



Health Packet 2025-2026

School and PSR



ARCHDIOCESE
OF ST. LOUIS

A graphic consisting of two overlapping horizontal bars. The top bar is orange and the bottom bar is yellow. The word "HEALTH" is written in orange capital letters on the yellow bar.

HEALTH

Preparing for a Healthy School Year

Dear Pastors, Presidents, Principals, and Directors of Religious Education,

Enclosed, you will find information on a variety of issues which you must consider in providing a healthy environment for all persons within your communities.

This information is provided to ensure that these issues are fully addressed over the summer months prior to the start of the 2025-2026 school year.

HEALTH ISSUES

- *Health Trainings and Communications*
- *Missouri Immunization Requirements*
- *Exposure Control Plan Information*

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HEALTH

Health Trainings and Communications

Enclosed is information on health trainings and other health communication services available throughout the 2025-2026 school year to schools/PSRs through the Office of Catholic Education and Formation and SSM Health Cardinal Glennon Children's Hospital. These services are made available to our schools/PSRs at **no cost** through School District Administrative Claiming program (SDAC) (MO HealthNet Division of the Missouri Department of Social Services).

Note that these programs are available for a variety of members of the educational community who play key roles in maintaining healthy schools/PSRs environment. Principals, administrators, and catechetical leaders are encouraged to carefully review these offerings in planning for the coming year. Make sure that appropriate staff members are aware of these programs and that they have placed them on their calendars. For more information about these programs, please contact the School Nurse Partnership Program listed below.

SSM Health Cardinal Glennon Children's Hospital

School Nurse Partnership Program

Anne Fahland, RN

Lori Stumpf, RN

314.268.2752

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TRAININGS OFFERED

The following training programs are offered **free of charge** to all Catholic schools in the Archdiocese of St. Louis. To arrange for any of these programs, please contact the School Nurse Partnership at 314.268.2752 or Anne.Fahland@ssmhealth.com.

For Teachers, Catechists, and Staff

Training for Medication Administration

This is a **required** class for personnel who have the responsibility of administering medications to students in the school. The class covers drug information, safe administration, policies of the State of Missouri and the Archdiocese of St. Louis, and documentation procedures. Class presenters are from the School Nurse Partnership Program.

| Dates | Locations | Time |
|---------------------------|---|----------------------------|
| August 7, 2025 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 10:00 am - 12:30 pm |
| September 25, 2025 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 10:00 am - 12:30 pm |
| November 6, 2025 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 10:00 am - 12:30 pm |
| February 5, 2026 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 10:00 am - 12:30 pm |
| June 4, 2026 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 10:00 am - 12:30 pm |

Registration: Contact the School Nurse Partnership Program to register for any of the sessions listed above at 314.268.2752 or Anne.Fahland@ssmhealth.com.

(continued)

OSHA/Bloodborne Pathogens Training for Emergency Response Team Members

This one-hour session provides information to members of the Emergency Response Team on universal precautions, modes of transmission of bloodborne pathogens, appropriate methods of recognizing potential exposures to prevent them, information on Hepatitis B vaccine, and procedures to follow if an exposure occurs. Class presenters are from the School Nurse Partnership Program. Note: Individuals who were previously trained need not attend.

| Dates | Locations | Time |
|---------------------------|---|-----------------------|
| August 7, 2025 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 1:00 - 2:00 pm |
| September 25, 2025 | Cardinal Rigali Center Sr. Antona Ebo Room 20 Archbishop May Drive Shrewsbury, MO 63119 | 1:00 - 2:00 pm |
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TRAININGS OFFERED AT SCHOOL SITES

American Heart Association HeartSavers CPR AED Training

This class is for school personnel covering adult, child, and infant cardiopulmonary resuscitation and choking. Maximum number of staff trained per session: six (6). Class is about 3 – 3 ½ hours. Get a few dates and times that will work for your staff then call or email Anne at 314.268.2752 or Anne.Fahland@ssmhealth.com.

