

Regulation

BLOODBORNE PATHOGEN PLAN

Exposure Control Administration

- A. The district safety and health program officer, district medical examiners, school nurses, and teaching staff are responsible for the implementation of the Exposure Control Plan (ECP). The district safety and health program officer will maintain and update the Exposure Control Plan whenever necessary to include new or modified tasks or procedures.
- B. Those employees who anticipate contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in the Exposure Control Plan.
- C. The safety and health program officer will be responsible for training, documentation of training, and making the Exposure Control Plan available.

Employee Exposure Determination

- A. The employees in this school district who have occupational exposure are those employees whose duties require close contact with students. Below are listed the job titles and classifications where employees may reasonably anticipate exposure to human blood, other body fluids, and other potentially infectious materials:
 - 1. Department heads;
 - 2. Sporting event coaches;
 - 3. School nurses;
 - 4. Custodians assigned to the nurses office;
 - 5. Physical education instructors;
 - 6. Assistant principals.
- B. Below are listed the job titles and classifications where some of the employees may have limited exposure to human blood, other body fluids, and other potentially infectious materials:
 - 1. Technicians;
 - 2. Academic instructors;
 - 3. Custodian.

Methods of Implementation and Control: Standard Universal

All employees will utilize standard universal precautions. Universal precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens and must be treated accordingly:

- A. Treat human fluid spills with caution assuming they are infectious;
- B. Wear personal protective equipment (PPE) as listed below;
- C. Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, or ask another staff member to do the cleanup. Latex gloves (surgical type) must be worn when cleaning any body fluids;

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- D. Clean up spills with a solution of one part household bleach to ten parts water (1:10) pouring the solution around the periphery of the spill. Disinfect mops, buckets and other cleaning equipment with fresh bleach solution;
- E. All disposable materials, including gloves, must be discarded in a sealed plastic bag and immediately taken to a dumpster;
- F. Always wash hands with antiseptic soap and water after any contact with body fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body (be especially careful not to touch your eyes before washing up);
- G. Clean up other body fluid spills (urine, vomitus, feces), unless grossly blood contaminated, in the usual manner. They do not pose a significant risk of HIV infection.

Exposure Control Plan (ECP)

Employees covered by the bloodborne pathogens regulation will receive an explanation of the Exposure Control Plan during their initial orientation. It will also be reviewed in their annual refresher training. Employees seeking copies of the plan may contact their division head. Review and update of the ECP will occur annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

- A. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used and where they will be used are listed below.
 - 1. Use puncture-resistant disposal containers for contaminated sharps, or broken glass;
 - 2. Bending or cutting of needles is prohibited;
 - 3. Use readily accessible hand washing facilities;
 - 4. Wash body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs;
 - 5. Recapping needles is prohibited without recapping device or scoop technique;
 - 6. Label all containers that contain body fluids;
 - 7. Decontaminate all equipment as needed.
- B. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is a likelihood of occupational exposure.
- C. Food and drink are prohibited from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- D. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.
- E. Specimens of blood or other potentially infectious materials must be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- F. Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and decontaminated as necessary. Items will be labeled if not completely decontaminated.

Personal Protective Equipment (PPE)

- A. Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. PPE items include:

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1. Laboratory coats with long sleeves;
2. Face shields;
3. Masks;
4. Eye protection (splash-proof goggles, safety glasses with side shields);
5. Resuscitation bags and mouthpieces;
6. Gloves

B. As a general rule, all employees using PPE must observe the following precautions:

1. Wash hands immediately after removal of gloves or other personal protective equipment;
2. Remove protective equipment before leaving the work area and after a garment becomes contaminated;
3. Place used protective equipment in appropriately designed areas or containers when these items are stored, washed, decontaminated, or discarded;
4. Wear appropriate gloves when it can be reasonably anticipated that one may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised;
5. Following any contact of body areas with blood or any other infectious materials, wash hands and any other exposed skin with soap and water as soon as possible. Also, flush exposed mucous membranes (eyes, mouth, etc.) with water;
6. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
7. Never wash or decontaminate disposable gloves for reuse or before disposal;
8. Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth;
9. If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.

