DISTRICT LEVEL EMERGENCY PREPAREDNESS GUIDE

and

DISTRICT HEALTH AND SAFETY PROCEDURES

Pittsford Central School District

Administrative Offices - East Wing

75 Barker Road

Pittsford, New York 14534

(585) 267-1000

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SECTION 1.0
PURPOSE, SCOPE, RELATIONSHIP TO OTHER PLANS

1.0 Purpose, Scope, Relationship to Other Plans

1.1 Purpose: The District Level Emergency Preparedness Guide (DLEPG) is to provide guidelines on how the Pittsford Central School District will operate during emergencies affecting facilities, students, faculty, or staff. It is consistent with the Building Level Emergency Preparedness Guides (BLEPG) completed by each school in the district. The BLEPG for each school contains very specific details and is not shared with the public. It is designed to provide guidance and reference for the Pittsford Incident Management Team that will serve in a leadership capacity during an emergency, as well as the Superintendent, Board of Education and all PCSD staff members. Levels of response are also outlined to match actions with the seriousness of the event.

1.2 Scope: The plan describes the roles and responsibilities of members of the Incident Management Team during an emergency. It identifies who will coordinate an incident and procedures that will be employed. The plan also outlines how Pittsford will coordinate with:

- adjacent school districts
- town, county and state agencies

Individuals appointed as part of the Incident Management Team are the direct representatives of the Superintendent and their directives are to be followed.

1.3 Relationship to Other Plans: The DLEPG provides a framework for utilizing the BLEPG and for implementing action to protect Pittsford facilities, students and staff. The DLEPG is consistent with the Pittsford Town Emergency Plan, Monroe County Hazardous Materials Plan, the Monroe County Emergency Preparedness Plan, the Ginna Radiation Emergency Plan, FEMA and Department of Homeland Security Guidelines**.**

1.4 Hazard Assessment: Potential threats to students, faculty, staff and property can be categorized into three (3) major types. The specific hazards or emergencies are listed in detail in Section 2.2 Emergency Levels**.**

SECTION 2.0
DEFINITION OF KEY TERMS AND EMERGENCY LEVELS

2.0 Definition of Key Terms and Emergency Levels

2.1 Definitions: (See Attachment 2.4 for a detailed glossary of terms)

2.1.1 Disaster: The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural or man-made causes, such as fire, flood, earthquake, hurricane, tornado, high water, landslide, mud slide, windstorm, wave action, epidemic, air contamination, drought, explosion, water contamination, chemical accident, war, or civil disturbances.

2.1.2 Emergency: A situation including but not limited to a disaster that requires immediate action, occurs unpredictably, and poses a threat of injury or loss of life to students or school personnel or of severe damage to school property.

2.1.3 Executive/Senior Official: The Superintendent or his/her designee responsible for the incident.

2.1.4 Incident: Any event, that poses a threat or potential threat to students, school personnel, or school property. Action by school personnel will be required to prevent or minimize the danger of life and/or property.

2.1.5 Incident Commander (IC): The one individual in charge at any given time of an incident and responsible for the management of all incident operations.

2.1.6 Incident Command Post: The location where commands are given. The Incident Commander directs the on-scene response from this location.

2.1.7 Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures and the communications operating within a command structure.

2.1.8 Mutual Aid: Each school district operates under an informal agreement with other districts to provide assistance during emergencies. The mutual aid is provided through contact with the Superintendent of Schools.

2.1.9 Office of Emergency Preparedness (OEP): The Monroe County Office of Emergency Preparedness is responsible for countywide emergency planning and coordination. It provides staff support to the County Executive during an emergency as well as a wide range of support and coordination functions.

2.1.10 Incident Management Team: The members of PCSD under the command of the Incident Commander, who respond to assist with emergencies.

2.1.11 Public Information Officer (PIO): The Superintendent or his/her designee who provides information to the public and media within the Incident Command System.

2.1.12 Department of Homeland Security: A cabinet department of the federal government of the United States with the responsibility of protecting the territory of the United States from terrorist attacks and responding to natural disasters.

2.2 Emergency Levels

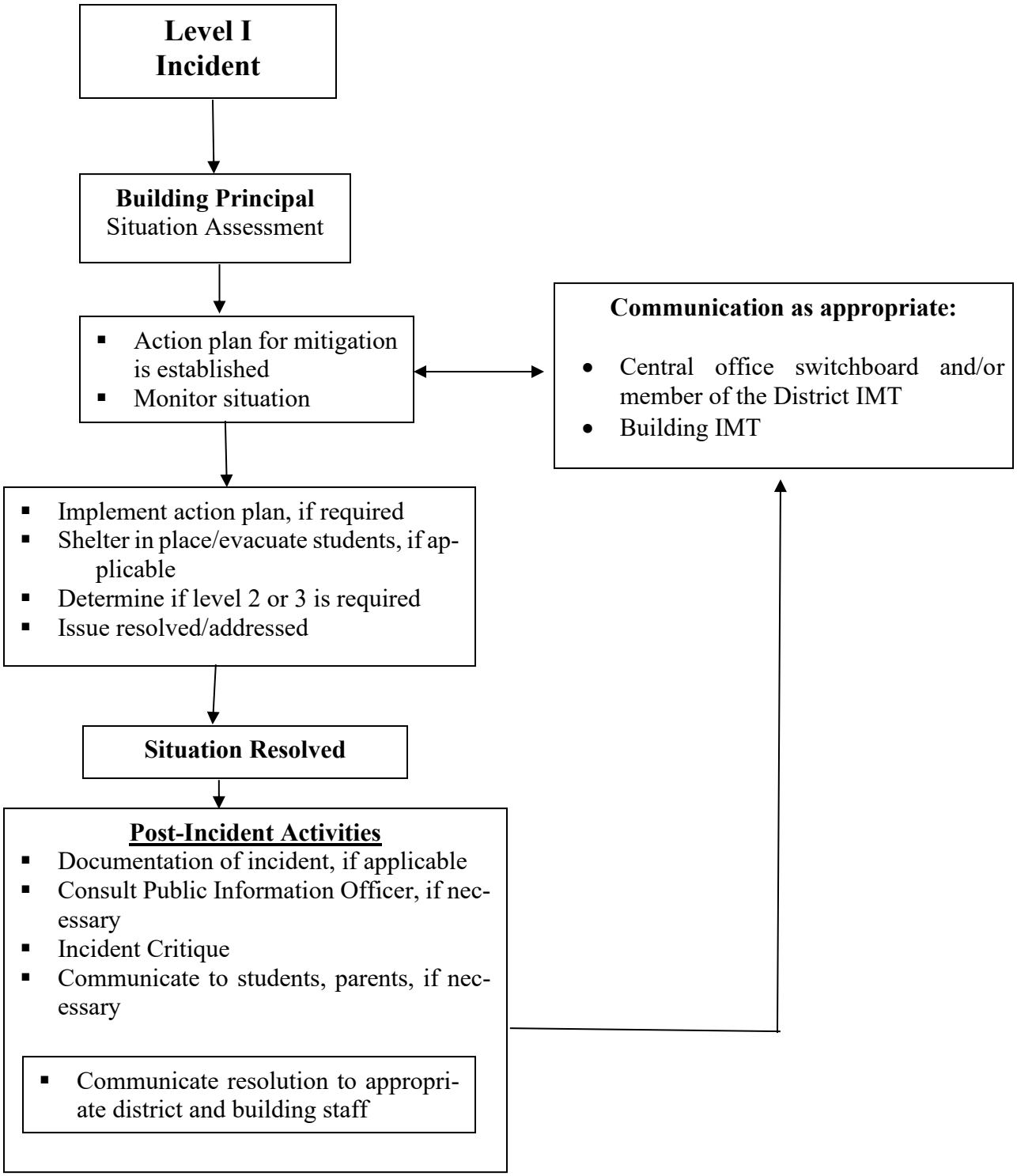
The Incident Commander will classify an actual or potential emergency into one (1) of three (3) levels.

EMERGENCY LEVEL CRITERIA

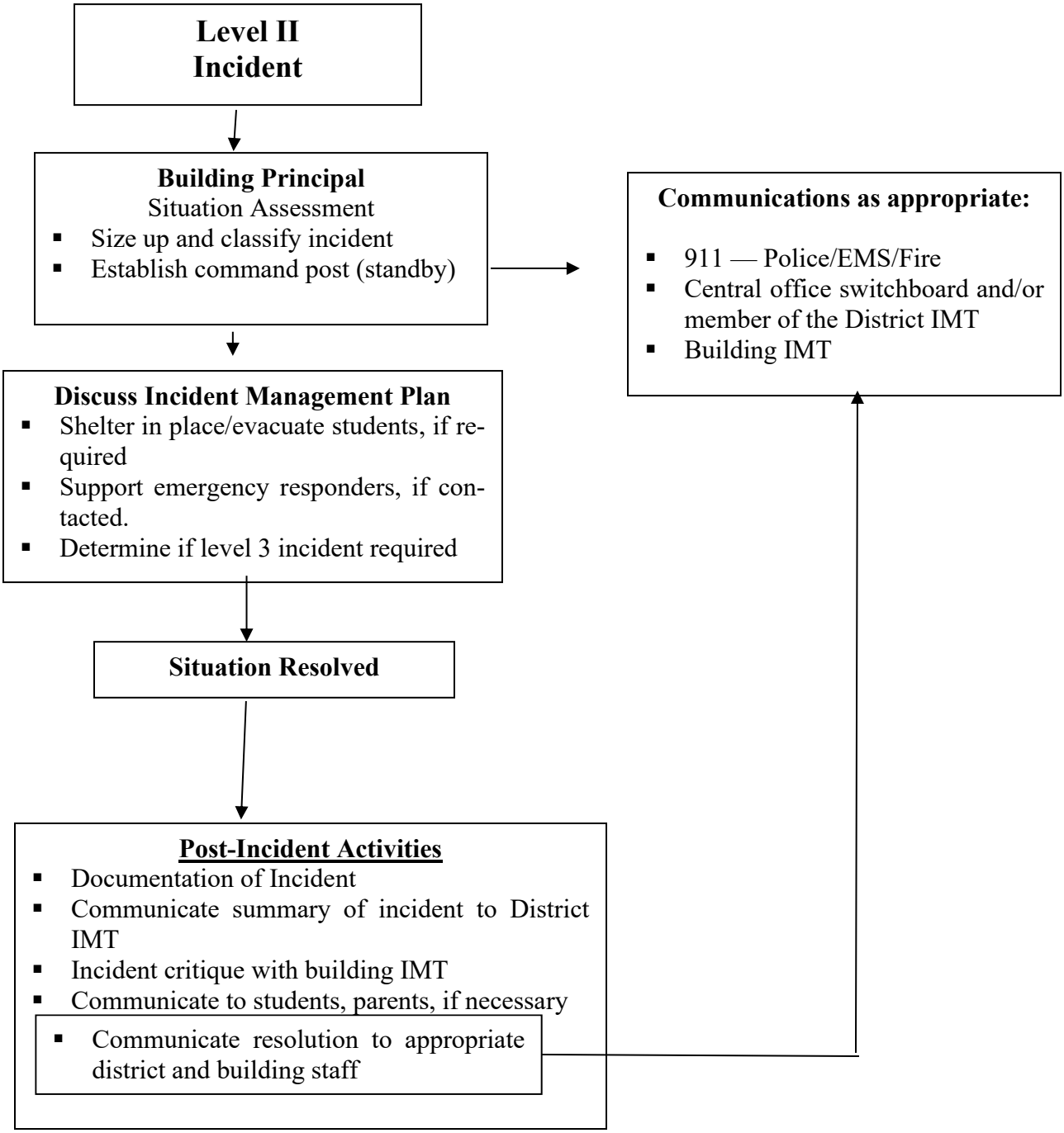
LEVEL	CRITERIA	EXAMPLES*	If IMT Meets
I Monitor	• A situation exists that may have an impact on one or more Pittsford facilities, students or staff • No immediate danger or emergency exists, but the potential is present • The situation is limited in scope and can be managed by the appropriate administrator	• A severe snowstorm or thunderstorm watch is issued • A fire or hazardous materials incident is occurring within two (2) miles of a Pittsford facility. • Fire alarm at a facility • Possible or rumored possession of a weapon	• Central Administration Switchboard and/or IMT notified • Building IMT notified
II Standby	• A situation exists or is about to occur that will impact one or more Pittsford facilities, students or staff • The potential danger is real and some action may need to be taken by district personnel • The situation has the potential for expanding beyond a limited area or facility and may need resources in excess of those available within the District	• A minor facility system fails • A severe snowstorm or thunderstorm warning is issued • A fire or hazardous material incident is occurring within ½ mile of a Pittsford facility • An incident has occurred at the Ginna plant • Reported possession of a weapon • School bus accident without injuries • Data systems crash	• Building IMT meets and/or communicates to determine course of action • Central Administration Switchboard and/or IMT notified
III Emergency	• An emergency situation has occurred. Facilities, students or staff are at risk or in danger requiring immediate action • An emergency on or off Pittsford property, that affects or involves the Pittsford facility, students or staff • An emergency that requires the coordination of Pittsford resources and/or public/private resources	• Active shooter • A major facility system fails • A Pittsford facility is used as an emergency shelter • Fire at a facility • School bus accident with injuries • Bomb threat • Kidnapping • Intruder on District property • Hostage situation on District property • Use of a weapon on District property	• Building IMT Meets • District IMT Meets

* These are examples only. They are not meant to be a complete listing of possible situations that could occur.

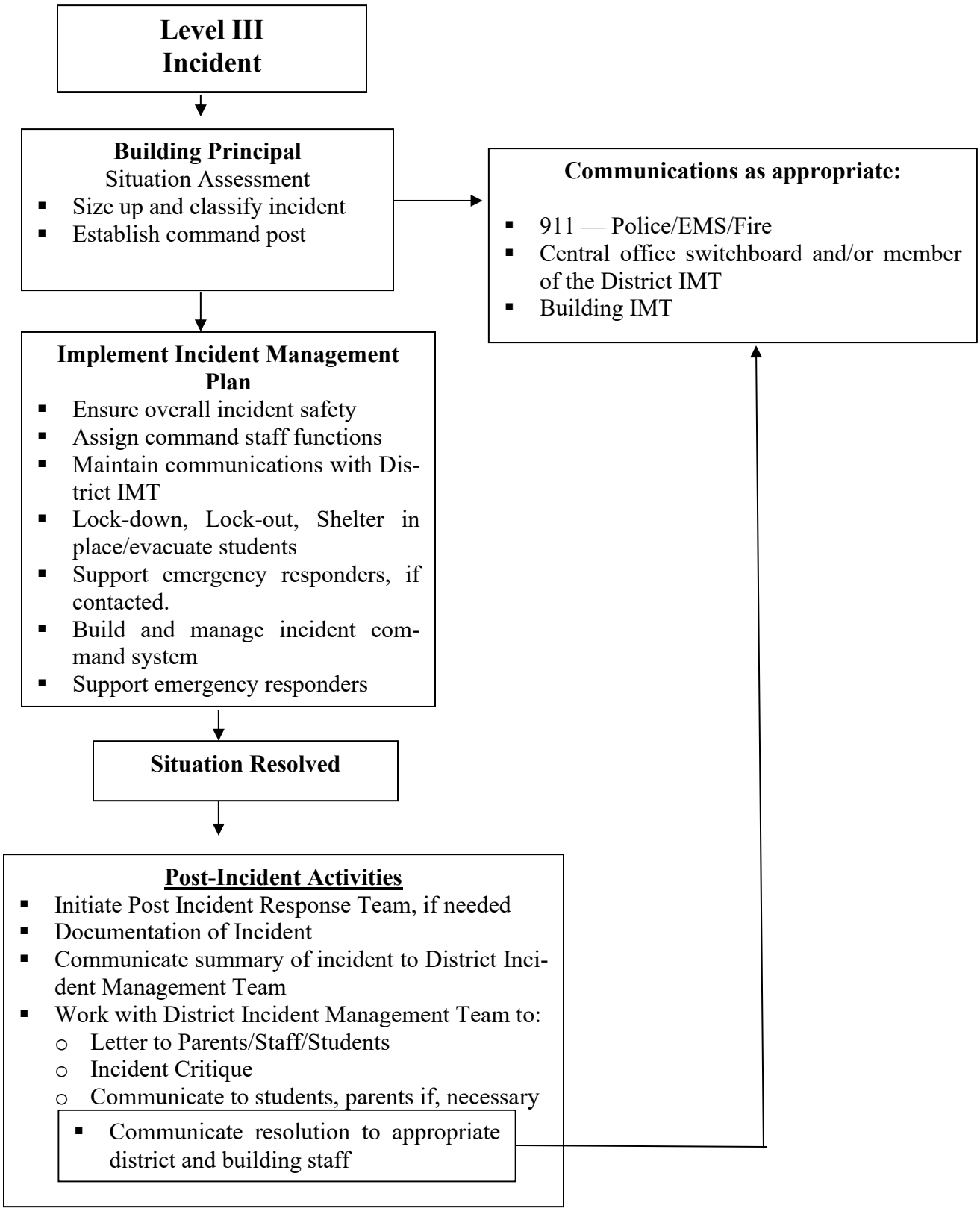
2.2.1 Incident Management "Level I" (Monitor)



2.2.2 Incident Management — "Level II" (Standby)



2.2.3 Incident Management — Level III (Emergency)



2.3 Potential Local Hazards

2.3.1 The following pose potential hazards for the Pittsford Central School District students and staff:

- The Ginna Nuclear Plant located in Webster, New York.
- The CSX railroad tracks located in the village of Pittsford.
- The RGE main gas pipeline located on Route 64
- Fuel pumps at the transportation building
- Major highways: Route 490, Thruway
- Rochester International Airport – Air patterns

2.3.2 In the event that a hazard occurs around any of the above locations the town has developed response plans and their emergency team will contact the Superintendent to advise the incident management team on its response.

2.4 Glossary of Terms

1. **Action Plan** — See Incident Action Plan

2. **Automatic External Defibrillator (AED)** – a device used to treat a patient with cardiac arrest or whose heart is beating irregularly (fibrillating) by assessing the patient's heart rhythm, judging whether defibrillation is needed, and then administering a shock to return the heart to normal.

3. **Agency** — An agency is a division of government with a specific function, or a non-governmental organization (e.g., private contractor, business, etc.) that offers a particular kind of assistance. In ICS, agencies are defined as jurisdictional (having statutory responsibility for incident mitigation) or assisting and/or cooperating (providing resources and/or assistance). (See Cooperating Agency, and Multi-Agency.)

4. **Agency Administrator or Executive** — Chief executive officer (or designee) of the agency or jurisdiction that has responsibility for the incident.

5. **Agency Representative** — An individual assigned to an incident from an assisting or cooperating agency who has been delegated authority to make decisions on matters affecting that agency's participation at the incident. Agency Representatives report to the Incident Liaison Officer.

6. **Base** — The location from which primary logistics and administrative functions are coordinated and administered. The Base may be collocated with the Incident Command Post. There is only one Base per incident.

7. **Chain of Command** — A series of management positions in order of authority.

~~8.~~ **Check-In** — The process whereby resources first report to an incident. Check-in locations include: Incident Command Post, Base, and Staging Areas

9. **Command** — The act of directing and/or controlling resources by virtue of explicit legal, agency, or delegating authority. May also refer to the Incident Commander.

10. **Command Staff** — The Command Staff consists of the Public Information Officer, Safety Officer and Liaison Officer. They report directly to the Incident Commander. They may have an assistant or assistants, as needed.

11. **Cooperating Agency** — An agency supplying assistance other than direct tactical or support functions or resources to the incident control effort (e.g., Red Cross, telephone company, etc.).

12. **Delegation of Authority** — A statement provided to the Incident Commander by the Agency Executive delegating authority and assigning responsibility. The Delegation of Authority can include objectives, priorities, expectations, constraints, and other considerations or guidelines as needed. Many agencies require written Delegation of Authority to be given to Incident Commanders prior to their assuming command on larger incidents.

13. **Disaster** — The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural or manmade causes, such as fire, flood, earthquake, hurricane, tornado, high water, landslide, mud slide, windstorm, wave action, epidemic, air contamination, drought, explosion, water contamination, chemical accident, war or civil disturbances.

14. **Early Dismissal** — Returning students to their homes or other appropriate locations before the end of the school day.

15. **Emergency** — A situation including but not limited to a disaster, that requires immediate action, occurs unpredictably and poses a threat of injury or loss of life to students or school personnel or of severe damage to school property.

16. **Emergency Broadcast System (EBS)** — A method for local government officials to provide urgent broadcasts to the residents of their area utilizing commercial and educational radio and television stations.

17. **Evacuation** — Moving students for their protection from a school building to a predetermined location in response to an emergency.

18. **Executive/Senior Officer** — The individual (Superintendent and/or designee) responsible for the incident. Along with this responsibility, by virtue of their position, these individuals have the authority to make decisions, commit resources, obligate funds, and command the resources necessary to protect the students and facilities.

19. **Finance Administration Section** — The Section responsible for all incident costs and financial considerations.

20. **General Staff** — The group of incident management personnel reporting to the Incident Commander. They may each have a deputy, as needed. The General Staff consists of the Operations Section Chief, Logistics Section Chief and the Finance/Administration Section Chief.

21. **Incident** — An occurrence, either human caused or by natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources.

22. **Incident Action Plan (IAP)** — Contains objectives reflecting the overall incident strategy and specific tactical actions and supporting information for the next operational period. The Plan may be oral or written. When written, the Plan may have a number of forms as attachments (e.g., traffic plan, safety plan, communications plan, map, etc.)

23. **Incident Commander (IC)** — The individual responsible for the management of all incident operations at the incident site. At Joint Field Offices (JFOs), the Incident Commander may be the Federal Coordinating Officer (FCO) or a representative from another Federal Agency.

24. **Incident Command Post (ICP)** — The location at which the primary command functions are executed. On Stafford Act disasters, the Federal ICP is called the Joint Field Office (JFO). The ICP is usually collocated with the incident base or other incident facilities needed for Federal operations.

25. **Incident Command System (ICS)** — A standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.

26. **Incident Management Team (IMT)** — The Incident Commander and appropriate Command and General Staff personnel assigned to an incident.

27. **Jurisdiction** — The range or sphere of authority, Public agencies have jurisdiction at an incident related to their legal responsibilities and authority for incident mitigation, Jurisdictional authority at an incident can be political/geographical (e.g., city, county, State, or Federal boundary lines) or functional (e.g., police department, health department, etc.).

28. **Liaison Officer** — A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

29. **Logistics Section** — The section responsible for providing facilities, services, and materials for the incident.

30. **Multi-Agency Incident** — An incident where one or more agencies assist a jurisdictional agency or agencies. May be single or unified command.

31. **Multi-Agency Coordination (MAC)** — A generalized term which describes the functions and activities of representatives of involved agencies and/or jurisdictions who come together to make decisions regarding the prioritizing of incidents, and the sharing and use of critical resources. The MAC organization is not a part of the on-scene ICS and is not involved in developing incident strategy or tactics

32. **Multi-Agency Coordination System (MACS)** — The combination of personnel, facilities, equipment, procedures, and communications integrated into a common system. When activated, MACS has the responsibility for coordination of assisting agency resources and support in a multi-agency environment. A MAC Group functions within the MACS.

33. **Mutual Aid Agreement**— Written agreement between agencies and/or jurisdictions in which they agree to assist one another upon request, by furnishing personnel and equipment.

34. **National Interagency Incident Management System (NIMS)** — An NWCG-developed program consisting of five major subsystems which collectively provide a total systems approach to all-risk incident management. The subsystems are: The Incident Command System, Training, Qualifications and Certification, Supporting Technologies, and Publication Management.

35. **Office of Emergency Preparedness (OEP)** — The Monroe County Office of Emergency Preparedness is responsible for countywide emergency planning coordination. It provides staff support to the County Executive during an emergency as well as a wide range of support and coordination functions.

36. **Operations Section** — The section responsible for all tactical operations at the incident.

37. **Planning Section** — The section responsible for the collection, evaluation, and dissemination of tactical information related to the incident, and for the preparation and documentation of Incident Action Plans. The section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident.

38. **P.O.D**. – Point of Distributions sites identified by Monroe County Health Department in the event that mass distribution of vaccines is needed. Mendon High School is the designated P.O.D. location.

39. **Public Information Officer (PIO)** — A member of the Command Staff responsible for interfacing with the public and media or with other agencies requiring information directly from the incident. There is only one Public Information Officer per incident. The Public Information Officer may have assistants.

40. **Safety Officer** — A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety. The Safety Officer may have assistants.

41. **School Cancellation** — Determined by school officials that a school or schools should not be in session for one or more school days due to an emergency.

42. **Serious violent incident** - an incident of violent criminal conduct that is or appears to be, life-threatening and warrants *the immediate response* by students and/or staff because of an imminent threat to their safety or health, including, but not limited to riot, hostage-taking kidnapping and/or the use or threatened use of a firearm, explosive, bomb, incendiary device, chemical or biological weapon, knife or other dangerous instrument capable of causing death or serious injury.

43. **Sheltering** — Keeping students in school buildings and providing them with shelter when it is deemed safer for students to remain inside rather than to return home or be evacuated.

44. **Severe Weather Terms**

    a. **Blizzard Warning** — Considerable falling and/or blowing snow and winds of at least 35 miles per hour are expected for several hours.

    b. **Heavy Snow Warning** — A snowfall of at least 4 inches in 12 hours or 6 inches in 24 hours is expected.

    c. **High Wind Warning** — Winds of at least 40 miles per hour are expected to last for at least 1 hour.

    d. **Ice Storm Warning** — Significant, possibly damaging ice accumulations are expected. Freezing rain (or drizzle) means precipitation is expected to freeze when it hits exposed surfaces.

    e. **Severe Blizzard Warning** — Considerable fall and/or blowing snow, winds of at least 45 miles per hour and temperatures 10 F or lower are expected for several hours.

    f. **Severe Thunderstorm** — A thunderstorm with winds of 58 mph or greater and/or hail three-fourths of an inch or larger in diameter.

    g. **Snow** — Means snowfall will be steady and likely to last for several hours.

    h. **Snow Squalls** — Brief, intense snowfalls of at least 4 inches in a 12-hour period or 6 inches in 24 hours.

    i. **Travelers Advisories** — Issued to indicate dangerous driving conditions due to snow or freezing rain.

j. **Winter Storm Warning** — Severe winter weather conditions are imminent.

k. **Winter Storm Watch** — Severe winter weather conditions may affect your area.

45. **Span of Control** — A supervisory range of three to seven individuals, with the ratio of one-to-five being established as optimum.

46. **Staging Area** — Staging Areas are temporary locations at an incident where personnel and equipment are kept while awaiting a tactical assignment. Staging Areas are managed by the Operations Section.

47. **Trauma** - means an emotional response to a deeply distressing or disturbing experience such as, but not limited to, an act of violence, natural disaster, abuse, neglect or loss.

