

HISD Mandatory Employee Training

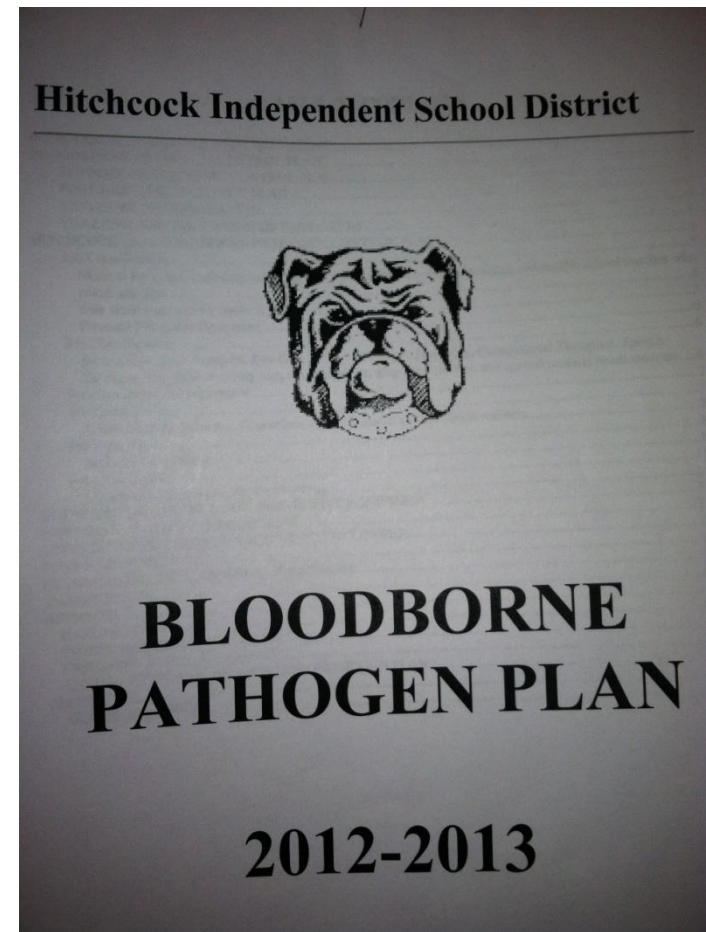
**Blood-Borne Pathogen & Exposure
Control**

Purpose of Exposure Control Plan

- Decreases risk of Exposure by:
 - Identifying job tasks with risks
 - Training and education of employees
 - Utilizing Personal protective equipment
 - Offering HBV to employees
- **Where is your BBP/Exposure Control Plan?**

HISD Blood borne Pathogen Plan

- Each school year you are given an updated plan.
- This covers the exposure plan, prevention of exposure and what to do if exposed to blood borne pathogens



Job Classification @ HISD

- School Nurse
- Clinic assistants
- Athletic trainers
- Coaches
- Teachers – all specialties, including Substitutes
- Aides- all departments
- OT/PT & Speech Therapists
- Counselors
- Administrators
- Clerical
- School Police Officer
- Maintenance

Work tasks with potential exposure

- Providing first aid
- Performing medical procedures
- Cleaning (equipment, worksite)
- CPR
- Assisting students with hygiene
- Restraining violent students
- Contact of drug paraphernalia
- Contact with weapons, especially knives & razors
- Crime scene investigation (police officer)
- Working with sewer lines (maintenance)

Review of Universal Precautions

- Many diseases are spread through contact with body fluids.
 - The most common and most likely body fluid to be concerned about is blood.
 - We should, however, use precautions whenever we come in contact with other bodily fluids such as semen, vaginal discharge, urine, feces, vomit, and saliva, etc
- Three contagious diseases spread by infected body fluids:
 - HIV
 - Hepatitis B
 - Hepatitis C

Protecting Yourself

- **The two most important safety precautions are the use of good hand washing techniques and utilizing your personal protective equipment**
- **Personal Protective Equipment - PPE:**
 - **Gloves**
 - **Facial mouth-to-mouth barrier (pocket mask or ambu bag)**

