RAHWAY BOARD OF EDUCATION

1138 Kline Place Rahway, New Jersey 07065

# EXPOSURE CONTROL PLAN

Bloodborne Pathogens Standard Title 29 CFR Part 1910.1030

Revision Date February 14, 2022

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1. INTRODUCTION:

Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B warrant serious concern for workers occupationally exposed to blood and certain other body fluids that contain blood- borne pathogens. It is estimated nationally that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the *New Jersey Public Employees Occupational Safety and Health Act* has adopted the Occupational Safety and Health Administration (OSHA) regulation [Blood-borne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect New Jersey public workers from these health hazards.

The major intent of this regulation is to prevent the transmission of blood-borne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and other blood-borne diseases. The Occupational Safety and Health Administration (OSHA) estimates that the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious materials must be treated as being infectious for HIV and HBV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

1. BOARD OF EDUCATION POLICY:

The Rahway Board of Education (RBOE) is committed to provide a safe and healthy work environment for our entire staff at every school. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens in accordance with OSHA Blood-borne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

The ECP is a key document to assist our Education Facility in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

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*J*

* + Determination of employee exposure
  + Implementation of various methods of exposure control, including:
    - Universal Precautions
    - Engineering and work practice controls
    - Personal protective equipment
    - Housekeeping
    - Hepatitis B Vaccination
    - Post-exposure evaluation and follow-up
    - Communication of hazards to employees and training
    - Record keeping
    - Procedures for evaluating circumstances surrounding an exposure incident All employees will follow the prescribed guidelines as stated in this ECP.

1. PROGRAM ADMINISTRATION:

The Business Administrator or designee is responsible for the overall implementation of the Exposure Control Plan (ECP) and will review and approve the written ECP at least annually and whenever necessa1y to include new or modified tasks and procedures.

Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.

The Director of Building and Grounds will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.

The Supervisor of Services for Children or the assigned designee will be responsible for ensuring that all medical actions required are performed. The Supervisor of Services for Children will be

*/* \ responsible for the maintenance of all training documentation. The Supervisor of Services for

Children or designated staff member will ensure that the written ECP is made available to

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employees, PE-OSHA, OSHA, and NIOSH representatives.

The Business Administrator and the Supervisor of Services for Children will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels and red bags as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available. They will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Overview of Responsibilities

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| --- | --- |
| ***Responsible Individual*** | ***Action*** |
| Consultant: TBD | Education and Training" |
| Business Administrator | Compliance Review |
| Director· of Building and Grounds | Engineering and Work Practice Controls |
| Director of Student Services | Maintenance of Records (HBV immunization.  training; exposure incident reports) |
| Business Administrator  Supervisor of Services for Children | Provide PPE |
| Care Station  328 W St. George Ave Linden, NJ 07036  908-925-2273 | Administer Hepatitis B Vaccine Medical Evaluation |
| Dr. Kevin Lukeida 850 N Wood Avenue  Linden, NJ 07063  908-925-9309 | District Physician  Medical Evaluation and Post Exposure Follow-Up |
| Stericycle, Inc.  28161 N. Keith Drive Lake Forest, IL 60045  866-783-7422 | Regulated Medical Waste Disposal |
| Employee Private Physician if preferred by employee. | Medical Evaluation and Post Exposure Follow-Up |

1. DEFINITIONS

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Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

1. **Blood** - human blood, human blood components, and products made from human blood.
2. **Bloodborne Pathogens** - pathogenic micro-organisms that are present in human blood and

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can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV).

1. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
2. **Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or perinteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
3. **Engineering Controls** - means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogen hazard from the workplace.
4. **Occupational Exposure-** when an employee has the potential to come in contact with skin, eye, mucous membrane, or perinteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
5. **Other Potentially Infectious Materials (OPIM)**
   1. The following human body fluids:
      1. Semen
      2. Vaginal secretions
      3. Cerebrospinal fluid
      4. Synovial fluid
      5. Pleural fluid
      6. Pericardia! fluid
      7. Peritoneal fluid
      8. Amniotic fluid
      9. Saliva in dental procedures
      10. Any body fluid visibly contaminated with blood
      11. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
   2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
   3. HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
   4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

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1. **Regulated Waste** -

l. Liquid or semi-liquid blood or OPIM.

1. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.
2. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
3. Contaminated sharps; and
4. Pathological and microbiological wastes containing blood or OPIM.
5. **Sharps** - items such as hypodermic syringes, needles, broken glass, etc., which are capable of causing percutaneous wounds or breaks in the skin.