48. **Trauma-informed** - means an understanding of trauma and how it affects the physical, emotional and mental health of students and adults.

49. **Trauma-informed drills** - means avoiding tactics in training or drills that may introduce or activate trauma, such as the use of props, actors, simulations or other tactics intended to mimic a school shooting, incident of violence or other emergency, or inclusion of developmentally or age-inappropriate content. Drills may inadvertently prompt a negative emotional or psychological response in staff or students because of previous exposure(s) to trauma.

50. **Transfer of Command** — The command function must be clearly established from the beginning of an incident. When command is transferred, the process must include a briefing that captures all essential information for continuing safe and effective operations.

51. **Unified Command** — In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility, or accountability.

SECTION 3.0

ROLES AND RESPONSIBILITIES

3.0 Roles and Responsibilities

3.1 Summary: It is the responsibility of the District Health and Safety Committee, that is appointed by the Board of Education, under the supervision of the Superintendent, to maintain a properly trained Incident Management Team and to routinely practice procedures and review the Emergency Preparedness Guide. It is every staff member's responsibility to be familiar with the District's Emergency Preparedness Guide and to understand how their role coordinates with others within the guide. When an incident occurs that requires a public safety agency response, the command officer of the agency will assume command. The Incident Management Team will assist and continue to coordinate Pittsford School District's personnel and equipment.

3.2 Incident Management: The management of an incident begins with the first Pittsford employee on the scene or the first employee to have knowledge of the event. That individual will take certain actions, one of which is to notify the building administration or designee who will notify Central Administration. The Incident Commander along with the Incident Management Team undertakes additional actions. In Level II and Level III incidences, an Incident Command System is employed. A mechanism is utilized to change command if and when necessary.

3.2.1 Emergency Response: The administrator who first becomes aware of an incident will:

- Initiate actions to protect students, staff and property, (e.g., pull alarm)
- Request emergency services if needed through 911
- Notify Central Administration and/or a member of the District Incident Management Team

3.2.2 Incident Classification: When the Incident Commander is notified of an incident, they will:

- Gather all information available and classify the incident
- Provide guidance and resources to the on-scene Liaison Officer
- Implement the actions appropriate for the incident level

3.2.3 Incident Command: When an incident is classified as a Level II or a Level III, the Incident Command System will be used under the direction of the Incident Management Team.

3.2.4 Transfer of Command: The Incident Commander may change during the course of an incident. The change of command should include:

- Review of steps already taken
- Status of incident at that time
- List of notifications made
- Any other pertinent data that may assist new commander

3.3 Incident Command Post: The Incident Command Post (ICP) will be established whenever an Incident Command System is implemented. When a Level III incident exists a remote District command post will be established as follows:

- Primary Location: Included in Building Level EPG
- Secondary Location: Included in Building Level EPG
- Alternate location to be decided if primary and secondary locations are unsuitable.

3.4 Emergency Communications: The primary system of communication during an emergency will include the use of the telephone and the two-way radio system. In the event of a power outage, the phone system has a back-up power source of 2 hours. Each building has at least two landline phones, one in the main office and one in the nurse's office which will continue to operate in a power failure. Also, each administrator is issued a district cell phone.

A summary of telephone numbers and cellular telephone numbers are listed in the building EPG's.

3.4.1 SchoolMessenger

Name of Emergency Communication System: SchoolMessenger

Capabilities: Phone call, email, SMS Text

How it Works: Administrator (Nancy Wayman and a few others) login and initiate a message. Message can be sent to parents (data updated from Infinite Campus daily), staff (data updated from WinCap daily), and manually maintained groups such as the Board of Education. Administrator can restrict message delivery by group (parents, staff) and/or school.

Who SM emails/calls/texts: Parents, Staff, Board of Education and various constituents. Message can be sent as any combination of email, phone message, or text. An initial text is sent to new "members" with a notice to subscribe to continue receiving PCSD text alerts.

How to sign up: Parents and staff are automatically included in the SchoolMessenger database by a data extract and update which is done daily. Other "members" are maintained in the database by the Communications Office manually including the BOE, Incident Management Team.

Procedure: SchoolMessenger is used only for urgent/emergency messaging. (School closings, gas leak, water main leak, intruder, bus accident). Administrators who have rights to send a message are: Superintendent, Assistant Superintendents, Director of Communications, & Assistant Superintendent of Student Services. These administrators have been trained and provided with documentation for quickly sending a message.

Other communication channels: Depending on the urgency of the information – District Website, News media. Non-urgent communications include Facebook, Twitter, TV12.

<u>Other Information:</u>

SchoolMessenger

SchoolMessenger is a service that provides parent and staff notification in a timely manner during emergencies, including, but not limited to a snow day, water main break, or building intruder. Through SchoolMessenger, parents and guardians have the ability to receive phone calls, emails, and text alerts on an opt-in basis. SchoolMessenger will also leave an automated voicemail about the notification.

As a reminder, the inbound number that will appear on your phone is 267-1001. If interested in receiving SchoolMessenger text alerts, text "subscribe" to 68453. Parents should also provide their cell phone numbers to their children's schools. Whenever updates ae required, please contact your child's school registrar.

SchoolMessenger is just one tool PCSD uses to support a safe and secure learning environment.

SchoolMessenger: Parent/Guardian Reminder

If your child is changing schools or you have new contact information, please email your child's school registrar to ensure you will receive SchoolMessenger emergency notifications. School registrars will update your phone number, email address and other emergency contact information.

If you are interested in receiving text messages with emergency information, you must opt-in by texting the word "subscribe" to 68453.

3.5 **Public Information:** Public information will be coordinated between on-scene and command post operations. A Public Information Officer (PIO) will be the Incident Commander's designee to release information about the incident. The PIO will issue information provided by the Incident Management Team. No staff members are permitted to speak with the news media without permission from the PIO.

3.6 **Protective Action Options:** There are six (6) options available to Pittsford personnel to protect students and faculty. They are:

- Cancel school prior to start
- Early dismissal
- Shelter in place
- Lock out
- Lock down
- Evacuate to a relocation site according to the building evacuation plan

3.7 Pittsford Central School District School Detail

812	Allen Creek Elementary School			585-267-1200	K-5	8:40 – 3:05
	3188 East Avenue	Enrollment:	369			
	Rochester, NY 14618	Staff:	67			
	Contact: Jeffrey Pollard, Principal	Buses Needed:	10			
	Office Fax: 381-9217					
	Library Fax: 385-6759					
813	Jefferson Road Elementary School			585-267-1300	K-5	8:40 – 3:05
	41 School Lane	Enrollment:	512	Robyn Paino		
	Pittsford, NY 14534	Staff:	100	Asst. Principal		
	Contact: Marisa Capuano, Principal	Buses Needed:	13	267-1304		
	Office Fax: 385-6426					
814	Mendon Center Elementary School			585-267-1400	K-5	8:40 – 3:05
	110 Mendon Center Road	Enrollment:	644			
	Pittsford, NY 14534	Staff:	135	Jessica LeVan		
	Contact: Richard Albano, Principal	Buses Needed:	20	Asst. Principal		
	Office Fax: 218-1430			267-1404		
	Library Fax: 385-3111					
815	Park Road Elementary School			585-267-1500	K-5	8:40 – 3:05
	50 Park Road	Enrollment:	393			
	Pittsford, NY 14534	Staff:	90			
	Contact Maurin Jefferies, Principal	Buses Needed:	13			
	Office Fax: 385-6356					
	Library Fax: 385-4747					
817	Thornell Road Elementary School			585-267-1700	K-5	8:40 – 3:05
	431 Thornell Road	Enrollment:	490			
	Pittsford, NY 14534	Staff:	115			
	Contact: Edward Foote, Principal	Buses Needed:	14			
	Office Fax: 385-2099					
831	Barker Road Middle School			585-267-1800	6-8	7:35 – 2:21
	75 Barker Road	Enrollment:	717			
	Pittsford, NY 14534	Staff:	134	Richard Vigdor		
	Contact: Jason Simoni, Principal	Buses Needed:	20	Asst. Principal		
	Office Fax: 385-5960			267-1804		
832	Calkins Road Middle School			585-267-1900	6-8	7:35 – 2:21
	1899 Calkins Road	Enrollment:	609			
	Pittsford, NY 14534	Staff:	126	Andrea Lynch		
	Contact: Joshua Walker, Principal	Buses Needed:	19	Asst. Principal		
	Office Fax: 264-0053			267-1903		
840	Mendon High School			585-267-1600	9-12	7:40 – 2:21
	472 Mendon Road	Enrollment:	911			
	Pittsford, NY 14534	Staff:	181	James Bates		
	Contact: Melissa Julian, Principal	Buses Needed:	26	Asst. Principal		
	Library Fax: 385-2828			A - L – 267-1604		
	Counseling Fax: 385-2369			Stephanie Barg		
				Asst. Principal		
				M - Z – 267-1603		
841	Sutherland High School			585-267-1100	9-12	7:40 – 2:21
	55 Sutherland Street	Enrollment:	891			
	Pittsford, NY 14534	Staff:	155	Tyler Manchester		
	Contact: Mark Puma, Principal	Buses Needed:	25	Asst. Principal		
	Main Office Fax: 381-7687			267-1104		
	Library Fax: 381-8546			Danielle Cota		
				Asst. Principal		
				267-1103		

Building level emergency plans include emergency contact numbers for all District IMT staff.

3.7.1 **Switchboard Emergency Response Information. District IMT When to Contact**

Shana Cutaia	All Levels	Superintendent
Jeff Beardsley	All Levels	Director of Operations, Maintenance and Security
Karl Dubash	All Levels	Assistant Superintendent for Business
Nancy Wayman	II and III And/or if media issue	Director of Communications
Lindsay Ali	III	Assistant Superintendent of Student Services
Shawn Clark	III	Assistant Superintendent of Human Resources
Heather Clayton	III	Assistant Superintendent for Instruction
Terence Hasseler	III	Budget Director
Matt Kwiatkowski	III	Director of Technology
Jay Ballard	III	Director of Transportation (as needed)

Contact information can be found in the BLEPG.

3.7.2 **Media Contacts**

Media Contacts – only included in Superintendent of Schools, Director of Communications, Assistant Superintendent for Business, Director of Human Resources, and Assistant Superintendent for Instruction Emergency Preparedness Guides

SECTION 4.0

EMERGENCY OPERATIONS PROCEDURES AND STRUCTURE

DISTRICT LEVEL

4.0 Emergency Operations Procedures

4.1 Initial Responder: The first Pittsford employee on the scene or who becomes aware of an incident will:

- Initiate actions to protect students, staff and property
- Notify 911 if police, fire or ambulance if needed
- Notify the building administrator and/or a member of the Incident Management Team
- Isolate and secure the incident area

4.2 Building Administrator

- Initiate actions to protect students, faculty, staff and property
- Verify 911 is called if needed
- Size up and classify incident Level as I, II or III
- Notify Central Administration switchboard at 267-1000 and/or a member of the District Incident Management Team, provide the following information if possible:
    - Name
    - Location of incident
    - Telephone number as a call back
    - Nature and level of incident
    - Injuries or property damage

- Mobilize building's Incident Management Team (if required)
- Initiate an incident action plan accountability process

4.3 Incident Commander: When the Incident Commander or designee is notified of an incident, the following actions will be taken:

4.3.1 <u>Size-up and Classify Incident (Determined Threat)</u>

- Gather all available information
- Ensure all initial response actions have been taken
- Verify incident Level I, II or III

4.3.2 <u>Establish a Command Post and Mobilize the district Incident Management Team (if required)</u>

Designate an Incident Management Team member or members to report to the scene

4.3.3 <u>Implement Actions for the Classified Level</u>

- Provide guidance and resources to Incident Commander as in Attachment 4.7.2
- Provide status reports to the Incident Management Team
- Ensure emergency communications are working

4.3.4 Build and Manage an Incident Command System (ICS)

- Assign duties per Level III
- Develop an incident action plan
  - Establish objectives
  - Life safety
  - Incident stabilization
  - Property preservation
  - Plan strategies
- Implement tactics
- Establish unified command, if appropriate

4.3.5 Ensure Overall Incident Safety; determine all options:

- Send students and staff home
- Shelter in Place
- Evacuation
- Relocate
- Cancellation
- Delayed Start
- Lockdown
- Secure Lockout
- Other

4.3.6 If necessary, transfer Incident Command to onsite personnel. The Superintendent or his/her designee will serve as the Executive/Senior Official.
The Executive/Senior Official:

- Provides policy guidance on priorities and objectives based on situational needs and the Incident Management Plan.
- Oversees resource coordination and support to the on-scene command from an Operations Center.

The Incident Commander is the primary person in charge at the incident. In addition to managing the incident scene, he or she must keep the Executive/Senior Official informed and up to date on all important matters pertaining to the incident.

4.4 Emergency Action Levels: When an incident is classified, implement the actions listed below:

Level I

1. Incident Commander will monitor the situation

Level II

1. Incident Commander will monitor the situation
2. Transportation will be put on notice
3. All school buildings will be informed/consulted, as required
4. Incident Management Team will be notified, if needed

Level III

1. The Incident Management Team will be notified and designee(s) will report to the scene

2. Incident Management Team will report to the Command Post and complete the following:
   - Assign command staff functions as needed
     - Public Information Officer
     - Safety Officer
     - Liaison Officer
   - Assign and activate the following general staff:
     - Operations
     - Planning
     - Logistics
     - Finance and Administration
   - Establish full communications capability
   - Order and execute actions
3. All school buildings will be informed/consulted as required

4.5 ICS Command Staff Positions

4.5.1 Public Information Officer (PIO) – serves as the conduit for information to internal and external stakeholders, including the media and parents

- Work with the Superintendent on press releases
- Set up a press briefing area close to the Command Post, but in such a way that it does not interfere with its operation
- Periodically get status summary from Incident Management Team
- Determine a time interval at which information will be provided to the press
- At each press release provide time and place of the next release
- Utilize press releases to media to instruct parents what phone numbers to call for information and/or where to report for information or student pick-up

4.5.2 Safety Officer – Monitors safety conditions and develops measures for assuring the safety of all response personnel.

4.5.3 Liaison Officer – Serves as the primary contact for supporting agencies assisting at an incident

4.6 ICS General Staff Sections

4.6.1 Operations – Directs all response/tactical actions to achieve the incident objectives

- Develops and implements strategy and tactics to carry out the incident objectives
- Organizes, assigns and supervises the response resources

4.6.2 Planning

- Collects, evaluates and displays incident intelligence and information;
- Prepares and documents Incident Action Plans, tracks resources;
- Maintains incident document action, develops plans for demobilization.

4.6.3 Logistics – Activated, as needed, to support the incident response directed by the operations section

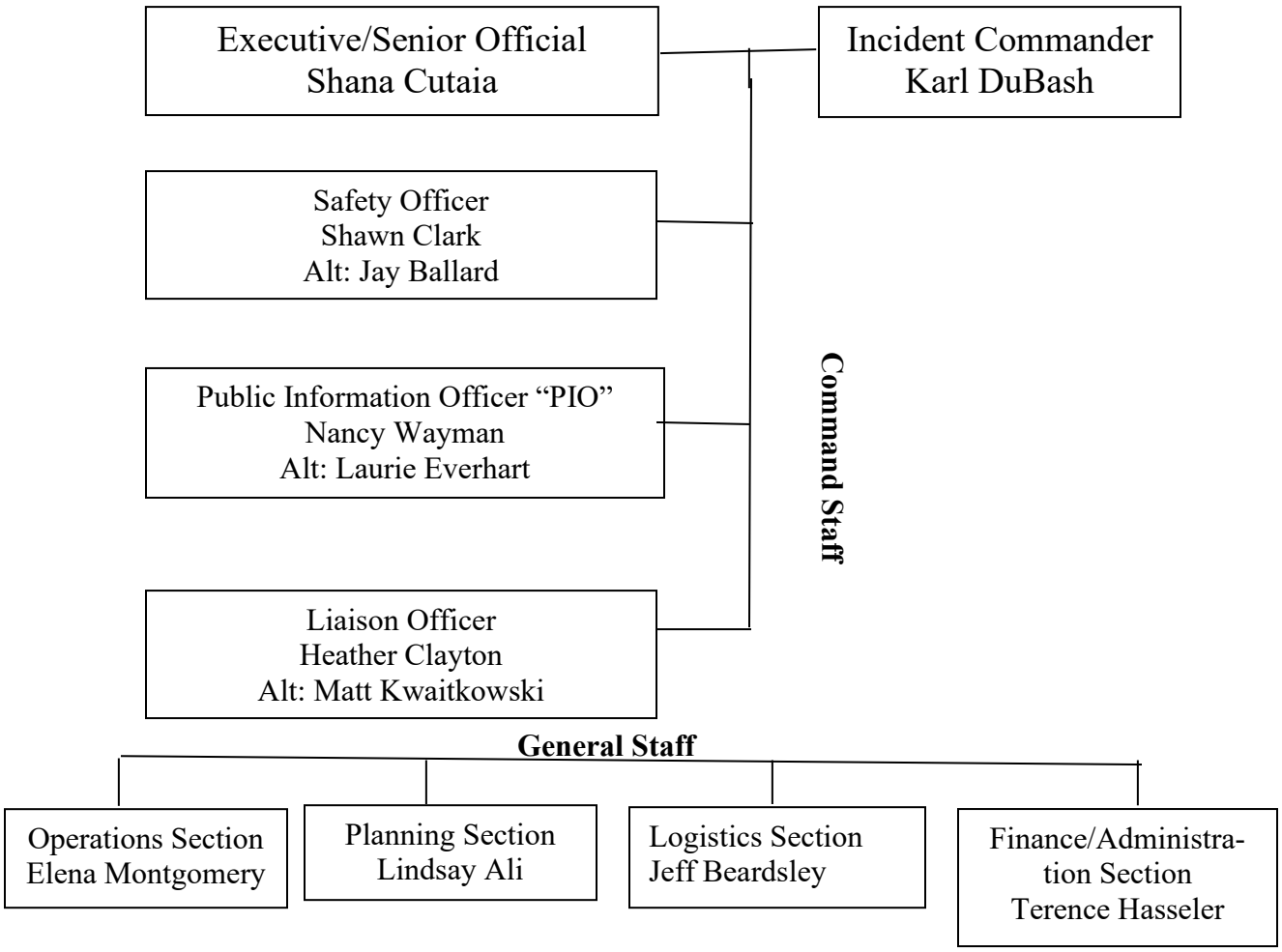
- Ordering, obtaining, maintaining and accounting for essential personnel, equipment and supplies
- Providing communication planning and resources
- Setting up food services
- Setting up and maintaining incident facilities
- Providing support transportation
- Providing medical services to incident personnel

4.6.4 Finance/Administration – Manages incidents specific financial issues, such as:

- Contact negotiations and monitoring
- Time keeping
- Cost analysis
- Compensation for injury or damage to property

4.7 Emergency Operations Attachments

4.7.1 **Incident Command Structure. District IMT.**



Each member of the Incident Management Team shall be assigned a role or responsibility.

4.7.2 **District Resources**

Non-instructional Facilities:
Pittsford Central School District Administrative Office Annex – 267-1062
42 W. Jefferson Rd.
Pittsford NY 14534

- Fax Machine
- Computers
- Pittsford Administrative Offices (Athletics & PDTA)
- Conference Rooms

Pittsford Central School District Administrative Offices East Wing
75 Barker Rd.
Pittsford NY 14534

- Central Phone Switch Board: 267-1000
- District Smart Card Computer Control Center
- IMT Meeting Room
- Network Operating Center (NOC)
- Administrative Offices

Central Maintenance Facility – 267-1050
100 Mendon Center Road
Pittsford NY 14534

- District HVAC Control Center
- Computers
- Automotive Shop
- Building Mechanical Shop
- 2 – 4x4 backhoe
- 2 – F650 salt trucks with plows
- 2 - dump trucks w/snow plows (F550)
- 7 - 4x4 wheel drive pickups w/snow plows
- 7 utility vans set up for building mechanical repairs
- 1 regular pickup trucks
- Full staff of grounds men and building mechanics
- 2 portable generators
- 1 trash pump
- 3 standard gas-powered chain saws
- 1 standard gas-powered pole saw

District Transportation Center – 267-1480
100 Mendon Center Rd.
Pittsford NY 14534

- Community Fuel Depot (2 diesel & 1 unleaded)
- Computers
- 1-Fax machine
- 2-way radio base station – 13 handhelds
- Student database – Versatrans routing software
- Automated backup generator power system
- 1 – 4x4 pickup w/snow plow
- 1 – 4x4 suburban w/snow plow

- 1 – 4dr excursion
- 2 – 4dr sedans
- 10 – 29 passenger mid-size bus
- 4 – 30 passenger mid-size bus
- 17 – 22 passenger vans
- 65 – 65 passenger vans
- 9 – wheel chair lift buses
- 90 bus drivers
- 6 automotive mechanics
- 7 office staff

SECTION 5.0

EMERGENCY SITUATION GUIDELINES

5.0 Emergency Situation Guidelines

5.1 Fire/Evacuation

5.1.1 Initiate actions to protect students, faculty, staff and property.

5.1.2 Verify 911 is called, if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.

5.1.3 Size up and classify incident as Level I, II or III

5.1.4 Notify Central Administration at 267-1000, and/or a member of the Incident Management Team; provide the following information if possible:

- Name
- Location of Incident
- Telephone Number as a Call Back
- Nature of Incident
- Injuries or Property Damage

5.1.5 Initiate evacuation

- Determine whether to use primary or secondary evacuation route
- Follow posted directions to evacuate the building
- Bring class roster
- Report to assigned post
- Take attendance and report to post commander

5.1.6 Determine incident action plan

5.1.7 Implement incident action plan

5.1.8 When incident is terminated, implement Post-Incident Guidelines as required.

5.2 Shelter in Place: There are times when it is necessary to move the school population to a single or multiple location(s) in the school building clearing all halls. This is called a **"**Shelter in Place**."** In most cases, a shelter in place is done when there is a threat of or actual weather related incident, a bomb threat, medical emergency or other incident where relocation of school population is required.

5.20 Crime Scene Preservation

Evidence is critical to the investigation and prosecution of criminal cases. Therefore, only trained professionals should do the collection and preservation of evidence. Before those professionals arrive, it is important that the crime scene remain as uncontaminated as possible. There are things that can be done by people who arrive at the scene first to help protect the evidence. These procedures were developed around the RESPOND acronym, which was designed to aid in remembering the steps to securing crime scenes and evidence.

Respond

- Ensure your personal safety first, then if possible, formulate a plan and make mental notes.

Evaluate

- Evaluate the severity of the situation, call 911 if appropriate.
- Identify involved parties.
- Be aware of weapons, hazards, and potential evidence.
- Don't touch anything unless absolutely necessary to preserve safety.

Secure

- Clear away uninvolved people.
- Establish a perimeter that prevents people from entering the potential crime scene.

Protect

- Safeguard the scene – limit and document any people entering the area.
- Don't use phones or bathrooms within the crime scene area.
- Don't eat, drink or smoke in the crime scene area.

Observe

- Write down your observations as soon as is safe to do so.
- Record detailed information – don't rely on your memory.
- Notes will aid first responders upon arrival and could be utilized in court.

Notify

- Call 911 if not already called or police are not on scene.

Document

- Take good notes - such as: time, date, people at scene, weather, doors open or closed, lights on or off and the position of furniture.
- Be prepared to provide your notes and information to police.

5.2.1 Shelter in Place Objectives:

- To minimize injury or death
- To locate and contain any device or weather damage
- To facilitate emergency responses
- To establish safe routes and designated areas

5.2.2 Shelter in Place Guidelines for a Generic/Non-specific Bomb Threat:

- Announce "Shelter in Place." Instruct everyone to report to a classroom under the supervision of a staff member and scan their respective area for anything out of the ordinary. No people (excluding emergency responders) are to remain in the halls.
- Instruct all outside activities to come inside.
- Call 911. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Activate Incident Management Team. Instruct them to scan the building areas for anything unusual.
- Notify Central Administration at 267-1000, and/or a member of the Incident Management Team. We will dispatch support for searching the building.
- If no device is found, decide whether to continue school or evacuate. The school district administration may consult with police to make their decision.
- If a device is found, follow step 3 of 5.2.3 for "Guidelines for A Specific Bomb Threat".

5.2.3 Shelter in Place Guidelines for a Specific Bomb Threat

- Announce "Shelter in Place." Announce if sections of the building need to be relocated.
- Call 911. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Activate Building Incident Management Team. Instruct them to find an internal location to move the school population to, scan and clear the location and a route to it. Move those in the affected area to the established and cleared location.
- Notify Central Administration at 267-1000, and/or a member of the Incident Management Team. We will dispatch support for searching the building.
- Assist first responders as necessary.

5.2.4 Shelter in Place Guidelines for a Weather-Related Situation

- Announce "Shelter in Place" with specific instructions. See section 5.5 for specific situations.
- Instruct all outside activities to come inside.
- Activate Incident Management Team, as required.
- Call 911 for any emergency assistance if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.

5.2.5 Shelter in Place Guidelines for a Medical and/or AED emergency

- Announce "Shelter in Place" with specific instructions.
- Activate Incident Management Team, as required.
- Call 911 for any emergency assistance, if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Either use radios or the PA to request the AED to be brought to the location of the medical emergency.
- Notify Central Administration at 267-1000, and/or a member of the Incident Management Team.
- See section 8 for further information.

5.3 Secure **Lockout:** A "Secure Lockout" is the response to an actual or potential threat from outside the school building. An example of such a threat might be an escaped fugitive, custodial interference, or a disgruntled employee or spouse. Where the situation warrants, the school faculty, staff, and students are aware of – but not disrupted by such a response being activated. Consequently, the school day continues as normal except for the termination of all outside activities. In some cases, the details of a Secure lockout do not need to be shared with the students to protect the identity of the individuals involved and minimize disruption to the school.

5.3.1 Secure Lockout Objectives

- To keep any threat of violence or dangerous incident out of the school building.
- To promote minimal disruption to the education process when there is a potential or actual incident outside the school building.

5.3.2 Secure Lockout Guidelines

- Secure Lockout will be announced via the intercom, public address system, or otherwise. Use plain language to announce the secure lockout.
- **Lock all exterior doors and windows.**
- **Terminate all outside activities.**
- **Entry to building may be gained only on a one-on-one basis, and only through a locked and monitored door.**
- If a school is in lockout because they were notified by police of a local situation, there is no need to call to advise police of the lockout. However, the school should keep the police advised of any change in status to your building
- If the school is initiating the secure lockout due to a situation or potential incident discovered at the school, they should advise police of the secure lockout and what is anticipated.
- Classes otherwise continue as normal.
- A secure lockout is lifted when the external threat is resolved. Notification of such resolution may be through any means appropriate for the respective building.

