

WESTON BOARD OF EDUCATION

Weston, CT

Meeting Date: June 17, 2018

Information Only

Action Requested

Agenda Item Subject: Second Reading – 3516.4 Bloodborne Pathogens Exposure Control

Submitted by: Lewis Brey

Document Summary/Purpose and/or Recommended Action:

Updated changes based on recommendations for Shipman & Goodwin.

This item is on for a second reading by the Board.

For more Board of Education Meeting and Committee Meeting Information, visit:
<https://meeting.cabe.org/public/Agency.aspx?PublicAgencyID=47&AgencyTypeID=1>

3516.4

Non-Instructional Operations

Bloodborne Pathogens Exposure Control

The Board of Education recognizes the dangers of occupational exposure to bloodborne pathogens. Pursuant to this concern and the obligations imposed by state and federal statutes, the Board will take the following steps to prevent and remedy occupational exposure to bloodborne pathogens:

1. Identify employees at risk for occupational exposure to bloodborne pathogens;
2. Identify the tasks, duties, procedures and job classifications where occupational exposure to blood occurs;
3. Provide engineering and work practice controls and precautions;
4. Provide protective equipment where necessary;
5. Provide training to affected employees;
6. Provide vaccinations to affected employees where required, along with appropriate post exposure medical follow up and counseling; and
7. Maintain records documenting exposure incidents, provision of vaccinations and training.

Pursuant to this policy, the superintendent of schools is authorized to promulgate regulations enforcing this policy.

The Weston Board of Education is committed to promoting a safe and healthful work environment for its staff. In pursuit of this goal and in accordance with the United States Department of Labor, Occupational Safety and Health Administration (OSHA) regulations dealing with "Safe Workplace" standards relating to exposure to Bloodborne Pathogens, the following will be the procedures of the Weston Board of Education for at risk personnel.

The Weston Board of Education shall establish a written exposure control plan in accordance with the federal standards for dealing with potentially infectious materials in the workplace to protect employees from possible infection due to contact with Bloodborne pathogens. Pursuant to these procedures, the school will take reasonably necessary actions to protect its employees from infectious disease and in particular H.I.V. and H.B.V. infection.

The school will provide the training and protective equipment to those persons who are at risk by virtue of their job performance and may come in contact with infectious disease. Furthermore, all Weston Board of Education personnel defined by the Occupational Safety and Health Administration and the school who may come in contact

with blood and body fluids will be offered the vaccine for the Hepatitis B Virus which is a life threatening Bloodborne pathogen. The vaccination will be done at no cost to the personnel and is provided as a precaution for personnel safety.

Legal References:

29 C.F.R. § 1910.1030 OSHA Bloodborne pathogens standards

Policy adopted: May 17, 1993

Policy revised: _____

WESTON PUBLIC SCHOOLS
Weston, Connecticut

R3516.4 (a)

Formatted: Indent: First line: 0"

Non-Instructional Operations

~~Bloodborne Pathogens Exposure Control~~

Exposure Control Plan for Bloodborne Pathogens

I. Definitions

Formatted: Font: (Default) Times New Roman, 12 pt

- A. 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.

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

- C. Work Practice Controls: 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).

II. Exposure Determination

- A. Category I: Those personnel who come in direct contact with blood and body fluids for which precautions must be taken

- B. Category II: Personnel who participate in activities without blood exposure but exposure may occur in an emergency

- C. Category III: Personnel performing tasks that do not entail predictable or unpredictable exposure to blood

1. School nurses or nurse practitioners assisting and treating injured students may come in contact with blood and other bodily fluids (Category I).
2. School staff, including physical education teachers, OT, PT, general aides, technical instructors, athletic coaches and principals may come in contact with blood and other bodily fluids in the performance of their jobs in treating injured students (Category I).
3. Special education teachers and aides in self-contained and behavioral programs, nursing program students, and custodial staff, and other staff who substitute for them, may have to clean up after injured persons where they may come in contact with blood and other bodily fluids (Category I).
4. All staff certified in first aid may have contact with blood in an emergency (Category II)

III. Methods of Compliance

- A. Avoid direct contact with blood, bodily fluids or other potentially infectious materials - use gloves.
- B. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
- C. Contaminated reusable sharps shall be placed in containers that are puncture resistant, leakproof, color-coded or labeled in accordance with Section X of this plan and shall not require employees to reach by hand into the container.
- D. Protective gloves will be worn if you have any open wounds on your hands. If there is any doubt in your mind regarding some contact with blood or bodily fluids - use gloves.
- E. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

- F. If you become contaminated, wash that area immediately with a strong antiseptic soap or solution.
- G. If clothing becomes contaminated with blood or body fluids, it should be placed in a bag labeled in accordance with Section X of this plan and placed in a contaminated clothing container for proper cleaning and/or discarding.
- H. Any areas of the school that may become contaminated will be washed with a strong solution of bleach and water or other appropriate disinfectant; rubber gloves, sanitary suit, face and eye protection, and long handled scrub utensils should be used.
- I. All locker rooms, restrooms, and nurses' offices will be cleaned daily using disinfectant. Custodial staff members are required to wear rubber gloves and use long- handled scrubbing utensils during these cleaning procedures at these locations.
- J. When a spill occurs, the building administrator or his/her designee will limit access to areas of potential exposure and notify the staff and students. The janitorial staff will be notified to immediately clean the area.
- K. 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.
- L. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- M. Specimens of blood or other potentially infectious materials shall be placed in a container labeled in accordance with Section X of this plan, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

IV. Preventative Measures

Formatted: Font: (Default) Times New Roman, 12 pt

A. The Superintendent or his/her designee shall use engineering and work practice controls to eliminate or minimize employee exposure, and shall regularly examine and update controls to ensure their effectiveness.