**J. Universal Precautions** - an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

6, EMPLOYEE EXPOSURE DETERMINATION

1. As part of the exposure determination section of our ECP, the following is a list of all job classifications at our Educational Facility in which **all** employees have occupational exposure to bloodborne pathogens:

|  |  |
| --- | --- |
| **JOB TITLE** | **TASKS/PROCEDURES** |
| l. Nurses | Emergency First Aid, Glucose Tests-Lancets, Insulin Syringes, Collection of Sharps |

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1. The following is a list of job classifications in which **some** employees at our Educational Facility have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.

|  |  |
| --- | --- |
| **JOB TITLE** | **TASKS/PROCEDURES** |
| *1.* Athletic Trainers and Coaches | Emergency First Aid |
| 2. Autistic Teachers and Paraprofessionals | Emergency First Aid Diaper Changing |
| 3. Behavioral Disabilities Teachers & Paraprofessionals | Emergency First Aid Diaper Changing |
| 4. Bus Drivers and Paraprofessionals | Emergency First Aid Body Fluid Clean Up |
| *5.*Custodial employees | Clean-up after accidents, bathroom. Body Fluid Clean Up. |
| 6. Physical Education Teachers | Emergency First Aid |
| 7. Pre-School Teachers and Aides | Emergency First Aid Diaper Changing |
| 8. Pre-School Disabilities Teachers and Aides | Emergency First Aid Diaper Changing |
| 9. Principals | Emergency First Aid |
| 10. Teachers of Primary Multiple Disabilities and Paraprofessionals | Emergency First Aid Diaper Changing |
| 11. Vice Principals | Emergency First Aid |

All exposure determinations for A and B were made without regard to the use of Personal Protective Equipment (PPE).

"Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with nosebleed, giving CPR or first aid) are **not included** in the Blood-borne Standard. OSHA, however, encourages employers to offer Post-Exposure Evaluation and Follow-up in such cases.

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1. EFFECTIVE DATES:

The Blood-borne Pathogens Standard was published in the New Jersey Register on July 6, 1993. The Standard including Universal Precautions becomes operative on October 4, 1993. The dates for completing the different parts of the Standard are:

Exposure Control Plan

December 3, 1993

Recordkeeping

January 6, 1994

Information and Training January 6, 1994

Methods of Compliance (Except Universal Precautions) February 6, 1994

Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up February 6, 1994

Labels and Signs

February 6, 1994

PEOSH Revised Bloodborne Pathogens Standard September 4, 2001

The methods of implementation of these elements of the Standard are discussed in the subsequent pages of this Exposure Control Plan.

1. METHODS OF IMPLEMENTATION AND CONTROL

**8,1 UNIVERSAL PRECAUTIONS**

All RBOE employees will utilize 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 HIV, HBV, HCV and other blood­ borne pathogens (see Appendix A) and must be treated accordingly.

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* 1. **EXPOSURE CONTROL PLAN (ECP)**

Employees covered by the Blood-borne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan, which is available, at any time during their work shifts by contacting their School Nurse. Employees seeking copies of the Plan may contact the Business Administrator or the Supervisor of Services for Children. A copy of the Plan will be made available free of charge and within 15 days of the request.

The Business Administrator or designated staff member will be responsible for reviewing and updating the ECP annually, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

* 1. **ENGINEERING CONTROLS AND WORK PRACTICES**

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering and work practice

controls we will use and where they will be used are listed below

9.0 ENGINEERING CONTROLS:

New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. Our engineering controls (i.e., sharps containers, etc.) will be inspected and maintained or replaced by the Rahway Board of Education staff once a year, or more frequently if necessary.

Sharps containers will be inspected by School Nurses on a monthly basis and during and immediately after any clinics that generate sharps, to ensure that they are not overloaded.

Examples of engineering controls include, but are not limited to:

|  |  |  |
| --- | --- | --- |
| Department Location | Control Equipment | Last Review |
| All Rahway BOE Facilities | Hand Washing Facilities |  |
| Nurses | Sharps Containers; puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass  Red Bags for contaminated equipment and material disposal |  |

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The RBOE identifies the need for changes in engineering controls and work practices by keeping aware of current OSHA requirements and thoroughly investigating any incidents that may occur.

The School Nurses are the only job category that handles sharps. Becton Dickenson (BD) disposable syringes (1cc, 260 x 3/8 inch) are routinely used for Mantoux testing (TB), and BD syringes are sometimes used to administer insulin to diabetics. In most cases, students are encouraged to self-­ administer insulin at the Nurses Office.

The Business Administrator, with input from the School Nurses, plans on selecting, purchasing, and using safer syringes for the above uses. Small quantities of newer safety syringes will be purchased to determine if their use is feasible. Once the use of these safer syringes are dete1mined to be feasible, the Nurses will restock with only these syringes. If they are not feasible, then alternative brands or types will be evaluated.

Documentation of efforts to obtain and use safer medical devices will be included in future updates to this Plan, where available. The Rahway Board of Education will ensure effective implementation of these recommendations.

