New Hire Checklist- Coaches

Name of Coach: ____________________________________________

School & Sport: ____________________________________________

Circle One Status:      Paid (Receiving Supplement) or Volunteer

Please complete the following documents:

____ Background Check Authorization Form

____ Recent tuberculin test result (must be within the past 12 months unless you are transferring from another school district and can provide a copy of the test on file with them). (FYI — the Cherokee County Health Dept. will no longer administer the TB test for employment purposes. Check with your physician, other options are: CVS Minute Clinics; Carolina Wellness; Shelby Health Dept.; Dr. Richard Ruffing — Gaffney)

____ I-9 Form (front side completed)

____ Copy of Drivers’ License AND Social Security Card OR Passport

____ Direct Deposit Form (with voided check or form from bank!)

____ W-4 for Tax Withholdings (Remember to sign the bottom)

____ Retirement Plan Enrollment Form

____ Completed Bloodborne Pathogens Quiz
Cherokee County School District
Background Authorization Form

I hereby authorize the Cherokee County School District to request criminal record checks.

(Please print)

Last Name ___________________________ First Name ______________________ Middle ________ Maiden ________

Date of Birth: __/__/____ Race____ Sex____
(Month/Date/Year)

SS#: _______ - _______ - _______ Daytime Phone ______________________

Address: _____________________________________________________________

City/State/Zip: ______________________________________________________

Have you resided in any other state or country within the past ten (10) years?
____Yes _______No

If your answer is yes, please list the country(ies) and/or state(s):

________________________________________________________________________

If you resided in California, New Hampshire, Ohio, Vermont, or West Virginia, please list the
county name(s) beside the state name.

________________________________________________________________________

I certify the above information is true and correct to the best of my knowledge. I understand that I am
granting permission for the Cherokee County School District to conduct a search of the National Sex
Offenders Registry and request a Criminal History Record from SLED, and that any permission to work or
volunteer within the district is contingent upon receipt of satisfactory reports.

Signature ___________________________ Date ___________________________

Please Select All That Apply

____ Volunteer
____ New Employee
____ Vendor

____ Alma Elementary
____ BD Lee Elementary
____ Blacksburg Elementary
____ Blacksburg Primary
____ Corinth Elementary
____ Draytonville Elementary
____ Goucher Elementary
____ Grassy Pond Elementary
____ Limestone Central Elementary
____ Luther Vaughan Elementary
____ Mary Bramlett Elementary
____ Northwest Elementary
____ Blacksburg Middle
____ Ewing Middle
____ Gaffney Middle
____ Granard Middle
____ Blacksburg High
____ Gaffney High
____ CTC
____ Adult Ed
____ Alt Prgm

For office use only (Please initial upon completion.)

____ SLED Check _______ Sex Registry Approved: _______Yes _______No _______ Date _____________

The Cherokee County School District does not discriminate on the basis of race, religion, sex, color, age, national origin, immigrant status, English-speaking status, familial status, or disability with regard to its students, employees, or applicants for admission or employment.
SECTION I

EMPLOYEE INFORMATION

If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership.

1. Last Name & Suffix (PLEASE PRINT) 2. First/Middle Name (PLEASE PRINT) 3. Social Security Number 4. Date of Birth
5. Address 6. City 7. State 8. ZIP+4

SECTION II

EMPLOYEE CERTIFICATION AND SIGNATURE

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: ___________________________ Date: ___________________________

SECTION III

EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)

If the employee’s position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. See Instructions on Page 2 for more information.

Non-membership Qualification Reason

☒ Non-permanent position
☐ Optional Membership - Exemptions authorized by the Retirement Act
☐ Elected official earning $9,000 or less per year
☐ Employee earning less than $2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman cannot participate in PORS. (If employer is covered under SCRS, employee may elect to enroll as member of SCRS.)
☐ Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years of service
☐ Individual first elected to serve in the General Assembly after general election of 2012

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: Cherokee County Schools
Employer Code: 811.02

Employer Signature: ___________________________ Date: ___________________________

Title: ___________________________ Work Telephone: ___________________________

Please contact PEBA’s Customer Contact Center with any questions at 803.737.6800 or 888.260.9430, or www.peba.sc.gov.
SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.
Complete items 1-13 by providing the requested information.

SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.
Read carefully the statements in this section, then sign and date the form in the spaces provided.

SECTION III - THE EMPLOYER COMPLETES THIS SECTION.
If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on Page 1 and described in further detail below.

EMPLOYMENT CATEGORY

Non-permanent position: The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

Optional Membership - Exemptions authorized by the Retirement Act: Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of $100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

Elected official earning $9,000 or less per year: This individual must not be a full-time employee and must have been elected to office.

Employee earning less than $2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman: To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn $2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years service: A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

Individual first elected to serve in the General Assembly after general election of 2012: An individual first elected to serve in the General Assembly at or after the general election of 2012, shall elect to join SCRS, State ORP, or may be a nonmember.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact PEBA's Customer Contact Center at 803.737.6800 or 888.260.9430. The Covered Employer Procedures Manual includes more information as well and is available at PEBA's website at www.peba.sc.gov or by contacting Customer Services.
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)  First Name (Given Name)  Middle Initial  Other Last Names Used (if any)
Address (Street Number and Name)  Apt. Number  City or Town  State  ZIP Code
Date of Birth (mm/dd/yyyy)  U.S. Social Security Number  Employee's E-mail Address  Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance:

Signature of Employee  Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.  ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator  Today's Date (mm/dd/yyyy)

Last Name (Family Name)  First Name (Given Name)
Address (Street Number and Name)  City or Town  State  ZIP Code

Employer Completes Next Page
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License</td>
<td></td>
<td>Social Security Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ___________ (See instructions for exemptions)

Signature of Employer or Authorized Representative: ____________________________

Today's Date (mm/dd/yyyy): ____________

Title of Employer or Authorized Representative: ____________________________

Last Name of Employer or Authorized Representative: ____________________________

First Name of Employer or Authorized Representative: ____________________________

Employer's Business or Organization Name: ____________________________

Employer's Business or Organization Address (Street Number and Name): 141 Twin Lake Rd

City or Town: Gaffney

State: SC

ZIP Code: 29702

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (If applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Date of Rehire (If applicable)

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: ____________________________

Today's Date (mm/dd/yyyy): ____________

Name of Employer or Authorized Representative: ____________________________

Form I-9 07/17/17 N  Page 2 of 3
Creech County School District Direct Deposit Authorization

Employee Name: ___________________________ Social Security Number: ___________________________

I hereby authorize Cherokee County School District to initiate entries to my account(s) indicated below. Such direct deposit of net pay will be made on each succeeding payday, unless I terminate this agreement in writing to the School District Finance Department. I understand such notification shall become effective following receipt and reasonable opportunity to act on it.

_________________________________________  
Employee Signature

1. Primary Account Information:  All funds will be deposited to this account unless you specify a secondary account and amount.

<table>
<thead>
<tr>
<th>Financial Institution Name</th>
<th>Transit/Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TAPE A VOIED CHECK HERE (No deposit slips or starter checks, please)

If this account does not have checks, you **MUST** attach a form from your financial institution certifying the account and routing numbers.

2. Secondary Account Information:

<table>
<thead>
<tr>
<th>Financial Institution Name</th>
<th>Transit/Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount to deposit to this account from each check?  $______________

TAPE A VOIED CHECK HERE (No deposit slips or starter checks, please)

If this account does not have checks, you **MUST** attach a form from your financial institution certifying the account and routing numbers.

The initial deposit or any subsequent change must be processed as “pre-notification” zero balance test run to insure that the employee’s number is valid with the bank. (NO MONEY WILL BE TRANSFERRED). Therefore, the direct deposit will begin with the second payday following the authorization. Employees may choose any participating institution.
Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.
- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2019. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

A filer with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit:

When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents:

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as a qualifying child who doesn’t meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Employee’s Withholding Allowance Certificate

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

W-4

Employee’s Withholding Allowance Certificate

Whether you’re entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial

2 Last name

Home address (number and street or rural route)

3 Social security number

Note: If married filing separately, check “Married, but withhold at higher Single rate.”

