

# Halifax County Schools

## Diabetes, EpiPen, Bloodborne Pathogen & Concussions Annual Staff Training

### **Annual Required Health Training for Staff**

All North Carolina school staff are required by law to participate annually in Diabetes, Allergy, concussion and Bloodborne Pathogen training. This is an effort to prepare staff to respond to the needs of children with health issues. All staff are NOT required to administer diabetes medications or Epinephrine - this training is only to enable staff to know when and who to call for help.

Thank you for your assistance in keeping our students safe at school.

### **Part 1: Diabetes**

**Step 1) Watch the Video** **View:** <http://www.youtube.com/watch?v=E0M4oxBtnXo>. This video is from the Juvenile Diabetes Research Foundation; the information is also applicable to type 2 diabetes.

**Step 2) Take the Test** After watching the video, complete the attached Diabetes Training Test and turn it in to the School Nurse.

<https://drive.google.com/file/d/1U1k3KaxwjC2O7fWYcLmn2yvDI0eGhv6N/view?usp=sharing>

### **Part 2: EpiPen (Anaphylactic)**

**Step 1) Watch the Video** **View:** <http://www.allergyhome.org/schools/> Click on "view module" under the School Staff Training Module. There is A LOT of other pertinent and useful information on this site you may wish to review and use.

**Step 2) Take the Test** On the same website ([www.allergyhome.org/schools/](http://www.allergyhome.org/schools/)) complete the Food Allergy Quiz. Print out the certificate of completion and turn it in to the School Nurse.

## Part 3: Bloodborne Pathogens

Halifax County Public Schools requires ALL staff to complete the Bloodborne Pathogen training on a yearly basis.

Step 1) Watch the video View: <https://www.youtube.com/watch?v=hd217pzVO80>

Step 2) Take the quiz (see below)

Step 3) Complete the optional Hepatitis B Vaccination form (See below)

### Instructions for School Staff

#### Diabetes, EpiPen, & Bloodborne Pathogen Training (ALL Employees):

Principals may designate one person in each school to maintain their Diabetes Training Roster, EpiPen Training Roster, and Bloodborne Pathogen Training Roster (usually is the nurse). This person (if not the nurse) will be responsible for ensuring that ALL school personnel (teachers, office staff, administrators, custodians, bus drivers, cafeteria, etc.) complete these training sessions every year. When all staff have completed training, and the rosters for the year are complete, the rosters will be kept by the School Nurse. Documentation should be kept for one year; it may be discarded when the new year's information is completed.

Staff should be informed of who your school's Diabetic Care Managers (DCM's) and EpiPen Administrators are in case of emergency.

Training may be completed on an **individual basis** or in **groups** (i.e. during a staff meeting) **during regular work hours:**

**Individual Training:** Staff will complete the videos and tests, which will be turned in to the School Nurse. The Nurse will forward the completed tests to the designated staff person who will check names off on the school training roster. Maintain the tests at your school as backup for 1 year - discard the prior year when the new year is completed.

**Group Training:** The administrator of group training sessions must have staff complete a sign-in sheet. The videos must be shown to the group, and all present employees must complete the tests. The diabetes test and bloodborne pathogen test are printable and can be completed at the training. The food allergy/EpiPen quiz must be taken online - this should be completed as soon as possible after the training. The sign-in sheet will be given to the designated staff person to check names off on the school roster. The tests must be given to the School Nurse for review.

## **Concussion Information: Return to Learn**

In 2011 the North Carolina General Assembly passed the Gfeller Waller Concussion Awareness Act (GWCA), that addresses concussion management for injuries experienced in the context of participation in public school.

Center for Disease Control, US Dept. of Health and Human Services, 2013. Heads Up to Schools: Know Your Concussion ABC's. Returning to School after a Concussion: A Fact Sheet for School Professionals.

<https://www.cdc.gov/headsup/schools/teachers.html>

[http://www.cdc.gov/headsup/pdfs/providers/ace\\_care\\_plan\\_school\\_version\\_a.pdf](http://www.cdc.gov/headsup/pdfs/providers/ace_care_plan_school_version_a.pdf)

<https://ccsnc.org/wp-content/uploads/2020/04/ConcussionReturn-to-Learn.pdf>

## **Coronavirus Information**

COVID - 19 affects different people in different ways. Infected people have had a wide range of symptoms reported from mild symptoms to severe illness. Symptoms may appear 2 - 14 days after exposure to the virus. People with these symptoms may have COVID - 19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headaches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

## **Pathogens Quiz**

Your Full Name: \_\_\_\_\_

Your last 4 -digits of SS Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

**Please answer the questions below--**

1. An athlete who is injured and bleeding should stop playing immediately and have the wound cleaned and bandaged before returning to the sport.

Please select--True False

2. You are using Standard Precautions if you assume that everyone is potentially contagious.

Please select--True False

3. You can be exposed to bloodborne pathogens at work if blood or other infectious material contacts your broken skin or mucous membranes.

Please select--True False

4. Fortunately, there are vaccines to prevent Hepatitis B and Hepatitis C.

Please select--True False

5. Hand washing is the best protection against the spread of infection.

Please select--True False

6. The risk of exposure to bloodborne pathogens in the school is low.

Please select--True False

7. Blood is the only source of HIV, Hepatitis B, and Hepatitis C.

Please select--True False

8. Personal Protective Equipment (PPE) includes:

List at least 4 items:

9. Which virus can live up to seven (7) days on a dry surface?

Please select-- HIV Measles Hepatitis B Cold virus

10. Your BBP OSHA guidelines are located:

Please select: In the principal's office In the teacher's lounge In the coaches' office

11. If I have a blood borne exposure I need to immediately notify:

## Hepatitis B Vaccination form

It is the policy of the board (# \_\_\_\_\_) to comply with federal and state regulations and standards regarding bloodborne pathogens as set forth in the Federal Register, 29 C.F.R. 1910.1030, and the North Carolina Administrative Code, 13 N.C.A.C 7F .0207, by attempting to limit or prevent occupational exposure of employees to blood or other potentially infectious bodily fluids and materials that may transmit bloodborne pathogens and lead to disease or death

At-Risk employees who elect to receive the Hepatitis B Vaccination series are directed to take this form to the Halifax County Health Department for all Hep. B shots (series of 3 shots, 2nd shot due 4 weeks after 1st shot, 3rd dose due 5 months after the 2nd shot). Employees with the State Health Plan Insurance will need to show their insurance card and Halifax County Schools photo ID. There will be no charge to employees for these shots.

\_\_\_\_ I certify that I have completed the online Bloodborne Pathogen training

Employee's Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ SSN Last 4 Digits \_\_\_\_\_

School/Department \_\_\_\_\_ Position Title \_\_\_\_\_

### Please select one of the following three (3) options:

\_\_\_\_ I want to receive the Hepatitis B Vaccination series. I will bring a printed copy of this submitted form to the Halifax County Health and Human Services Department (HCHHS), located at 19 Dobbs Street., Halifax, NC 27839

\_\_\_\_ I have already received the Hepatitis B Vaccination series. Approximate date of completion:

\_\_\_\_ I do NOT want to receive the Hepatitis B Vaccination series. 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. If in the future I decide to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge.

Brief reason for declining vaccination:

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