American Heart Association First Aid Training

This class is for school personnel and covers the care of wounds, fractures, sprains, burns, head injuries, etc. that may occur at school, home or in the community. Class is about 3 hours. Get a few dates and times that will work for your staff then call or email Anne at 314.268.2752 or Anne.Fahland@ssmhealth.com.

School Medical Response Training/Stop the Bleed®

This training is to empower your staff in the school setting to accomplish the initial response to medical emergencies. Topics include adult tourniquet, pediatric tourniquet, wound packing, and then we could add stations including hands only CPR, choking, calling 911, assessment, administration of epinephrine auto injectors, inhalers, etc. Get a few dates and times that will work for your staff then call or email Anne at 314.268.2752 or Anne.Fahland@ssmhealth.com.

Training for Anaphylaxis, Asthma, Diabetes, Seizures, etc.

These sessions provide school personnel with specific information on chronic illnesses and how schools can accommodate students with these illnesses in a school setting.

For Parents

Speakers can be provided for parent organization meetings on the following topics: **Asthma, ADHD (behaviors and medication), Nutrition and Physical Activity.**

For Students

GermBusters

A hand washing program for elementary students using glow lotion and a black light to demonstrate how germs stick to hands.

Hygiene

A class for 6th - 8th grade students regarding grooming, bathing, use of deodorant, nutrition, and exercise.

HEALTH COMMUNICATIONS

The following services are available to all Catholic schools in the Archdiocese of St. Louis through SSM Health Cardinal Glennon Children's Hospital and the Office of Catholic Education and Formation.

School Health Hotline

Questions relating to health issues can be addressed by contacting the School Nurse Partnership Program at 314.268.2752 or Anne.Fahland@ssmhealth.com.

School Health Manual

Principals are asked to consult this manual for policies and procedures on all health issues. This manual is now available electronically and can be accessed through the CatholicFaithSTL.com website.

- Go to <https://www.catholicfaithstl.com/> and login with your username and password.
- Click on the Elementary or Faith Formation button.
- Click on "Health and Safety."
- Click on "School Health Manual."
- After the document opens, select the download icon to save and/or print this document.

Missouri Immunization Requirements

Below are the immunization requirements for the 2025-2026 school year. It is imperative that information is shared with those who assist in checking records and preparing the immunization report for the state.

According to Missouri law,

- **All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.**

The acceptance of a medical or religious exemption is a local level decision made by the pastor/school. A medical exemption card must be signed by a medical doctor and need only be completed once and kept in the student's file. A religious exemption card must be completed and requires a parent signature.

- **Local health departments have the right to review immunization records without notice. Schools must take steps to ensure that all students are immunized by the start of the school year or have the appropriate exemption on file.** Schools should ensure that students are in compliance on the first day of school. If not, these students should be excluded from school until they are in compliance.

Finally, keep in mind that students are at risk if a vaccine-preventable disease should break out at school, and they are not properly immunized. Schools are encouraged to maintain a list of students who are not immunized for easy reference if a vaccine-preventable disease occurs at the school.

For more information on immunization requirements, contact the SSM Health Cardinal Glennon Children's Hospital School Nurse Partnership Program at 314.268.2752.

Guidance from the Office of Catholic Education and Formation:

- Decisions about whether to honor religious exemptions for vaccines derived from lines using fetal matter shall be made on a parish level by the pastor and principal.
- Should a family present a religious objection to such vaccines which is denied at the parish level, the family's appeal shall be to the Office of Catholic Education and Formation which, at its option, shall either have a conversation with the pastor and principal to discuss the family's wishes and to understand local level circumstances or assist the family in finding another Catholic elementary school which will honor the family's religious objection.

As a reminder, families wishing to enact a religious exemption for such vaccines must obtain and complete the Religious Immunization Exemption card from the Missouri Department of Health and Senior Services and file the card with their school.