5.4 **Lockdown:** There may be times when it is necessary to "Lockdown" a building. A building administrator, faculty, or staff member may initiate a lockdown based upon an actual or imminent threat or violent event. A lockdown is the response to the worst-case scenario**,** and must be executed with appropriate urgency and seriousness.

5.4.1 Lockdown Objectives

- To minimize injury and death
- To facilitate effective response
- To move as many people as possible to a safe place
- To neutralize the threat

5.4.2 Lockdown Guidelines

- Lockdown will be announced by intercom, public address system, or otherwise. Do not use codes**. Call 911 and report your situation. Consider a secure lockout for adjacent school buildings as well.**
- Immediately gather students from hallways into classrooms or offices. This includes common areas and restrooms immediately adjacent to classrooms.
- Lock classroom door(s) and have students take a seated position on the floor next to the wall out of view from the door window. Stay out of sight.
- Do not cover windows.
- Leave the window blinds and lights as they are unless directed to do otherwise.
- Document and attend to any injuries as well as possible.
- No one should be allowed to enter or leave a classroom or office under any circumstances.
- Do not answer or communicate through your locked door.
- Do not allow anyone into your 'secured' area, unless an emergency responder.
- Do not answer a classroom telephone.
- Do not respond to a Fire Alarm unless imminent signs of fire are observed. Doing so could compromise the safety of those already secured.
- Do not talk within the secured area, except only as absolutely necessary.
- Do not respond to the intercom, public address system, or other announcements.
- Run – Hide - Fight
- Take Attendance – include additions. Missing students' last known locations should be noted. Keep this record for when you are released from the lock-down.

Lockdown will end when you are physically released from your room by emergency responders or other authority.*

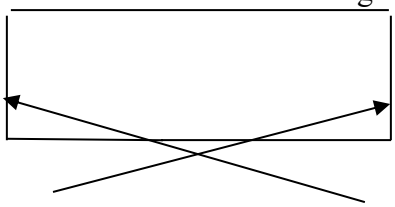
5.4.3 **Lockdown – Quick Guide Justifications Explained**

- **Lockdown will be announced by intercom, public address system, or otherwise. Call 911 and report your situation. Do not use codes. Consider a secure lockout for adjacent school buildings.**
  - Depending on the situation, there may be a need to lockout additional buildings on the same campus. You don't know if the incident may affect more than one of your buildings.
  - Use plain language to describe the situation. Using codes can cause confusion and uncertainty. Administrators and teachers may use codes so that it doesn't frighten students, however the unknown will frighten them as well. In addition, making students aware increases ownership in an effective response. If codes are used and not everyone (e.g. substitute teachers) knows them, confusion may result and they will not know what to do.

- **Immediately gather students from hallways and areas near classrooms or offices. This includes common areas and restrooms immediately adjacent to classrooms.**

- Classroom teachers located adjacent to restrooms/common areas should become proficient in "sweeping" those areas for students. This becomes increasingly important in the younger grades (and less so for the high school population).
- Individuals engaged in activities outside the building during a lockdown must evacuate to a predetermined location on or off campus and possibly execute a secure lockout there. This includes bus runs and field trips. These designated locations should be written into the emergency plan and given to all responding law enforcement agencies. If the location is off the school property, make sure that personnel at the location are aware that they are an evacuation site.

- **Lock classroom door(s) and have students take a seated position on the floor next to the wall out of view from the door window. Stay out of sight. Document and attend to any injuries as well as possible.**
  - See diagram below. Arrows indicate where the occupants should be. The triangle areas below the arrows are the out-of-sight area.



  - The practice of utilizing color-coded cards to signify a room's status, although used previously, is no longer acceptable. First responders will not depend on this method as a reliable determination of a room's status, and therefore a wasted step in an effective response.

- **Do not cover windows on or adjacent to the classroom door**
  - This step would increase the potential for the person covering the glass to be exposed to a threat from the hallway. In addition, first responders will not have a view into the room. It is important for responding police to gather intelligence, either from inside or outside the building through a line of sight into the building.

- **Leave the window blinds and lights as they are unless you are directed to do otherwise.**
  - Turning off the lights and pulling down the blinds would also increase the potential for the person covering the glass to be exposed to a threat from the hallway. In addition, it is crucial that first responders have sight into the room in order to assist in stopping the situation and conducting a rescue. Moreover, a concern for first responders is that it takes the human eye 20 minutes to fully adjust to a dark room.

- **No One should be allowed to enter or leave a classroom or office under any circumstances.**

- **Do not answer or communicate through your locked door.**

- **Do not allow anyone into your 'secured' area.**

- **Do not answer a classroom telephone.**

- **Do not respond to a Fire Alarm unless imminent signs of fire are observed. <u>Doing so could compromise the safety of those already secured.</u>**

- **Do not talk within the secured area, except only as absolutely necessary**
  - This is intended to convey to the intruder that the room is vacant.

- **Do not respond to the intercom, public address system, or other forms of communication.**
  - An announcement may be given under duress and it may actually be unsafe to follow the instructions given over this type of system.

- **Take Attendance – include additions. Missing students' last known locations should be noted. Keep this record for when you are released from the lockdown.**
  - Attempts to report this information may jeopardize your safety by divulging your location. When released, first responders will be interested in this information.

- **Lockdown will end when you are physically released from the room by emergency responders or other authority.**
  - Responding law enforcement should have master keys to conduct the release. Do not rely on school district personnel with keys to be available to assist in the release. However, they may be asked to assist with a lockdown release. They may not be available in a real situation. The school district can utilize a Knox Box or provide responding agencies with a key to hold on to should any incident occur.

- **Vision Panels:**
  - The manual of Planning Standards Section S106 Doors requires classroom doors, stair, and corridor doors to have vision panels (MPS S106(a)). As such, vision panels may not be covered. However, the Office of Facilities Planning has permitted temporary covering of vision panels in classroom doors in an emergency. The temporary covering of vision panels must be included in the Emergency Plan.

- **Furniture to block doors in an emergency:**
  - NYSED understands that schools may want to provide additional protection beyond compliant locking hardware. If a District wishes to instruct staff that in an emergency it is permissible to use furniture to block the doors as an additional measure to slow the access of an intruder, it must be included in the Emergency Plan.

5.5

5.5 - Emergency Guidelines for Classroom Clipboards

Fire and Evacuation	Shelter in Place	Secure Lockout	Lockdown
*Building needs to be **evacuated** quickly.*	***Restricted hallway movement** for medical emergencies, weather, or bomb threats.*	*Potential **threat outside** the building.*	*Potential **threat inside** the building.*
Announced by a series of short bells (fire alarm).	Announced by public address system using plain language.	Announced by public address system using plain language.	Announced by public address system using plain language.
Teacher Guidelines: ☐ Leave the building via the nearest exit. ☐ Use primary route posted by the door of the classroom. ☐ Close all doors. ☐ If your class is in a "special," evacuate the building and meet your students outside. ☐ Elementary and middle school students are to remain with their teachers/supervisors. ☐ **STUDENTS WHO ARE NOT WITH THEIR CLASS SHOULD USE THE NEAREST EXIT AND JOIN THE NEAREST CLASS OUTSIDE.** ☐ Take attendance and report all missing/extra students to _____. ☐ Stay **silent.** ☐ Remain outside until the signal to reenter the building is given. *Updated, May 2025*	**Teacher Guidelines:** ☐ Look in hallway and direct any students or staff into your room. ☐ Staff and students will go immediately to the nearest classroom or office. ☐ Take attendance and call _____ if you have missing or additional students. ☐ Do not allow anyone to leave the room. ☐ Classes will continue as normal, unless directed otherwise. ☐ When situation is resolved, it will be announced via the PA system.	**Teacher Guidelines:** ☐ LOCK exterior doors and windows. ☐ Classes will continue as normal, unless directed to do otherwise. ☐ Staff and students who are outside should return to the building immediately through the nearest door. ☐ Entry to the building is gained only on a one-on-one basis, and only through a locked and monitored door (the front main entrance). ☐ When situation is resolved, it will be announced via the PA system.	**Teacher Guidelines:** ☐ Gather people from hallway, adjacent common areas, and restrooms into your room. ☐ LOCK doors and windows. ☐ Take a seated position on the floor next to the wall and out of view from the door's window. ☐ Stay silent and out of sight. ☐ Leave the window blinds and lights as they are. ☐ Attend to any injuries and document. ☐ Do not answer or communicate through your locked door. ☐ Do not respond to a fire alarm unless imminent signs of fire are observed. ☐ Do not respond to the intercom, public address system, phone or other announcements. ☐ Take attendance including additions and missing students' last known location. ☐ Emergency responders/ authorities will physically release you from your room.

5.6 Severe / Sudden Weather Occurrence

5.6.1 The NOAA Weather Warning Radio should be monitored. Each building is equipped with these radios.

5.6.2 Upon notification of/or observing severe weather:

- Initiate actions to protect students, staff and property
- Instruct all outside activities to come inside
- Notify 911 if police, fire or ambulance are needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Notify the building administrator and/or a member of the IMT
- Determine necessary actions
- Implement Incident Action Plan
- Monitor/assess situation – Adjust response as needed
- Communicate with town regarding road conditions and local damage
- When incident is terminated implement post-incident procedures

There may be other severe weather events that may require a similar or modified "tornado procedure" (see below section 5.5.3). Examples of these events include, but are not limited to, severe flooding, high winds, severe lightening, microburst, hurricane and/or severe hail. Depending on the severity of the weather event, relocation to the tornado safe zone and/or modified tornado procedures may be considered.

5.6.3 Tornado Procedure

A tornado "watch" means weather conditions are favorable to the formation of tornados. In the event a tornado "watch" is issued:

- Instruct all outside activities to come inside or advise them to head for a sheltered location
- The NOAA Weather Warning Radio should be monitored
- Remain alert for approaching storms.

A tornado "warning" means a tornado has been spotted on radar or has been seen by an eyewitness. In the event a tornado "warning" has been issued:

- Instruct all outside activities to come inside. If at dismissal time, instruct students to return inside.
- If students and/or staff cannot take cover in a building or safe shelter, lay flat in a ditch or low lying area and cover your head with your hands. If in a vehicle, exit the vehicle, lay flat in a ditch or low lying area and cover your head with your hands. A culvert in a ditch may be a good choice if there is no rain, but if there is rain, flash flooding may be dangerous. Do not take shelter under an overpass or bridge.
- The NOAA Weather Warning Radio should be monitored
- Initiate action to protect students/staff:
    - Proceed immediately to your building's tornado safe area.
    - Establish your Incident Command Post at a similar safe area.

    - Avoid auditoriums, lobbies, gymnasiums, pools and other large areas
    - Go to interior rooms or hallways on the lowest floor
    - Avoid halls that open to the outside in any direction
    - Stay away from glass, both in windows and doors
    - Instruct staff & students to crouch down, and make as small a target as possible and/or get under a sturdy table
    - Use your hands to cover your head
- Determine necessary actions
- Implement Incident Action Plan
- Monitor/Assess situation – Adjust response as needed
- Assess property damage
- Communicate with town regarding road conditions and local damage
- When incident is terminated implement Post-Incident Procedures

Here are some of the things people describe when they tell about a tornado experience:

- A sickly greenish or greenish black color in the sky
- If there is a watch or warning posted, falling debris or hail should be considered as a real danger sign. Hail can be common in some areas, however, and usually has no tornado activity along with it
- A strange quiet that occurs within or shortly after the thunderstorm
- A sound like a water fall or rushing air at first, but turning into a roar as it comes closer. The sound of a tornado has been likened to that of both railroad trains and jets
- Debris dropping from the sky
- An obvious "funnel-shaped" cloud that is rotating, or debris such as branches or leaves being pulled upwards, even if no funnel cloud is visible

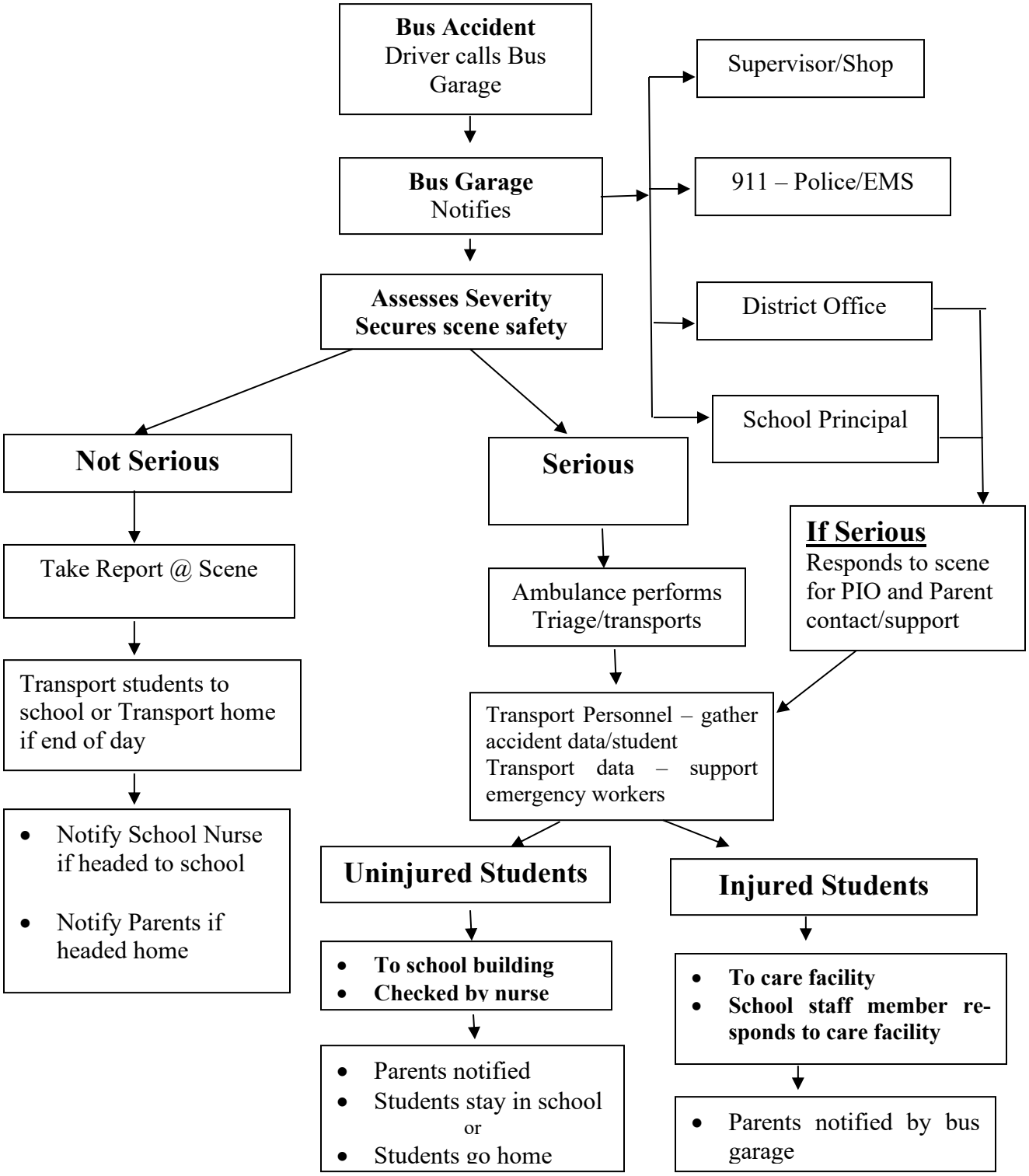
5.7 Bus Accident Procedures

5.7.1 Administrative Procedures

- Notify 911. If emergency services (911) is called, send someone to meet them to direct them to area of incident
- Implement Incident Action Plan
- If serious with injuries, Establish Level III Command Post
- Send appropriate District resources to the scene
- Support emergency responders
- Send District representative to hospitals receiving District students
- When incident is terminated implement Post-Incident Procedures

5.7.2 Bus Driver procedures are located in the District Policy and Procedures for School Bus Drivers.

5.7.3 Administrative Action Flow Chart



Out of district/after hours:

- Driver seeks immediate assistance from local police / notifies bus garage authorities
- Bus garage authorities respond to scene / contact local associates to respond
- Notification of parents and district administration as stated above

5.8 School Closing Procedures

School districts within a supervisory district must provide timely notification to the BOCES district superintendent of this occurrence, unless the closure is due to a routine snow emergency. School districts continue to be required to notify the Commissioner of Education of these school building closures (except for routine snow emergency days).

5.8.1 Prior to the Start of School

- Director of Transportation and/or Director of Operations Maintenance and Security, communicate with Superintendent
- Make final decision by 5:30 a.m. preferably by 5:00 a.m.
- Start phone tree
- PIO notifies switchboard, media and updates the website and information line

5.8.2 Early Dismissal of Secondary Schools in Weather-Related Emergencies

- Director of Transportation contacts Superintendent and monitors weather conditions
  - Superintendent notifies principals and PIO
  - Director of Transportation notifies Town of Pittsford (crossing guards)
  - PIO notifies switchboard, media and updates the website and information line
- If by noon weather is getting worse, discuss early dismissal at 2:10 p.m. and cancellation of after school activities
  - Decision to dismiss at 2:10 p.m. must be made by 1:00 p.m.
  - Superintendent notifies principals and PIO
  - PIO notifies switchboard, media and updates website and phone line
  - Switchboard notifies District Office staff
  - If buses are unable to transport students, schools must have a plan to supervise students for an extended period
  - If buses leave, principal and appropriate staff must stay until dispatch staff calls to say all students are home

5.8.3 Delayed Start of School

- Director of Transportation and/or Director of Operations Maintenance and Security, communicate with Superintendent
- Make final decision by 5:30 a.m. preferably by 5:00 a.m.
- Start phone tree
- PIO notifies switchboard, media and updates the website and information line

5.8.4 Early Dismissal of all School Buildings

- Superintendent contacts District Office staff. If weather related, Director of Transportation contacts Superintendent.
- Decision made by Superintendent
- Superintendent contacts principals and PIO notifies switchboard, media and updates website and information line.
- Switchboard notifies District Office staff
- Need 1-1½ hour lead time between decision and dismissal time

5.9 Large Group Event Emergency Procedures

5.9.1 Administrative Procedures for Events

- Emergencies could include power outage, crowd control, fire alarm or health emergency
- Assess situation
- Notify all chaperones, assign duties
- Initiate action to protect students, staff, visitors and property
- Verify 911 is called if needed – police for crowd, fire for lighting assistance, ambulance for health emergency
- Size up and classify incident as Level I, II or III
- Notify district Incident Management Team if necessary (have emergency phone numbers with you at large events)
- Assess whether to Shelter in Place or evacuate/relocate crowd
- Assess whether to terminate activity and send participants and guests home
- When incident is terminated, implement Post-Incident Procedures

5.9.2 How to respond to situations

- Power outages – determine potential impact to event – indoor event, outdoor event, time of day, emergency lighting availability, possible duration of outage
- Severe Weather - determine potential impact to event - indoor event, outdoor event, availability of shelter given number of attendees, level of threat to safety
- Health Emergencies – isolate victim, provide first-aid, call for help (911)
- Unruly Crowd / Fights – isolate area, protect those not involved, call 911 if necessary, chaperones intervene and attempt to gain control, remove those involved from event
- Other building facilities failures – assess impact to event

5.9.3 Communications

- In most situations, it will be necessary to communicate information to those in attendance
- Use PA systems when possible, if necessary, have Bull Horn available for use
- Make communications short, clear and concise – providing instructions or information updates as appropriate
- Identify chaperones and direct attendees to chaperones for answers to any questions

5.10 Bomb Threat Procedure

5.10.1 Immediate Threat

- Initiate a "Shelter in Place" activity. All students are to be in a classroom under a teacher's supervision. No people are to remain in the halls. Parents and visitors are to report to the office for further instructions.
- Initiate actions to protect students, faculty, staff and property.
- Verify 911 is called if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Size up and classify incident as Level I, II or III
- Notify Central Administration at 267-1000 and/or member of the Incident Management Team, and provide the following information if possible:
  - Name
  - Location of Incident
  - Telephone Number as a Call Back
  - Nature of Incident
  - Injuries or Property Damage
- Verify evacuation routes are clear of hazards, e.g. exits, hallways, parking lots.
- If appropriate, initiate fire/evacuation procedures.
- When incident is terminated, implement Post-Incident Procedures.

5.10.2 Future Threat

- If necessary, initiate a "Shelter in Place" activity.
- If threat is written in a visible public area, block off area and document it visually.
- Classify as Level I, II or III
- Notify Central Administration at 267-1000 and/or member of the Incident Management Team, and provide the following information:
  - Location and classification of threat
  - Steps taken
  - Exact wording
  - Phone number as a call back
- Call 911. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Initiate investigation of source, if identified. Follow appropriate student discipline measures as outlined in District Code of Conduct.
- Initiate actions to protect students and staff, if necessary:
  - Determine need to cancel after school or evening activities.
  - Notify staff. Do not share exact wording of threat. Tell them that we have implemented our safety procedures, notified authorities, and will be asking for their assistance to limit hall passes to leave the classroom and record student name, time left and return for all exceptions.
  - At the conclusion of after school or evening activities, lock down building and conduct a thorough search.
  - Provide overnight surveillance.
  - Early in AM, prior to the opening of school, search interior of school and exterior (around the perimeter, in bushes, etc.)

- Have staff at doors in AM observing what students bring in.
- Maintain coverage at unlocked doors.
- Sweep building throughout the day.
- Establish a communication plan with district office, parents and staff.
- At end of day, evaluate need to continue increased security procedures or to cancel after school or evening activities.
- Repeat until day of threat arrives.

5.10.3 Telephone Procedures - if you receive a bomb threat, please follow EVERY STEP

- Write down "Call 9-911 — BOMB," state location, if not at your site, and show to someone near you.
- Please keep the caller on the phone as long as you can to get as much information as possible.
- Note phone number on caller ID
- Record message – Press services button and follow directions to record
- After the call, call 9-911, if they haven't been contacted.
- Notify your building administrator and a member of the Incident Management Team.
- Complete Bomb Threat phone card (Attachment 5.9.5)

5.10.4 Bomb Search Procedures

1. Assemble search team with emergency response kits (located in maintenance shop)
2. Assign pairs
3. Assign sector areas inside and outside to search. Match search teams with areas of familiarity.
4. Provide tags/label to indicate areas that have been searched
5. Develop a communication system. Cell phones, two-way radios and wireless routers may trigger a device. Do not use these technologies inside or within 300 feet of building if potential bomb is located inside the building; 900 feet if potential bomb is located outside the building.
6. Search techniques:
   a. Begin with public areas
      1) Bathrooms
      2) Hallways
      3) Doors/windows
      4) Trash barrels
      5) Large public areas (e.g. cafeteria/auditorium)
   b. Listen to environment
   c. Each search half of the room by looking from ground to waist; waist to chin; chin to ceiling and the ceiling itself.
   d. Repeat each doing other half of room
   e. If you find suspicious material, leave and contact Command Post immediately
   f. If do not find suspicious material, tag/label on door to indicate search was complete and move on.

Pittsford Central School District Bomb Threat Phone Card

Press services then record button to record call.

Number on Caller ID _____

Questions to ask:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

Number at which call is received: _____

Time: _____ Date: _____

Exact wording of the threat:

_____

_____

_____

_____

_____

Report call immediately to: Phone Number: _____ Name: _____
Position: _____ Phone Number:_____

(Over)

Caller's Voice:

_____	Loud	_____	Stutter	_____	Disguised
_____	High	_____	Distinct	_____	Angry
_____	Intoxicated	_____	Accent (type)	_____	Slow
_____	Calm	_____	Soft	_____	Nasal
_____	Fast	_____	Deep	_____	Slurred

_____ Other Characteristics: _____

If voice is familiar, whom did caller sound like?_____

Background Sounds:

_____	Voices	_____	Street Traffic	_____	Trains
_____	Quiet	_____	Office Machinery	_____	Music
_____	Animals	_____	Airplanes	_____	Factory/Machinery

_____ Other:_____

Threat Language:

_____	Well Spoken	_____	Foul	_____	Irrational	_____	Incoherent
_____	Taped	_____	Message read by threat maker				

Remarks: _____

_____

_____

5.11 Weapon Procedures

5.11.1 Administrative Procedures

- Initiate actions to protect students, faculty, staff and property.
- Verify 911 is called if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Size up and classify incident as Level I, II or III
- Notify Central Administration at 267-1000 and/or member of the Incident Management Team, if necessary, provide the following information if possible:
  - Name
  - Location of Incident
  - Telephone Number as a Call Back
  - Nature of Incident
  - Injuries or Property Damage
- Assess whether to Shelter in Place, Secure Lockout or Lockdown
- When incident is terminated implement Post-Incident Procedures

5.11.2 How to Respond to a Person with a Weapon other than a Firearm

- <u>Reported Possession of a Weapon other than a Firearm</u>
  - Don't confront the person
  - Walk the person to the main office
  - Notify the building administrator and wait until he or she arrives
- <u>Displayed or threatened use of Weapon other than a Firearm</u>
  - Notify 911 and main office
  - Identify the person(s), their location, the location of the weapon and what has occurred
  - Safely remove other people from the area, if possible, and wait until help arrives

5.11.3 How to Respond to a Person with a Gun or other Firearm

- <u>Reported Possession of a Gun or other Firearm</u>
  - Do not confront the person
  - Call 911 and notify main office without the suspect person knowing
  - Wait for authorities to arrive to determine next steps
- <u>Displayed or threatened use of a Gun or other Firearm</u>
  - Notify 911 and main office
  - Identify the person(s), their location, the location of the weapon and what has occurred
  - Do not confront the person and keep calm
  - Wait for law enforcement to arrive

5.12 Building Intruder

5.12.1 Administrative Procedures

- Initiate actions to protect students, faculty, staff and property.
- Investigate and assess the situation
- Verify 911 is called if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.

- Size up and classify incident as Level I, II or III
- Notify Central Administration at 267-1000 and/or member of the Incident Management Team, if necessary, provide the following information if possible:
  - Name
  - Location of Incident
  - Telephone Number as a Call Back
  - Nature of Incident
  - Injuries or Property Damage
- Assess whether to Shelter in Place, Secure Lockout or Lockdown
- When incident is terminated implement Post-Incident Procedures

5.12.2 Teacher Procedures if there is an Intruder on school grounds

- Initiate actions to protect students, faculty, staff and property.
- Notify building administrator; give person's name, if known, location, and what, if anything, has occurred.
- Follow Administrative instructions
- Do not confront the individual
- Do not allow into your classroom

5.13 How to Respond To Medical Emergencies

1) Call Main Office immediately to notify nurse and appropriate personnel (administrators, EMTs, security, etc.). If possible, reporting individual will identify nature of incident.

2) Nurse and appropriate personnel report to scene and assess situation. Plan of action determined. If person is not breathing, follow steps in section 8 "**Automated External Defibrillator".**

3) Administration or nurse will make appropriate contacts, i.e.: parent/guardian, 911. If necessary, bring student and/or staff emergency information from nurse's files to scene of incident.