City or town, state, and ZIP code

4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

5 Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write “Exempt” here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature

Date

8 Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).
Bloodbone Pathogens Information for School Employees

Introduction

Occupational exposure to bloodborne pathogens, such as hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV), does occur. Blood is the number one source of these viruses in the workplace. Most people infected on the job were stuck by a contaminated needle or other sharp object, or had contaminated blood splash their broken skin, eyes, nose or mouth. Your risk of contracting one of these viruses at school is low, most likely because your contact with blood is infrequent. But when the need arises you must be prepared to deal with blood safely.

Bloodborne Pathogens That Can Put You at Risk

Hepatitis B Virus

Hepatitis B virus (HBV) causes serious liver disease. Symptoms may include jaundice, fatigue, abdominal pain, loss of appetite, occasional nausea or vomiting, or no symptoms at all. While most people infected with HBV recover and clear the infection, some become chronically infected. Each year, more than 5,000 people die from chronic liver disease and liver cancer linked to hepatitis B. The hepatitis B virus poses a greater risk to you at school than either the hepatitis C virus or HIV, since it is more easily transmitted. Fortunately, a vaccine can prevent HBV infection.

Hepatitis C Virus

Hepatitis C virus (HCV) also causes a serious liver disease with symptoms similar to hepatitis B infection. However, these two liver diseases have important differences.

According to the Centers for Disease Control and Prevention (CDC), 85 percent of people infected with HCV have chronic infections while only 10 percent of those with HBV are chronically infected. In the United States, about 3.2 million people are chronically infected with HCV while as many as 2.2 million are chronically infected with HBV. Up to 75 percent of people infected by HCV have no symptoms compared to about 50 percent of those infected with HBV.

People chronically infected with hepatitis C may have no symptoms for more than 20 years, yet during that time the infection may be slowly damaging the liver. Hepatitis C is the leading indicator for liver transplants. Every year, up to 10,000 people die from hepatitis C-related chronic liver disease. Unfortunately, there is no vaccine to prevent hepatitis C infection. However, newly approved antiviral drugs have been effective in some people who have contracted the infection.

HIV

HIV attacks the immune system causing it to break down. The clinical picture of HIV infection differs widely from person to person. Some infected people appear healthy for many years. Infected people become seriously ill when they lose the ability to fight infections. Some develop acquired immune deficiency syndrome (AIDS). The number of HIV infected people who develop serious illness and who die from AIDS has decreased, due to recent treatments.

About 1.1 million people in the United States are infected with HIV, according to the CDC. The CDC estimates that about half of all new HIV infections are among people under the age of 35. As yet, there is no vaccine to prevent HIV infection.

How Bloodborne Pathogens are Transmitted

Hepatitis B virus, hepatitis C virus and HIV spread most easily through direct contact with infected blood. They also spread through contact with other potentially infectious materials (OPM), including semen and vaginal secretions, as well as any other body fluid or tissue containing visible blood. OPM also include certain other body substances only accessible in healthcare. Feces, urine, vomit, nasal secretions, sputum, sweat, tears and saliva are not included unless they contain visible blood, but can be causes of other diseases.

In our society, bloodborne viruses are most commonly transmitted through sharing needles to inject drugs or by having unprotected sexual intercourse with an infected person, or from mother to unborn child before or during birth. HCV was also spread through blood transfusions prior to 1992, when HCV screening was perfected. At work, you can be exposed to bloodborne pathogens if:

- Blood or OPM contact your broken skin or the mucous membranes of your eyes, nose or mouth.
- A contaminated sharp object punctures your skin.
You cannot become infected with these viruses through casual contact, coughing, sneezing, a kiss on the cheek, a hug or from drinking fountains or food.

**How to Protect Yourself from Exposure**

**Follow Your Exposure Control Plan**

Your school's Exposure Control Plan, if one is in place, details safety guidelines you must take to protect yourself from exposure. These safety measures are based on The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, CDC guidelines and/or state standards. Research shows that these safety precautions have decreased the number of exposures on the job.