Hepatitis B Vaccination

- A. The district medical inspector will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration, and availability. The Hepatitis B vaccination series will be made available at no cost to all employees unless:
 1. The employee has previously received the series;
 2. Antibody testing reveals that the employee is immune;
 3. Medical reasons prevent taking the vaccination; or
 4. The employee chooses not to participate;
- B. All employees whose job title and classification reasonably anticipate exposure are strongly encouraged to receive the Hepatitis B vaccination series. Employees who choose not to participate will so indicate in writing.
- C. Any employee who declines may request and obtain the vaccination at a later date at no cost during the regular inoculation schedule associated with the administration of the Hepatitis B vaccine. Documentation of employees who received or declined the vaccination will be maintained in the personnel office.

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- A. The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The regulation is expected to reduce and prevent exposure to the Human Immunodeficiency Virus (HIV), and Hepatitis B Virus (HBV) and other bloodborne diseases. The regulation requires that employees follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV and HBV.
- B. All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by school nurses, the school physician, or a representative trained in this area.
- C. The aforementioned will provide training on the epidemiology of bloodborne pathogen diseases. An annual in-service program will be used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:
 - 1. A copy and explanation of the regulation;
 - 2. Epidemiology and symptoms of blood borne pathogens;
 - 3. Modes of transmission;
 - 4. District exposure control plan;
 - 5. Methods to recognize exposure tasks and other activities that may involve exposure to blood;
 - 6. Use and limitations of engineering controls, work practices, and personal protection equipment (PPE);
 - 7. Personal protective equipment - types, use location, removal, handling, decontamination, and disposal;
 - 8. Personal protective equipment - the basis for selection;
 - 9. Hepatitis B vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration;
 - 10. Emergency procedures - for handling blood and other potentially infectious materials;
 - 11. Exposure incident procedures;
 - 12. Post-exposure evaluation and follow-up;
 - 13. Signs, labels - and/or color coding; and
 - 14. Questions and answer session.
- D. Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
- E. Employee training records will be provided upon request to the employee or the employee's authorized representative.

Record Keeping: Medical Records

- A. Medical records are maintained for each employee with occupational exposure in accordance with law.
- B. The health office is responsible for maintenance of the required medical records and they are kept in the employee file.
- C. In addition to the requirements of law, the medical record will include:
 - 1. The name and social security number of employee;
 - 2. A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
 - 3. A copy of all results of examinations, medical testing, and follow-up procedures as required by the regulation; and
 - 4. A copy of all health care professional's written opinion(s) as required by the regulation.

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- D. All employee medical records of will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.
- E. Employee medical records of exposed employees shall be maintained for at least the duration of employment in accordance with law (29 CFR 1910.20). Records of exposed employees will be maintained by the Superintendent of schools after the employee leaves the district.
- F. Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee.

Post Exposure Documentation Evaluation and Follow-up

Should an exposure incident occur, immediately contact the school nurse. Each exposure must be documented by the employee on an "Exposure Report Form." An immediately available confidential medical evaluation and follow-up will be initiated by the school nurse. The school nurse will:

- A. Document the incident and refer the employee to a physician recognized by the board of education;
- B. Identify and document the source individual, unless the school can establish that identification is infeasible;
- C. Counsel the exposed individual on bloodborne infectious diseases and the need to be tested to obtain baseline information;
- D. Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status;
- E. Refer the exposed employee to the district workers' compensation carrier for any necessary testing/treatment as it relates to blood-body fluid exposure. With the consent of the exposed individual, the carrier will coordinate the collection of the exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status;
- F. If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days;
- G. Refer non-employee exposed individuals to their own physicians for testing/treatment as it relates to blood-body fluid exposure;
- H. Notify the Superintendent as necessary to assure coordination of insurance needs and requirements.

The school nurse will review the circumstances of the exposure incident to determine if procedure, protocols and/or training need to be revised. Public Health Law requires information about AIDS and HIV to be kept confidential. This law requires that anyone receiving an HIV test MUST sign a consent form first.

The law strictly limits disclosure of HIV related information. When disclosure of HIV related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Re-disclosure may occur with another authorized signed release. The law only applies to people and facilities providing health or social services.

If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood if available should be tested and the results documented. If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible. Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor, in effective medical treatment.

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First Aid Providers

The district will offer Hepatitis B vaccination to the employee first aid provider after a first aid exposure incident.

In the event of a first aid incident where blood or other potentially infectious materials are present, the employee(s) providing the first aid assistance are instructed to report to the school nurse as soon as possible.

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