Immunization Reporting:

| Grades | Form | Due Date |
|----------------------------------|--|------------|
| K-8 | Summary Report of Immunization Statue of Missouri public, Private, Parochial and Parish School Children, CD-31 | October 15 |
| Child Care / Preschool School | Child Care/Preschool School Immunization Status Report, IMMP.32 | January 15 |

2025-2026 MISSOURI SCHOOL IMMUNIZATION REQUIREMENTS

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Missouri-required immunizations should be administered according to the current ACIP schedule, including all spacing, (CDC.Gov/vaccines/schedules).
- To remain in school, students “in progress” must have an Immunizations In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption form must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine preventable diseases occur.

| Vaccines | Dose Required by Grade | | | | | | | | | | | | |
|---|------------------------|----|----|----|----|----|----|----|----|----|----|----|----|
| | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| DTaP/DTP/DT ¹ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ |
| Tdap ² | | | | | | | | | 1 | 1 | 1 | 1 | 1 |
| MCV ³ (Meningococcal Conjugate) | | | | | | | | | 1 | 1 | 1 | 1 | 2 |
| IPV (Polio) ⁴ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ |
| MMR ⁵ | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Hepatitis B ⁶ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ |
| Varicella ⁷ | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.
Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-12 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
5. First dose must be given on or after twelve months of age. If MMR and Varicella are not administered on the same day, they must be at least 28 days apart. The 4-day grace period does not apply to live vaccines.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age. If Varicella and MMR are not administered on the same day, they must be at least 28 days apart. The 4-day grace period does not apply to live vaccines.

Kindergarten-12 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

Exposure Control Plan

Below are four steps that an administrator must take to ensure the school's compliance with all OSHA guidelines pertaining to exposure to bloodborne pathogens.

1. Complete the enclosed *Emergency Response Information Plan*.

Each school/PSR must complete the enclosed *Emergency Response Information Plan 2025-2026*. It will replace last year's form, which should be on file at each school/PSR. The following information must be incorporated into this document by the principal:

- A list of individuals who will serve on the Emergency Response Team. These individuals will be solely responsible for responding to all emergency and first aid incidents within the school day. School health nurses and volunteers should be members. Administrators and school secretaries are logical choices to complete the Emergency Response Team. However, the principal may instead select teachers or other school employees to be on the Team.
- A list of individuals who would provide cleaning services in the case of contamination by blood or body fluids. School maintenance staff would be included on this list.

In order for the Emergency Response Plan to accomplish its purpose, the administration must provide a copy of this plan to all school/PSR employees and staff and inform them that the Emergency Response Team members are the **only** employees authorized to provide first aid or cleanup services in situations involving blood and body fluids.

The Emergency Response Information Plan document should be placed in the school's health file.

2. Provide in-service education for all individuals listed on the Emergency Response Information Plan.

Individuals who are **new** to the Emergency Response Team **must** attend a one-hour in-service session. This in-service should be offered at a time and location convenient for these individuals and should occur before the person begins performing the duties associated with being on the Emergency Response Team.

An in-service program that meets the above requirements is being provided at no cost. This in-service has been scheduled at various times throughout the coming school year for staff members who have been identified to be at risk. See the section entitled **Health Trainings and Communications** for a list of dates, times, and locations. More information on these sessions can be obtained by contacting the School Nurse Partnership Program at 314.268.2752.

A record indicating that all at-risk employees attended such a session will need to be maintained in the school's health file for a period of three (3) years. The individual conducting the session will provide this record at the conclusion of each of these sessions.

Individuals who have been on the Emergency Response Team and who attended a training session in past years need **not** attend this training session again. Instead, the principal should simply copy the enclosed document, ***OSHA Emergency Response Team Training Review 2025-2026***, and then distribute it to all returning members of the team. This sheet reviews the main points discussed at the training session.