1. WORK PRACTICE CONTROLS:

Examples of work practice controls include, but are not limited to:

* + Providing readily accessible hand washing facilities
  + Wear gloves when handling blood or OPIM
  + Washing hands immediately or as soon as feasible with soap and running water, after removal of gloves or other PPE.
  + At non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as hand sanitizers or antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible
  + Washing hands and other affected body parts immediately, or as soon as possible, after skin contact with blood or other potentially infectious materials occurs
  + Prohibiting the recapping or bending of needles

■ Shearing or breaking contaminated needles is prohibited

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* + Labeling
  + Equipment decontamination
  + Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work area where there is a likelihood of occupational exposure
  + Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on

counter tops or bench tops where blood or other potentially infectious materials are present

* + Requiring that 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
  + Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transp01i or shipping
  + Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment, as necessary. Items will be labeled per the standard if not completely decontaminated
  1. **STANDARD OPERATING PROCEDURES FOR HANDLING SYRINGES, NEEDLES, AND OTHER SHARPS**

This procedure outlines methods for safe handling and disposal of all discarded syringes, needles, or other sharps used or handled by Rahway Board of Education staff, including nurses and other medical department personnel, maintenance, janitorial and custodial workers, and cleaners. The purpose of this SOP is to describe methods to prevent injury and possible Blood-borne pathogen infections form sharps.

It is the responsibility of all affected employees to contribute to and comply with these procedures. Likewise, it is the responsibility of Rahway Board of Education to order and maintain a sufficient number of properly labeled sharps containers in the nurse's office in each Rahway school.

* + 1. **Never dispose of sharps in the regular trash, All needles, syringes, broken glass, disposable instruments, etc., which have come in contact with blood or other bodily fluids will be disposed of at the point of use in rigid, leak proof sharps containers, labeled as biohazard waste with the biohazard symbol,** Should the sharps be discovered outside of the school nurses office, they should be transported in a dustpan to the nurse's office.
    2. Always wear gloves and other appropriate personal protective equipment

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when performing procedures using needles and syringes.

* + 1. Upon completion of a procedure involving use of a syringe and needle, discard entire needle and syringe system into a sharps container.
    2. Needles should never be recapped, bent, broken, removed, or otherwise manipulated by hand.
    3. Sharp's containers will be checked and changed on an as needed basis or whenever the container is about three-quarters full. Employees must wear gloves, seal the container, and place sharps in the designated area for collection and disposal. A contracted waste disposal service will transport the waste from the container to a local area hospital.
    4. If a needle stick should occur, wash area thoroughly with antiseptic soap and water, repo1t incident to the school nurse, school administrator or your supervisor immediately, seek prompt medical attention and fill out an accident report as soon as possible.
    5. Hypodermic syringes and needles must be stored in a secure place and only used by authorized personnel (nurses).
    6. DO NOT place a needle cap in your mouth in order to remove the needle.
    7. Never recap needles.
    8. DO NOT leave sharps unattended.
    9. Immediately dispose of a used hypodermic syringe and needle, as a unit, directly into a sharps container, without any fu1ther manipulation.
    10. Never bend, break, shear, recap or remove needles from syringes or otherwise manipulate by hand prior to disposal.
    11. Never force a sharps item into a container, or retrieve an item once it has been discarded
    12. Never handle any broken, contaminated bottles, vials, syringes, or glassware directly by hand, even if wearing gloves. Use tongs, forceps, or other devices, two pieces of cardboard or a brush or broom and a dustpan.
    13. Whenever possible, students should dispose of their own sharps under the

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supervision of the nurse.

* 1. **WASTE AND SHARPS DISPOSAL GUIDELINES**

The disposal of waste and sharps generally falls under the categories of Sharps, Red Bags and Clear Bags. The guidelines for the various items are below.

Sharps Disposal: The following items MUST be discarded in a SHARPS container:

* Needles
* Needles with Syringes
* Syringes Only
* Vacutainer Needles
* Scalpel Blades
* Scissors, disposable
* Razors, disposable
* Trocars
* Vacutainer Blood Specimen Tubes

Red Bags: The items below may be infectious and therefore MUST be discarded in Red Bags:

* Any item saturated with blood
* Blood Administration Sets (bags, tubing)
* Discarded specimen of Human Tissue
* Introducers
* Gloves and Disposable gowns saturated with blood
* Chux saturated with blood
* Bandages saturated with blood
* LV. tubing; all LV. bags
* Plastic LV. cannulas filled with blood

Clear Bags: The items below may be disposed of in Clear bags:

* Bandages
* Chux
* Gloves
* Disposable Gowns
* Empty Containers
* Infant Diapers
* Kitchen Waste

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* Medication Vials (non-chemotherapy)
* Papers, wrappings, packaging materials

1. PERSONAL PROTECTIVE EQUIPMENT (PPE)
   1. **USE OF PERSONAL PROTECTIVE EQUIPMENT**

Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if the controls are not feasible. Training will be coordinated by the Rahway Board of Education in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

PPE that are in use include:

* + - Gloves (powdered latex)- available in Small, Medium, Large and X- Large sizes. Non-latex (vinyl) available in large size only.
    - Gowns (aprons)
    - Masks
    - Airways (different types)
    - Eye Protection

The above personal protective equipment will be housed in the nursing areas.