**Use Standard Precautions and Body Substance Isolation Principles**

Standard Precautions are required to prevent the transmission of bloodborne pathogens when providing first aid or health care. It means treating all blood and OPIM as though infected with bloodborne pathogens.

These precautions are designed to protect you from bloodborne and other pathogens when you must handle body substances. This means treating all blood and all body fluids as though infected with some pathogen. Here are some precautions you must take.

1. **Always use barrier protection, such as gloves, when you anticipate touching blood, body fluids or contaminated surfaces.** Use single-use, disposable gloves when administering first aid. Cover any hand cuts you may have before gloving. Gloves must fit snugly and extend over the wrist. Use once, then throw away.

2. **Avoid touching the outside of contaminated gloves when removing them.** Then, wash your hands, whether or not you touched the outside of the glove.

3. **Discard used gloves or any other contaminated materials in an appropriate container.** Place sealed bag in a leak proof container where it will be secure until picked up for disposal. Follow your school's policy for disposal.

4. **Wash your hands and other skin surfaces immediately after contact with blood or other body fluids.** Hand washing is your main protection against contracting an infection or transmitting it to others. Wash with non-abrasive soap and running water for at least 15 seconds. Rinse. Dry with a paper towel and discard. Then turn off the faucet with a clean paper towel. The CDC recommends use of waterless alcohol antiseptic hand rubs if your hands are not visibly soiled. Apply the product to the palm of one hand, rub your hands together covering all hand surfaces and fingers until hands are dry.

5. **Disinfect any contaminated surfaces or objects with an appropriate germicidal agent.** Hepatitis B virus can survive in dried blood for at least a week, so clean thoroughly. Always wear gloves. If heavy-duty utility gloves are used they may be decontaminated and reused if not damaged. But throw them out, if they are.

6. **Pick up broken glass and other sharp objects with a broom and dustpan or tongs — not your hands.** Dispose of the debris in an appropriate puncture-resistant sharps container. Trash may contain sharp objects, so don't reach into or push trash down with hands or feet.

7. **Always use barrier protection if you have to resuscitate a victim.** Emergency respiratory devices and pocket masks isolate you from their body fluids. Keep rescue breathing and resuscitation devices in an accessible area.

**Hepatitis B Vaccine** The Hepatitis B vaccine prevents HBV infection. If you come into contact with blood on a regular basis as part of your job, the CDC recommends that you get immunized. The CDC also recommends that anyone age 18 or younger be vaccinated against HBV. The vaccine is safe and very effective if the series of shots is completed (12).

**How to Handle Risky Situations**

Although infrequent, risky situations do happen at school. Accidents, playground scrapes, bloody noses, fights, athletic injuries and violent episodes all have the potential for blood exposure. Regard blood and visibly bloody secretions as infectious. Use universal precautions for all first-aid emergencies. We suggest keeping first-aid and spill kits in classrooms and gymnasiums at all times. The kit should include gloves, gauze, bandages, a germicidal agent and disposal bags. Have a pack with gloves, bandages and a waterless hand-washing solution for playground duty or field trips...
Emergency First Aid
When you are faced with a bleeding student or co-worker, take a minute to collect yourself. Be calm and reassure the victim. For minor cuts and scrapes, encourage victims to administer their own first aid by applying pressure with gauze to stop the bleeding, cleansing and bandaging the wound, and disposing of all contaminated materials appropriately. If your assistance is needed, first put on a pair of gloves or use another barrier. Then administer first aid. Remember to remove and dispose of gloves and other contaminated materials properly, then wash your hands.

Bloody Noses
Students with bloody noses should sit up, keep their heads slightly forward, pinch the nostrils to stop the bleeding, and hold a tissue under the nose to catch any blood. When you need to assist, put on gloves first. Students should dispose of their own bloody tissues in an appropriate container, then wash blood off their hands and skin.

