed to minimize or eliminate an employee’s risk of exposure to Blood-borne Pathogens in the work place. This plan outlines the steps that the Newburgh Enlarged City School District shall take to comply with the OSHA standard. The plan shall be available for review by all employees and the Assistant Secretary of Labor for Occupational Safety and Health upon request.

B. Exposure Determination

1. Group 1 Employees

All regularly appointed employees in the following job classifications (Group 1) are considered to have routine occupational exposure to blood, body fluids or other potentially infectious materials. Accordingly, all employees in Group 1 shall receive appropriate training and be offered the Hepatitis B (HBV) vaccine.

- a. Job Classification (Group 1)
 - i. School nurse(s), school nurse teachers, and school nurse practitioners.
 - ii. Health office aide(s) and assistants.
 - iii. School cleaners assigned to activities, which may require contact with body fluids.
 - iv. Teachers, teaching assistants and aides in special subjects working **in close proximity on a daily basis** with multiply disabled students.
 - v. Teachers, teaching assistants and aides working with students requiring assistance toileting, feeding, or with other body functions, or who exhibit behavior management needs which may require physical restraint or are manifested in biting, spitting, or other activities which lead to the exchange of bodily fluids.
 - vi. Teachers, teaching assistants and aides in special education working with students who are age 12 and below.
 - vii. **Elementary inclusion classroom teachers having students age 12 or under.**
 - viii. Staff members involved in the coaching and supervision of activities which may involve injury leading to exposure to body fluids, such as basketball, football, soccer, baseball, hockey, lacrosse, diving, and similar sports involving body contact.
 - ix. Physical education teachers and staff members supervising physical education classes.
 - x. Security monitors and senior monitors.
 - xi. Pre-K and Kindergarten teachers and staff members working with Pre-K and Kindergarten students.
 - xii. School site administrators.

2. Group 2 Employees

All other regularly appointed employees, including long-term substitutes and substitutes for school nurses of the Newburgh Enlarged City School District are classified as Group 2 for the purposes of this policy. Group 2 employees are not considered to have routine occupational exposure to blood, body fluids or other potentially infectious materials. However, Group 2 employees may be required to perform unplanned tasks relating to blood, body fluids or other potentially infectious materials. Accordingly, all employees in Group 2 shall receive appropriate training and will **not** be offered the Hepatitis B (HBV) vaccine unless exposed.

b. Job Classification (Group 2)

- i. All other regularly appointed employees of the Newburgh Enlarged City School District not listed under Group 1

3. Group 3 Employees

All non-regularly appointed personnel whose tasks do not involve exposure to blood, body fluids or other potentially infectious materials are considered to be Group 3. Exposure to blood, body fluids, potentially infectious materials and related tasks are not a condition of employment for Group 3 employees. Training will be provided for employees in Group 3. Hepatitis B (HBV) vaccine will **not** be offered to Group 3 personnel unless exposed.

c. Job Classification (Group 3)

- i. Substitute teachers
- ii. Substitute clerical personnel
- iii. Part time adult education instructors
- iv. Other substitute personnel

Newburgh Enlarged City School District
124 Grand Street
Newburgh, New York 12550

Memorandum

To: Group 1 Employees
From: Human Resource Office
Re: Hepatitis B Infectious Control Letter

Hepatitis B Virus (HBV) infection is a preventable occupational hazard. Strategies for prevention include the use of appropriate barrier precautions in circumstances where blood contact is likely; taking care to avoid needle stick and puncture wound injuries, and immunization with Hepatitis B vaccine.

The Newburgh Enlarged City School District is interested in assuring that our workers are protected from infection with Hepatitis B. In addition to the personal protective equipment and safety advice we provide, the Newburgh Enlarged City Schools is offering Group 1 employees to receive the Hepatitis B vaccine.

Information about HBV and the vaccine is being provided with this letter. Once you have reviewed this material and had the opportunity to have your questions answered, and have had an opportunity to discuss the benefits and risks of Hepatitis B vaccination with your personal physician, please complete the attached form to indicate your choice of receiving or declining the vaccine.

Employees, who wish to receive the vaccine, should see the building School Nurse or Nurse Practitioner who will provide a Request, Consent and Authorization form for completion.

The Hepatitis B vaccination program is voluntary. The offer of vaccination will remain open to employees who choose not to receive the vaccine at this time and have indicated the same on declination forms obtained from the school nurse or nurse practitioner.

Participation or non-participation in this program will not affect your employment status or the protections normally afforded you as a Newburgh Enlarged City School District employee.

There will be no personal cost for Hepatitis B vaccination when administered by the School Physician or a District designated medical program. The Newburgh Enlarged City School District ***will not*** pay for Hepatitis B vaccinations administered by medical personnel or programs, which have not received written authorization from the District.

Newburgh Enlarged City School District

Hepatitis B Request, Consent and Authorization Form

I have read the enclosed statement(s) about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I have had an opportunity to discuss the benefits and risks of Hepatitis B vaccination with my personal physician. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine. I have read the enclosed page entitled "Information about Hepatitis B Vaccine (Recombinant)" including the information entitled "Possible Side Effects" and still wish to receive the Hepatitis B vaccine. I request that it be given to me.

Date of Request and Consent _____

Name of Person _____ School _____ Position _____
(Please Print) **Person to Receive Hepatitis B Vaccine**

Signature of Person to Receive Hepatitis B Vaccine _____
(Return Signed Form to Health Services)

Authorization for Hepatitis B Vaccine

The Newburgh Enlarged City School District hereby authorizes **Omni Medical** to provide the Hepatitis B Vaccination series for the above named employee.