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Appropriate personal protective equipment is required for the following tasks: the specific equipment to be used is listed after the task:

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| --- | --- |
| **TASKS** | **EQUIPMENT** |
| First Aid where blood or OPIM are present in small amounts | Use gloves |
| Blood or OPIM in large amounts or spurting or splashing | Use gloves, gowns, eye protection and masks |
| Procedures involving needles | Use gloves |
| Procedures involving profuse bleeding, cleaning lacerations, or projectile vomiting | Use gloves, face shields and gowns |
| Providing emergency CPR | Use mouthpiece |
| Cleaning contaminated areas | Use gloves |
| Decontamination of equipment | Use gloves |

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| **Department Location** | **Type of Equipment** |
| Athletic Offices | Gloves |
| Custodial Offices | Gloves |
| Main Offices | Gloves |
| Nurses Offices | Gloves  Shields / Masks  Nebulizer Defibrillator |
| Special Education Rooms | Gloves |
| Transportation Department | Gloves |

* 1. **GENERAL RULES AND PRECAUTIONS FOR USE OF PPE**

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

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* + - Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment
    - Remove protective equipment before leaving the work area and after a garment becomes contaminated.
    - Place used protective equipment in designated areas or containers when being stored, washed, decontaminated, or discarded.
    - Medical waste containers are located in the Nurses Office at each school. These containers are to be used for sharps or any items that are saturated with blood.
    - Wear appropriate gloves when it can be reasonably anticipated that you 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.
    - Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with antiseptic soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
    - Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of washing off all blood or other potentially infectious material with a brush using soap and warm water, followed by disinfecting for no less than 20 minutes with an approved disinfectant.
    - Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
    - Never wash or decontaminate *disposable* gloves for reuse or before disposal.
    - 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, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
    - If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as possible.
    - Repair and/or replacement of PPE will be at no cost to employees.

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12, TRAINING:

All employees who have or are reasonably anticipated to have occupational exposure to blood-borne pathogens will receive training coordinated by the Rahway Board of Education or his/her qualified designee, who may include a consultant.

The Rahway Board of Education or his/her designee, including Trained District Nurses or a Consultant, will provide training on the epidemiology of blood-borne pathogen diseases. OSHA pamphlet "Occupational Exposure to Blood-borne Pathogens" and Fact Sheets may be used as additional training materials to inform employees of the epidemiology, symptoms, and transmission of blood-borne diseases. In addition, the training program will cover, at a minimum, the following elements:

* + A copy and explanation of the standard
  + Epidemiology and symptoms of blood-borne pathogens
  + Modes of transmission
  + The RBOE Exposure Control Plan and how to obtain a copy
  + Methods to recognize exposure tasks and other activities that may involve exposure to blood.
  + Use and limitations of Engineering Controls, Work Practices, and PPE
  + PPE - types, use, location, removal, handling, decontamination, and disposal
  + PPE - the basis for selection
  + Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration
  + Emergency procedures - for blood and other potentially infectious materials
  + Exposure incident procedures
  + Post-exposure evaluation and follow-up
  + Signs and labels - and/or color coding

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* Questions and answer session

Employee Education and Training documentation will be completed for each employee upon completion of training. This document will be kept with the employee's records at the Office of the Supervisor of Services for Children for a minimum of3 years. District Nurses providing Bloodborne Pathogen Training will send the original training documents (sign in sheets, tests, etc.) to the Office of the Supervisor of Services for Children within 24 hours after training. In addition, the Nurse will maintain a copy of the training records in their office.

1. HEPATITIS B VACCINATION:
   1. **TRAINING AND AVAILABILITY OF HEPATITIS B VACCINATION**

The Rahway Board of Education will provide training and 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 after training and within ten (10) days of initial assignment to any employee who has occupational exposure to blood or other potentially infectious materials and are identified in the exposure determination section of this plan. The vaccination, if accepted, will be at no cost to the employee.

The employee may refuse vaccination, if:

* + - The employee has previously received the series
    - Antibody testing reveals that the employee is immune
    - Medical reasons prevent taking the vaccination; or
    - The employee chooses not to participate

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix C) will be kept in the Office of the Supervisor of Services for Children with the employee's other medical records.

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Appendix B is an optional form that may be used to record the employee vaccination series information.

* 1. **OTHER HEPATITIS B VACCINATION REQUIREMENTS**
     + Participation in pre-screening is not a prerequisite for receiving the Hepatitis **B**

vaccination

* + - Hepatitis B vaccination provided even if employee declines but later accepts treatment
    - Employee must sign statement when declining HB vaccination
    - Vaccination administered in accordance with United States Public Health Service recommended protocol
    - HB vaccination booster doses must be available to employees if recommended by the United States Public Health Service, a federal health agency.
    - This ECP incorporates The Center for Disease Control and Prevention's (CDC's) recommendation on testing new Health Care Workers (\*) for antibodies for hepatitis B surface antigen (anti-HBs) one (I) to two (2) months after completion of the three (3) dose hepatitis B vaccination series. (\*) Health Care Workers at the RBOE shall include the School Nurses.