3. Offer Hepatitis B Series vaccination to all individuals on the Emergency Response Team.

This vaccination series should be offered to each member of the Emergency Response Team. The vaccination series should begin before the person begins performing the duties associated with being on the Emergency Response Team. If an employee who has occupational exposure declines the hepatitis B vaccination, that employee must sign the enclosed hepatitis B vaccine declination form.

A sheet detailing how and where this vaccination can be obtained through the local health departments is enclosed.

4. Present an educational video training on bloodborne pathogens to all school/PSR employees.

This brief presentation provides valuable information to all staff members about the universal precautions and how they can protect themselves from bloodborne pathogens. This video, ***"Creating a Safe and Healthy School Environment: A Plan to Minimize Exposure to Bloodborne Pathogens,"*** is available on the CatholicFaithSTL.com website.

- Go to <https://www.catholicfaithstl.com/> and login with your username and password.
- Click on the Elementary or Faith Formation button.
- Click on "Health and Safety."
- Click on "Bloodborne Pathogens" to start the video.

Principals of schools must share this video with staff at a faculty meeting in August or September.

If you have any questions about the implementation of any of these steps, please contact the School Nurse Partnership Program at 314.268.2752 or contact your vicariate Education Director.

Emergency Response Information Plan

2025-2026

Since the response to first aid and emergency situations can create a danger not only for an injured student but also for the emergency responder, the school has decided to designate an Emergency Response Team to respond to all first aid and emergency situations occurring at the school, on school property, or during school-sponsored events. In any situation that requires first aid, including situations in which contact with another person's blood or body fluids may result, a member of the Emergency Response Team must be contacted to provide the first aid services. The school's Emergency Response Team shall consist of the following individuals:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Since the danger posed by blood or body fluids extends beyond the provision of first aid to the post-incident clean up, the school has included member(s) of its janitorial staff on its Emergency Response Team. Therefore, in any situation in which an area or equipment has been contaminated by blood or body fluids, the following individual(s) should be contacted to perform the cleaning services:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

It is the policy of the school that on any occasion in which a situation could result in an employee coming into contact with another person's blood or body fluids, the school expects that employee to avoid contact with the blood or body fluids and to immediately notify a member of the Emergency Response Team who shall respond to the situation by providing the appropriate first aid or emergency assistance. In addition, the administrator should be notified immediately of any incident that results in any employee being exposed to another individual's blood or body fluids.

If you have any questions regarding this policy, please contact the administrator of the school.

Keep this form on file at school/PSR.

Emergency Response Plan

Vaccinations for Emergency Response Team Members

Individuals listed on the school's Emergency Response Plan are to be offered the option of being vaccinated for Hepatitis B. If a member of this team declines the Hepatitis B vaccination, the employee must sign the Hepatitis B Vaccine Declination form. This form is then placed in the school's health file.

Individuals choosing to receive the vaccination can receive this series of three vaccinations at a location of their choice. This immunization is available through private physicians or local health departments.

The school/parish school of religion should cover the cost of the vaccination. Local health departments provide this immunization at a reasonable price. Please call your local health department to verify cost, the days/times they administer the Hepatitis B vaccination, and if it is necessary to schedule an appointment to receive the vaccination.