4) If more than one person is injured – If able, move people to nurse's office or other safe location. Request additional help if needed. Keep all injured/sick together until instructed differently by person in charge.

5) In the event of a major crisis, the administrative team will request outside assistance and will designate one individual to be in charge.

6) Crisis response plan will become operational for follow-up or continued responses as necessary.

7) Take appropriate precautions when coming in contact with blood. There should be no direct contact with bodily fluids; standard universal precautions should be implemented. Please direct students to follow the same precautions.

5.14 Hostage Situation

5.14.1 Administrative Procedures

- Initiate actions to protect students, faculty, staff and property.
- Verify 911 is called if needed. If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Size up and classify incident as Level III
- Notify Central Administration at 267-1000 and/or member of the Incident Management Team, if necessary, provide the following information if possible:
  - Name
  - Location of Incident
  - Telephone Number as a Call Back
  - Nature of Incident
  - Injuries or Property Damage
- Assess whether to shelter-in-place or evacuate students
- Establish Level III Command Post
- Support Emergency Responders
- When incident is terminated implement Post-Incident Procedures

5.14.2 How to Respond in a Hostage Situation

- Keep a distance
- Don't make quick moves
- Keep your cool
- Don't defend school / system
- Don't negotiate, dictate, confront, antagonize, defend or plead
- Carefully evaluate an escape plan
- Don't try to escape, if it will jeopardize you or others

5.15 Emergency Procedures for Athletics or After School Activities

5.15.1 General Emergency Response

- Initiate actions to protect students, athletes, staff and property
- Call 911, if needed
- If emergency services (911) is called, send someone to meet them to direct them to area of incident.
- Determine an action plan
  - Shelter in Place
  - Evacuation
  - Relocate
- Initiate accountability
- Notify Athletic Director (if athletic event), provide the following information:
  - Name
  - Location of incident
  - Call back number
  - Injuries or damage

5.15.2 Response to injured or ill student-athlete(s)

- Coach, trainer or responsible adult responds to injured or ill student
- Coach/trainer or responsible adult makes initial assessment, assess
  - Airway, breathing and circulation – check pulse

- Level of consciousness and mental status
- Bleeding, evidence of trauma
- For limb injuries – check for deformity, swelling, discoloration, point tenderness, range of motion if without obvious deformity, neurovascular status of the limb including pulse, skin color/temperature, ability to move and sensation

- Determine if emergency – life or limb-threatening
  - Respiratory distress, breathing with chest or neck pulled in, lips blue
  - Cardiac arrest
  - Evidence of shock-weak/rapid pulse, cold/pale
  - Severe bleeding
  - Decreased level of consciousness
  - Altered mental status
  - Severe chest pain or chest pain accompanied by shortness of breath, fast or weak pulse, sweats, change in level of consciousness
  - Open chest wound/crushing injury to chest
  - Significant trauma to the head/neck
  - After head or neck trauma – neck pain, dizziness or fainting, nausea/vomiting, seizure, altered level of consciousness, mental status changes, blood or drainage from nose or ears, laceration requiring sutures
  - Evidence of heat stroke – high fever, changes in level of consciousness, diminished respiration, hot/dry/red skin, fast or weak pulse, seizure
  - For limb injuries – open fracture, amputation, neurovascular compromise (absence of pulse, cold/pale limb, diminished sensation), severe swelling or deformity of joint, fracture of the femur

- If emergency – life or limb-threatening,
  - Notify 911 - provide nature of injury/complaints and field location.
  - Implement CPR/AED response procedures, if necessary. See section 8 for "**Automated External Defibrillator" procedures.**
  - Control bleeding with direct pressure, tourniquet to limb stump if amputation or near amputation
  - For any head, neck or limb injury, do not move student.
  - Immobilize suspected fracture.
  - Notify parents.
  - Clear uninjured from area.
  - Notify athletic director (if athletic event).
  - Upon arrival, emergency personnel will be responsible for management of the student.
  - Supervision of the student will be the responsibility of the coach/trainer or responsible adult, until the parent/guardian or emergency contact designee arrives.

- If not life or limb-threatening:
  - During competitions assist the student off the field or court, if unable to walk on own.
  - Coach/trainer or responsible adult will determine level of care needed.

- Call 911, if student-athlete needs urgent medical attention.
- Contact parents.
- Contact athletic director if 911 is called.

5.15.3 Post-Incident (If athletic injury)

- Non-Emergency Incidents
  - If 911 is called:
    - Coach must call Athletic Director
    - Athletic Director or Coach will contact school nurse
    - An accident report must be completed by the coach and turned into the school nurse.

  - If 911 is not called, but the athlete goes to MD or unable to continue participation:
    - Complete an accident report and turn into nurse by the next school day.
    - If unable, contact Athletic Director office immediately, provide name of student, sport, injury and Athletic Director office will communicate to building nurse.

- Emergency Incidents
  - Communication
    - Coach contact Athletic Director immediately after conclusion of incident to provide further information.
    - Athletic Director contacts Superintendent, building principal, and school nurse.

- Documentation
  - Coach submits a fact sheet to Athletic Director
  - Coach completes accident report and submits to nurse by the next school day.

- Debriefing with Team
  - Coach and Athletic Director will work with school administration and counselors to assist team.
  - A debriefing plan must be in place for next time the team meets, practice or game.

5.15.4 Equipment Supplies

- Communication Devices
  - Coaches will have access to a landline phone in the office.
  - Coaches who practice more than 2½ miles from site have a walkie talkie.
  - Cell phones for 911 purposes are available.

- Supplies
  - Medical kit – first-aid kit
  - AED access
  - Emergency contact information for all athletes

- ECPs or Asthma Action Plans
- Medications noted on ECP and/or Asthma action plan need to be on site

- Training
  - Emergency Plans will be reviewed at pre-season meetings.
  - At least one AED drill will be conducted each season.
  - At least one emergency drill will be conducted each season.

5.16 Support Response to Homeland Security Codes

The following threat response actions correlate to Pittsford's Health and Safety Procedures and Emergency Preparedness Guide. Protective measures are listed for each risk level that may be initiated at the district and building levels in cooperation with the local, state, and federal authorities.

5.16.1 Ongoing Standard Operating Procedures: (Green/Blue Alert Status)

- Be alert to suspicious activity and report it to proper authorities.
- Regularly meet with building response teams to update district and school emergency plans.
- Coordinate emergency plans with town and local agencies.
- Conduct Emergency drills.
- Maintain visitor sign-in procedures.
- Maintain current emergency communication lists.
- Check emergency communication tools and resources.
- Maintain a current go-box.

5.16.2 Significant to High Risk: (Yellow/Orange Alert Status)

- Complete ongoing standard operating procedures.
- Assess increased risk with public safety officials at a district level.
- Review emergency response plans with district and building level teams.
- Review emergency response procedures with staff.
- Reassess facility security measures.
- Review field trip decisions.
- Ensure go-box supplies are intact, including vest and bullhorn.
- Update student and staff emergency lists and send a copy to the Student Services Office.
- Test alternative communication capabilities.
- Review the need to communicate with parents and staff.
- Ensure all emergency supplies are stocked and ready.
- Conduct regular facility checks as necessary; external and internal building sweeps, HVAC systems.
- Consider the following:
  - Increasing surveillance
  - Restricting parking near building
  - Limiting access to facilities
  - Heightening scrutiny of off-campus activities
  - Reviewing facility use

5.16.3 Severe Risk: (Red Alert Status)

- Complete recommended actions at lower risk levels.
- Assign PCSD Incident Management Team member to Town of Pittsford command post, if appropriate.
- Activate District Incident Management Team and Incident Command Post
- Assess threat level to determine status of school openings and closings.
- Address critical emergency needs and implement the following as necessary:
  - Coordinate parent pick-up process
  - Increase building security by activation of secure lockout and/or lockdown procedures
  - Communicate with staff and parents
  - If schools are open,
    - ⇛ determine whether to Shelter in Place, Secure Lockout or Lockdown
    - ⇒ cancel outside activities and field trips
    - ⇒ restrict visitor access
    - ⇒ enhance exterior security measures with unassigned staff
    - ⇒ limit parking near building
    - ⇒ cancel all after school activities and facility use

5.17 Emergency Procedure Attachments

5.17.1 Incident Action Plan Form

Incident Action Plan Form

Incident Action Plan

Incident Commander _____Date_____ Time_____

Command Staff:	General Staff (if needed):
PIO: _____	Operation Chief _____
Liaison Officer _____	Planning Chief _____
Safety Officer _____	Logistics Chief _____
	Finance/Adm. Chief _____

Action Plan:

1. What do we want to do?

2. Who is responsible?

3. How do we communicate with each other?

4. What is the procedure?

DISTRICT IMT EMERGENCY CHECK LIST

Name _____ Date _____

Incident _____ Time _____

- ❑ 1. Establish a command post.
- ❑ 2. Identify incident – find out what happened.
- ❑ 3. Determine IMT response/who's coming.
- ❑ 4. Identify IMT responder to scene.
- ❑ 5. Call 911, if needed.
- ❑ 6. Evaluate incident, reclassify if necessary.
- ❑ 7. Identify action plan, i.e. relocate to another site, e.g. shelter on buses; go home early; search building.
- ❑ 8. Establish sectors and sector leaders.
- ❑ 9. Identify needed resources.
- ❑ 10. Write statement for front-line communications.
- ❑ 11. Write statement for switchboard to respond to parent calls.
- ❑ 12. Notify other district administrators, BOE, and community leaders.
- ❑ 13. Continually monitor situation and adjust action plan as needed.
- ❑ 14. When incident is concluded, convene building IMT and develop an incident fact sheet.
- ❑ 15. Determine staff/parent communication as per communication check list.
- ❑ 16. Inform switchboard emergency is concluded.

Notes:_____

_____

_____

5.18 Managing the New Media

During an emergency situation at a school property it is common for the news media (press) to arrive at the scene. The news media should be restricted to a designated staging area or location off school grounds and at a safe distance from the incident. The District PIO should be contacted if the news media arrives at the scene. Only designated employees of the school are permitted to provide statements to the news media. If the news media contacts the building or asks a question at the scene, they should immediately be directed to the PIO or designed spokesperson. No comments or updates should be provided to the news media by others.

5.19 Managing Crowds During an Incident

During and after an emergency situation at a school property it is common for crowds to gather, especially in a lock down situation. It is important to establish a controlled staging area or location so the crowd can gather safely. This location should be designated to a safe distance from the incident and off school grounds. The PIO should consider if any information should be shared with the crowd during the incident, as it could include parents of students inside the emergency situation.

Once the event has ended and the IC has determined it is safe to permit entry to the school/area, it is important for a controlled entry plan to be executed. Consideration should be given to providing limited information on the situation that had occurred, if required, and be prepared if parents require pickup of their children.

5.20 Reunification

When it is necessary to evacuate one or more buildings to an alternate location (see specific building evacuation procedures) AND staff are unable to transport students home per emergency transportation plans, the District will utilize a Reunification Plan to reconnect students and their parent or guardian in an organized and structured way, prioritizing the physical and emotional safety of students and staff.

In these scenarios, two teams will work simultaneously to safely **TRANSPORT** students to the alternate site and prepare for the **REUNIFICATION** of students with their guardians.

TRANSPORT TEAM	REUNIFICATION TEAM
WHO Teachers/Staff	**WHO** District Level Staff
WHAT Take attendance and stay with your students	**WHAT** Prepare alternate site for reunification procedure
HOW Follow building evacuation plan per Emergency Preparedness Guide	**HOW** District staff report to staging area for roles and responsibilities Follow Reunification plan through Emergency Preparedness Guide
PRIORITIES 1. Student and staff well-being and safety 2. Student and Staff location and condition 3. Transport to reunification site	**PRIORITIES** 1. Student and Staff well-being and safety 2. Student and staff location and condition 3. Identify any missing students or staff 4. Every student that can be reunified with their family is reunified
All staff must be accounted for and should not leave the site of an emergency without explicit instructions to do so from supervisors. Students are the responsibility of the school District until they are reunited with guardians.	

Procedures follow I Love You Guys Foundation training and is in alignment with NIMS training and Incident Command Structure

SECTION 6.0
POST-INCIDENT ACTION

6.0 Post-Incident Procedure

6.1 Incident Management Teams

6.1.1 The District and Building's Incident Management Teams will convene to share information, summarize the incident and establish steps to provide closure to the incident, as required.

- Critique Incident
- Determine appropriate communications to stakeholder groups
- Determine actions needed to transition to normal operations
- Determine whether to activate the Post-Incident Response Team (section 6.2)

6.1.2 Incident Critique at Level 2 and 3:

- The building administrator will critique their incident response with their building and complete a summary incident form. A copy should be sent to the Incident Commander/Superintendent immediately.
- The Incident Commander will critique the incident response and the summary fact sheet with the District Incident Management Team as soon as possible after the conclusion of an incident. Building team members may be invited to attend.

6.1.3 Communication: As part of the post incident activities correspondence will be sent as appropriate.

- In Level I and Level II situations the Building Level Administrator, in consultation with the Public Information Officer, will be responsible for timely communication to all staff, parents and students.
- In Level III situations the Public Information Officer will be responsible for communication to district staff, parents and students.
- For appropriate incidents the Superintendent or his/her designee will be responsible for communication with local government officials the Board of Education, and media.
- For appropriate incidents, the P.I.O. will send a copy of the parent communication to the Police Department.

6.2 Post-Incident Response Teams:

- Building Level Teams: Each building will establish a post-incident response team to plan and initiate a post-incident response plan for any mental health issues. The team will consist of counselors, school psychologists, administrators, school nurse and/or other appropriate personnel.
- District Level Team: A district level post-incident response team consisting of the Assistant Superintendent of Student Services, two counselors, two school psychologists and one school nurse (from varying instructional levels) will support the building level teams in managing their post-incident response. The Assistant Superintendent of Student Services will serve as the coordinator of this team.

6.2.1 Post-Incident Levels: There are three levels of post-incident response for any mental health issues:

- Level A: Incidences impacting a small group, e.g. death of family member or friend, suicide attempt
- Level B: Incidences impacting a whole building, e.g. death of a student or staff member, serious accident, bomb threat
- Level C: Incidences impacting the school district/community, e.g. natural disaster, violent or observed death of student or staff member, violent act

6.2.2 Post-Incident Response: The post-incident response teams will operate accordingly at each level.

- Level A: Building team initiates actions and informs district team if necessary.
- Level B: Building team initiates actions and may request support from the District Team. The Assistant Superintendent of Student Services may initiate the following action:
  - Inform counseling/psychologist staff in other buildings
  - Assign additional counselors or psychologists at site to service students/staff or field phone calls
  - Request District Post-Incident Response Team report to the building site.
- Level C: District Post-Incident Response Team advises the Superintendent and coordinates district actions. Building Post-Incident Response Teams initiate building plans in conjunction with the district Post-Incident Response Team actions.

6.2.3 Guidelines for Post Intervention Support: The following guidelines provide direction to our post-incident response for any mental health issues.

- Those who saw the event or had the event happen to them.
  - Should receive debriefing within 48 hours (Attachment 6.3)
- Those who knew those who were involved in the event; those who are reminded of a painful event that is current or one that brings back painful memories; student leaders who others may look to for support.
  - They can receive support in the "support" room or in individual or group counseling as needed.
  - If teachers see someone who is having a hard time or teachers know someone who has experienced an event that could trigger feelings, the teacher can refer the student to the support room or to the counselor.
  - Check in with student leaders to see how they are doing.

- Those who attend the school and may or may not know the students involved.
  - They may not need any intervention, or
  - Teachers can watch for any warning signs and refer them to talk to someone.

6.2.4 Post-Incident Critique/Evaluation – Levels A, B, C are defined in section 6.2.2

- In Level A incident, the building post-incident response team will meet to critique/evaluate the building's post-incident response.
- In Level B, the building team with representation from the district team will meet to critique/evaluate the building's post-incident response.
- In Level C emergency situations the district post-incident response team will meet to critique/evaluate the district's past-incident response. The district team will include appropriate members of the building teams.

6.3 Post Incident Attachments

6.3.1 Critical Incident Debriefing Procedure

Three parts to experiencing trauma:

First:

- Experience psychological trauma through our five senses: See, Hear, Smell, Taste and Touch
- Need high tolerance for ambiguity in a crisis.
- If no sensory input, not traumatized. People who show up at a crisis yet didn't experience it first hand aren't "traumatized," but still may need help.
- Conversation about traumatic incident does not provide resolution – only provide respite. Historically we've just asked people to discuss incidents. Need to take people through a process.

Second:

- We interpret psychological trauma, assign personal meaning, through our thoughts about the experience. (e.g. death of a child takes a different meaning once we have a child or new grandchild)

Third:

- We express psychological trauma through our emotions and behaviors. Need to have the traumatized tell us (recreate) everything they heard, smelled, saw, tasted and touched. When can't give any more (a) details of sensory input, then ask everything they were (b) thinking about regardless of whether related to event or no, then; (c) tell how they felt, and then (d) behavior (what did you do?)

To set up a debriefing group:
Establish homogeneous groups by connection to person who died (on the scene vs. close to one who died).

Distribute list of resources and a school contact, name and number.

To conduct the debriefing, use two leaders on opposite sides of a circle. They will have a better perspective to see who may need individual attention later.

Introduction:
"We're here to talk about death. We'll meet for a half an hour or so. We'll be talking if you'd like. You don't have to talk but it will help. It hurts now but it, too, will heal. We'll be here afterwards to answer your questions." Tell time frame, purpose and structure that you will follow.

At the physical phases, we'll feel a lowering of affect as we get to the feeling stage, then affect starts up again as continue through the process.

Closure:
We've talked about …(review all of above). Explain grief is not a linear process. It will be up and down. Each has our own path through this journey and not to judge other's journey or rate. It's not a race.

Debriefing Format/Guidelines

Phase I — Information Phase

- What happened?
- Where were you?
- What role did you play?

Phase II — Idea Phase

- What thoughts have you had? (Find out everything they have been thinking of regardless of whether it relates to the event or not.)

Phase III — Physical Phase

- What sensations have you been experiencing? (Need to have them recreate everything they heard, smelled, saw, tasted, touched.)
- Any physical symptoms which are new?
- Ask about nightmares, flashback, diarrhea, stomachaches, sleeplessness.
- Need to be reassured this is normal.

Phase IV — Emotional Phase

- How did you feel at first?
- How are you reacting now?
- What impact has this had on you? (allow and encourage emotional expression: crying, anger, fear, etc.)

Phase V — Meaning Phase

- What repercussions has this had on your life?
- What symptoms are you experiencing?
- How has this affected your family? School? Health? Friends?
- What was the worst part for you?
- If you could erase one thing what would it be? (Need to know this because that has to be dealt with for debriefing to be effective.)

6.3.2 **Post-Incident Response Team Contacts**

Organization	**Phone Number**

Post Incident Team Contacts are not included here and is available in the Assistant Superintendent of Student Services office.

SECTION 7.0
PREVENTION

7.0 Prevention

7.1 Security Identification

7.1.1 All staff will wear security ID badges, provided by the District, while working in the school buildings when school is in session.

7.1.2 All visitors will be required to sign in at the main office, show photo identification and wear a visitor sticker while in the school buildings when school is in session.

7.1.3 Staff with district identification entering a building through the proximity card readers are not required to sign in.

7.2 School Building Security

7.2.1 Each principal will develop a schedule for the securing of the building during the school day when students are in attendance, according to their needs.

7.2.2 Each principal will develop safety procedures for staff working in their buildings after school hours.

7.2.3 PA/Buzzer systems at the main entrances have been installed at all middle & elementary schools. During the school day, all visitors are required to ring the doorbell to obtain entry to the school. After the start of school, all exterior doors are locked during the school day.

7.2.4 Intruder hardware locks have been installed at all schools on classroom doors. This permits any staff member with a building key to lock any intruder hardware door from the inside of the room. Extra door keys have been placed inside classrooms at the middle and elementary schools for emergencies.

7.3 Building Alarm Systems

7.3.1 Pittsford Central School District will utilize appropriate alarm systems within each building.

7.3.2 The building and grounds staff will be responsible for routine checks and maintenance of the equipment.

7.3.3 The principals are responsible to implement building procedures that ensure alarms are set when the building is not occupied.

7.4 Fire Alarm System

7.4.1 Fire Alarm System Emergency Procedure Attachment

Pittsford Central School District (PCSD)
Fire Alarm System
Emergency Procedures

The intention of this document is NOT to supply all information required to operate the Fire Alarm Control Panel (FACP) and/or fire alarm system. It is intended to provide shortcuts and basic information in case of an emergency. The operations & maintenance manual should be read for full instructions.

1) WHO MONITORS OUR FIRE ALARM SYSTEMS:

Johnson Controls/Simplex fire alarm systems are installed at all buildings. The fire alarm systems are monitored 24 hours a day.

Johnson Controls/Simplex is the fire alarm **monitoring company** for the following schools:

- Jefferson Road Elementary School
- Mendon Center Elementary School
- Park Road Elementary School
- Thornell Road Elementary School
- Calkins Road Middle School
- Mendon High School
- Sutherland High School
- Transportation/Maintenance Facility
- Barker Road Elementary School
- Allen Creek Elementary school
- Administration Building

2) WHICH MAIN FIRE ALARM CONTROL PANEL (FACP) IS INSTALLED IN YOUR BUILDING:

- All schools have the 4100U main FACP installed.

3) WHAT DO I DO IF I NEED ASSISTANCE WITH THE FACP:

If you need help with the FACP, call Johnson Controls/Simplex at the number below for assistance:

- Johnson Controls/Simplex 24 hour service: 475-1060

They will page a technician and they will respond by telephone and/or to the actual building to provide support (24 hours a day). You must wait at the building until they respond. Sometimes they can walk you through the required support at the main FACP over the phone.

You can also call others on the emergency call list for internal support.

* Allen Creek Elementary School: The Brighton Fire Department will respond to the emergency.

4) WHAT SHOULD I DO IF I RECEIVE A PHONE CALL TO RESPOND TO A FIRE ALARM OFF HOURS:

First call the Director of Operations, Maintenance & Security (Jeff Beardsley) at 208-8411, then respond to the building quickly.

The Fire Department (FD) will respond to your building upon activation of the fire alarm system and someone needs to respond to the building (off-hours) as quickly as possible. Normally your fire alarm monitoring company and/or FD will call their emergency call lists until they reach someone. You will need to know what to do.

The fire department already has access to your building by use of the Knox Box, the little black box at your main entry. It contains interior & exterior building keys, elevator keys, fire alarm panel keys, etc.

Once the FD has confirmed there is no fire, they will turn over control of the building to the PCSD representative on scene. **Do not silence the alarm or allow anyone back in the building until the FD has provided permission to do it (ASK THEM !!).** YOU will need to clear the fire alarm panel and make sure any alarms, troubles or defective devises are taken off line (disabled).

5) HOW DO I SILENCE THE FIRE ALARM:

Go to the main 4100U (FACP)

- To silence the fire alarm, press the (Alarm Silence) key on the main fire alarm panel and read the display. The "Alarm Silenced LED" turns on steady.

The visual flashing lights will/may NOT turn off in the building until the alarm is cleared from the panel, but the noise will stop. To clear an alarm you will need to login to the main FACP.

6) HOW DO I LOGIN TO THE MAIN FACP:

If the fire alarm system panel shows an alarm or trouble (ie: smoke head, pull station) which may have caused the fire alarm to be set off, this device (smoke head) MUST be disabled so the same device does not go back into "alarm" and call out the fire department AGAIN. This must be done from the main FACP. The pull station may need to be reset also at the location it was pulled.

Most schools have a small LED fire alarm sub-panel in the main entry vestibule and in/around the main entry. The smaller panels are really convenience panels, all supervisory functions must be performed at the main FACP.

To log in to the 4100U FACP:

- Press <MENU>
- Press <enter> when the "Change Access level" wording is shown
- Press the "1" key to login

- Press the number keys until the appropriate number is displayed.
- When the pass code is correct, press <ENTER> to Login
- A **Access Granted** screen indicating your current access level is displayed briefly upon a successful login attempt. If you did not enter the appropriate Login pass code, a **Login is Invalid** screen appears. You will need access level 3 to disable a device.
- The panel will Log you out automatically after 30 minutes

7) HOW DO I DISABLE A FIRE ALARM DEVICE:

- Included in Building Level EPG.

8) HOW DO I PUT THE FIRE ALARM IN TEST MODE:

If you need to put your fire alarm system in "TEST" mode (off-line), please contact your fire alarm monitoring company and give them the account number, password and confirm the address:

- Simplex Grinnell (Johnson Controls): 888-746-7539

Then tell them how long you need the fire alarm put "off-line" and confirm the exact time it will be back in service.

9) HOW DO I CLEAN A "DIRTY" DEVICE:

1) Call the fire alarm monitoring company and put your system in "TEST" mode for the appropriate time to clean the affected device(s). This will prevent the FD from showing up.
2) Login to the main FACP and Disable the affected device(s). This will prevent the alarm from going off and emptying the building.
3) Take down the affected device(s) and clean them with a clean paint brush and/or spray air to blow out the dust.
4) Re-install the affected device(s)
5) Enable the affected device(s) on the main FACP
6) Reset the main fire alarm panel (if required)

As a first responder, custodian, maintenance person or emergency response team member you should know the above contact numbers and procedures.

7.4.2 Fire Alarm Security/Emergency Information

This information is only available in the Incident Management Team's Binders.

7.5 Security Video Cameras

Security video cameras will be operational in all school buildings to monitor public areas and provide a deterrent to unsafe, unlawful and/or dangerous behaviors.

7.5.1 Cameras will be operational in public areas to include but not limited to hallways, entryways and common areas.

7.5.2 Signage indicating the existence of the video security system will be posted at entrances and public areas.

7.5.3 Video will be stored for at least seven calendar days.

7.5.4 Video will be accessed only by authorized personnel designated by the superintendent and only when an unlawful, unsafe, or dangerous situation has been reported or suspected.

7.5.5 Federal Educational Right to Privacy Act regulations will govern the access to security video review of student activities.

7.5.6 Privacy rights of school District employees acting in good faith in the regular course of their duties will be honored.

7.6 Violence Prevention Strategies

7.6.1 Students, grades K-12, will learn non-violent conflict resolution skills in their health classes or normal classes.

7.6.2 Each building will integrate programs for their students that foster the District's core principles and support the Social Emotional Learning initiative.

7.6.3 The Prevention Coordinator will be responsible to provide the principals with informational materials regarding early detection of potentially violent behaviors. The principals will be responsible for the dissemination of the materials to their staff, students and parents.

7.6.4 The District Health and Wellness Committee in conjunction with the Building Health and Safety Committees will be responsible for developing strategies for improving communication among students and between students and staff for the reporting of potentially violent incidents.