1. EXPOSURE INCIDENTS AND POST EXPOSURE EVALUATION:
   1. **REPORTING, DOCUMENTING AND EVALUATING THE EXPOSURE**

Should an exposure incident occur, contact the School Nurse immediately. Each exposure must be documented by the employee on an "Exposure Incident Report Form" (see Appendix D). The School Nurse will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by a medical provider identified by managed care, a local Hospital Emergency Room, or any qualified physician paid by the Board. The following elements will be performed:

* + - Document the routes of exposure and how exposure occurred.

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* + - Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
    - Obtain consent (See Note #2) and test source individual's blood as soon as possible to determine HIV, HBV and HCV infectivity and document the source's blood test results.
    - If the source individual is known to be infected with HIV, HBV, or HCV, testing need not be repeated to determine the known infectivity.
    - 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.
    - After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV, HCV, and HIV serological status.
    - 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. (See Note #3).

Appendix D "Exposure Incident Report" and Appendix E1 "Request for Source Individual Evaluation" and Appendix E2 "Employee Exposure Follow-Up Record" (see Note #4) will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendixes will be maintained with employee's medical records.

The Rahway Board of Education will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

NOTE TO EMPLOYER:

Note #1 New Jersey law (N.J.S.A. 26-SC *et seq.)* and regulation (N.J.A.C. 8:57-2) requires information about AIDS and HIV to be kept confidential. While the law requires reporting of positive HIV results to the State Health Department, 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 ONLY with another authorized signed release.

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Note #2 If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.

Note #3 Appendixes D, E, and F are optional forms which have been provided to assist employers with gathering information that is required by the standard. If an employer chooses not to use these forms, this information must still be provided and recorded in accordance with the Standard. Also note that HIV Confidential Case Report form and/or the AIDS Adult Confidential Case Report form, as well as the HIV Testing Policy information applicable to New Jersey public sector employers can be obtained by contacting:

*The New Jersey State Department of Health and Senior Services*

*Data Analysis Unit POBox363*

*Trenton, New Jersey 08625-0363 (609) 984-6204*

Note #4 Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.

1. HEALTH CARE PROFESSIONALS:

The Rahway Board of Education will ensure that health care professionals responsible for employee's HBV vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Blood-borne Standard and the current RBOE Exposure Control Plan. The Rahway Board of Education will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

* A description of the employee's job duties relevant to the exposure incident
* Route(s) of exposure
* Circumstances of exposure
* If possible, results of the source individual's blood test; and
* Relevant employee medical records, including vaccination status.

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* 1. **HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

The Rahway Board of Education will provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days after completion of the evaluation.

For Hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the Hepatitis B vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to our Office of the Supervisor of Services for Children.

1. HOUSEKEEPING *I* CUSTODIAL CLEANING PROCEDURES:

The Director of Building and Grounds has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

While the use of dilute bleach solutions (e.g., 1 part household strength bleach to 9 parts water or ¼ cup household strength bleach to 1 gallon of water) is well documented and recognized as an excellent disinfectant, handling the household strength bleach poses certain hazards. To prevent possible skin and/or eye irritation or burns, custodians and cleaners will not make and use bleach solutions. Instead, they will use EPA approved disinfectant solutions and sprays.

Alcohol is, likewise, an effective disinfectant. However, due to its flammability properties, use of rubbing alcohol (70% ethanol or isopropanol solutions) is also not to be used by custodians and cleaners.

Nurses wearing appropriate PPE may prepare and use bleach solutions and use rubbing alcohol to disinfect equipment and surfaces in the school nurse's offices.

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Cleaning/ Decontamination Schedule

**Area**

**Scheduled Cleaning (Day/Time)**

**Cleaners and Disinfectants Used**

**Specific Instructions**

|  |  |  |  |
| --- | --- | --- | --- |
| Bathrooms | Daily or as needed and immediately after blood or OPIM contamination | Use l 0% Bleach Solution or other EPA Approved Disinfectant Cleaning product if surfaces are visibly contaminated with blood or OPIM | Clean all surfaces; replace the liner in all trash cans.  Use disinfectant products as recommended by Manufacturer |
| Nurse's Offices | Daily or as needed and immediately after blood or OPIM contamination | Use !0% Bleach Solution or other EPA Approved Disinfectant Cleaning product if surfaces are visibly contaminated with blood or OPIM | Clean all surfaces; replace the liner in all trash cans.  Use disinfectant products as recommended by  Manufacturer |
| Hallways and Stairs | Daily or as needed and immediately after blood or OPIM contamination | Detergent and Water.  Use 10% Clorox Solution or other EPA Approved Disinfectant Cleaning product if surfaces are visibly contaminated with blood or OPIM | Clean all surfaces; replace the liner in all trash cans.  Use disinfectant products as recommended by Manufacturer |
| Classrooms and other areas | Daily or as needed and immediately after blood or OPIM contamination | Detergent and Water.  Use l 0% Clorox Solution or other EPA Approved Disinfectant Cleaning product if surfaces are visibly contaminated with blood or OPIM | Clean all surfaces; replace the liner in all trash cans.  Use disinfectant products as recommended by Manufacturer |

**Note:** Other Areas should be added to the Cleaning Schedule by the Director of Buildings and Grounds, who must develop specific, written Standard Operating Procedures (SOP's) which should include the location of the SOP's and cleanup and decontamination supplies.