| County | Location | | County | Location |
|---------------------|---|--|-------------------------|---|
| Franklin | 414 East Main Street Union, MO 63084 636.583.7300 | | Ste. Genevieve | 115 Basler Ste. Genevieve, MO 63670 573.883.7411 |
| Jefferson | 1818 Lonedell Road Arnold, MO 63010 636.797.3737 | | St. Louis City | People's Health Center 5701 Delmar Blvd. St. Louis, MO 63112 314.367.7848 |
| | 405 Main Street Hillsboro, MO 63050 636.797.3737 | | | People's Health Center 11642 West Florissant Ave. Florissant, MO 63033 314.838.8220 |
| Lincoln | 5 Health Department Drive Troy, MO 63379 636.528.6117 | | St. Louis County | John C. Murphy Health Ctr. 6121 North Hanley Road Berkeley, MO 63134 314.615.0600 |
| Perry | 406 North Spring Street Perryville, MO 63775 573.547.6564 | | | North Central Community Health Center 4000 Jennings Station Road St. Louis, MO 63121 314.615.9700 |
| St. Charles | 1650 Boone's Lick Road St. Charles, MO 63301 636.949.7400 | | | South County Health Ctr. 4580 S. Lindbergh Blvd. St. Louis, MO 63127 314.615.0400 |
| St. Francois | 1025 West Main Street Park Hills, MO 63601 573.431.1947 | | Warren | 101 Mockingbird Lane Warrenton, MO 63383 636.456.7474 |
| | | | Washington | 520 Purcell Drive Potosi, MO 63664 573.438.2164 |

Hepatitis B Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously.

Adults 60 years or older who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



HEPATITIS B VACCINE DECLINATION

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 vaccination, 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.

I DESIRE TO FOREGO VACCINATION

Employee Signature

Date

OSHA/Bloodborne Pathogens Emergency Response Team

Training Review

What You Should Know About Protecting Yourself from Bloodborne Pathogens, Tuberculosis and Respiratory Viruses (influenza and COVID) in the Workplace 2025 - 2026

Purpose of Training

Annual training is mandatory and builds on previous information. The goal of this document is to review specific ways for you to eliminate or minimize the risk of occupational exposure to bloodborne pathogens, tuberculosis, and influenza in performing your job.

Facts on Bloodborne Pathogens

The recognized bloodborne pathogens are:

- HIV (the virus that causes AIDS)
- Hepatitis B
- Hepatitis C

Blood and body fluids and other potentially infectious biological fluids and tissues are:

- breast milk
- semen
- vaginal secretions
- amniotic fluid
- pleural (chest cavity)
- pericardial (heart sac)
- peritoneal (abdominal cavity)
- cerebral spinal fluid (brain and spinal cord)
- saliva and vomitus are infectious for bloodborne pathogens **ONLY** if there is frank blood present; they can be infectious with other viruses or bacteria.

Transmission occurs through exposure of mucous membranes, non-intact skin, needles, and sharps with infected body fluids.

Disease Transmission

For infection to spread to others, the following three things must happen:

1. A germ must be present (also referred to as the source)
2. There must be a way to spread the germ from the source to others (transmission)
3. The germ must be given to a susceptible host.

Germs (microorganisms) are found in numerous places, including:

- People (students, visitors, personnel)
- Environment (including equipment, supplies, etc.)

Germ spread by several methods:

- Contact – most frequent method of spreading germs, by direct contact or indirect contact with a source.
- Droplet – large spray of moisture sent into the air from a person when they cough, sneeze or from aerosol producing procedures. The germ travels a short distance through the air (typically 6 feet or less) and comes in contact with a susceptible host: eyes, nasal passages, or mouth. The germs do not stay in the air. When the moisture or droplet that surrounds the germ dries, the germs fall onto environmental surfaces. (respiratory viruses)
- Airborne – Occurs when small sized germs stay in the air for prolonged periods of time. The germs can move with air current and may be inhaled by a susceptible host. (TB, chickenpox)

Resistant Organisms:

Organisms that do not respond to a specific antibiotic are referred to as resistant organisms. The most common resistant organisms that you may be familiar with are ORSA (Oxacillin-Resistant Staph Aureus, formerly known as MRSA), VRE (Vancomycin Resistant Enterococcus) and C-diff. **Hand hygiene is the most important means of preventing the spread of germs to others.**

Universal Precautions: How You Can Protect Yourself?

1. Hand Hygiene

Hand washing is the single most important means of preventing the spread of germs to others!!