Authorization Signature _____ Date _____
(Human Resources, Health Services)

Proof of Hepatitis B Vaccination

1	_____	_____	_____
	Date Vaccinated	Lot #	Administered By (Name & Title)
2	_____	_____	_____
	Date Vaccinated	Lot #	Administered By (Name & Title)
3	_____	_____	_____
	Date Vaccinated	Lot #	Administered By (Name & Title)

Pre-Exposure – Mail to Human Resources or Health Services for Authorization. If received at Human Resources, forward to Health Services.

Post-Exposure – Fax immediately to Health Services for immediate authorization.

When completed, return a copy to Newburgh Enlarged City School District Health Services.

Newburgh Enlarged City School District
Group 1 Mandatory
Hepatitis B Declination Form

I understand that due to my occupational exposure to blood, body fluids or other potentially infectious substances I may be at risk of acquiring Hepatitis B (HBV) Infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself, and I have had an opportunity to discuss the benefits and risks of Hepatitis B vaccination with my personal physician. I decline the Hepatitis B vaccine at this time. I understand that by declining the vaccine I continue to have occupational exposure to blood, body fluids and other potentially infectious substances. I understand that if I request the Hepatitis B vaccine at a later date I can receive the vaccine series at no cost to myself.

Name: _____ School: _____ Position: _____
(Print)

Signature: _____ Date: _____

Newburgh Enlarged City School District
Group 2 and 3
Hepatitis B Declination Form

I acknowledge that my job classification is considered group 2 or 3. My job tasks do not involve routine exposure to blood, body fluid or other potentially infectious substances. I have been informed of the risk of acquiring Hepatitis B infection and I have been given information regarding the Hepatitis B vaccine. I have been exposed to blood, body fluids and/or other potentially infectious substances. I have had the opportunity to discuss the risks and benefits of the Hepatitis B vaccine with my personal physician and I do not wish to receive the Hepatitis B vaccine at this time. I understand that I may request to have the vaccine series in the future at no cost to myself.

Name: _____ **School:** _____ **Position:** _____
(Print)

Signature: _____ **Date:** _____

NEWBURGH ENLARGED CITY SCHOOL DISTRICT
Health Services
Blood and Body Fluid Post Exposure Plan
Distribute Plan to all District Employees Annually

In the case of blood and/or bodily fluid exposure, employees of the Newburgh Enlarged City School District should, as quickly as possible, report to the health office in the building in which they work. Central Office and Annex personnel should contact Health Services.

Employees having exposure should thoroughly wash contaminated exposed body areas with soap and water as soon as possible.

The building School Nurse/Nurse Practitioner will have the employee complete the following forms:

1. Blood and Body Fluids Incident
2. Consent/Authorization form for Hepatitis B Vaccine (Consent Name and Signature Only)
3. District Release
4. Release of Information

The School Nurse/ Nurse Practitioner should immediately contact Health Services by telephone and fax all forms upon completion.

The authorization for HBV vaccine will be returned to the sender by fax from Health Services. The form should be given to the employee and he/she should be immediately directed to **Omni Medical Care** keeping in mind the 2-hour window for treatment as recommended by CDC. Health Services will alert **Omni Medical**.

If the case of exposure is the result of a student incident, please make every attempt to secure a signed release of information form from the parent regarding immunizations so that **Omni Medical** might be notified of the HBV status of the student. This is *not* mandatory; however, it would be helpful and applies only to HBV.

Employees working in the District at times other than the regular school day should be directed to **Omni Medical Care's** after hour's telephone, **845-566-6664**. They should use the **Omni** 911 prompt. The employee will receive an initial assessment and directions for appropriate treatment. Following the initial after hour's treatment, the employee will be directed to call **Omni Medical Care** the next business day for follow up.

A clinician will complete treatment and give any additional instructions. The **Omni** clinician will also communicate any work related instructions to Health Services as well as written documentation regarding the case.

All medical documents will be maintained at **Omni Medical** with a copy being forwarded to Health Services if a release of information form has been signed.

Treatment by **Omni Medical Care** is confidential. A counseling component offers reassurance during this unsettling experience. Employees may contact **Omni Medical Care** for questions regarding their exposure and/or treatment.

Authorized post exposure treatment is at no cost to district employees.

Newburgh Enlarged City School District
Expanded School Health Program

Infection Control

Staff Education

All staff are required to have yearly in service training regarding Blood Bourne Pathogens and Infection Control. This is done at the beginning of the school year. **All staff** must view the Blood Bourne Pathogens video and sign the specified attendance document which must be kept by the building Principal and produced for viewing upon the request of N.Y.S., Division of Health and Safety (PESH).

Personal Protective Equipment

All staff members must have a personal protective equipment kit. The school nurse and/ or nurse practitioner should survey building personnel at the beginning of the school year regarding replenishment. All kits should be kept in the right hand corner of the upper desk drawer. The kit (a plastic baggie) should include the following:

- 1 pair of gloves
- 2 gauze pads
- 2 Band Aids
- 2 disposable wash clothes
- 2 alcohol prep pads

Newburgh Enlarged City School District
Infection Control/Universal Precautions
Staff In-service Training Attendance

School: _____

Program Title: **Blood Borne Pathogens**

Date: _____

Presenter: _____

Length: _____

Employee Name	1st Initial of last name and District ID #	Position
Print		Specify
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____