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* 1. **STANDARD OPERATING PROCEDURES FOR CLEANING AND DECONTAMINATING WORK SURFACES**

I. Immediately decontaminate work surfaces with an appropriate disinfectant (see Table, above) after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.

1. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminate
2. When contamination is visible, receptacles shall be cleaned and decontaminated immediately or as soon as feasible.
3. Always use mechanical means such as tongs, forceps, or a brush and a dustpan to pick up contaminated broken glass or other sharp items. Never use hands to pick up sharps, even if gloves are worn.
4. Store or process reusable sharps in a way that ensures safe handling.
5. Place regulated waste in a closed container that is labeled or color-coded. When storing, handling, transp01iing or shipping regulated waste, place the waste in a container that is constructed to prevent leakage.
6. When discarding contaminated sharps, place them in a container that is closable, puncture­ resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
7. Ensure that the sharps container is easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. The sharps container must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
8. Never manually open, empty, or clean reusable contaminated sharps disposal containers.

I 0. Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM and capable of releasing these materials during handling; contaminated sharps; and all other wastes containing blood or OPIM.

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###### LAUNDRY

Laundry is not a category relevant to RBOE at this time. Any contaminated PPE is disposable.

It is anticipated that there will be little or no contaminated laundry generated at the Rahway Board of Education facilities. If it is generated, contaminated laundry will be handled as little as possible and with minimum agitation. It will be bagged or containerized at the location where it was used. It shall not be sorted or rinsed at the location where it was used.

Employees who may come in contact with contaminated laundry are required to wear gloves and other appropriate POE.

Where laundry is shipped off-site for cleaning and handling, it will be placed in bags or containers, which are labeled or color-coded in accordance with this policy.

###### LABELING:

The following labeling method(s) will be used at our school system:

* + All sharps containers used in each School Nurses Office will have an orange red "Bio­ Hazard" label affixed to it. See label symbol in Appendix G, 1910.1030(g) (1) (i) (B), on page 62.
  + Red "Biohazard" bags will be used for disposal of potentially infectious materials.
  + The Rahway Board of Education Administrators will ensure warning labels are affixed and red bags are used as required. Employees are to notify the Rahway Board of Education Administration if they discover unlabeled regulated waste containers.

###### RECORDKEEPING:

* 1. **MEDICAL RECORDS:**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

The Supervisor of Services for Children is responsible for the maintenance of all employee records, including the required medical records pertaining to the Exposure Control Plan.

(NOTE: Refer to the Appendix Section for copies of applicable medical record forms.)

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In addition to the requirements of29 CFR 1910.1020, the medical record will include:

* + - The name and social security number of employee.
    - A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
    - A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard.
    - A copy of all healthcare professionals' written opinions as required by the standard.

All employee medical records 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 the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days.

* 1. **OSHA/PEOSHA RECORDKEEPING:**

An exposure incident is evaluated to determine if the case meets the New Jersey PEOSH Program's Recordkeeping Requirements (NJ 300 Log) (29 CFR 1904). Each school nurse does this determination and the recording activities.

Sharps Injury Log:

In addition to the 29 CFR 1904 Record Keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidents must include at least:

The date of injury

The type and brand of the device involved

The department or work area where the incident occurred An explanation of how the incident occurred

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This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

* 1. **TRAINING RECORDS:**

Blood-borne pathogen training records will be maintained by The Rahway Board of Education at the Office of the Supervisor of Services for Children,

The training record shall include:

* + - The dates of the training sessions
    - The contents or a summary of the training sessions.
    - The names and qualifications of persons conducting the training.
    - The names and job titles of all persons attending the training sessions.

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within fifteen (15) working days,

* 1. **TRANSFER OF RECORDS**

If the Rahway Board of Education ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

1. FIRST AID PROVIDERS:

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below for easy reference and also in Section B of the Employer Exposure Determination on page 7,

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Designated First Aid Providers:

* + Nurses

Designated Emergency First Aid Providers:

* + Athletic Trainers and Coaches
  + Autistic Teachers and Paraprofessionals
  + Behavioral Disabilities Teachers and Paraprofessionals
  + Bus Drivers and Paraprofessionals
  + Physical Education Teachers
  + Pre-school Teachers and Aides
  + Pre-school Disabilities Teachers and Aides
  + Principals
  + Speech/Language Specialist
  + Teachers of Primary Multiple Disabilities Classes and Paraprofessionals
  + Vice Principals

RBOE may offer pre-exposure vaccination to designated first aid providers.

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance are instructed to report to the School Nurse before the end of their work shift.

The School Nurse will maintain an exposure incident report (Appendix D may be used) which describes the name of the first aider, the date, time, and description of incident.

The Rahway Board of Education will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty-four hours after the incident.