7.7 Training: Appropriate school safety training will be provided annually for members of the incident management team, building administration, security monitors, teachers, other staff and students.

7.7.1 Incident Management Team training will consist of an annual review of the plan including procedures for Incident Command and Management Practices.

7.7.2 Building Administrators will be trained by members of the Incident Management Team on the plan implementation and the Incident Command System.

7.7.3 Security Guards/Monitors will receive training appropriate to their job description and their role on the building response team.

7.7.4 Teachers and other staff: The principals will be responsible to review the district plan, building plan and emergency procedures each year within the first week of class.

7.7.5 District Office clerical staff will be trained by Assistant Superintendent of Student Services prior to the start of school on response and notification by buildings of an incident.

7.7.6 Student training will be achieved through the routine practice of drills.

7.7.7 The PCSD attends regular meetings with our emergency services team for the Town of Pittsford. We review safety procedures, perform table top exercises and discuss local issues and concerns. These regular meetings include, but are not limited to Monroe County Sheriff's Department, Pittsford Fire Department, Brighton Fire Department, Brighton Police Department, Pittsford Ambulance, Town of Pittsford, Village of Pittsford and other emergency responders.

7.8 Security Monitors: High school security guards/monitors will monitor the parking lots and provide support within the school building as determined by the Director of Security and/or building administrator. All security staff will be licensed NYS security guards. Annual training will be provided.

7.9 Drills/Exercises (Education law section 807 & NYS Fire Code)

7.9.1 The Pittsford Central School District is responsible for planning, scheduling and conducting drills and exercises associated with this plan.

The prevention and intervention strategies contained within a District-Wide Plan may now include, where applicable, the establishment and/or participation of school or district staff in a multi-disciplinary behavioral assessment team to assess whether certain exhibited behaviors or actions need intervention or other support, including a school or district-level behavioral assessment team or, if available, a county or regional threat assessment team. Where these teams are utilized, the District-Wide Plan must describe the school, district or county team and its purpose, and annual staff training on safety and emergency procedures must include information regarding the purpose and procedures of the team.

The procedures for the review and conduct of drills within District-Wide Plans must be expanded to include "procedures for review and the conduct of drills tabletop exercises, and information about emergency procedures and drills, including information about procedures and timeframes for notification of parents or persons in parental relation regarding drills and other emergency response training(s) that include students." These procedures must now ensure that:

a. Drills conducted during the school day with students present are conducted in a trauma-informed, developmentally and age-appropriate manner that do not include props, actors, simulations or other tactics intended to mimic a school shooting or other act of violence or emergency.

b. At the time that drills are conducted, students and staff are informed that the activities being conducted are a drill. Provided, however, that students and staff must <u>not</u> be informed in advance of evacuation drills.

c. Tabletop exercises may be utilized by school and district safety teams as a training resource and may include a discussion-based activity for staff in an informal classroom or meeting-type setting to discuss their roles during an emergency and their responses to a sample emergency situation.

d. Schools and districts may opt to participate in full-scale exercises in conjunction with local and county emergency responders and preparedness officials. If those exercises include props, actors, simulations or other tactics intended to mimic a school shooting or other act of violence or emergency, they cannot occur during a school day or when school activities are occurring on school grounds and they may not include students without prior written permission from the students' parent or person in parental relation.
The responsibilities of the District Chief Emergency Officer must now include the following: to ensure that the required evacuation and lock-down drills are conducted in a trauma-informed, developmentally and age-appropriate manner and do not include props, actors, simulations or other tactics intended to mimic a school shooting or other act of violence or emergency.

7.9.2 The building principal is responsible for conducting all drills within their building as per state and district requirements. Evacuation, lockdown and emergency dismissal drills shall be as follows:

Education Law 807:

The amendments adopt evacuation and lockdown drill requirements of Education Law § 807 and require the following:

- Evacuation drills must be conducted with students at least eight times in each school year, six of which must be held between September 1 and December 31 of each such year. Four drills must be through the use of the fire escapes on buildings where fire escapes are provided or through the use of identified secondary means of egress, such as through different corridors, hallways, stairways and exit doors.
- Drills must be conducted at different times of the school day.
- Students must be instructed in the procedure to be followed if a fire occurs during the lunch period or assembly, provided, however, that such additional instruction may be waived where a drill is held during the regular school lunch period or assembly.
- Four additional drills must be held in each school year during the hours after sunset and before sunrise in school buildings in which students are provided with sleeping accommodations. At least two additional drills must be held during summer school in buildings where summer school is conducted, and one such drill must be held during the first week of summer school.
- Lockdown drills must be conducted with students at least four times in each school year, two of which must be held between September 1 and December 31 of each such year. Lockdown drills must be conducted at different times of the school day.

- One emergency dismissal drill must be conducted to test emergency response procedures that require early dismissal, at a time not to occur more than 10 minutes earlier than the normal dismissal time. Parents or persons in parental relation must be notified at least one week prior to the emergency dismissal drill.

    - All other drills planned by the Incident Management Team

7.9.3 The Board directs the administration to conduct a minimum of three (3) emergency drills to be held on each school bus during the school year. The first drill is to be conducted during the first seven days of school, the second drill between November 1 and December 31, and the third drill between March 1 and April 30.

Each drill shall include instruction in all topics mandated by the Education Law and the Commissioner's Regulations and shall include, but will not be limited to, the following:

- Safe boarding and exiting procedures;
- The location, use and operation of the emergency door, fire extinguishers, first aid equipment and windows as a means of escape in case of fire or accident;
- Orderly conduct as bus passengers
- Students who ordinarily walk to school shall also be included in the drills.

7.10 Plan Updates: The District Emergency Preparedness Guide will be updated annually and approved by the Board of Education. Members of the District Incident Management Team will review the plan and make recommendations for changes to the Board of Education. Updates of the EPG will be reviewed annually with the District Health and Safety Committee, which is chaired by the Assistant Superintendent of Student Services.

7.11 Pre-Planning for Large Group Events

7.11.1 For school-sponsored indoor events, which may draw large crowds, and the gymnasium, auditorium and/or commons area are used, at least one building administrator must be present. Additional chaperones shall be hired as determined needed by the building principal. For large group events planned by the athletic office, the Athletic Director will be responsible for emergency planning.

7.11.2 Prior planning activities – Prior to any large group event, the

- principal or his/her designee will:
    - schedule a training meeting for all chaperones and attending administrator as per Section 7.11.3
    - determine a location for flashlights, bull-horn, first aid kit, and any other emergency materials
    - make communication devices available for attending administrator and chaperones

- provide a list of emergency phone numbers for fire, police, ambulance and Incident Commander
- the activity advisor/coach will review emergency procedures with the participants

7.11.3 Training – Prior to any large group event, the following procedures will be reviewed with the attending administrator, the chaperones and custodian who will be on duty at the event by the building principal or his/her designee.

- general emergency response procedures
- building evacuation procedures and routes, including alternate evacuation routes
- AED locations and response procedures
- plan of action for a power outage including evacuation routes
- location of emergency kit
- communication to audience and/or participants

7.11.4 On the day of the event, the following will be reviewed with the audience, crowd and/or participants:

- emergency evacuation exits and routes
- attending administrator, who will be providing directions in an emergency
- general procedures of what to do after exiting building
- general procedures for a power failure

7.12 Prevention Planning in Preparation for Select School Shooting Anniversaries

7.12.1 Prior to anniversary date, convene Incident Management Team to determine precautionary measures. These measures may include:

- 24-hour custodial staff at secondary buildings
- Morning sweeps by principals and custodians
- Nightly sweeps by custodians
- Increased presence of custodians during the day; frequent emptying of trash cans.
- Employ two additional staff members to walk around each secondary building during the day.
- Request Standards Leaders to remain in their home schools to provide additional supervision.
- Communicate with staff, students and parents via email, urgent messaging, announcements, website and/or letters.

7.13 SUBJECT: SUICIDE

It is the policy of the Board to enact a plan for prevention, intervention and post- intervention of suicide, reflecting the District's concern for this serious mental health issue. The plan will include education and awareness of risk factors for youth suicide, procedures for intervening if a student exhibits risk factors, including referral services, and a post intervention plan to help the school and community cope with the aftermath of such a tragic event should it occur.

Suicide prevention will be incorporated into the curriculum to educate students. This will be done in a manner so as not to sensationalize the matter, but to provide students with information and resources on this important mental health issue. The District will also foster interagency cooperation that will enable staff to identify and access appropriate community resources to aid students in times of crisis.

The District is responsible for informing staff of regulations and procedures of suicide prevention, intervention and post-intervention. The District will actively respond to any situation where a student verbally or behaviorally indicates intent to attempt suicide or to do physical harm to himself/herself. Staff training and professional development on suicide and crisis intervention will be made available.

NOTE: Refer also to Policies #3410 – Anti-Harassment in the School district
#5681 – School Safety Plans
#7552 – Bulling: Peer Abuse in the Schools
#7553 – Hazing of Students

7.14 Threat Response Reference Guide

Pittsford Threat Response Reference Guide

The Pittsford threat response reference guide is designed to assist in the investigation and management of potential targeted violence. The Guide is not a Structured Professional Judgment (SPJ) Instrument, nor does it constitute a complete behavioral threat assessment and management process of the person of concern. The guide is not a checklist that can be quantified. The Guide does not predict future violence, nor is it a foolproof method of assessing an individual's or group's risk of harm to self or others. Each question is a prompt for exploration of circumstances that may involve the escalation of violence. The information presented herein is not all-inclusive nor is it a substitute for a thorough, rigorous, and well-planned investigation. Review the questions as an outline for a guided conversation investigating situational factors or concerns that suggest an increase in the risk of acted-out violence. Address each question with answers about the explored factor rather than with strict yes or no responses. If the answer to a question is "unknown" a discussion should ensue on the safest way to clarify if the behavior, risk factor, risk enhancer, or risk inhibitor exists.

WHEN CODUCTING A THREAT INVESTIGATION PLEASE BE SURE TO:

1. Understand that any action or inaction taken during the Threat Case (TC) life can lead to three possible outcomes: better, worse, or no effect on the TC. Therefore, discussions on suggested interventions should be calculated using the better, worse, no-effect matrix dictated by the totality of the circumstances.
2. Consider first using the least intrusive method of fact gathering and progress to more invasive methods as risk factors cluster, concerning behavior accelerates, triggers become evident, or assessed level of dangerousness increases.
3. Depending upon the situation, consider using gateway threat assessment instruments (i.e.., ACES screen, violence risk assessments, domestic violence, workplace violence, suicide risk, etc.).
4. Consider threat management partners from agencies not necessarily currently involved in the TC.
5. Consider all available sources for information, including databases, relatives, social media, friends, co-workers, employment resources, neighbors, etc.
6. Consider as circumstances change, so too does risk potential; therefore risk assessment and intervention strategies are only valid for the period assessed. Environmental changes, medical conditions, neurocognitive impairments, medication (or the lack thereof), alcohol consumption, illegal drugs, personal conflicts, psychological disorders, traumatic events, or other factors can affect the thought process of an individual. These changes can result in violent acts when none were anticipated and complicate the process of attempting to assess the likelihood of violent behavior.
7. Protect and safeguard the integrity of all confidential information.
8. Develop risk management options.
9. Identifying trusted third-party intervention and threat management partners who are willing to assist in mitigating risk factors and maintaining TC line of sight is important.
10. It is critical to note that punitive measures, such as suspension and expulsion, can increase risk. Actions that further disconnect the person of concern from monitoring and supports can further escalate emotions and disconnect the person from the school and social environment.
11. Safety plan for the target or victim.
12. Consider a holistic threat management approach: Physical,Organizational,Psychological, Social, Legal.

IMPORTANT HOTLINE NUMBERS

1-800-942-6906 1-800 942-6908

NYS Domestic and Sexual Violence Spanish 1-800-342-3720

Child Protective Services (Public) CPS 1-800-635-1522 (Mandated Reporter)

Adult Protective Services 1- 800-342-3009 (Option 6)

Prevent Child Abuse NY - Parent Helpline 1-800-CHILDREN

Department of Social Services (DV/Sexual Assault)

315-946-4881 WBHN 315-946-5722

NYS Department of Correctional Services 1-800-783-6059

Veterans Service Agency 315-946-5993

New York State Office of Victim Services 800-247-8035

Piitsford CSD Behavioral Intervention Team

Enter information

Other Important Numbers

New York Sheriffs' Victim Hotline (VINE)
1-888-VINE-4-NY (1-888-846-3469)
Statewide Victim Assistance and Notification 24 hours a day.

Suggested Questions

Quick Reference-Asking the Right Questions *(Key Questions but not an exhaustive list)*

"Has the POC suffered a major lose in love or life, is POC angry, feel humiliated, blaming you or someone else (sense of injustice)?"

"Has POC ever hurt you, threatened harm to you or others, made you afraid or forced you to do something that you didn't want to do (prior to this incident)?"

"Are you or anyone else currently concerned or in fear for your safety or the safety of someone else because of POC's behavior?" *(Document specific fear, level of fear or concern,reasons for it).*

"What's the most important thing that I can do to make the situation safer?"

"Is there a rise in frequency and or severity of aggression or concerning behaviors?"

"What actions could make this situation worse?"

"What events (triggers) could make the POC commit to violence?"

"Who is the POC most connected with in a positive way?"

"What happened (stressor) in the POC's life that could have caused the change in motivation, intent or behavior ?"

"What is at stake for the POC- what does he or she have to lose?"

"Is the person's conversation and story consistent with his or her actions?"

"What are the person's motives and goals?

"Does the person see violence as an acceptable, desirable, or only way to solve problems?"

"Does the person have the capacity to carry out an act of targeted violence?"

"Does the person see violence as an acceptable, desirable, or only way to solve problems?

Threat Assessment: *The goal of the threat response and assessment process is to take appropriate preventive or corrective measures to maintain a safe and secure environment, to protect and support potential victims, inform threat management,and to help, as needed, the person being assessed.*

Threats: *All threats need to be assessed to some degree. Most will be handled quickly. Some will require a more thorough assessment. The BIT's goal is to prevent violence and not necessarily determine if a threat was made but rather if the threat poses a risk of violence and what is the underlying conflict.*

Below is a list of areas of inquiry that represent some need-to-knows and are prompts for the exploration of circumstances and factors that may involve the escalation of aggression and or increased risk of targeted violence. These need-to-knows do not represent a complete list of critical areas of inquiry or risk factors but represent examples to illustrate the concept of a 360 degree assessment.

Biological Risk Enhancers

Age
Gender
Physical health
Body Image
Serious illnes-Physical injury(head trauma)

Psychological Risk Enhancers

Mental Health Stress
Major mental illness
Personality disorder
Poor coping skills
Depression
Suicidality
Coherent organized thoughts
Dichotomous Mindset
Unmet Psychological Needs-Love and belonging, Esteem

Emotional state-
Hopelessness- Desperation-Despair

Individual Risk Enhancers

Substance abuse
History of domestic violence
History of violence
Assault involving strangulation
Violence with a weapon
Weapon skills and access
Antisocial and psychopathic traits History of criminality
Extreme narcissism
Seeks to manipulate others
Perception of injustice-collector Low tolerance for frustration Lack of Resiliency
Recent suicide attempts
Low self-esteem
Extreme jealousy
Prone to anger
Persistent rumination on-perceived or real slights
Externalizing blame
Childhood exposure to trauma- and violence
Cruelty to animals
History of noncompliance with authority, court orders, or boundary setting

Social Risk Enhancers

Family dynamics
Isolation
Alienation
Lack of connectedness
Instability Concerns of others
Negative-Closed peer groups
Attitudes that condone violence Lack of parent control
Dependent on virtual communities

Triggering Events

Recent loss
Anniversaries
Divorce
Termination
Arrest
Suspension
Social and or professional standing (reputation)
Humiliating event (perceived or actual)

Red Flag Warning Behaviors signal a high to imminent risk case that requires immediate case management.

Motives for Violence
Homicidal ideas, violent fantasies, or preoccupation
Violent intentions and expressed threats
Weapons skill and access
Pre-attack planning and-preparation
Fixation
Identification
Novel Aggression
Leakage
Approach Behavior
Energy Burst
Sudden Withdrawal from Life- Patterns
Sudden Cessation of Medicine or- Substances
Rise in frequency and severity of concerning behaviors

Stressors: A stressor can be anything in the person of concern's life that causes tension or anxiety. It could be an upcoming review at work, an unhappy home environment, chronic pain, or financial distress. Stressors can be chronic or acute, mild or severe, obvious or hidden.

The three other common stressors experienced by perpetrators of active shootings are:Criminal problems, Other (e.g. care giving responsibilities), and Death of friend/relative

Interpersonal Stressors

Conflicts with friends/peers
Marital problems
Conflict with parents Conflict with other family members Conflict with significant other Sexual stress/frustration

Financial Stressors

Financial strain
Job related
Civil problems

Personal Stressors

Abuse of illicit drugs/alcohol
Physical injury
Serious illness
Care giver

Risk Protective inhibitors

Below is a list of protective inhibitors, or sometimes referred to as threat mitigators, are persons, things, or circumstances of sufficient value to the person of concern that reduce the likelihood that he may plan and carry out an act of targeted violence. Facets of the person himself which enhance his ability to cope with life's trials. External factors which reduce the risk of planned violence, such as concerning the target or physical environment.

Pursuit of non-violent, legally and socially-sanctioned methods of conflict resolution
Sense of humor
Positive, realistic goals
Supportive family
Other social support
Healthy social supports
Spiritual or religious beliefs opposing violence Positive coping mechanisms
Access and receptiveness to assistance
On the radar-by authorities
Connectedness and healthy affectionate bonds

Student Specific Factors

Student appears to be "detached" from school, including other students, teachers, and school activities. Feelings of being picked on, teased, bullied, or humiliated.

Key data sources to consider gathering information:

Current school academic and discipline records, including previous threat and suicide assessments;
Previous school academic, mental health, and discipline records;
Law enforcement records of the person of concern;
Search of student, locker, car (if applicable) on school property, according to district policy;
Search (or search warrant) of room/home/vehicle with law enforcement, if appropriate;
Internet histories/activities; written and artistic material, etc.;
Social media history/activity;
Information from probation, juvenile diversion, social services, and/or other involved agencies;
Additional information, if determined necessary/helpful.

Threats? ◻ Yes ◻ No ◻ Direct ◻Veil

◻ Conditional

Form? ◻ Written ◻ Verbal ◻ Non

Verbal **Threats to**

◻ Commit Suicide ◻ Commit Homicide

◻ Commit Physical or Sexual Assault

◻ Commit Property Destruction

◻ Insider harm

◻ Other Describe:

POC Relationship to Target ◻ Married ◻ Intimate Partner/Dating ◻ Formerly Married

◻ Former Intimate Partner ◻ Family Member ◻ Child ◻ Friend ◻ Business Relationship

◻ Co worker ◻ Student ◻ Patient ◻ No relationship ◻ Neighbor ◻ Target-Doctor/Therapist

◻ Other Describe

◻ Target-Public Figure

◻ Target-is a Location Describe

◻ Target-Group/Race/Ethnicity/Religion Describe

◻ Other Describe

Domestic and Intimate Partner Violence

Does POC make Target fearful ◻ Yes ◻ No ◻ Unknown
Safety planning for the Target ◻ Yes ◻ No ◻ Unknown
Physical abuse ◻ Yes ◻ No ◻ Unknown
POC extreme minimization or denial of violence ◻ Yes ◻ No ◻ Unknown
Direct threat of violence ◻ Yes ◻ No ◻ Unknown
Threatened to kill Target or children ◻ Yes ◻ No ◻ Unknown
POC capable of killing Target or children ◻ Yes ◻ No ◻ Unknown
Attitudes that support or condone violence ◻ Yes ◻ No ◻Unknown
Sexual violence/Forced Sex ◻ Yes ◻ No ◻ Unknown
Target is Isolated or lacks resources ◻ Yes ◻ No ◻ Unknown
Target is vulnerable due to age or mental capacity ◻ Yes ◻ No ◻ Unknown
Target extreme minimization or denial of risk for violence ◻ Yes ◻ No ◻ Unknown
Prior domestic incidents with the use of weapons or threats of death ◻ Yes ◻ No ◻ Unknown

The POC possesses a history of non-fatal strangulation event ◻ Yes ◻ No ◻ Unknown
Has the POC strangled or "choked" the target ◻ Yes ◻ No ◻ Unknown
Extreme jealous and possessiveness ◻ Yes ◻ No ◻ Unknown

Sexual proprietariness (resentment of infidelity and target's attempt to leave) ◻ Yes ◻ No ◻ Unknown
Target is taking steps to end the relationship or has already done so ◻ Yes ◻ No ◻ Unknown
The target possesses biological children from a previous partner present in the home ◻ Yes ◻ No ◻ Unknown
Beaten Target while pregnant ◻ Yes ◻ No ◻ Unknown
Is the frequency, severity, or intensity of any of the above increasing ◻ Yes ◻ No ◻ Unknown
POC is or has stalked the target ◻ Yes ◻ No ◻ Unknown
Level of intimacy or interpersonal relationship between target and threatener (p erceived or real) ◻ Yes ◻ No ◻ Unknown

NEW YORK STATE
24 HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE
1-800-942-6906

English and Español, Multi-language Accessibility National Relay Service for Deaf or Hard of Hearing:711

NEW YORK CITY (all languages)
1-800-621-Hope (4673 or 311

Victims may receive information relating to the status and release dates of persons incarcerated in state prison or local jails in New York State. For more information on this program and how you can register, call

1-888-VINE-4NY (1-888-846-3469) or www.vinelink.com

STATEWIDE AUTOMATED VICTIM INFORMATION AND NOTIFICATION (SAVIN-NY)
Victim notification program which allows domestic violence victims to register to be notified when an Order of Protection has been served **www.nyalert.gov**

Case Interventions & Management

Consider the below as a starting point for discussions on possible case interventions. This is not a checklist or all-inclusive. Out-of-box thinking is encouraged; however, each intervention should be considered using the better, worse, no effect calculation. Levels of intrusiveness are dictated by the behavior of the POC, perceived escalation in risk of violence, presence or absence of risk factors, warning behaviors, and protective factors.

Disciplinary/Punitive Actions		

• Letter of apology
• Conflict resolution
• Warning
• Behavior contract
• Parent meeting
• No-contact agreement
	• Alternatives to suspension
	• Detention
	• Suspension
	• Habitually disruptive plan
	• Expulsion
		• Law enforcement actions:
		  ▪ Restraining order
		  ▪ Ticketed
		  ▪ Charges filed
		  ▪ Diversion program
		  ▪ Court issued protective orders

Monitoring		
• Check-in, check-out • Searches • Safety contract • Adult monitoring • Adult escorts from class to class • Modify daily schedule to increase monitoring opportunities • Restrictions	• No-contact agreement • Modify school start/ending time • Increase monitoring collaboration between school and parent/guardian • Parent/guardian will increase supervision • Monitor for precipitating events (i.e., anniversaries, losses, perceived injustice)	• Ongoing collaboration with agency supports, probation/juvenile diversion, mental health professionals • Detained, incarcerated, or placed under intensive supervision
Skill Development/Resiliency Building		
• Academic supports • Conflict resolution • Anger management • Social skills group • Social–emotional learning curriculum	• Increase engagement in school activities • Increase engagement in community activities • Provide feedback and mentoring	• Engage in leadership activities • Decrease isolation • Monitor reactions to grievances, precipitating events and provide supports
Additional Interventions		
• Revise IEP/504 plan • Intervention team referral • Change in transportation • Restorative justice practices	• Evaluation—psychiatric/psychological • Special education assessment • Change of placement to access more intensive services	• McKinney-Vento/foster care referral • Social service referral
Environment		

• Address systemic, procedural, or policy problems that may serve as precipitating events
• Build a caring and supportive climate and culture
• Implement effective threat and suicide assessment
• De-escalation training for staff
	• Enhance social–emotional learning to include:
	  ▪ Bullying prevention
	  ▪ Violence prevention
	  ▪ Suicide prevention
	  ▪ Emotional regulation
	  ▪ Conflict management
	  ▪ Sexual harassment prevention
	  ▪ Digital citizenship
	• Ensure positive dynamics among staff (serves as modeling for students)
		• Early intervention with emerging problems
		• Explicitly teach about confidential reporting procedures
		• Give permission to "break the code of silence" and get help for a peer who is struggling

School Safety and Crisis 10
A resource from the National Association of School Psychologists | www.nasponline.org | 301-657-0270 | 866-331-8277

Safety Plans for Target or others
ACES Screen
Security Enhancements
Weapon removal/Extreme Risk
Law Enforcement Bulletins
Interview of Subject
Mobile Crisis Intervention Team
Identify and Engaging Third-Party Inhibitors to Violence
Criminal Charge
Civil Action
Order of Protection
Court Ordered Assisted Outpatient Treatment
Establish a police contact for the target or victim
Administrative action
Computer/Phone examination Consensual or Court authorized
Other Search Consensual or Court Authorized
Collaboration with Courts
Collaboration with District Attorney's Office
County Probation/Federal Probation action
State Parole action
FBI/JTTF action, BAU Presentation
Engage Threat Assessment Investigation Company with Operational or Forensic Psych consult
Mental health commitments
Engaging POC or Target's Employer in threat mitigation

BTAM Records

With the exception of imminent risk to safety, there is little legal guidance on the development, storage, and retention of threat assessment records. Thus, each district should obtain guidance from their own legal counsel in regards to the management of threat assessment records. Decisions on record keeping are important, as maintaining records establishes a legal and behavioral justification for intervention-

For each case, a member of the BIT team should be designated as a case manager to monitor the status of the individual(s) of concern. The case manager should notify the BTAM team of any change in status, response to intervention/referrals, or additional information that would be cause for a reassessment and changes in intervention strategies. Updates regarding the case should be regularly documented in accordance with school system policy and should occur until the case is resolved.