Hepatitis B vaccination program

- HISD offers employees free Hep. B vaccines. (HBV)
- This form is completed by your District RN or campus CNA and then you take it to the Galveston Co. Health District.
- HBV is given in a series of 3 injections over a 6 month period.
- Copy all of your HBV injections to the District RN

Hitchcock
INDEPENDENT SCHOOL DISTRICT
8117 Highway 6, Hitchcock, TX 77563 (409) 316-6545 Office, 409-986-9194 Fax
Barbara Derrick Ed. D
Superintendent
bderrick@hitchcockisd.org

Community Family Center
2000 Texas Ave.
Texas City, TX 77590
(Corner of 21st and Texas Ave)

Hours: M.W, Thurs., F 8:00 a.m.-11:30 a.m.
1:00 p.m.- 4:00 p.m.
Tues.: 10:00 a.m. - 2:00 p.m.
3:00 p.m. - 7:00 p.m.

This letter authorizes _____ to receive the Hepatitis B vaccinations at the expense of Hitchcock Independent School District. The nature of his/her position with the District indicates a possibility of exposure to blood or body fluids.
Health Care Provider: Please complete the form showing our employee has received the Hepatitis B vaccination.

School District Employee: You are responsible for returning a copy of this letter to the school nurse after each inoculation. These will be filed in your personnel folder.

Please take this letter to confirm to the clinic personnel that you have been approved by the school district to receive this series of vaccines.
Signature below represents your consent for the Hepatitis B Vaccination.

Employee signature _____ Date _____
Date of Hepatitis B vaccination #1 _____ Health Care Provider _____
Date of Hepatitis B vaccination #2 _____ Health Care Provider _____
Date of Hepatitis B vaccination #3 _____ Health Care Provider _____

Hepatitis B vaccination refusal/declination statement
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself; however I decline 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 want to be vaccinated with the Hepatitis B vaccine I can receive the vaccination series at no charge to myself.

Employee printed name _____ Date _____
Employee signature _____ Date _____
Witness signature _____ Date _____

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AIDS/HIV

- Acquired Immunodeficiency Syndrome (AIDS) is the final stage of an infection caused by the human immunodeficiency virus (HIV).
- HIV cripples the body's ability to fight infection, allowing cancers and other infections to develop.
- HIV Infection
- Once infected with HIV, a person is infected for life. An HIV-infected person may feel and look healthy and have no symptoms for years. But during this time, the virus can be passed to others through direct blood contact with an infected person's blood, semen or vaginal fluids.

HIV workplace

- **HIV is NOT spread through environment; it is transmitted through certain behaviors. EXCEPT for these behaviors, it is very hard to become infected by this fragile blood-borne virus.**
- **The virus can be passed to others through direct blood contact with an infected person's blood, semen or vaginal fluids.**
 - **Unprotected sex**
 - **Sharing needles, syringes, sharps**
 - **HIV mother to baby**
 - **Receiving HIV blood or blood products before 1985**
- **Infected co-workers or students do not cause a risk of spreading HIV through**
 - **Handshakes, hugs, or casual touching**
 - **Clean laundry**
 - **Telephones, office equipment or furniture**
 - **Sneezing or coughing (air)**
 - **Swimming pools or drinking water**
 - **Close working conditions**
 - **Tools, machinery**
 - **Dishes, utensils or food**
 - **Sinks, toilets, showers,**
 - **Insects**
 - **Donating blood**

Effective precautions to all Blood-Borne diseases

- use good personal hygiene and common sense:
- Wash hands thoroughly with soap and water
- Cover broken skin with clean, dry bandage
- Avoid direct contact with blood spills
- Wear vinyl or disposable latex gloves to clean spills that contain visible blood