The Supervisor of Services for Children or his/her designee, including the expertise of an outside company, will train the nursing staff on the specifics of the reporting procedures, in addition to all the training required under "Section 12.0 - Training" of this ECP.

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**APPENDIX A OCCUPATIONS AT RISK**

Occupations that may involve risk from occupational exposure to blood or other potentially infectious material:

* + Physician
  + Physician's Assistant
  + Nurse
  + Phlebotomist
  + Medical Examiner
  + Emergency Medical Technician (EMT)
  + Supervisor (performing first-aid)
  + Dentist
  + Dental Hygienist
  + Medical Technologist
  + Regulated Waste Handler
  + Some laundry and housekeeping employees
  + Industrial Medical Center Personnel
  + Lab Workers
  + Lifeguards

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### APPENDIXB

**CONFIDENTIAL**

**HEPATITIS B VACCINE IMMUNIZATION RECORD**

Vaccine is to be administered on: Elected dates:

First: One month from elected date: Six months from elected date:

Employee Name: \_

Department:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Series*** | ***I11oculation Date*** | ***Manufacturer*** | ***Lot No.*** | ***Exp. Date*** |
| I st Dose |  |  |  |  |
| 2nd Dose |  |  |  |  |
| 3ra Dose |  |  |  |  |

Date of first dose: Date of second dose: Date of third dose: Antibody test results - pre-vaccine (optional): \_ Antibody test results - post-vaccine (optional): \_ Time interval since last injection:

Employee Signature:

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### APPENDIX C-1

Rahway Board of Education BLOODBORNE PATHOGEN TRAINING RECORD

LAST NAME, FIRST NAME (Print) Employer/ Work Location/ Title

Employee home address:

\_/ /

Male Female Date of Birth Instructor / Source

SOCIAL SECURITY# (ENTER LAST FOUR DIGITS) BLOODBORNE PATHOGENS TRAINING DATE/SITE

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**APPENDIX C-2**

**Rahway Board of Education BLOODBORNEPATHOGEN HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION RECORD**

SIGN EITHER CONSENT OR DECLINATION. DO NOT SIGN BOTH SECTIONS

CONSENT

I have read the VIS Hepatitis-B (02/02/2012) statement about hepatitis B and the vaccine. I have taken the training on

Bloodborne Pathogens and have had an opportunity to ask questions and understand the benefits and risks of the HBV vaccine.

I consent to receive the vaccine. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse effect from the vaccine. I will assume responsibility to follow through on the three doses. I voluntarily agree and consent to be vaccinated with the HBV vaccine and hold the provider harmless for an adverse effect from such vaccination.

DATE

NAME OF EMPLOYEE (Please Print) SIGNATURE OF EMPLOYEE

SIGNATURE OF PARENT/GUARDIANE IF UNDER 18

**DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I am declining to receive the vaccine at this time because:

I have completed the vaccine series

Dates previously received Hepatitis B Vaccine #I #2 113

Received from Municipality or Physician (Fill in one)

At the present time, I do not wish to receive the vaccine. However, I do understand that I can change my mind in the

future and consent to receive the vaccination at no charge to me. I also understand that by not being vaccinated, I continue to be at risk for acquiring hepatitis B, a serious disease.

DATE

NAME OF EMPLOYEE (Please Print) SIGNATURE OF EMPLOYEE

(SIGNATURE OF PARENT/GUARDIANE IF UNDER 18)

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## APPENDIXD

EXPOSURE INCIDENT REPORT

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

**Side 1 of 2-sided form**

**Please Print**

Date Completed Employee's Name SS# \_

Home Phone Business Phone DOB Job Title

Employee Vaccination Status \_

Date of Exposure Time of Exposure am pm

Location of incident (Home, Street, Clinic, etc.) Be Specific: \_

Nature of incident (Auto Accident, Trauma, Medical Emergency). Be Specific:

Describe what task(s) you were performing when the exposure occurred. Be Specific:

Were you wearing personal protective equipment (PPB)? Yes No \_

If yes, list

Did the PPE fail? Yes No

If yes, explain how:

**Side 2 of 2-sided form**

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What body fluid(s) were you exposed to (blood 01· other potentially infectious material)? Be specific:

What parts of your body became exposed? Be specific:

Estimate the size of the area of your body that was exposed:

For how long?

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body? Yes No \_

If yes, what was the object? \_ Where did it penetrate your body? \_ Was any fluid injected into your body? Yes No \_

If yes, what fluid? How much? \_

Did you receive medical attention? Yes No \_

If yes, where?