V. Hepatitis B Vaccination

A. The hepatitis B vaccination series shall be made available at no cost to all Category I employees. The hepatitis B vaccination shall be made available after an employee with occupational exposure has received the required training and within 10 working days of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or vaccination is contraindicated by medical reasons.

B. Employees who decline to accept the vaccination shall sign the hepatitis B vaccination declination statement.

VI. Training for Exposure Control

A. Each year, all at risk personnel will be supplied with written materials relating to precautions, risks, and actions to take if contaminated by blood or other body fluids containing the following:

- (1) An accessible copy of the regulatory text of the OSHA standards regarding bloodborne pathogens and an explanation of its contents;
- (2) A general explanation of the epidemiology and symptoms of bloodborne diseases;
- (3) An explanation of the modes of transmission of bloodborne pathogens;
- (4) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- (5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

- (6) 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;
- (7) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- (8) An explanation of the basis for selection of personal protective equipment;
- (9) 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;
- (10) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- (11) 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;
- (12) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- (13) An explanation of the signs and labels and/or color coding; and
- (14) An opportunity for interactive questions and answers with the person conducting the training session.

Formatted: Font: (Default) Times New Roman, 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt

VII. Reporting Incidents

- A. All exposure incidents shall be reported as soon as possible to the nursing supervisor and school nurse.
- B. All at risk personnel who come in contact with blood and body fluids in the performance of their duties will take steps to safeguard their health.

Formatted: Font: (Default) Times New Roman, 12 pt

VIII. Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, the Superintendent or his/her designee shall immediately make available to the exposed employee, at no cost, a confidential medical evaluation, post-exposure evaluation and follow-up. He or she shall at a minimum:

- A. Document the route(s) of exposure and the circumstances under which the exposure incident occurred;
- B. Identify and document the source individual, unless that identification is infeasible or prohibited by law;
- C. Provide for the collection and testing of the employee's blood for HBV and HIV serological status;
- D. Provide for post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health service;
- E. Counseling and Evaluation of reported illnesses;
- F. The Superintendent or designee shall provide the health care professional with a copy of the OSHA regulation; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the school relevant to the appropriate treatment of the employee, including vaccination status; and
- G. The school shall maintain the confidentiality of the affected employee and the exposure source during all phases of the post-exposure evaluation.

IX. Records

- A. Upon an employee's initial employment and at least annually thereafter, the Superintendent or his/her designee shall inform employees with

occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records.

B. Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law.

C. Upon request by an employee, or a designated representative with the employee's written consent, the Superintendent or designee shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made.

D. Records shall be maintained as follows:

1. Medical records shall be maintained for the duration of employment plus 30 years.
2. Training records shall be maintained for three years from the date of training.
3. The sharps injury log shall be maintained five years from the date the exposure incident occurred.
4. Exposure records shall be maintained for 30 years.
5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

X. Labels

A. Warning labels shall be affixed to containers used to store, transport or ship blood or other potentially infectious material.

B. Labels shall include the following:



BIOHAZARD

Formatted: Font: (Default) Times New Roman, 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt

- C. The labels shall be fluorescent orange or orange-red or predominantly so, with lettering and 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. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

Legal References:

29 C.F.R. § 1910.1030 OSHA Bloodborne pathogens standards

8/4/16

Formatted: Font: Times New Roman

Formatted: Font: (Default) Times New Roman, 12 pt

HEPATITIS B VACCINATION DECLINATION STATEMENT (MANDATORY)

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the 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.

EMPLOYEE SIGNATURE

Formatted: Font: Times New Roman

By: _____

Date: _____

Formatted: Font: (Default) Times New Roman, 12 pt

In accordance with the OSHA Bloodborne pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

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. 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 requires the listing of all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category: Registered Nurse, Licensed Practical Nurse, First Aid/CPR Trained Staff, Custodians and Special Education Teachers and Teacher Assistants.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed. The following job classifications are in this category of employees who face occasional exposure: Principals, all teachers, and all paraprofessionals. Tasks or procedures that may involve occasional exposure include the following: Administering first aid, and providing hygiene assistance.

2. Methods of Compliance

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between blood fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls

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

3516.4 (b)

Bloodborne Pathogens Exposure Control

1. Sharps container in health office;
2. Bio hazard bags in health office;
3. Gloves available to all staff;
4. Double bagging technique (custodians); and
5. Eye protection.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

—— Controls 1, 2 and 3: Nurse assigned to school; Controls 3, 4 and 5: Maintenance Supervisor.