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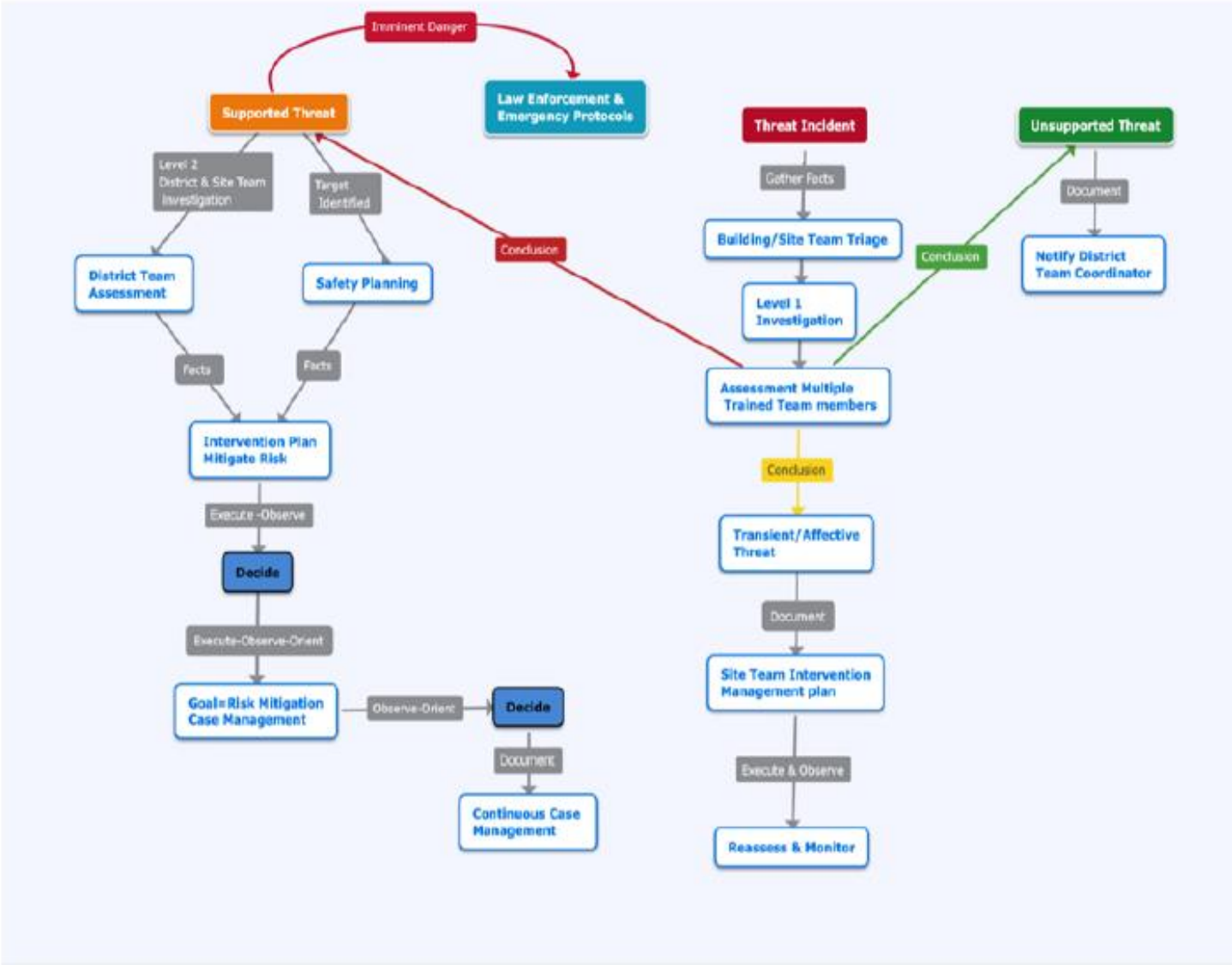

Imminent Danger
Supported Threat
Law Enforcement & Emergency Protocols
Threat Incident
Unsupported Threat
Level 2 District & Site Team Investigation
Target Identified
Gather Facts
Document
Building/Site Team Triage
Conclusion
Conclusion
Notify District Team Coordinator
District Team Assessment
Safety Planning
Level 1 Investigation
Facts
Facts
Assessment Multiple Trained Team members
Intervention Plan Mitigate Risk
Conclusion
Execute -Observe
Transient/Affective Threat
Decide
Document
Execute-Observe-Orient
Site Team Intervention Management plan
Goal=Risk Mitigation Case Management
Observe-Orient
Decide
Document
Execute & Observe
Continuous Case Management
Reassess & Monitor

Notes

Case Number:

Date:

SECTION 8.0

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

8.0 Automated External Defibrillator

Definitions:

- Automatic External Defibrillator (AED) – a device used to treat a patient with cardiac arrest or whose heart is beating irregularly (fibrillating) by assessing the patient's heart rhythm, judging whether defibrillation is needed, and then administering a shock to return the heart to normal.

- AED Oversight Physician – a designated, licensed physician providing medical oversight to the AED Program, who is responsible for medical control, development, implementation, and establishing response procedures and a quality improvement plan.

- Medical Response Team – the group of Trained Rescuers who provide basic life support (CPR & First Aid) and apply AED's during medical emergencies.

- Sudden Cardiac Arrest (SCA) – a condition where the heart stops beating suddenly and unexpectedly, due to a disturbance in the heart's electrical system called ventricular fibrillation.

- Trained Rescuer – a person or category of people designated to respond to medical emergencies, and possess proper training in CPR, First Aid, and AED use within the confines of the AED Program including defibrillation of the victim.

8.1 Requirements

8.1.1 Education Law requires public school districts to provide and maintain on-site, in each instructional school facility, at least one functional automated external defibrillator (AED) for use during emergencies. The law also requires public school officials and administrators to ensure the presence of at least one staff person who is trained (trained rescuer) in the operation and use of an AED. The school and staff who will operate the AED equipment must become a public access defibrillation (PAD) provider as defined in Public Health law and subject to its provisions. A trained rescuer must be present:

- Whenever school facilities are used for school-sponsored or school-approved curricular or extracurricular events or activities, or
- Whenever a school-sponsored athletic contest or practice is held at any location.

8.1.2 Where a school-sponsored competitive athletic event is held at a site other than a public school facility, the public school must assure that AED equipment is provided on-site.

8.1.3 The law requires that AED equipment be provided and maintained on-site in each instructional school facility in quantities adequate to ensure ready and appropriate access for use during emergencies. A response plan must be formulated that includes an internal communication/notification system to assure early notification

of a cardiac arrest and that targets a response time of less than or equal to 5 minutes. The units may not be stored in locked cases

8.1.4 The law requires that signage is provided at main entrance indicating the location of AED units in the building

8.2 Location/Type of Units

8.2.1 Elementary buildings:

- Included in Building Level EPG

8.2.2 Secondary buildings:

- Included in Building Level EPG

8.2.3 Athletic Department

- Included in Building Level EPG

8.2.4 Pittsford Central School District Administrative Offices East Wing 75 Barker Road

- Included in Building Level EPG

8.2.5 District Office Annex

- Included in Building Level EPG

8.2.6 Transportation

- Included in Building Level EPG.

8.3 Maintenance

8.3.1 Regulations require the AED units to be checked daily. The AED will be checked and the check recorded daily by building personnel.

8.3.2 The principal will determine who will be responsible in her/his building.

8.3.3 Documentation of daily checks will be kept on the AED maintenance record kept with each defibrillator unit.

8.3.4 Each AED will be equipped with:

- One pair of spare adult electrodes
- Two pairs of pediatric electrodes
- One CPR face Shield
- One pair trauma shears
- Two disposable towels
- Two pairs of non-latex gloves
- Two antimicrobial wipes
- One surgical razor

8.4 Training

8.4.1 Pittsford Central Schools will provide regular training opportunities for its staff. Trained Rescuers are required to renew CPR and AED training every two (2) years.

8.4.2 The principals will be responsible for ensuring there is a sufficient number of available trained staff in their buildings to cover daily school-sponsored activities.

8.4.3 Only those District employees who are trained to use AED's in accordance with the laws of the State of New York shall be authorized to use the School District AEDs. Any employee (Trained Rescuer), who is expected to provide emergency care to a patient of SCA, or other medical emergency, will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) standards or another nationally recognized training organization. Training will also include information on observing "Universal Precautions" against blood borne pathogens when treating SCA and/or accident victims. The AED Coordinator will maintain all training records

8.4.4 All authorized personnel must maintain on file with the District a written certification card or other written evidence satisfactory to the District, establishing such authorized person's successful completion of an approved AED training course.

8.4.5 All certifications held by any trained rescuer must be current and still effective under the standards of the organization that has approved the course to which such certification relates, and only authorized personnel with certifications effective at the time of use of any AED may use the District's AED.

8.4.6 All authorized personnel shall be familiar with and trained to use the specific model of AED Units owned by the District.

8.5 Cardiac Arrest Emergency Response Procedures

8.5.1 In and outside the school buildings during school hours:

- The emergency procedures will be:
  - Contact the main office
  - Call 911
  - Main office will send a trained responder and an AED unit to the scene.
  - Responder will follow protocols for use of AED
- PE teachers will have two-way radios on those days when instruction occurs outside the school building.
- Each principal will be responsible for developing and practicing a response plan for their building.

8.5.2 In and outside the school buildings after school hours for athletic practices and contests:

- Send a student to retrieve AED unit in building if there is not one on the field
- Call 911
- Contact athletic building coordinator or athletic trainer
- Follow protocols for AED use

8.5.3 Inside the school building after school hours for school-sponsored extracurricular events:

- The building principal will be responsible for ensuring that there is access to the AED unit and a trained responder will be on-site for all school-sponsored extracurricular events.
- The emergency procedure will be:
  - Contact designated trained responder
  - Send someone to retrieve AED unit
  - Call 911
  - Responder will follow protocols for AED use

8.5.4 Procedures, Practices and Protocols In the Event of Emergency

- **IN THE EVENT OF ANY EMERGENCY, IMMEDIATELY CALL 911. EXCEPTION: IF ALONE WITH A CHILD UNDER 8, PERFORM TWO (2) MINUTES OF CPR, THEN CALL 911.**

- If more than one district employee is present in the course of an emergency situation, then one employee shall contact 911 while the trained employee assists or stays with the victim.

- **Warning signs or signs of a Sudden Cardiac Arrest (SCA) or similar life-threatening emergency**
    - Racing heart, palpitations, or irregular heartbeat
    - Dizziness, lightheadedness, or extreme fatigue with exercise
    - Chest pain or discomfort with exercise
    - Excessive shortness of breath during exercise
    - Excessive unexpected fatigue during or after exercise
    - History of recurrent fainting or unusual seizures
    - Sudden collapse or "passes out"
    - Not responsive
    - Abnormal breathing
    - No pulse

1. Assess Scene Safety
   During emergency situations, Trained Rescuers must assess the scene for safety hazards. Some examples are:
   - Electrical dangers (downed power lines, electrical cords, etc.)
   - Chemical (hazardous gases, liquids or solids, smoke, etc.)
   - Harmful people (anyone that could potentially harm you)
   - Traffic (make sure you are not in the path of traffic)
   - Fire or flammable gases such as medical oxygen, cooking gas, etc.

2. Assess Unresponsiveness
   Verify that the victim is actually unconscious. Tap the victim on the shoulder and shout, "Are you OK?"

3. Activate the EMS System—Dial 911.
   Have a designated person wait outside for EMS to arrive to lead emergency response personnel to the victim.

   REQUEST: "Advanced Life Support for Probable Cardiac Arrest"

4. **ACTIVATE LOCAL PLAN**

USE PLAIN LAUGUAGE OVER THE PA SYSTEM TO HAVE THE AED BROUGHT TO THE SCENE, OR SEND SOMEONE TO GET THE AED. BYSTANDERS WHO DO NOT HAVE A DIRECT CARE OR SUPPORT ROLE SHOULD CLEAR SCENE SO THAT VICTIM HAS PRIVACY DURING RESUSCITATION. THE SCHOOL SHOULD CONSIDER A "SHELTER IN PLACE" DRILL AT THIS POINT.

The AED should be used only on a patient who is:

- Unresponsive

Some AED special considerations are:

- Medication patch on chest (remove medication patch with gloves, then apply AED electrodes).
- Implanted pacemaker (pacemaker may interfere with rhythm analysis; do not place electrodes directly over pacemaker).
- Wet skin (dry chest area off where AED electrodes will be placed)
- Excessively hairy chest (shave hair from chest where AED electrodes will be placed.)

5. Perform CPR until the AED arrives at the scene.
   - Verify victim is not responding
   - Is Eight (8) years old or older apply adult electrodes
   - If victim is under Eight (8) years apply pediatric electrodes, if available. If not available apply adult electrodes.

IF ALL OF THE ABOVE ARE TRUE, APPLY THE AED.

- **Adult electrodes should be used on individuals at least 8 years of age. Pediatric electrodes should be used on individuals under Eight (8) years of age, if available. If not available apply adult electrodes.**

6. Turn on the AED and follow all voice prompts.
   - Place Electrodes: (Note: For patients with large amounts of body hair, it may be necessary to shave areas prior to placement of electrodes. Body hair may interfere with the AED. The First Aid Kit includes disposable razor.)

   - Stand clear of the victim and allow the AED to analyze.

   - If prompted by the AED, verify that the victim is clear and deliver shock.

- The Trained Rescuer will state "clear" and make a visual head-to-toe check of the victim, making sure that he/she and any other rescuers are "clear" of contact with the victim. Once this is accomplished, the Trained Rescuer will press the button to deliver a shock.

- After shock is delivered or if no shock is advised, the AED will prompt the Trained Rescuer to start CPR beginning with compressions. Perform CPR for two (2) minutes. If victim becomes responsive after first shock, do not perform CPR. After two minutes the AED will re-analyze the victim and the above steps beginning with #2 are followed.

7. **WHEN EMS ARRIVES, PROVIDE THE FOLLOWING INFORMATION:**
   - **VICTIM'S NAME.**
   - **ANY KNOWN MEDICAL PROBLEMS, ALLERGIES, OR MEDICAL HISTORY.**
   - **TIME VICTIM WAS FOUND.**
   - **INITIAL AND CURRENT CONDITION OF THE VICTIM.**
   - **INFORMATION FROM THE AED SCREEN (*NUMBER OF SHOCKS DELIVERED, LENGTH OF TIME THE DEFIBRILLATOR HAS BEEN USED*).**

8. After the Arrival of Medical Assistance
   - After emergency medical service assistance has reached the location of the emergency, the District employee or employees who have been attending to the emergency situation shall remain at the scene to assist the emergency medical service personnel.
   - If the accident or emergency victim must be transported from the facility, with the AED unit the District's employee must determine to which hospital the victim will be taken. Inquiry should be made of the ambulance or other emergency vehicle operator. If that information is not available, then such employee shall contact the Emergency Medical Services provider's offices to determine where that emergency vehicle or ambulance took that victim. The District's employees shall not follow the ambulance.
   - The District and the Oversight Physician must file reports with respect to each incident involving use of an AED. Therefore, it is imperative that the information be retrieved after any AED unit's use.
   - In any situation in which any District AED remains at the scene after it is used, personnel should immediately secure it. When a unit is removed from the premises, the employee involved in the

incident and assisting EMS and the victim should provide all relevant information to the District AED Coordinator, so that the District may retrieve the AED unit.

8.6 Post Incident Responsibilities

8.6.1 After each AED use, an "AED Use Event Form" (attachment 9.19) must be completed and submitted to the Assistant Superintendent of Student Services.

8.6.2 The Assistant Superintendent of Student Services will complete a PAD event form (attachment 9.20) and fax or mail it to the Medical Director's Office.

8.6.3 AED Memory should be sent to the Medical Director's Office within 48 hours of AED use.

8.6.4 The Medical Response Team shall conduct an incident debriefing to determine any deficient practices and opportunities for improvement. All depleted AED supplies must be restocked, and the AED checked for damage. The AED battery must be checked prior to returning to service.

8.7 AED Attachments

8.7.1 **AED Use Event Form**

PITTSFORD CENTRAL SCHOOL DISTRICT

AED USE EVENT FORM

Please complete this form after any AED use. A copy must be faxed to (585) 463-2966 and data from the event downloaded and emailed to mlrems@urmc.rochester.edu within 48 hours of use.

Date of event: _____

Location of event: _____

Patient's Name: _____ DOB: _____ Sex: ☐ M ☐ F

Was patient's collapse witnessed?	☐ yes	☐ no	Time of collapse (approximate)_____
Was patient breathing at initial assessment?	☐ yes	☐ no	
Was pulse taken at initial assessment?	☐ yes	☐ no	If so, was it present? ☐ yes ☐ no
Was CPR started before AED arrived?	☐ yes	☐ no	Time CPR started _____
Was there an attempt to breathe for patient?	☐ yes	☐ no	
Was AED applied to the patient?	☐ yes	☐ no	Time AED applied _____
Were shocks given?	☐ yes	☐ no	How many shocks were given? _____
Was 911 called?	☐ yes	☐ no	Time 911 called _____
Did patient regain pulse?	☐ yes	☐ no	
Did patient begin breathing on own?	☐ yes	☐ no	
Did patient regain consciousness?	☐ yes	☐ no	
Were there any problems with the AED?	☐ yes	☐ no	

If yes, please describe. _____

_____

Transporting Ambulance: _____

Name of initial responder _____ Phone # _____

Name(s) of trained rescuer(s) _____ Phone # _____
_____ Phone # _____

Name of person completing form_____ Phone # _____

Date and time Event Form faxed _____ Date and time data sent _____

Return form to the building administrator. If building administrator is not available, return to the Assistant Superintendent of Student Services, Pittsford Central School District 75 Barker Rd., Pittsford, NY 14534

New York State Department of Health
Bureau of Emergency Medical Services

Notice of Intent to Provide Public Access Defibrillation

Original Notification ☐ Update ☐

Entity Providing PAD

Name of Organization	( ) Telephone Number
Name of Primary Contact Person	E-Mail Address
Address City State Zip	( ) Fax Number

Type of Entity (please check the appropriate boxes)

	Business		Fire Department/District		Private School
	Construction Company		Police Department		College/University
	Health Club/ Gym		Local Municipal Government		Physician's Office
	Recreational Facility		County Government		Dental Office or Clinic
	Industrial Setting		State Government		Adult Care Facility
	Retail Setting		Public Utilities		Mental Health Office or Clinic
	Transportation Hub		Public School K – 6		Other Medical Facility (specify)
	Restaurant		Public School 6 - 12		Other (specify)

PAD Training Program (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [http://www.health.state.ny.us/nysdoh/ems/policy/09-03.htm])

Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable	Is the AED Pediatric Capable? ☐ Yes ☐ No	Number of Trained PAD Providers	Number of AEDs

Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	Telephone Number
Address City State Zip	( ) Fax Number

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person	Telephone Number
Name of 911 Dispatch Center and Contact Person	County

Authorization Names and Signatures

CEO or Designee (Please print)	Signature	Date
Physician or Hospital Representative (Please print)	Signature	Date

DOH-4135(4/09) ***Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area***

SECTION 9.0

HEALTH AND SAFETY

9.1 Health and Safety Concern Form

Pittsford Central School District
Health and Safety Concern Form

Please complete this form if you have identified a health and/or safety concern on school grounds. Your observations can help to resolve health and/or safety problems as quickly as possible.
1. Complete the Top portion of the form.
2. Submit to your building principal or supervisor.
3. Keep a copy for your records.

Name _____ **Date** _____

Building _____ **Title** _____ **Phone** _____

This form was completed by: ❑ **Employee** ❑ **Student** ❑ **Parent**

Please use the space below to describe the concern and any potential causes.

What is the issue/problem?

_____

_____

_____

_____

Have you taken any steps to address this issue?

_____

_____

_____

To Be Completed By Building Administrator

Name _____ **Title** _____ **Date Received** _____

Send copy to the District Health and Safety Chair AND Building Health and Safety Representative
(AND check all that apply below)

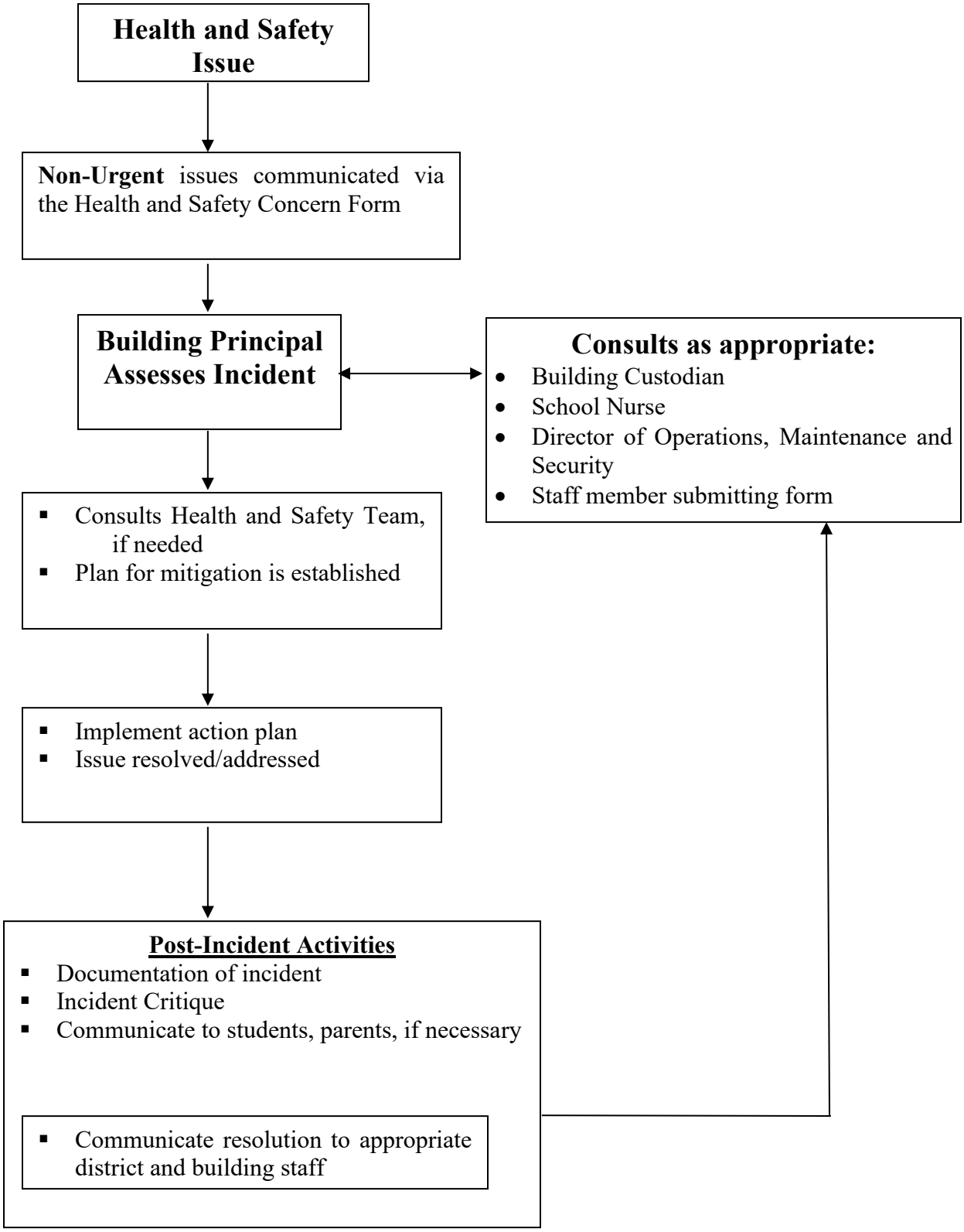
❑ **Maintenance (Building)** ❑ **Maintenance (District)** ❑ **School Nurse**
❑ **PDTA Health and Safety Chair (Building)** ❑ **Other** _____

Date	Action Taken	Result

Final Resolution _____

Date Resolution Shared with Complainant _____

Date Resolution sent to District Health and Safety Chair _____


Health and Safety Issue
Non-Urgent issues communicated via the Health and Safety Concern Form
Building Principal Assesses Incident
Consults as appropriate:
Building Custodian
School Nurse
Director of Operations, Maintenance and Security
Staff member submitting form
Consults Health and Safety Team, if needed
Plan for mitigation is established
Implement action plan
Issue resolved/addressed
Post-Incident Activities
Documentation of incident
Incident Critique
Communicate to students, parents, if necessary
Communicate resolution to appropriate district and building staff

9.2 Health and Safety Committee

NAME / AREA	TELEPHONE NUMBER
Lindsay Ali Assistant Superintendent of Student Services	267-1025
Marie Kutney BRMS East	267-1023
Jeff Beardsley Director of Operations, Maintenance & Security	267-1090
Mary Scott Nurse Standards	267-1740
Anthony Caruso Pittsford Fire Marshall	248-6268
Kelly Wasson BOCES #1 Safety Specialist	383-2289
Jay Bollard Director of Transportation	267-1490
Dan Roberti Science Standards	267-1800
Wendy Mancarella JRE	267-1300
Karl Dubash Assistant Superintendent of Business	267-1053
Nancy Wayman Director of Communications	267-1031
Jessica LeVan Assistant Principal, MCE	267-1402
Anastasia Scardino PRE	267-1500
Heidi Marafioti CRMS	267-1900
Sarah Race MHS	267-1600
Andrea Lynch CRMS AP	267-1200
Stephanie Mongelli	

Zachary Herbert	
Valerie Thyroff	

9.3 HOW TO HANDLE ANTHRAX AND OTHER BIOLOGICAL AGENT THREATS

Many facilities in communities around the country have received anthrax threat letters. Most were empty envelopes; some have contained powdery substances. The purpose of these guidelines is to recommend procedures for handling such incidents.

I. Information Regarding Anthrax

A. Anthrax organisms can cause infection in the skin, gastrointestinal system, or the lungs. To do so the organism must be rubbed into abraded skin, swallowed, or inhaled as a fine, aerosolized mist. Disease can be prevented after exposure to the anthrax spores by early treatment with the appropriate antibiotics. Anthrax is not spread from one person to another person.

B. For anthrax to be effective as a covert agent, it must be aerosolized into very small particles. This is difficult to do, and requires a great deal of technical skill and special equipment. If these small particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.

II. Prevention and Procedures

Exercise good judgment and caution when handling mail and take the following precautionary measures in identifying suspect packages and letters. It is good routine health practice to open mail with an opener or scissor and washing hands after handling mail. Avoid blowing into or shaking out contents.

DO NOT PANIC

Warning signs of suspect mail include:

- Misspelled words, incorrect names or titles.
- No return address, handwritten or poorly typed addresses, restrictive endorsements like “Personal” or ”Confidential”, any “threatening language”.
- Excessive use of tape.
- Strange discoloration or odor, lopsided or uneven envelope, objects protruding from envelope.
- Excessive postage or postmark does not match return address.

If a suspect letter or package is identified:

- **Don't open, smell, touch or taste, or shake.**
- Immediately place in plastic bag or some type of container to isolate item. If you don’t have a container, cover it with anything (clothing, paper, trash can etc.)
- Move out of the area, turn off any fans in the room, close windows and door.
- Wash hands with soap and water.
- Notify building administrator.

If you have opened mail and believe it may be contaminated (notice powder or foreign substance in packaging):

- Put the mail/package down and do not touch or attempt to clean area. Cover suspected area with anything (clothing, paper, trash can etc.)
- Move out of the area, turn off any fans in the room, close windows and door.
- Do not touch your eyes, nose, or any other part of your body.
- Wash hands with soap and water.
- Notify building administrator. Building administrator will notify 911 and initiate steps for handling a "Level 1" emergency, and shut down HVAC for affected area if possible.
- List all personnel in the room or in contact with suspect mail. Give list to the administrator.