When By whom

Identification of source individual(s) \_

Name(s)

Did you treat the patient directly? Yes. No \_ If yes, what treatment did you provide? Be specific:

Other pertinent information:

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#### APPENDIX El LETTER

**Request for Source Individual Evaluation**

Dear (Emergency Room Medical Director, Infection Control Practitioner):

During a recent transport of a patient to your facility, one of our school employees was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event, please determine whether our pre-hospital care worker is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentially assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency vims (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

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## APPENDIX E2 FORM

##### CONFIDENTIAL

**DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL**

Name of Exposed Employee, \_ Name and Phone Number of Medical Provider Who Should be Contacted:

*Incident Information*

Date: \_

Name or Medical Record Number of the Individual Who is the Source of the Exposure:

*Nature of the Incident*

Contaminated Needlestick Injury

Blood or Body fluid Splash onto Mucous Membrane or Non-Intact Skin

*Report of Source Individual Evaluation*

Chart Review By \_

Date: \_

Source Individual Unknown - Researched by Date: \_

Testing of Source Individual's Blood *Consent* Obtained

*Check One:*

Refused \_

Identification of source individual infeasible or prohibited by state or local law, State why if infeasible.

Evaluation of the source individual reflected no known exposure to

Bloodborne Pathogen

Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person Completing Report: Date: \_

Note: Report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer, **HIV­ related information cannot be released without the written consent of the source individual,**

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### APPENDIX E3 LETTER

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, , (print full name of worker) hereby authorize

(print the name of the Licensed Health Care Professional, Medical Center or other Medical Practice or organization holding the medical records) to release to the Rahway Board of Education, at 1138 Kline Place, Rahway, New Jersey 07065, the following confidential medical information from my personal medical records (describe in general terms, the information desired to be released):

I give my permission for this medical information to be used for the following purpose:

But I do not give permission for any other use or re-disclosure of this information. Any additional restrictions on this authorization are set forth only as indicated below:

1. The expiration date for this letter (if less than one year) shall be: \_
2. Description of medical information in my records which I do not intend to be released as a result of this letter (if none state, "None."):
3. Other restrictions (if any):

Authorization is also granted for release of the confidential medical information listed above to the following party (State name and address. If none, state, "None"):

Full name of Employee or Legal Representative:

Signature of Employee or Legal Representative:

Date of Signature:

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## APPENDIXF

##### CONFIDENTIAL

**EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

Employee's Name Job Title \_ Occurrence Date Reported Date \_ Occurrence Time

Source Individual Follow-Up:

Request Made to \_ Date Time ***Employee Follow-Up:***

Employee's Health File Reviewed by

Date

Information given on source individual's blood test results Yes

Referred to healthcare professional with required information:

\_ Not Obtained---

Name of healthcare professional \_ By Whom Date \_

Blood Sampling/Testing Offered

By Whom Date \_

Vaccination Offered/Recommended:

By Whom Date \_

Counseling Offered:

By Whom Date \_

Employee Advised of need for further evaluation of medical condition:

By Whom Date \_

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***APPEDNIX G: PROTOCOL FOR EXPOSURE CONTROL PLAN***

1. *Administer First Aid.*
2. *Make Sure it is an "exposure" as defined by the plan. For all other employees not covered in the plan file an accident report only.*
3. ►*Fill out the following forms:*

*Appendix D: Exposure Incident Report*

►

*Appendix E2: Documentation and Identification of Source Individual*

►

*Appendix F: Employee Exposure Follow-up Record.*

1. *Call annually approved provider to set up an appointment (explain the situation to the secretary and the need to be seen as soon as possible).*
2. *Send employee to annually approved provider's office with all 3 original Appendices. The doctor will fill out the bottom portion of Appendix F. Have employee bring back the 3 original appendices and put them in the employee's file.*
3. *The annually approved provider (doctor) will provide the employee with a copy of the written opinion within fifteen days after the completion of the evaluation (ask employee to bring in a copy of the written opinion to be kept in the employee's file).*
4. *Follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment (The doctor will determine if follow-up is needed).*

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**Appendix H Sharps Injury Log**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee ID  MUST BE CONFIDENTIAL | Type of device involved in  incident | Department or work area where exposure occurred | Explanation of how exposure incident occurred |
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**APPENDIX I**

**REVISION LOG & REVIEW NEW TECHNOLOGY**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | Review of New Technology/Plan | Revision number | Signature |
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### APPENDIXJ

#### Sample Letter to Outside Contractor

*To whom it may concern:*

*As required by the OSHA Bloodborne Pathogen Standard (1910.1030), the Rahway Board of Education has informed all of its employees of the hazards related to blood or other potentially infectious materials (OPIM) that may be found in the workplace. In addition, employees have been offered Hepatitis B vaccine, proper workplace practices and controls have been instituted, and a written exposure control plan has been created. All of this has been done in order to minimize the chance that an employee will have exposure to blood and OP1M during the course of their normal work duties.*

*Although it* is *highly unlikely, there is a possibility that one or your employees may be exposed to blood or OPIM during the course of your work in our school district. It* is *your responsibility as a Rahway Board of Education sub-contractor to inform your employee of the potential exposure to blood or OPIM in a school district.*

*It* is *requested that you establish a procedure so that if one of your employees has exposure to blood or OPIM, this office* is *informed of that exposure incident within a twenty-four-hour period. This will allow us to document the exposure incident and may also enable us to provide you with specific medical information for your employee that has been exposed.*

*Thank you for your attention to this matter. If you have any questions or comments, please call me directly.*

*Sincerely,*