Exposure Incident Referral

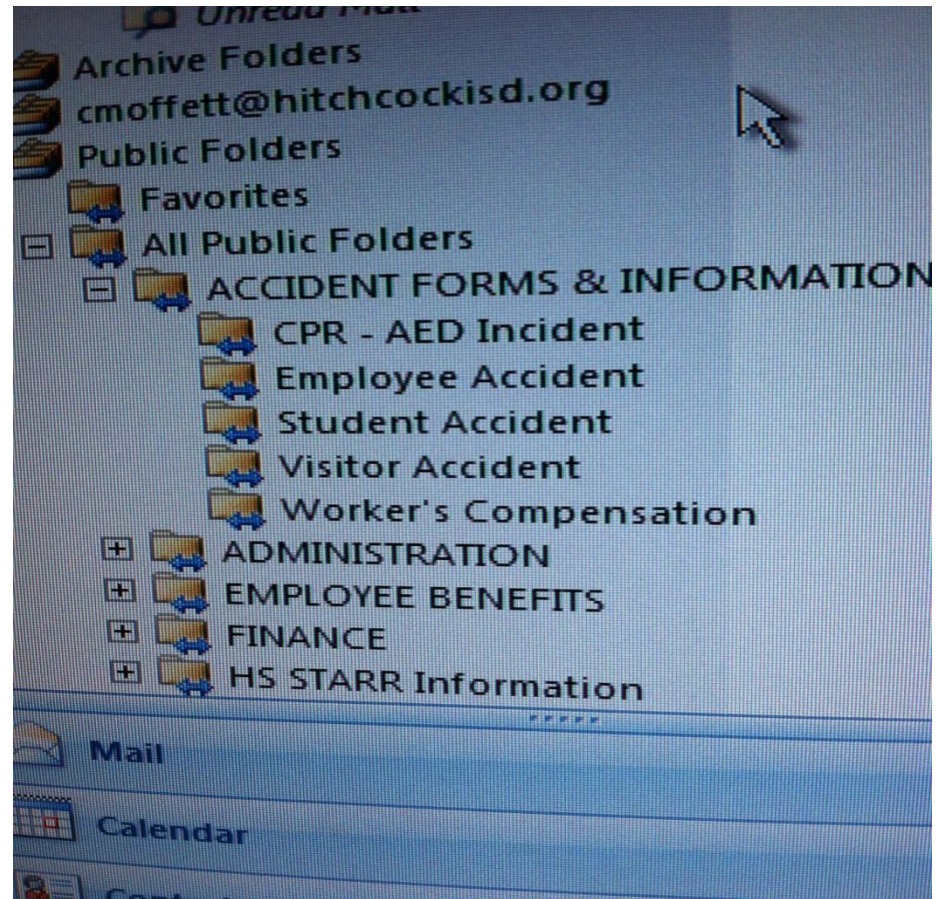
- Once exposed – first aid and evaluation of the injury by school nurse
- Employee must report to the principal/supervisor and school nurse **IMMEDIATELY.**
- The administrator and employee will complete the Worker's Compensation Injury Report and the HISD Employee Exposure Report- copy to school nurse
 - Employee takes these forms to his/her physician or HISD's workman comp clinic.
 - The MD should be provided with employee's duties and HBV vaccination records

Workman Comp forms location???????????

To locate the forms to complete for any type of injury you will need to access your school email.

Go to worker's compensations folder.

This folder tells you everything from MD address, proper forms and your rights and responsibilities.



Exposure by Sharps

- Any injury caused by sharps: needles, scalpels, lancets
- These may be utilized in the medical clinic
- May be utilized in labs and shop classes
- Not limited to only these job duties – all need to be aware.
 - Reported on: TDH Contaminated sharps Injury reporting form.
 - Within ten (10) days of injury send to GCHD
 - Central Office will keep a copy
 - All of this information is confidential and not subject to disclosure.

HEALTHY CHILDREN LEARN BETTER



SCHOOL NURSES MAKE IT HAPPEN

For any question do not hesitate to call your District RN or your campus clinical aid.

Cheryl Moffett, RN office 409-316-6543- cell 409-789-5135

Mel Jacobs-CNA- Primary 409-316-6467

Ginger Williams-CNA Crosby 409-316-6542

Krystal Shaw-CNA High School 409-316-6544

Darlene Blackwell, RN Head start 409-316-6541