When to wash hands

- Before **AND** after contact with an ill or injured person.
- When hands are visibly dirty or contaminated with blood or body fluids.
- When moving from a contaminated body site to a clean body site.
- Before putting on **AND** after removing gloves.
- After coming in contact with inanimate objects in the immediate vicinity of the ill or injured person.
- Before eating and after using the restroom.

Hand hygiene technique

- ***Soap and water:*** (This technique is appropriate for visibly and not visibly soiled hands)
 - Wet hands first.
 - Use enough soap to create a lather.
 - Use at least 20 seconds of friction, covering all surfaces of hands and fingers.
 - Rinse hands with water and dry thoroughly.
 - Turn off faucets with paper towels.
- ***Waterless product:*** (This technique is appropriate only when hands are **not** visibly soiled.)
 - Use only a dime sized amount on palm.
 - Rub hands together covering all surfaces until dry.

2. Engineering Controls

Engineering controls are things that we use to prevent exposure. Examples of available engineering controls include:

- Sharps disposal containers
- Resuscitation devices (disposable)
- Personal protective equipment

3. Work Practice Controls

Work practice controls are procedures which minimize or eliminate possible exposures.

These include:

- Proper hand hygiene
- No mouth pipetting of blood or other body fluids
- Appropriate disposal of biohazardous/regulated waste
- No eating, drinking, or applying makeup in work areas.
- Do not recap, bend, remove or manipulate any needles by hand.

4. Personal Protective Equipment

The school provides PPE to protect the employees. Examples are:

- fluid resistant gowns
- masks
- gloves
- goggles

5. Environmental Practices

Each work site should be maintained in a clean and sanitary condition. Spills should be contained and cleaned before disinfecting.

- Always wear gloves.
- Contain and clean the spill using paper towels.
- Apply disinfectant for required contact time of product (on the bottle of wipes)
- Allow to air dry.
- NOTE: Use tongs or broom and dustpan to pick up glass
- Large blood spills should be cleaned up using a blood spill kit.

6. Laundry Practices

All contaminated linen is handled using Universal Precautions and bagged at the point of use. Contaminated linen should be handled as little as possible and NOT thrown on the floor. Please make sure no foreign items are placed with the linen. This protects the laundry worker who sorts the linen.

7. Biohazardous or Regulated Waste

Biohazardous or regulated waste (or red-bagged waste) must be separated from regular trash. The following are examples of red-bagged waste:

- Bulk blood or blood saturated items – if applicable, use a solidifier to solidify blood so it can be disposed of in a red bag biohazard waste.
- Blood saturated means that bloody fluid leakage would result if compacted or compressed. Dressings with little blood can be disposed of in regular trash.
- Pathological Waste – any human tissue
- All sharps, needles, lancets, scalpels, and blades should be placed in a sharps container.

8. Post Exposure

When a needle stick, cut, splash, bite or other exposure to blood, body fluids or other potentially infectious material occurs, the employee should:

- Immediately clean the wound and/or irrigate eyes at the closest eyewash station. Lacerations requiring sutures and eye splashes requiring irrigation should be treated in an Emergency Department.
- Notify the Principal and/or Risk Manager.
- Refer to **Steps to Take Following an Exposure Incident.**
- It is important to receive the proper treatment!

Hepatitis B Vaccine

This vaccine is strongly recommended for the members of the Emergency Response Team because of the risk of exposure to blood and body fluids.

Tuberculosis

What is TB?

“TB” is short for Tuberculosis. TB is spread by tiny germs that can float in the air. The TB germs may spray into the air if a person with TB disease of the lungs or throat coughs, shouts, or sneezes. People nearby can breathe TB germs into their lungs.

TB germs can live in your body without making you sick. This is called latent TB infection.

Sometimes the TB germs can cause TB disease. TB commonly infects the lungs, causing:

- persistent cough (greater than 3 weeks)
- bloody sputum
- weight loss
- night sweats
- fever

How do I know if I have TB?