References:

NYS Department of Health: Protocols for mail handling http://nysegov.com/news/anthraxinfo.htm
OSHA Recommendations for Handling Mail.http://www.bt.cdc.gov

9.4 RECOMMENDED ACTIONS FOR CONFIRMED REPORT OF SARS IN AREA

Level 1 – Reported case in Monroe County, but not in Pittsford

- Contact Monroe County Health Department and follow their recommendations;
- Reinforce covering mouth when coughing and appropriate hygiene and hand-washing procedures with students and staff;
- Communicate with parents through a letter from the Superintendent and school physician;
- Communicate with staff through an email from the Superintendent, including the parent letter from the Superintendent and the school physician;
- Prepare information for district website;
- Develop a standardized response to phone calls; and
- Monitor frequency of phone calls;
- Consider assessing the risk level of students and staff by monitoring travel and/or exposure history.

Level 2 – Reported case in Monroe County within the Pittsford community, but not in the school

- Implement all recommended actions in Level 1;
- Analyze circumstances around exposure and determine threat;
- Meet with all school nurses and administration;
- Assess possible disease risk in our schools by monitoring and evaluating all staff and students with symptoms, assessing travel and exposure history in symptomatic students and staff, and obtaining results of physician assessment.
- Follow Monroe County Health Department recommendations regarding control of infection in school.
- Determine appropriate communications as follows:
    - Additional letter to parents;
    - Additional email or letter to staff;
    - Building faculty meetings.

Level 3 – Reported case in Monroe County within the Pittsford School community

- Implement all recommended actions in Level 2
- Assemble District Incident Management Team and include school physician and standards leader for school nurses to determine threat and appropriate plan
- Initiate actions to protect the confidentiality of the case
- Contact the media
- Consider the following:
    - Limiting or canceling after school activities, sporting events and field trips
    - Closing a school building
    - Closing all schools and district operations

9.5 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Board of Education Policy 5690

SUBJECT: EXPOSURE CONTROL PROGRAM

The District shall establish an exposure control program designed to prevent and control exposure to bloodborne pathogens. According to the New York State Department of Labor's Division of Safety and Health and Occupational Safety and Health Administration (OSHA) standards, the program shall consist of:

a) Guidelines for maintaining a safe, healthy school environment to be followed by staff and students alike.

b) Written standard operating procedures for blood/body fluid clean-up.

c) Appropriate staff education/training.

d) Evaluation of training objectives.

e) Documentation of training and any incident of exposure to blood/body fluids.

f) A program of medical management to prevent or reduce the risk of pathogens, specifically Hepatitis B and HIV.

g) Written procedures for the disposal of medical waste.

h) Provision of protective materials and equipment for all employees who perform job-related tasks involving exposure or potential exposure to blood, body fluids or tissues.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

(OSHA)

29 CODE OF FEDERAL REGULATIONS (CFR) 1910.10:30

The Exposure Control Officer must ensure the required employee training is completed and an annual program review and update is performed, as required by the regulations.

The Exposure Control Officer is the Assistant Superintendent of Student Services who has overall responsibility for the program.

A copy of the plan may be obtained from the district website, in the Principal's office, in the health office, in the Transportation office, in the Food Service office and the Operations, Maintenance and Security (OMS) office.

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the exposure control plan and the methods of compliance are as follows:

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required in order to create a list of job classifications in which **all** employees may be expected to incur occupational exposure, regardless of frequency.

a) Job classifications where **all** employees are considered potentially at risk are: Custodians, bus mechanics, physical education teachers, school nurse teachers, school nurses, health office assistants, some coaches (football, soccer, wrestling, ice hockey, lacrosse, field hockey, volleyball, baseball, softball, basketball) substitute nurses, bus drivers, bus driver attendants and special education staff assigned to service students who need assistance in toileting or exhibit behaviors that may draw bodily fluids.

2. Implementation Schedule and Methodology

OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Universal Precautions

The increasing prevalence of Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) increases the risk of infection to individuals who have occupational exposure. **All** blood and certain body fluids should be considered infected with HIV, HBV, HCV and/or other

blood-borne pathogens, and infection-control precautions adhered to that minimize the risk of exposure to these materials. This is "universal precautions" and should be used when handling blood, bodily fluids containing visible blood, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Universal precautions do not apply to saliva, feces, nasal secretions, sputum, sweat, tears, urine and vomit unless they contain visible blood. If it is difficult or impossible to differentiate between body fluid types in a particular circumstance, all body fluids must be considered potentially infectious material.

Universal precautions will be observed in this district in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material is considered infectious regardless of the perceived status of the source individual.

B. Engineering and Work Practice Controls

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment must also be used. The following engineering controls are used:

- Placing sharp items (i.e. needles, scalpels, etc.) in sharp container
- Using splash guards and performing procedures to minimize the splattering or spraying of blood
- Using biohazard labels on containers of waste or blood.

The above controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: The Supervisor of Buildings and Grounds, Director of Transportation, Director of Special Education, Director of Athletics and Standard Leaders for Nurses will review the controls at least once a year and report to the Exposure Control Officer.

Hand washing facilities are also available for employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after experiencing an exposure. Hand washing facilities are located: in lavatories, custodial areas, health offices, in some classrooms and work areas. When circumstances require hand washing and facilities are not available, either an antiseptic cleanser and paper towels or antiseptic towelettes are provided. Employees must then wash their hands with soap and water as soon as possible. Employees can find these hand washing supplies in the custodial office.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water, as appropriate, as soon as feasible following contact.

C. Needles

Contaminated needles and other contaminated sharps must not be recapped, bent, removed, sheared or purposely broken. Do not remove needles from the syringe. Place directly into a sharps container immediately or as soon as possible.

D. Waste Containers for Sharps

All sharps must be placed into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label, are leak proof, and located in the health office.

E. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

F. Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination of the equipment is not feasible.

G. Personal Protective Equipment (PPE)

The purpose of personal protective clothing and equipment is to prevent or minimize the entry of material into or onto the worker's body. This includes entry via apparent or in-apparent skin lesions or through the membranes of the eye, nose, or mouth. All-**PPE** will be provided without cost to employees. **PPE** will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees when needed.

All **PPE** will be cleaned, laundered, repaired, replaced and/or disposed of by the employer at no cost to employees. Immediately (or as soon as feasible) remove garments penetrated by blood. All **PPE** will be removed prior to leaving the work area and disposed of in the regular trash and taken to the dumpster immediately.

Gloves shall be worn where it is reasonable to anticipate employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves are located in or are and available from the following room, area or individual: For building staff, in the health office; for maintenance staff, in the OMS office; for transportation staff, in the transportation office.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated. If they are torn, punctured, or when their ability to function as a barrier is compromised, they need to be replaced as soon as feasible. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are to 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.

Masks in combination with eye protection devices, such as goggles, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These are available: for building staff in the health office; for maintenance staff in the OMS office; for transportation staff in the transportation office.

H. Work-site Cleaning/Schedule:

The work-site must be maintained in a clean and sanitary condition. Where body fluids are present, the areas are cleaned and decontaminated according to the following schedule: Lavatories and health offices are cleaned daily.

Decontamination will be accomplished by utilizing the following materials:
Rejuvenal
All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or OPIM, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

Do not use hands to pick up broken glassware that may be contaminated. Use a mechanical means, such as a brush and dustpan, and place in a sharps container for disposal.

I. Infectious/Biohazard Waste Handling Procedures

Infectious waste has been defined as blood, blood products, pathological wastes, microbiological wastes, and contaminated sharps.

1. All such wastes (excluding liquids, blood, and blood products) are destined for incineration and must be placed in closeable, labeled or color-coded, leak-proof containers or bags. If the bag or container is contaminated on the outside or leaks, a second leak proof bag or container that is also labeled and close-able must be placed over the first and sealed to prevent leakage during handling, storage, and transporting.

2. Place all needles and sharps in properly labeled sharps disposal containers. These must be easily accessible to personnel, replaced before getting too full, puncture resistant, leak-proof, and closeable to assure containment.

3. Sharps containers are located in: the building health office.

4. Infectious waste other than sharps shall be placed in biohazard bags. These are located in the building health office.

5. **Secure the lids on the sharps containers with tape.**

6. **DO NOT** throw sharps in wastebaskets. Custodial and waste hauling personnel are at risk of acquiring a needle-stick due to carelessness on the part of others. The chances of becoming infected after a single needle-stick from a Hepatitis B source patient ranges from 7-30%.

7. Liquid wastes (e.g., blood, blood products) can be disinfected with Rejuvenal.

8. The Standards Leader for School Nurses will collect *properly* packaged waste and arrange to have it transported to the Monroe BOCES Environmental Health and Safety Department.

J. Biohazardous Spill Procedures

Biohazard Spill

1. Keep others out of the area to prevent spreading spilled material. Post warning signs if needed.
2. Contaminated clothing should be removed and securely bagged.
3. Wash hands and any exposed skin. Inform a building administrator and school nurse of the spill and contact the building custodian for assistance, if necessary.
4. Put on protective clothing (gloves and face protection, depending on the amount of spilled material).
5. Pick up any broken glass with forceps and dispose in a Sharps container.
6. Absorb all liquid.
7. Clean with Rejuvenal in accordance with manufacturer's instructions.
8. Discard used cleaning material, securely double-bagged, in regular trash and take immediately to dumpster. If any materials are dripping with body/bodily fluids, dispose in a biohazard waste container.
9. Wash hands with soap and water.

K. Hepatitis B Vaccine Program

Pittsford Central Schools offers the Hepatitis B vaccine to all employees referenced in Part 1 of this plan and post exposure follow-up to employees who have had an exposure incident.

All medical evaluation and procedures including the Hepatitis B vaccine and post exposure 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 Nurse Practitioner.
- Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination is made available:

- After employees have been trained in occupational exposure (see Information and Training).
- Within 10 working days of initial assignment.

- To all employees who have occupational exposure unless a given employee has previously received the complete Hepatitis B vaccination services, antibody testing and revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

All employees referenced in part 1 must complete the Hepatitis Vaccination Employee form (appendix H) indicating whether he/she:

- Accepts the district provided vaccination program;
- Has received the vaccination and will provide medical proof; or
- Declines the vaccination

If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination will be made available. Hepatitis B Vaccination Employee form will be kept in the employee's district personnel folder for the duration of his/her employment plus thirty (30) years.

L. Post-Exposure Procedures, Evaluation and Follow-up

Exposure Definition

Incidents that constitute an exposure involve contamination by blood, OPIM or high titers of cell-associated or free virus via

1) Percutaneous injury, e.g., needlestick;

2) Permucosal exposure, e.g., splash in eye or mouth;

3) Cutaneous exposure, e.g., nonintact skin, or contact with unprotected hands.

Procedures

In the event of an exposure during school hours,

- cleanse the area thoroughly;
- report to the school nurse immediately for medical attention;
- report the incident to your immediate supervisor;
- with the assistance of the school nurse, complete the PESH SH900.2 form within 24 hours; and
- complete the worker's compensation form C-3; and

- attend follow-up treatment appointment.

In the event of an exposure outside of the school nurse's working hours,

- cleanse the area thoroughly;
- report to the nearest hospital's emergency room for medical attention;
- report the incident to your immediate supervisor;
- notify the school nurse the next day school is in session, or if during the summer, contact the Student Services Office;
- complete the PESH SH900.2 form and the Worker's compensation form C-3 within 24 hours; and
- attend follow-up treatment appointment.

School Nurse Procedures

The School Nurse will:

- Immediately assess and provide initial treatment;
- Provide assistance to the employee in completing the PESH SH900.2 form within 24 hours;
- Counsel the employee on the need for medical follow-up and arrange for follow-up treatment with Strong Health or Occupational Safety On Site;
- Provide employee with district's worker's compensation information;
- Submit the PESH SH900.2 form to the district insurance clerk;
- Complete the Blood/Bodily fluids Incident Exposure form (Appendix E) and keep on file in health office for one (1) year;
- Follow-up with the employee in a timely manner regarding treatment; and
- After one year, send a copy of the Blood/Bodily Fluids Incident Exposure form (Appendix E) to Human Resources office who will maintain for duration of employment plus thirty (30) years.

Control Method Evaluation

In addition, the district must evaluate the circumstances of the exposure incident. The goal of this evaluation is to identify and correct problems in order to prevent recurrence of similar incidents. The school nurse will share the evaluation with employee's supervisor and determine if it needs to be discussed at the building Health and Safety Committee. Information that needs to be included in the documentation is:

- The route(s) of exposure and circumstances under which an exposure incident occurred.
- An evaluation of the policies and "failures to control" at the time of the exposure incident.

- The engineering controls in place at the time of the exposure incident.
- The work practices and protective equipment or clothing used at the time of the exposure incident.

M. Training

Training for all employees must be conducted before undertaking tasks where occupational exposure may occur, with training each year if employees remain at risk for exposure. Training must be completed within one calendar year of previous training. Additional training will be provided when changes, such as modifications of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. Additional training may be limited to addressing new exposures.

Training in this district is conducted in the following manner:

- By the school nurse or
- Through Genesee Valley BOCES Health, Safety and Risk Management.

Note: Bloodborne Pathogens (BBP) training is required annually.

Training must include the following elements:

1) The OSHA standard for Bloodborne Pathogens.
2) Epidemiology and symptomatology of bloodborne diseases.
3) Modes of transmission of bloodborne pathogens.
4) This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc. and how to obtain a copy.
5) Procedures which might cause exposure to blood or other potentially infectious materials.
6) Control methods used in the work area to control exposure to blood or other potentially infectious materials and their limitations.
7) Personal protective equipment available, proper use of equipment, how to select appropriate equipment and who should be contacted.
8) Post Exposure evaluation and follow-up.
9) Signs and labels used.
10) Hepatitis B vaccine program.
11) An opportunity to ask questions.
12) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
13) The training must be provided as part of the employee's normal workday.

Recordkeeping

All records required by the OSHA standard will be maintained as follows:

1. Medical records for occupational exposure and Hepatitis B are maintained in the employee's personnel file at the district level.

2. Training records are maintained by the Human Resources Office and by each department for district staff, for at least 3 years from date of training. They must include: dates of the training sessions, contents of the training sessions, names and qualifications of persons conducting the training, names and job titles of all persons attending the training sessions.

   Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Human Resources Office.

Dates: Revised June 2019

APPENDICES

Appendix A: OSHA's Occupational Exposures to Bloodborne Pathogens
(29CFR Part 1910.1030)

Appendix B: BOE Regulations 5690R and 5690R.1

Appendix C: Biohazard Symbol

Appendix D: Definitions

Appendix E: Exposure Incident Form

Appendix F: Strong Health Referral Form

Appendix G: Bloodborne Facts Sheet

Appendix H: Statement of Employees Decision to Receive or Not Receive the Hepatitis B Vaccination

Appendix I: Bloodborne Pathogens – Training Record

APPENDIX A

BLOODBORNE PATHOGENS STANDARD 1910.1030

Federal Register / Vol. 56. / Friday, December 6, 1991 / Rules and Regulations , as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan.18, 2001

XI. The Standard

General Industry Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART1910-[AMENDED

Subpart Z-[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act. 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (36 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable; and 29 CFR part 1911.

Section 1910.1030 also issued under 29 U.S.C. 653.

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that result from

the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

***HBV* MEANS HEPATITIS B VIRUS.**

***HIV* MEANS HUMAN IMMUNODEFICIENCY VIRUS.**

Needleless systems means a device that does not use needles for: (1) The collection of bodily fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is
specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high- concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions

for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) *Exposure control*--(1) *Exposure Control Plan.* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2),

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination*. (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance*-(1) *General*-Universal precautions shall be observed 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.

(2) *Engineering and work practice controls*. (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

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

(iii) Employers shall provide handwashing facilities, which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer 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.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure 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.

(vii) Contaminated needles and other, contaminated sharps shall not be bent, recapped or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) 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.

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

(xi) 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.

(xii) mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

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

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) 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 only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/ containers leave the facility.

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

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which 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 employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is 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.

(3) *Personal protective equipment*—(i) Provision. When there is occupational exposure, the employer 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 which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the 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 judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

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

(ix) 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 non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) 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 when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove 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.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

(4) *Housekeeping.* (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and 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.

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

(A) 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.

(B) 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 workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for 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.

(D) Broken glassware which 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.

(E) 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.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. *(1)* Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable:

(*ii*) Puncture resistant;

(*iii*) Leakproof on sides and bottom; and

(*iv*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) 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);

(*ii*) Maintained upright throughout use; and

(*iii*) Replaced routinely and not be allowed to overfill.

(*3*) When moving containers of contaminated sharps from the area of use, the containers shall be:

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(*ii*) Placed in a secondary container if, leakage is possible. The second container shall be:

(*A*) Closable:

(*B*) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(*C*) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury,

(B) Other Regulated Waste Containment. (*1)* Regulated waste shall be placed in containers, which are:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii)* Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

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

(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

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

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) 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.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or

color-coded in accordance with paragraph (g)(1)(i) of this standard. 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.

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

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) 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 which are labeled or color-coded in accordance with paragraph (g)(1)(i)

(e) *HIV and HBV Research Laboratories and Production Facilities.* (1*)* This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak-proof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior

efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment. (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility, which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water-resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be selfclosing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from

occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5*) Training Requirements*. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f*) Hepatitis B vaccination and postexposure evaluation and follow-up*-(1) *General*. (i) The employer 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.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee:

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) *Hepatitis B Vaccination*. (i)

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(1) and within 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.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) 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 employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3*) Post-exposure Evaluation and Follow-up*. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made

available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee, consents to baseline blood collection, but does riot give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion*. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

(6) Medical recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees-* (1) *Labels and signs. (i)* Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:

BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs.

(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

BIOHAZARD
(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color.

(2) *Information and Training*.

(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

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

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping - (1) Medical Records*. (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus *30* years in accordance with 29 CFR 1910.1020.

(2) *Training Records.* (i) *Training records shall include the following information:*

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for *3* years from the date on which the training occurred.

(3*) Availability.* (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(4) *Transfer of Records*. (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(5) *Sharps injury log.* (i)The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident,

(B) The department or work area where the exposure occurred, and

(C) An explanation of how the incident occurred.

(D) (ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(E) (iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6

(F)

(G) (i) *Dates* - (1) *Effective Date.* The standard shall become effective on March 6, 1992.

(H) (2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5,1992.

(I) (3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(J) (4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and

(K) Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

(L)

(M) Appendix A to Section 1910.1030-Hepatitis B Vaccine Declination (Mandatory)

(N)

(O) 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.

(P)

(Q) [56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan. 18, 2001]

Non-Instructional/Business Operations

SUBJECT: EXPOSURE CONTROL PROGRAM: RESPONSIBILITIES OF THE SCHOOL ADMINISTRATOR

Administrative Guidelines

It is the responsibility of the Superintendent to:

1) Have a written Exposure Control Program based on New York State Department of Health (DOH), New York State Education Department (SED), and Occupational Safety and Health Administration (OSHA) or (PESH) guidelines;

2) Determine which employees regularly perform tasks with the potential for occupational exposure as a requirement of employment. (See Federal Guidelines);

3) Have written Standard Operating Procedures (SOP's) for all employee job descriptions, giving specific attention to those tasks that require protective equipment to be worn (see Exposure Categories);

4) Provide all materials and protective equipment necessary to implement job descriptions, giving specific attention to those tasks that require protective equipment to be worn (see Exposure Categories);

5) Designate a qualified person to coordinate, implement and provide education and training for <u>all</u> employees;

6) Support on-going continuing education for the designated individual that is responsible for employee education/training;

7) Provide education/training for all school staff and for new employees before potential exposure to blood/body fluids:

   a. Training must include all necessary elements as described in the Federal Register.

   b. Each employee must receive annual training updates.

8) Have a written procedure of accountability for compliance to the Exposure Control Program;

9) Review the program, training, implementation, etc. on an annual basis;

(Continued)

SUBJECT: EXPOSURE CONTROL PROGRAM: RESPONSIBILITIES OF THE SCHOOL ADMINISTRATOR (Cont'd.)

10) Maintain employee education/training records that include date of training, summary of content, names and social security number of all persons in attendance. Maintain for three (3) years;

11) Provide copies of SOP's to all employees; specifically to employees with the potential for occupational exposure;

12) Post SOP's pertinent to each department in visible area;

13) Store, package, label and transport regulated medical waste according to regulations;

14) Provide medical counseling information to anyone involved in a blood/body fluid exposure incident;

15) Document each incident of mucous membrane or parenteral (other than through the digestive tract) exposure to blood/body fluids with follow-up measures taken. Maintain for duration of employment plus thirty (30) years.

16) If an exposure takes place, and if the source consents to blood screening, results may only be disclosed if consent has been given on official State Health Department Authorization forms.

17) Make available free, voluntary HBV vaccination to those employees whose job descriptions require them to perform tasks with the potential for occupational exposure.

APPENDIX B

2005 5690R.1

Non-Instructional/Business Operations

SUBJECT: STAFF EDUCATION/TRAINING REGARDING BLOODBORNE PATHOGENS

All school districts are required to provide training for all staff who are categorized as having occupational exposure to bloodborne pathogens. Annual updates for these staff members are also required. Such training programs should strive to help individuals recognize the importance of routine use of appropriate exposure control practices and protective equipment/materials in protecting the health of all. No staff member should engage in any task requiring occupational exposure before receiving training in standard operating procedures, work practices and protective equipment required for the task. Furthermore, it is recommended that all staff receive training in exposure control to assure their continued good health.

The training must include:

1) An explanation of the exposure control plan covering general and universal precautions to prevent transmission of all infectious diseases.

2) An overview of potentially infectious diseases.

3) An explanation of bloodborne diseases, specifically HBV/HIV, their modes of transmission and signs/symptoms.

4) A hands-on explanation of protective measures, equipment and materials, and how to use them. Staff should also know where equipment and materials will be stored and how to clean or dispose of contaminated materials.

5) A review of standard operating procedures that will ensure that all staff are prepared to take corrective action when the potential for exposure to bloodborne pathogens or other infectious agents exist.

6) Information about the Hepatitis B vaccine to ensure that staff are aware of its efficiency and safety as well as its benefits when applicable.

7) Information about exposure incidents, the appropriate reporting procedures and the medical monitoring recommended in cases of suspected parenteral exposure.

8) Available resources and services.

APPENDIX C

BIOHAZARD SYMBOL

APPENDIX D

DEFINITIONS

Blood--human blood, human blood components and products made from human blood.

Bloodborne pathogens--pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory--a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated--the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry- laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps--any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination--the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls--means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident--a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities--facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

HBV--hepatitis B virus.

HIV--human immunodeficiency virus.

Licensed Healthcare Professional--a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

Needleless Systems--means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure--reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM)--(*1*) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (*2*) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (*3*) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

Parenteral--piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE)--specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility-- a facility engaged in industrial-scale, large-volume, or high concentration production of HIV or HBV.

Regulated Waste--liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory--a laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV, but not in the volume found in production facilities.

Sharps with engineered sharps injury protections-- means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual--any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize--the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions (UP)--an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls--controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping needles by a two-handed technique).

PITTSFORD CENTRAL DISTRICT 5690F.1

BLOOD AND BODY FLUIDS INCIDENT FORM

Name _____ School _____

Home Address_____ Home Phone _____

DESCRIPTION OF INCIDENT

1) Briefly describe what happened _____
Date of Incident _____ (use back if necessary)

2) Complete the following section:
   a. Wounds
      1. Did the incident involve a wound [ ] yes [ ] no
      2. Did the wound result in visible bleeding [ ] yes [ ] no
      3. Was the wound caused by: [ ] needle [ ] human bite [ ] other sharp instrument (specify) _____[ ] other (specify) _____
      4. Was the object causing the wound covered with blood/body fluids? [ ] yes [ ] no
   b. Blood/Body fluid exposure to mucous membranes
      1. Did the individual's blood/body fluids come in contact with your body? [ ] yes [ ] no
      2. What was the substance to which you were exposed?
         [ ] N/A; I was not exposed [ ] blood [ ] feces [ ] emesis (vomit) [ ] sputum [ ] sexual fluids
      3. If the substance was anything other than blood, was there any blood visible in the fluid?
         [ ] N/A [ ] yes [ ] no [ ] unknown
      4. What part of your body was exposed to the substance? (check all that apply)
         [ ] mouth [ ] eyes [ ] nose [ ] ears [ ] skin (specify location) [ ] none
         [ ] other (specify) _____

3) How long was your body part in contact with substance?
   a. If the exposure was to your skin, was your skin bruised in any way? [ ] yes [ ] no
   b. What was the nature of your skin abrasion? [ ] acne [ ] dermatitis [ ] cracks due to dry skin
      [ ] unhealed cuts or scratches [ ] no skin abrasion [ ] other (specify) _____

4) Which of the following procedures were being used at the time of the incident? (check all that apply)
   [ ] cuts/open wounds covered with bandages [ ] mask (vinyl/latex) [ ] gloves
   [ ] pocket ventilator/ambu bag [ ] goggles/glasses [ ] other (specify)

5) First line intervention - after exposure, what did you do? [ ] washed hands/exposed area
   [ ] changed clothes [ ] flushed eyes/rinsed mouth [ ] showered [ ] other (specify) _____

6) The supervisor/school nurse was notified as follows: Date _____ Time _____

7) Medical Intervention - in the event of contact with blood and/or body fluid it is suggested that you discuss with school nurse:
   a. HBV antibody or previous vaccination status for HBV.
   b. The need for HBV/HIV antibody testing.
   c. Notify your physician or health care provider of the exposure to blood and body fluids immediately.

8) Return this completed form to supervisor/school nurse.

9) In case of incident or injury to the school nurse/health professional:
   a. Report incident to supervisor.
   b. Complete form.

_____ _____ _____
Signature of Employee Position Date

_____ _____ _____
Signature of Supervisor/School Nurse Date Time

STRONG HEALTH

STRONG MEMORIAL HOSPITAL

Strong Occupational and Environmental Medicine
Calkins Corporate Park • 400 Red Creek Drive, Suite 220 • Rochester, New York 14623
Strong Memorial Hospital • 601 Elmwood Avenue, Box 654 • Rochester, New York 14642
Appointments: (585) 487-1000 • Fax: (585) 487-1190
Administrative: (585) 487-1010

REQUEST FOR CLINIC SERVICE

Name _____Appt Date/Time _____

Company Name _____

Job Position _____

PLEASE PROVIDE THE FOLLOWING:

	Exam		Reason		Exam	Other
____		____	Preplacement/Initial	____	Physical	_____
		____	Periodic/Surveillance	____	DOT	_____
		____	Exit	____	19 A (Bus Driver)	_____
		____	Post Exposure	____	Respirator	_____
		____	Annual Health Update	____	Hazmat	
				____	Asbestos	
		____	Functional Capacity	____	Modified ____ Full	

____ Drug Test
____ Breath Alcohol Test

____	DOT- required	____	Pre-Employment
____	non-DOT- required	____	For-Cause
		____	Post-Accident
		____	Random

____ Injury Care for work-related injury only (Employee is treated and evaluated by a provider.)

____ Return to Work Examination (Employee is evaluated after being out of work and released by a physician for return to work).

