

EXPOSURE CONTROL PLAN

In Compliance with

29 CFR 1910.1030

Occupational Exposure to Bloodborne Pathogens

for

Northern Highlands Regional High School
298 Hillside Ave.
Allendale, NJ 07401

Anne Rutkowski, RN
School Nurse
Exposure Control Officer

POLICY

The NHRHS Board of Education is committed to provide a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

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

I. Employee exposure determination

II. The procedures for evaluating the circumstances surrounding an exposure incident, and

III. The schedule and method for implementing the specific sections of the standard, including:

- * Methods of compliance
- * Hepatitis B vaccination and post-exposure follow-up
- * Training and communication of hazards to employees
- * Recordkeeping

PROGRAM ADMINISTRATION

- * Ms. Rutkowski, School Nurse, is responsible for the implementation of the ECP. Ms. Rutkowski, School Nurse will maintain the ECP and staff members of RK will update the written ECP at least annually and whenever necessary 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.
- * Mr. Atchison, in association with the Day & Night Foremen, will have the responsibility for written house-keeping protocols and will ensure that effective disinfectants are purchased.
- * Ms. Rutkowski, School Nurse, will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- * Staff members of RK Occupational and Environmental Analysis, Inc. will be responsible for training and documentation of training. Ms. Rutkowski, School Nurse will be responsible for making the written ECP available to employees, OSHA and NIOSH representatives.
- * Ms. Rutkowski will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharps containers, etc.), labels, and red bags as required by the standard. They will also ensure that adequate supplies of the aforementioned equipment are available.

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 establishment in which all employees have occupational exposure:
 - * School Nurses
 - * Custodians
 - * Home bound instructors

2. The following is a list of job classifications in which **some** employees at our establishment have occupational exposure.
 - * Athletic Coaches
 - * Gym teachers
 - * Special Education Instructors

All exposure determinations for 1 and 2 were made without regard to the use of Personal Protective Equipment (PPE).

EFFECTIVE DATES

The Bloodborne 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

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

EXPOSURE CONTROL PLAN

METHODS of IMPLEMENTATION and CONTROL

1.0 Universal Precautions

- 1.1 All 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 and other bloodborne pathogens (see Appendix A) and must be treated accordingly.

2.0 Exposure Control Plan (ECP)

- 2.1 Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting one of the following persons:

Ms. Rutkowski, School Nurse, School Nurse

Employees seeking copies of the Plan may contact Ms. Rutkowski or Mr. Atchison. A copy of the Plan will be made available free of charge and within 15 days of the request.

- 2.2 Mr. Jamie Atchison, in conjunction with RK Staff, will also be responsible for reviewing and updating the ECP 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.

3.0 Engineering Controls and Work Practices

- 3.1 Engineering controls and work practices controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls we will use are listed below:

- * Sharps containers which are puncture-resistant and leak proof.
- * One way CPR Resuscitators
- * All hand washing facilities

Other Engineering Controls and Work Practices are listed below.

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.) are as follows: When full, sharps containers are disposed of through a regulated medical waste mail back system (Steri-cycle) and are then replaced by Steri-Cycle. This ensures that all sharps containers are properly inspected and maintained.

Engineering controls to be used include, but are not limited to:

- * puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
- * bio-safety cabinets or designated, BIOHAZARD-labeled cabinets or refrigerators

Work practice controls to be followed include, but are not limited to:

*washing hands immediately or as soon as feasible after removal of gloves

* at non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. These towelettes are found in the prepackaged spill clean-up kits supplied by the District. Employees can later wash their hands with soap and water as soon as feasible.

* washing body parts 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

* labeling of contaminated equipment, waste containers, and waste

* equipment decontamination

* prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas 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 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 labeled or color-coded container which prevents leakage during collection, handling, processing, storage, transport 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.

4.0 Personal Protective Equipment

4.1 Personal protective equipment (PPE) must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by R.K. Occupational & Environmental Analysis, Inc. 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.