The intradermal PPD skin test will determine if you have been exposed to TB. This mandatory skin test given on hire, requires that you return in 48-72 hours for interpretation of the test. To be considered skin test positive, there must be a raised area at the test site which is then measured to determine the size.

Does a positive skin test mean that the person is infectious?

A positive skin test means that additional assessment needs to be done to find out if the person has active TB disease.

A person is considered infectious (active TB disease) when they have a positive skin test, their chest x-ray shows abnormalities, and they may have signs and symptoms of TB.

A person is considered non-infectious (latent TB) when their skin test positive, but their chest x-ray is normal, and they have no signs or symptoms of TB. This means the person carries the germ but does not look or feel sick and cannot infect others. No special measures are needed.

Precautions

1. Report possible cases of TB. Active TB in children is rare, Cardinal Glennon sees about 1 -2 cases a year. Be suspicious of people with TB symptoms, especially if they are from high-risk groups which include persons who were born in or frequently travel to countries where TB is common, including some countries in Asia, Africa, Latin America, low income, medically under-served, IV drug users, alcoholics, residents of correctional institutions and nursing homes.
2. Control possible sources of infection. Have the person cover their mouth and nose when coughing or sneezing. **Have the person wear a surgical mask.**

Influenza *(The following article is adapted from the Centers for Disease Control)*

Influenza is a debilitating and highly contagious respiratory infection caused by a virus and leads to an average of approximately 200,000 hospitalizations and 36,000 deaths in the U.S. each year. At-risk populations, particularly the elderly and young children, should be vaccinated against influenza every year. Because the vaccine is altered nearly every year to match the circulating strain and because immunity from the vaccine wanes over time, the vaccine must be given every year – ideally in October or November. If you have an egg allergy, check to see if there is an egg-free vaccine available.

Vaccine Myths

Despite the established benefits of the influenza vaccine, several misconceptions exist. The most common myth is that the influenza vaccine can cause influenza. Just like most vaccines, the influenza vaccine does **not** cause influenza.

Some people argue that because the influenza vaccine is not 100% effective, (it is 70-90% effective in healthy adults), they will get influenza anyway. Even if the vaccine does not prevent all individuals from getting influenza, they are still likely to be far less sick than they would have been without the shot. People at greatest risk for influenza-related complications include people 65 years and older; residents of nursing homes and other chronic care facilities; people with chronic pulmonary or cardiovascular conditions; pregnant women; people with diabetes mellitus; and children less than two years of age.

Influenza 101

Although influenza is primarily spread by droplet transmission, the virus can also live on objects such as doorknobs, telephone receivers, utensils and food trays, beds, and medical equipment for possibly up to 48 hours. Some people infected with influenza may not develop symptoms at all but may be infectious to others. For infected persons who do develop symptoms, they can be contagious the day before they get symptoms.

Influenza usually starts suddenly and may include the following symptoms:

- Fever (usually high)
- Headache
- Tiredness (can be extreme)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Diarrhea and vomiting also can occur infrequently but are more common in children.

General treatment for influenza includes bed rest, drinking plenty of fluids and taking over-the-counter medicines such as acetaminophen.

COVID-19

How does COVID-19 spread?

Spread of COVID-19 occurs via airborne particles and droplets. People who are infected with COVID can release particles and droplets of respiratory fluids that contain the SARS CoV-2 virus into the air when they exhale (e.g., quiet breathing, speaking, singing, exercise, coughing, sneezing). For infected persons who develop symptoms, they are contagious for two days prior to symptom onset to 10 days as long as fever free and symptoms have improved. Immunocompromised patients are infectious for up to two days prior to symptom onset to 20 days as long as fever free and symptoms improved.