____ Disability Evaluation
(Employee is out of work. Is disability indicated?)

____ Fitness to Work Examination
(Employee is evaluated for ability to perform current job.)

____ Other_____

Authorized by: _____ Phone _____
Company Representative

STRONG HEALTH

STRONG OCCUPATIONAL and ENVIRONMENTAL MEDICINE
STRONG MEMORIAL HOSPITAL
400 Red Creek Drive; Suite 220 Rochester, NY 14623 Tel: 585- 487-1000 Fax: 585-487-1190

WELCOME TO OCCUPATIONAL AND ENVIRONMENTAL MEDICINE! PLEASE NOTE THE FOLLOWING:

Appointments and Cancellations

- Please call 487-1000 to schedule appointments and also to notify if you cannot keep your appointment, or will be late.
- If you are late, it may be necessary to reschedule your appointment.

Clinic Hours

- Monday-Friday, 7:30 a.m.- 5:00 p.m. by appointment ONLY.
- Please use Emergency Department after hours.

Physical Exams (Please allow at least 1 - 2 hours for this appointment.)

- Vision testing is performed with and without corrective glasses or contacts. Please bring glasses or contact case with you.

Drug Screen Collections (Please allow 15-30 minutes for this appointment.)

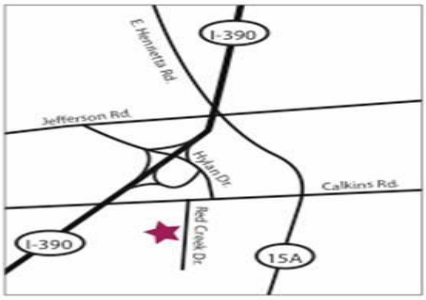
- Applicants must have a photo ID.
- Please be prepared to leave a urine specimen.

Parking and Directions to the Clinic

Directions:

- **From the I-390, exit on to Hylan Drive (exit # 13).**
- **Turn South and follow Hylan Drive until it ends at Calkins Road.**
- **Turn right onto Calkins and make a quick left onto Red Creek Drive.**
- **Follow the signs to Building 400.**

Convenient parking in front of the building.



Appendix G

OSHA FACT Sheet

Bloodborne Pathogens

What are bloodborne pathogens?

Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and human immunodeficiency virus, or HIV. Workers exposed to these pathogens risk serious illness or death.

What protections does OSHA's Bloodborne Pathogen standard provide?

The full text of OSHA's Bloodborne Pathogens standard, published in *Title 29 of the Code of Federal Regulations* 1910.1030, details what employers must do to protect workers whose jobs put them at a reasonable risk of coming into contact with blood and other potentially infectious materials. The standard requires employers to do the following:

- Establish an exposure control plan. This is a written plan to eliminate or minimize employee exposures. Employers must update the plan annually to reflect technological changes that will help eliminate or reduce exposure to bloodborne pathogens. In the plan, employers must document annually that they have considered and implemented safer medical devices, if feasible, and that they have solicited input from frontline workers in identifying, evaluating, and selecting engineering controls.
- Use engineering controls. These are devices that isolate or remove the bloodborne pathogen hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps-injury protection and needleless systems.
- Enforce work practice controls. These are practices that reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for hand washing, sharps disposing, lab specimen packaging, laundry handling, and contaminated material cleaning.
- Provide personal protective equipment such as gloves, gowns, and masks. Employers must clean, repair, and replace this equipment as needed.
- Make available Hepatitis B vaccinations to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment.
- Provide post-exposure followup to any worker who experiences an exposure incident, at no cost to the worker. This includes conducting laboratory tests; providing confidential medical evaluation, identifying, and testing the source individual, if feasible; testing the exposed employee's blood, if the worker consents; performing post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. All diagnoses must remain confidential.
- Use labels and signs to communicate hazards. The standard requires warning labels affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store or transplant blood or other potentially infectious materials. Facilities may use red bags or containers instead of labels. Employers also must post signs to identify restricted areas.
- Provide information and training to employees. Employers must ensure that their workers receive regular training that covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures. Employers must offer this training on initial assignment, then at least annually. In addition, laboratory and production facility workers must receive specialized initial training.
- Maintain employee medical and training records. The employer also must maintain a Sharps Injury Log unless classified as an exempt industry under OSHA's standard on Recording and Reporting Occupational Injuries and Illnesses.

How can I get more information?

OSHA's website provides more indepth information about bloodborne pathogens on the Bloodborne Pathogens webpage at www.osha.gov/SLTC/bloodbornepathogens and

on the Needlesticks webpages at www.osha.gov/needlesticks and www.osha.gov/SLTC/needlestick.

In addition, OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through its many safety and health programs: workplace consultation, voluntary protection programs, grants, strategic partnerships, state plans, training, and education. Documents such as OSHA's *Safety and Health Management Guidelines* provide information about elements that are critical to the development of a successful safety and health management system. This and other information are available on OSHA's website.

- For one free copy of OSHA publications, send a self-addressed mailing label to this address: OSHA Publications Office, PO Box 37535, Washington, DC 20013-7535; or send a request to our fax at (202) 693-2498, or call (202) 693-1888.
- Order OSHA publications online at www.osha.gov. Go to **Publications** and follow the instructions for ordering.
- To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**. The teletypewriter (TTY) number is (877) 889-5627.
- To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

This is one of a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements or carry the force of legal opinion. For compliance requirements of OSHA standards or regulations, refer to *Title 29 of the Code of Federal Regulations*. This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999. See also OSHA's website at **www.osha.gov**.

U.S. Department of Labor
Occupational Safety and Health Administration
2002

Appendix H

Hepatitis B Vaccination Employee Form

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.

- ☐ I accept the vaccination and when notified, will attend the scheduled appointments.

- ☐ I have previously received the Hepatitis B vaccine series; or have antibody testing to indicate I am immune; or have a medical evaluation to show that the vaccination is contraindicated; and I will provide documentation of such within 5 working days.

- ☐ 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.

Appendix I

Bloodborne Pathogens Training

Training included the following elements:

- ☐ The OSHA standard for Bloodborne Pathogens.
- ☐ Epidemiology and symptomatology of bloodborne diseases.
- ☐ Modes of transmission of Bloodborne Pathogens.
- ☐ This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc. and how to obtain a copy.
- ☐ Procedures which might cause exposure to blood or other potentially infectious materials.
- ☐ Control methods used in the work area to control exposure to blood or other potentially infectious materials and their limitations.
- ☐ Personal protective equipment available, proper use of equipment, how to select appropriate equipment and who should be contacted.
- ☐ Post Exposure evaluation and follow-up.
- ☐ Signs and labels used.
- ☐ Hepatitis B vaccine program.
- ☐ An opportunity to ask questions.

Training completed by _____ Job Title _____Date _____

Employee Name _____ Job Title _____Date _____

Maintain in employee's district personnel file for three years from date of training.

CHEMICAL HYGIENE PLAN

Pittsford Central School District
75 Barker Road
Pittsford, NY 14534

Chemical Hygiene Officer: Lindsay Ali

Review Date: 2026

GENERAL GUIDELINES FOR WORKING WITH LABORATORY CHEMICALS

1. It is essential to minimize chemical exposure to the greatest extent possible. Because few laboratory chemicals are without hazards, precautions for handling all chemicals should be exercised. As a rule, skin contact with chemicals should always be avoided.

2. Avoid an underestimation of risk. Exposure to laboratory chemicals should be minimized even for substances of no known significant hazard. Special precautions should be taken for those substances which have special health hazard risks. One should assume that any mixture of substances will be more toxic than either of its single components alone. One should also assume that all substances of unknown toxicity are toxic.

3. Adequate ventilation must be provided. The best way to prevent exposure to hazardous substances is to prevent their escape into the atmosphere by use of fume hoods and other ventilation controls.

4. Institute a chemical hygiene program to minimize exposures to toxic substances.

5. Refer to the Material Safety Sheet for additional information regarding exposure limits. The OSHA Permissible Exposure Limits (PEL's) and the American Conference of Governmental Industrial Hygiene Threshold Limit Values (TLV's) should not be exceeded.

CHEMICAL HYGIENE RESPONSIBILITIES

1. **The School Superintendent** has the ultimate responsibility for chemical hygiene and must with other administrators, provide support for the Chemical Hygiene Plan.

2. **The Chemical Hygiene Officer (CHO)** is responsible for chemical hygiene in the District. The CHO is responsible for administering the CHP and assists in the development of standard operating procedures. The CHO helps with the training of faculty staff and other personnel. The CHO works with building administrators to coordinate the high school plan.

3. The **Principal** or designee is responsible for chemical hygiene in the individual buildings. The Principal works with the CHO to develop and implement appropriate chemical hygiene policies and seeks ways to improve the chemical hygiene program. He/she ensures that training for the use of any materials and equipment is proper and that all record-keeping requirements are met.

4. **Science Department Leaders** will work with administrators, the CHO and other employees to develop and implement appropriate chemical hygiene practices. They should monitor use and disposal of chemicals in the lab, see that inventories are maintained, know the current legal requirements that govern regulated substances, and seek ways to improve the chemical hygiene plan.

5. The **Science teacher** has the responsibility for chemical hygiene in the lab including the responsibility to:

   - Ensure that students know and follow all safety rules, use appropriate personal protective equipment, and provide students with appropriate safety training.

   - Conduct regular formal housekeeping inspections including inspections of emergency equipment.

   - Ensure that the facilities are adequate for any material being used.

   - Plan and conduct each lesson in accordance with the chemical hygiene program. Lesson plans should include all possible hazards, preventive measures and emergency responses for each hazard.

   - Develop and follow sound personal chemical hygiene habits.

   - Science Teachers need to attend appropriate safety training as required by the district.

THE LABORATORY FACILITY

1. DESIGN

- An appropriate ventilation system should have air intakes and exhausts located to avoid recirculation of contaminated air.
- The facility should provide adequate, well-ventilated storerooms, laboratory fume hoods, and sinks.
- Other safety equipment shall include: eyewash stations, fire extinguishers, goggles, goggle cabinet, fire blanket and spill kit, and drenching showers.

2. VENTILATION

- Natural Dilution: This system should provide a source of air for breathing. It will not be relied upon for protection from toxic substances released into the lab.
- Hoods: A laboratory fume hood should be provided for demonstration. Each hood will be monitored for adequate performance by Chemical Hygiene Officer or designee.
- Modifications: Any alterations to the ventilation system should be made only by qualified personnel and only when testing indicates that worker protection from airborne toxic substances will continue to be adequate.
- Quality: Airflow should be six air changes per hour. The hood face velocity should be maintained 80 - 120 linear feet per minute, at minimum. (CFR 1910. 1450)
- 4 – 12 air changes per hour is adequate general ventilation for a science lab per OSHA.
- The storeroom airflow should be 6 air changes per hour in a 24 hour day per NYS SED Chemical Storage guideline.

COMPONENTS OF THE CHEMICAL HYGIENE PLAN

1. PROCUREMENT

- Before a substance is received, information on proper handling, storage and disposal should be known to those who will be involved.
- No container will be accepted if leaking or without an adequate label and Material Safety Data Sheet.
- Chemicals should be dated when received.

2. STORAGE

- Toxic substances should be segregated in a chemical storage cabinet off limits to un-authorized individuals.
- Stored chemicals should be examined at least annually for replacement, deterioration, and container integrity by the Department Leader**.** Amounts will be stored in the smallest practicable quantity. Yearly inventories will be conducted, and unneeded items will be disposed of. Contact the GV BOCES health and safety office for assistance.
- Chemicals will be stored in accordance with accepted standards of compatibility. An inventory list arranged alphabetically will be posted in the storage room. Material Safety Data Sheets will be arranged alphabetically and located in the storage room.

3. DISTRIBUTION FROM STORAGE AREA

- When bulk quantities of chemicals are hand-carried, the container will be placed in a bottle carrier or bucket.

4. AIR MONITORING

- Monitoring of airborne concentrations of toxic substances may be appropriate when testing or redesigning hoods, or when highly toxic substances are used more than was anticipated, or when using chemicals that require initial monitoring.

5. HOUSEKEEPING

- Floors should be cleaned regularly.
- Housekeeping and inspections will be performed regularly by the Chemical Hygiene Officer.

- The GV BOCES will inspect annually during the fire inspection. The purpose of this inspection is to identify hazards and determine whether to implement control measures such as ventilation, modified work practices or additional personal protective equipment.

- Suitable facilities for the quick drenching of personnel exposed to corrosive or injurious chemicals will be used for eyewash and shower emergencies. This device will be inspected at least quarterly by the Department Leader. Informal inspections should be continuous. Eyewash fountains and safety showers should be inspected and tested quarterly. Records of testing and inspections should be maintained. Department Leaders should ensure that shower and eyewash fountain is activated weekly.

- Procedures for restarting out-of-service equipment should be established and posted.

- Stairways and hallways should not be used as storage areas.

- Access to exits, emergency equipment, and utility controls should **never** be blocked.

6. MEDICAL PROGRAM

- The nurses are trained in first aid and available during working hours.

- Medical consultations will be provided in case of spills or emergencies where employees show signs and symptoms of overexposure.

7. PROTECTIVE EQUIPMENT AND APPAREL

- Splash Goggles
- ANSI approved safety glasses
- Chemical resistant aprons
- Gloves
- Hair ties
- Open toed shoes are not permitted

8. RECORDS

- Accident reports will be written and retained for all accidents involving injuries and property damage according to Pittsford Central Schools' policy.

- Inventories, Material Safety Data Sheets, and records indicating attendance at Employee Right to Know Training and chemical hygiene training, will be maintained in accordance with OSHA.

- Records of employee exposure and any medical consultations and exams that are conducted will be maintained for 30 years or for the duration of employment plus 20

years, whichever is longer, or in accordance with 1910.20.

9. SIGNS AND LABELS

- Emergency telephone numbers will be posted in labs and offices.
- Identifying labels must show contents of containers and associated hazards.
- Location signs for safety showers, eyewash stations, first aid equipment, exits, spill kit signs, fire blankets and fire extinguishers, areas where food and beverages are prohibited, and warnings at areas where unusual hazards exist, will be posted.

10. SPILLS

- In the case of a serious chemical spill, the administration will be notified by phone. It is the responsibility of the administration to evacuate school if necessary. In the case of a fire or major spill, the employee is responsible for evacuating the premises by fire alarm.
- The written emergency action plan is located in the Superintendent's Office and in the Department Leader's Office at each building and will be communicated to all personnel. Spill control procedures will include approved containment, cleanup, and transportation methods.

11. INFORMATION AND TRAINING

- Employees will be trained upon initial assignment concerning chemicals available, procedures, location of the chemical hygiene plan, location of Material Safety Data Sheets, and method of hazard identification (refer to paragraph F of occupational exposure to hazardous chemicals in the Chemical Hygiene Standard). Training will be provided by the CHO or designee, and/or the GV BOCES Health and Safety personnel. Particularly hazardous chemicals (carcinogens, reproductive toxins, etc.) will not be used. If their use is anticipated or a chemical is newly deemed particularly hazardous, proper provisions will be made in accordance with 1910.1450(e)(3)(viii).

12. WASTE DISPOSAL PROGRAM

- The waste disposal procedures should specify how waste is to be collected, segregated, stored and disposed of. Unlabeled containers of chemicals and solutions should be promptly identified and disposed of if need be. Indiscriminate disposal by pouring waste chemicals down the drain or adding them to refuse for landfill burial is unacceptable. Contact your head custodian to arrange for a hazardous waste disposal pickup through certified waste haulers.

GENERAL LABORATORY RULES/STANDARD OPERATING PROCEDURES

I. EMERGENCY FIRST AID PROCEDURES

a) Eye Contact: Flush eyes with copious amounts of water for at least 15 minutes and seek medical attention.

b) Ingestion: Read the label for directions and immediately seek medical attention. Contact the poison control center **at 1-800-222-1222 Western NY poison control center.**

c) Skin Contact: Flush the affected areas with copious amounts of water and remove any contaminated clothing. If symptoms persist after flushing, seek medical attention.

II. PERSONAL PROTECTIVE EQUIPMENT

a) Whenever appropriate:

- ANSI approved eye protection must be worn.
- Gloves will be worn which will resist penetration by the chemical being handled and which have been checked for pin holes, tears or rips.
- Lab coats or aprons to protect skin and clothing from chemicals will be worn.
- Footwear should cover feet completely, and open-toed shoes will be prohibited.

III. HAZARD PREVENTION

a) Conduct periodic in-house safety and health inspections with an emphasis on identifying safety hazards.

b) Carry out regular fire or emergency drills, and review the results.

c) Have actions preplanned in case of an emergency (e.g., equipment should be turned off, preplanned escape routes, designated meeting place outside the building and designated person to authorize re-entry into the building).

d) Have the appropriate equipment and materials available for spill control.

e) Keep up-to-date emergency phone numbers posted next to the telephone.

f) Reduce risk by using diluted substances instead of concentrates.

g) If feasible, use smaller quantities of hazardous materials for laboratory demonstrations.

h) Use films, videotapes, or other methods rather than conducting experiments involving extremely hazardous substances.

i) Substitute with a less hazardous substance.

j) Analyze accidents to prevent repeat performances.

k) Purchase chemicals in minimum quantities, wherever feasible.

l) Do not use damaged glassware.

IV. GENERAL LABORATORY SAFETY

a) Obtain and read the Material Safety Data Sheet for each hazardous chemical.

b) Analyze new lab procedures in advance to identify possible hazards.

c) Wash hands before and after work, and after spill cleanups.

d) Do not smell or taste chemicals.

e) Never work alone in a science laboratory or storage area, and do not allow students to work unsupervised.

f) Never eat, drink, smoke, chew gum or tobacco in the laboratory environment.

g) Never store food in laboratory refrigerators.

h) Never pipette liquids by mouth.

i) Restrain loose clothing, long hair, and dangling jewelry.

j) Never leave heat source unattended (gas burners, hot plates, mantels, etc.).

k) Do not store reagents or apparatus on lab bench, and keep shelves organized.

l) Always used a fume hood when working with volatile substances.

m) Never lean into the fume hood while hazardous chemicals are being used or when in use.

n) Do not use the fume hood as a storage area.

o) Do not mix chemicals in the sink drain.

p) Always inform co-workers of plans to carry out hazardous work.

q) Avoid horseplay, practical jokes, and any other distracting behavior.

r) Be alert to unsafe conditions and correct them when detected.

s) Label all chemicals accurately with date of receipt or preparation and any other precautionary information for handling.

t) Never use a reagent until the label has been read and contents checked.

V. FACILITY MAINTENANCE

a) Place fire extinguishers near escape routes, and also in areas of high hazards.

b) Regularly inspect fire extinguishers, maintain records of inspections, and train personnel in the proper use of extinguishers.

c) Never block escape routes.

d) Never block a fire door opening.

e) Never store materials in aisle ways.

f) Have separate containers for trash and broken glass.

g) Regularly inspect safety showers and eyewash stations, and keep records of inspections.

h) Regularly check the ventilation in hoods for proper air flow.

i) Chemical storage shelves with closeable doors should be used for flammable materials and acids.

CHEMICAL HYGIENE PLAN ANNUAL REVIEW AND/OR EVALUATION

Date	Reviewed by	Changes and/or Revisions

Training Record for Chemical Hygiene

Name (Printed)	Signature	Date

SUBJECT: CONCUSSION MANAGEMENT

The Board of Education recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The physical and mental well-being of our students is a primary concern. Therefore, the Pittsford School District adopts the following policy to support the proper evaluation and management of concussion injuries.

A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Concussions can impact a student's academics as well as their athletic pursuits.

Concussion Management Team (CMT)

The School District has established a Concussion Management Team (CMT) which is composed of the certified athletic director, a school nurse standards leader, the school physician, the health standards leader coach, PE Standards Leader, classroom teacher, counselor, and a certified athletic trainer. The Concussion Management Team will oversee and implement the School District's concussion policy and regulations, including the requirement that all school coaches, physical education teachers, nurses and certified athletic trainers, who work with and/or provide instruction to pupils engaged in school-sponsored athletic activities, complete training relating to mild traumatic brain injuries. Furthermore, every concussion management team will establish and implement a program which provides information on mild traumatic brain injuries to parents and persons in parental relation throughout each school year.

Staff Training/Course of Instruction

Each school coach, physical education teacher, school nurse and certified athletic trainer who works with and/or provides instruction to students in school-sponsored athletic activities (including physical education class and recess) shall complete a course of instruction every two (2) years relating to recognizing the symptoms of concussions or MTBIs and monitoring and seeking proper medical treatment for students who suffer from a concussion or MTBI. Standards Leaders will collect and maintain certificates for their department personnel.

Components of the training will include:

a) The definition of MTBI;

b) Signs and symptoms of MTBI;

c) How MTBIs may occur;

(Continued)

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

d) Practices regarding prevention; and

e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The course can be completed by means of instruction approved by the State Education Department (SED) which include, but are not limited to, courses provided online and by teleconference. Standards Leaders will collect and maintain certificates for their department personnel.

Information to Parents

The District shall include the following information on concussion in any permission or consent form, or similar document, that may be required from a parent/person in parental relation for a student's participation in interscholastic sports. Information will include:

a) The definition of MTBI;

b) Signs and symptoms of MTBI;

c) How MTBIs may occur;

d) Practices regarding prevention; and

e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The District will also provide a link on its website to the above list of information on the State Education Department's and Department of Health's websites.

Identification of Concussion and Removal from Class, Extracurricular Activity, or Interscholastic Athletic Activities

The District shall require the immediate removal from all athletic activities of any student who has sustained, or is believed to have sustained, a mild traumatic brain injury (MTBI) or concussion. Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a class, extracurricular activity, or interscholastic athletic activity shall be removed from the class, game or activity and must be evaluated as soon as possible by an appropriate health care professional. Such removal must occur based on display of symptoms regardless of whether such injury occurred inside or outside of school. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that the student has been injured until proven otherwise. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

(Continued)

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

The School District will allow credentialed District staff to use validated neurocognitive computerized testing as a concussion assessment tool to obtain baseline and post-concussion performance data. These tools are not a replacement for a medical evaluation to diagnose and treat a concussion.

Return to Class, Extracurricular Activity, or Interscholastic Athletic Activities

The student shall not return to physical activity (including athletics, physical education class and recess) until he/she has been symptom-free for not less than twenty-four (24) hours, and has been evaluated, and received written authorization from, a licensed physician. In accordance with Commissioner's Regulations, the School District's Medical Director will give final clearance on a return to activity. All such authorizations shall be kept on file in the student's permanent health record and/or in computerized health record. The standards for return to activity will also apply to injuries that occur outside of school. School staff should be aware that students may exhibit concussion symptoms caused by injuries from outside activities and that these visible symptoms also indicate a removal from play.

The District shall follow any directives issued by the student's treating physician with regard to limitations and restrictions on school and athletic activities for the student. The District's Medical Director may also formulate a standard protocol for treatment of students with concussions during the school day.

In accordance with New York State Education Department (NYSED) guidelines, this Policy shall be reviewed periodically and updated as necessary in accordance with New York State Education Department guidelines. The Superintendent, in consultation with the District's Medical Director and other appropriate staff, may develop regulations and protocols for strategies for the prevention of concussions, the identification of concussions, and procedures for removal from and return to activities or academics.

Education Law Sections 207; 305(42), and 2854
8 NYCRR 135.4 and 136.5
Guidelines for Concussion Management in the School Setting, SED Guidance Document, June 2012

Adoption Date:

DRAFT: 12/10/12; 12/11/12; PR 3/8/13; 3/21/13; 4/24/13

First Reading: 5/22/13 Second Reading: 5/13/22

SECTION 10.0

9.8 COVID-19 (Coronavirus) Information

9.8.1 BOE Policy 5771:

The Board of Education is mindful of the need for the District to be prepared for and responsive to evolving changes in its regular operations as a result of the COVID-19 pandemic. In doing so, the Board of Education recognizes its responsibility to adhere to the applicable executive orders of the Governor of the State of New York and directives and guidance issued by federal, state and local agencies, primarily the New York Department of Health (DOH), the New York State Education Department (NYSED) and the Monroe County Department of Public Health (MCDPH).

In accordance with this Policy, the Board of Education hereby directs the Superintendent or designee to develop such operational protocols as are necessary pursuant to governmental directives including, but not limited to, facial coverings, social distancing, employee travel/quarantine, health screening, emergency drills, facility cleaning and disinfecting, and District response to positive COVID tests, and to update such protocols as necessary. Individuals who repeatedly fail, refuse, to comply with such protocols may be subject to disciplinary consequences under the Code of Conduct, relevant collective bargaining agreement, or State law as appropriate.

To the extent that any Board of Education policy or administrative regulation/procedure/protocol previously adopted by the Board conflicts with current or future federal, state, or local law, regulation, executive order, and/or state or federal guidance released and applicable to District operations during the COVID-19 Pandemic, it is temporarily suspended until further action of the Board of Education.

9.9 RESPIRATORY PROTECTION PROGRAM REQUIREMENTS UNDER DIFFERENT USE SITUATIONS

Voluntary Use

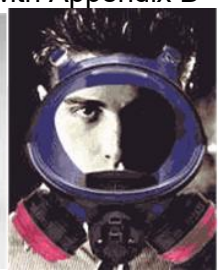
... of filtering facepieces (dust masks, disposable respirators):
Provide employees with Appendix D

Voluntary Use

... of **any** respirator ***except*** filtering facepieces:
Develop and implement a limited written program, addressing:

◊ Medical Evaluations
◊ Procedures for maintenance, cleaning, storage

Provide employees with Appendix D



Required Use

... of **any** respirator, ***including*** filtering facepieces:
Develop and implement a written program addressing:

◊ Procedures for respirator selection
◊ Medical evaluations
◊ Fit-testing
◊ Procedures for routine and emergency use
◊ Procedures for maintenance, cleaning, storage
◊ Supplied/self-contained air quality
◊ Training
◊ Program evaluation

Standard Number: 1910.134 App D

Standard Title: Respiratory Protection.

*** Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard ***

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, of if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator

Voluntary Use = use where not required by an OSHA standard or categorically by an employer

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

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1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

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3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

I have been provided a copy of 1910.134 Appendix D and I have read and I understand the information regarding the voluntary use of respirators in the workplace. I have had an opportunity to have any questions I may have answered.

Employee Name (print):_____ Date:_____

Employee Signature:_____ Title/Position:_____

EMERGENCY PREPAREDNESS PARTNERSHIP AGREEMENTS

10.0 Emergency Preparedness Partnership Agreements.

10.1 Pittsford Central School District has partnership agreements during emergencies.