Appropriate personal protective equipment is required for the following tasks:

- * any exposure or potential for exposure to blood or other potentially infectious materials (OPIM) including treatment of injured staff or students or when handling or touching contaminated surfaces

- * clean-up of spills of blood or OPIM
- * decontamination procedures
- * waste handling and packaging

PPE items include:

- * gloves- latex, vinyl or hypoallergenic gloves (or glove liners) for sensitive employees
- * gowns- full length, impervious, open-backed
- * laboratory coats
- * eye protection (splash-proof goggles, safety glasses with side shields) and masks. Eye and face protection must be worn together
- * resuscitation bags and mouthpieces
- * impervious foot coverings

NOTE: The specific PPE required is directly related to the type of situation encountered and thus selection of appropriate PPE is determined on a case-by-case basis. Spill response kits will be issued by Ms. Rutkowski, School Nurse or Mr. Atchison, Facilities Manager, when necessary. The NHRHS Board of Education will obtain the kits for employee use.

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

precautions:

- * 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 appropriately designated areas or containers when being stored, washed, decontaminated, or discarded. These containers will be located in the Nurse's office and Custodial Storage.

- * 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. Gloves will be replaced 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 soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.

- * Utility gloves may NOT be decontaminated for reuse.

- * 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, spatters, or droplets of blood or other potentially infectious materials pose a hazardous 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 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.

- * Repair and/or replacement of PPE will be at no cost to employees.

Refer to Appendix I for additional information on PPE.

5.0 Training

5.1 All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by R.K. Occupational & Environmental Analysis, Inc.

Michael McGuinness, CIH of RK Occupational & Environmental Analysis, Inc. will provide training on the epidemiology of bloodborne pathogens diseases. OSHA pamphlet "Occupational Exposure to Bloodborne Pathogens" and Fact Sheets, located in the Appendix Section and videos, lectures, and "hands-on" training 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:

- * A copy and explanation of the standard
- * Epidemiology and symptoms of bloodborne pathogens
- * Modes of transmission
- * Our 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. (See Appendix O)
- * 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

An Employee Education and Training Record will be completed for each employee. Upon completion of training, this document will be kept with the employee's records in the Board Office.

6.0 Hepatitis B Vaccine

6.1 R.K. Occupational & Environmental Analysis, Inc. will provide information on Hepatitis B Vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. A general overview of these

considerations are given in Appendix L for review. The Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- * 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 HBV 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 HBV vaccination (see Appendix C1) will be kept in the Nurse's Office with the employee's other medical records.

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

7.0 Post Exposure Evaluation and Follow-up and Procedures for Reporting, Documenting and Evaluating the Exposure

7.1 Should an exposure incident occur during the day, contact Ms. Rutkowski immediately. If the exposure incident occurs at night, contact the Night Foreman in charge. Each exposure must be documented by the employee on an "Exposure Report Form" (see Appendix D). Ms. Rutkowski (DAY) or the Night Foreman (NIGHT) will add any additional information as needed.

An immediately available confidential medical evaluation and follow up will be conducted by the Valley Medical Group in Waldwick along with an accident form. All employees are sent out to Valley Medical Group as a medical referral for all incidents. We do not collect employee blood or test source individual's blood here. When any medical follow-up is provided by the School Physician, the following elements will be performed:

- * Document the routes of exposure and how exposure occurred.
- * Identify and document the source individual (see Appendix E), unless the employer can establish the identification is infeasible or prohibited by State or local law (See Note #1).
- * Obtain consent (See Note #2) and insure that medical personnel at Valley Medical Group in Waldwick test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results.
- * If the source individual is known to be infected with either HIV or

HBV, 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 infectious status.

* After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV 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 E "Request for Source Individual Evaluation" and Appendix F "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.

Ms. Rutkowski, School Nurse will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

Notes to the NHRHS Board of Education:

Note #1 New Jersey Law (N.J.S.A. 26-5C 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.

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

Data Analysis Unit

CN 363

Trenton, New Jersey 08625-0363

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

8.0 Health Care Professionals

8.1 Ms. Rutkowski, School Nurse, 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 Bloodborne Pathogen Standard. She 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

8.2 Healthcare Professional's Written Opinion

The School Physician will provide Ms. Rutkowski with a copy of his written opinion. They will then provide the affected employee with a copy within 15 days after completion of the evaluation.