Hand washing facilities are also available to employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are located in the following: Bathrooms, gymnasium, health office, staff lounge, certain classrooms, and certain custodial closets.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this prohibition if the particular medical procedure requires that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible after use into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. Sharp containers are located in the health office. Said containers will be checked daily. When full, containers will be locked in "enclosed" position, placed in cardboard box taped shut, and transported to school physician's office for pickup. A log will be kept at the school by the nurse.

Formatted: Font: (Default) Times New Roman, 12 pt

3516.4 (e)

Bloodborne Pathogens Exposure Control

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.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, transport or shipping of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of specimen.

Contaminated Equipment

Equipment which 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 the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment 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 pass through or 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.

3516.4 (d)

Protective clothing will be provided to employees through the health office. It will be the responsibility of the school nurse and maintenance supervisor to insure maintenance of the supply of said equipment for the custodial staff. Personal protective equipment may include the following:

- _____ Gloves
- _____ Lab coat
- _____ Face Shield
- _____ Clinic Jacket
- _____ Protective Eyewear
(with solid side shield)
- _____ Surgical Gown
- _____ Shoe Covers
- _____ Utility Gloves
- _____ Examination Gloves

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacement will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: all personal protective equipment shall be disposable. After use, such equipment shall be double-bagged and placed into bio-hazard bags. The bio-hazard labeled receptacle is located in the health office.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be used whenever contact with blood or body secretions occurs or is suspected.

Disposable gloves used in the system are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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 glasses with solid side shield, 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 reasonably be anticipated.

3516.4 (e)

Bloodborne Pathogens Exposure Control

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments.

This facility will be cleaned and decontaminated immediately after any contamination occurs or is suspected.

Decontamination will be accomplished by utilizing the following materials: PSQ germicide solution; 1:10 bleach/H₂O solution.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis as contamination occurs; such inspection will be the responsibility of the health office and custodial staff.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: staff will stay at area to prevent further injury/contamination. Custodian will be called to sweep up glass fragments using gloves. Equipment will be immediately decontaminated.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers. Sharps containers are located in the health office.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned as follows: contaminated student or personnel clothing will be double bagged and then discarded in an appropriate waste container or given to parent or staff to whom it belongs to be cleaned.

Hepatitis B Vaccine

All school employees who administer first aid as a primary duty of their position (e.g., school nurses) will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be

3516.4 (f)

Bloodborne Pathogens Exposure Control

offered within ten working days of their initial assignment unless the employee has previously had the vaccine or who wishes to submit to an anti body testing which shows the employee to have sufficient immunity. Pursuant to the July 6, 1992 opinion of the Occupational Safety and Health Administration, employees who administer first aid as a collateral duty to their work assignments will receive a post exposure vaccination instead of the pre exposure vaccination. Such employees include Special Education teachers and paraprofessionals, athletic instructors and coaches, janitors, and playground monitors.

Employees who decline the Hepatitis B vaccine will sign a waiver.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

Post-Exposure Evaluation and Follow-Up

When the employee incurs an exposure incident, it should be reported to the school nurse.

All employees who incur an exposure incident will be offered post exposure evaluation and follow up.

This follow up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (if consent is obtained) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. (See Conn. Gen.Stat. 19a-581, et seq.)
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations include the Hepatitis B vaccine for those who have not received a pre-exposure vaccine.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

3516.4(g)

Bloodborne Pathogens Exposure Control

- The following person has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: The nurse assigned to school.

A written opinion shall be obtained from the health care professional who evaluated employees. Written opinions will be obtained in the following instances:

- 1.) When the employee is sent to obtain the Hepatitis B vaccine.
- 2.) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- 1.) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
- 2.) That the employee has been informed of the results of the evaluation, and
- 3.) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information)

Training

Training for all employees with occupational exposure will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following explanation of:

- 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.;
- 5) Procedures which might cause exposure to blood or other potentially infectious materials;
- 6) Control methods which will be used to control exposure to blood or other potentially infectious materials;
- 7) Personal protective equipment available and who should be contacted concerning,

3516.4(h)

Bloodborne Pathogens Exposure Control

- 8) Post exposure evaluation and follow up;
- 9) Signs and labels used in the school system;
- 10) Hepatitis B vaccine program.

Record Keeping

All records required by the OSHA standard will be maintained by nurses assigned to school and/or maintenance supervisor.

Dates

All provisions required by the standard will be implemented by July 1, 1992.

The training program will include video tapes, an in-service presentation, and written handouts, and will be conducted by the school nurse. The training schedule will be as follows:

~~All employees will receive annual refresher training. (Note that this training is to be conducted within one year of the employee's previous training.)~~

~~The outline for the training material is located in the health office.~~

Regulation approved: May 17, 1993

Regulation revised: _____

WESTON PUBLIC SCHOOLS
Weston, Connecticut

Formatted: Font: (Default) Times New Roman, 12 pt