COVID Symptoms, any one symptom below:

- Cough
- Fever
- Shortness of Breath
- Sore throat
- Headache
- Muscle pain
- Runny nose
- Vomiting
- Diarrhea
- New loss of smell or taste
- Rash

STEPS TO TAKE FOLLOWING AN EXPOSURE INCIDENT

The blood borne pathogen exposure control plan implemented by each school provides detailed instructions regarding the actions that must be taken following an exposure incident. An **EXPOSURE INCIDENT** means a specific eye, mouth or other mucous membrane, open skin, or parenteral contact with blood or other potentially infectious materials resulting from the performance of an employee's duties. While the EXPOSURE CONTROL PLAN should be referenced following any exposure incident, the following instructions are intended to assist school officials in the implementation of the post-exposure incident requirements.

1. All employees should know that first aid incidents involving exposure to blood or *other potentially infectious materials* must be reported to the principal or the parish business manager before the end of the work shift during which the incident occurred.
2. A first aid incident report must be prepared by the principal or parish business manager. The incident report must include:
 - a. The names of all employees who provided first aid.
 - b. A description of what occurred, including date and time.
 - c. A determination of whether an *exposure incident* has occurred.
3. A separate confidential file should be created and placed in the school's permanent filing system for each individual exposure report.
4. The Hepatitis B vaccine must be offered to any employee who provided first aid if blood *or other potentially infectious material* was present. The Hepatitis B vaccine must be made available as soon as possible, but no later than 24 hours after the incident. Employees who must be offered the Hepatitis B vaccine should be sent to **CLOSEST LOCAL HEALTH DEPARTMENT** to receive the vaccine. If the employee declines the vaccination, the employee must sign the declination form which is part of the EXPOSURE CONTROL PLAN.
5. When an EXPOSURE INCIDENT has occurred, a confidential medical evaluation and follow-up report of the incident must be made available to the employee involved. To schedule the medical evaluation, you should contact **RISK MANAGEMENT OFFICE** at ST. LOUIS ARCHDIOCESE 314-792-7203.
6. The follow-up incident report (this report is separate from the FIRST AID INCIDENT REPORT) must be prepared and made available to the employee. The follow-up incident report must include:
 - a. Documentation of the route of exposure
 - b. HBV and HIV status of the source individual (if available)
 - c. An explanation of the circumstances under which the exposure occurred.
7. The source individual should be contacted regarding the incident and notified of the steps being taken by the school administration in response to the incident. The source individual should also be asked to consent to collection and testing of their blood to determine the presence of HBV and/or HIV infection.

STEPS TO TAKE FOLLOWING AN EXPOSURE INCIDENT

NOTE: When preparing the necessary reports, confidentiality for the exposed employee and the source individual should be maintained to the extent possible.

8. If the source individual has consented to testing, results of the testing shall be made available to the exposed employee. The employee should also be informed of the need to maintain confidentiality regarding the results of the testing.
9. Arrangements shall also be made for the exposed employee's blood to be collected and tested as soon as possible. A consent form from the exposed employee should be prepared and signed before the collection and testing.

NOTE: If the employee consents to baseline blood collection, but does not give consent for HIV serologic testing, the sample must be preserved for at least 90 days. If within that 90-day period, the employee elects to have the baseline sample tested, the testing shall be done as soon as feasible.

10. The healthcare professional evaluating the employee after an exposure incident must be provided the following information:
 - a. A copy of OSHA's blood-borne pathogen standard
 - b. A description of the exposed employee's duties as they relate to the exposure incident.
 - c. Documentation of the routes of exposure and the exposure's circumstances
 - d. Results of the source individual's blood testing (if available)
 - e. All medical records in the school's possession that are relevant to the treatment of the employee including vaccination status.
11. The school must obtain a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
12. The healthcare professional's written opinion shall be limited to the following information:
 - a. That the employee has been informed of the results of the evaluation
 - b. That the employee has been told about any medication conditions resulting from exposure to Blood or Other Potentially Infections Materials which require further evaluation or treatment

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

13. All reports and documentation relating to the incident should be placed in the confidential file identified in Step #3.