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

9.0 Housekeeping

9.1 The Day and Night Foremen have developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

Cleaning Schedule

Area	Scheduled Cleaning (Day/Time)	Cleaners and Disinfectants Used	Specific Instructions
Nurse Office	Daily and as needed to clean contamination	Spill response kit or suitable disinfectant ** (see NOTE)	Refer to kit instruction s & below
All other areas	As needed to clean contamination	Spill response kit or suitable disinfectant (see NOTE)	Refer to kit instruction s & below

ADDITIONAL HOUSEKEEPING REQUIREMENTS:

1. Trash containers, pails, and other receptacles will be inspected weekly and will be emptied, cleaned, and disinfected as necessary if visibly contaminated.
2. Waste containers will be stored in an upright position, inspected monthly, and are not allowed to be overfilled.
3. Whenever regulated waste containers are moved from one location to another, the containers will be closed and placed inside a leak and puncture resistant secondary container.

* Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, 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. SEE APPENDIX T.

* Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.

* Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated.

When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.

* Always use mechanical means such as tongs, forceps, or a brush and dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.

* Store or process reusable sharps in a way that ensures safe handling.

* Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.

* When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.

* Ensure that sharps containers are 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. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.

* Never manually open, empty, or clean reusable contaminated sharps disposal containers. (See Appendix P - New Jersey Department of Environmental Protection and Energy Regulations)

* Discard all regulated waste according to Federal, State, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

9.2 Laundry

The following contaminated articles will be laundered:

- * Custodial Uniforms (as necessary and/or practical)
- Laundering will be performed professionally at an off-site facility. No contaminated laundry will be washed in-house.

The following requirements must be met, with respect to contaminated laundry:

* Handle contaminated laundry as little as possible and with a minimum of agitation.

* Use appropriate personal protective equipment when handling contaminated laundry.

* Place wet contaminated laundry in leak-proof, labeled or color-

coded containers before transporting.

- * Bag contaminated laundry at its location of use.
- * Never sort or rinse contaminated laundry in areas of its use.

* Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.

* All generators of laundry must have determined if the receiving facility uses universal precautions. If universal precautions are not used, then clearly mark laundry sent off-site with orange biohazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak through or leakage.

* When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.

* Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.

* Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140-160 degF for 25 minutes. If low-temperature (<140F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

NOTE: For these items specify below which labeling system, red bags or biohazard labeling, will be used for laundering.

10.0 Labeling

10.1 The following labeling method(s) will be used at our facility.

- * BIOHAZARD LABELS and/or RED CONTAINERS

Ms. Rutkowski, School Nurse will ensure warning labels are affixed or red bags are used as required. **Red bags are found in the Bloodborne Pathogens Kits supplied by the school district. A red container will be placed at the loading dock and in the Nurse's office for safe disposal of any blood soaked material that has been already placed into a red biohazard bags found in the Bloodborne Pathogens Kit.** These containers will be emptied properly along with sharps container pick-ups, or sooner, if necessary. Employees are to notify Ms. Rutkowski, School Nurse, if they discover unlabeled regulated waste containers. Labels and/or red containers will be used for containers of regulated waste, refrigerators and freezers containing blood or OPIM, sharps containers, laundry bags and containers, contaminated equipment for repair, and other containers used to store,

transport, or ship blood or OPIM.

11.0 Recordkeeping

11.1 Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20.

Ms. Rutkowski, School Nurse, is responsible for maintenance of the required medical records and they are kept in her Office. **THESE RECORDS MUST BE KEPT UNDER STRICT CONFIDENTIAL STORAGE CONDITIONS FOLLOWING ALL APPLICABLE RULES AND PROCEDURES FOR THESE TYPES OF MEDICAL RECORDS.**

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

In addition to the requirements of 29 CFR 1910.20, 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 professional's written opinion(s) 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 records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

11.2 Training Records

Bloodborne pathogen training records will be maintained by Ms. Rutkowski and kept in the District Business Office. (see Appendix B).

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 15 working days.

11.3 Transfer of Records

If the NHRHS 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

12.0 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 five.

Designated First Aid Providers

- * NOT APPLICABLE