Athletic Injuries
Athletes should bandage existing cuts or scrapes before participation. An athlete who is injured and bleeding should stop play immediately, have the wound cleaned and bandaged securely, and replace any bloodied clothing before returning to competition. The same is true for an injured student on the playground. Contaminated clothing or towels should be placed in a plastic bag until laundered. Equipment and playing areas contaminated with blood should be cleaned until all visible blood is gone, then disinfected with an appropriate germicide. People assisting with first aid, handling contaminated laundry, or disinfecting equipment must wear gloves and wash their hands afterward.

Human Bites
If bitten by anyone, immediately wash the area with soap and water. Both people should then seek medical attention. Human bites that cause severe trauma and bleeding can transmit bloodborne and other pathogens.

Syringes or Needles
The CDC reports that used needles have been found in public places. Use caution if you come upon a syringe or needle in the environment. Do not break bend or recap the needle. Use a broom and dustpan to pick up and discard in an appropriate puncture-resistant sharps container. If accidentally stuck, wash the needle stick area with soap and water, then report the incident and seek medical help immediately.

Body Fluids
If you have to deal with body fluids, either due to an accident in the classroom or soiled surfaces in the restroom, you must wear gloves. Feces, urine, vomit, sputum, nasal secretions, saliva and used tampons can harbor infectious organisms, including bloodborne pathogens if visibly bloody. Pick or sop up with paper towels and then disinfect the area with an appropriate germicidal agent. Dispose of contaminated materials in an appropriate container.

What to Do if Exposed
If you are exposed to blood or OPIM, immediately wash affected skin with soap and warm water. Flush eyes and exposed mucous membranes with large amounts of water. Then report the exposure to the appropriate person immediately, so that post-exposure related evaluation, counseling and any necessary treatment can begin right away. Remember that most exposures do not result in infection.

Summary
Fortunately, your risk of exposure to bloodborne pathogens at school is low. Although there have been rare cases of HBV transmission in school settings, no cases of HIV transmission have been reported. Remember to treat all blood and body fluids containing visible blood as though infected with bloodborne pathogens. Use gloves when handling any body fluids since they may contain a variety of pathogens. Disinfect any spills with an appropriate germicidal agent and dispose of all contaminated materials according to your school's policy. By following simple safety guidelines, you can deal with blood safely while treating the person in need with compassion.
Bloodborne Pathogens Quiz

True/False- Indicate whether the statement is true or false.

___ 1. Blood is the number one source of HIV, hepatitis B virus and hepatitis C virus in the workplace.

___ 2. HIV poses a greater risk to school personnel than hepatitis B or hepatitis C because it is transmitted more easily.

___ 3. Most people infected with hepatitis B virus do recover and clear the infection.

___ 4. Most people infected with hepatitis C virus become chronically infected.

___ 5. People infected with HIV usually experience the same type of symptoms.

___ 6. Fortunately, there are vaccines to prevent both hepatitis B and hepatitis C.

___ 7. Hepatitis B virus, hepatitis C virus and HIV spread most easily through contact with contaminated blood.

___ 8. You can be exposed to bloodborne pathogens at work if blood or other infectious material contacts your broken skin or mucous membranes.

___ 9. For minor cuts and scrapes, encourage victims to administer their own first aid.

___ 10. Always wear gloves when you anticipate touching blood, body fluids or contaminated surfaces.

___ 11. You need to wash your hands after removing gloves only when you touched the contaminated side of the glove.

___ 12. Hand washing is your main protection against the spread of infection.

___ 13. Hepatitis B virus can survive in dried blood on surfaces for at least one week.

___ 14. Universal precautions were developed to prevent the transmission of bloodborne pathogens when providing first aid and health care.

___ 15. You should treat all blood and all body fluids as though infected with some pathogen.

___ 16. Always use a pocket mask or other respiratory device when you have to resuscitate someone in an emergency.

___ 17. It is not advisable to encourage victims to administer their own first aid.

___ 18. An athlete who is injured and bleeding should stop play immediately and have the wound cleaned and bandaged before returning to competition.

___ 19. Most exposures to blood result in infection.

___ 20. The risk of exposure to bloodborne pathogens in the school setting is low.