

# **REGULATION**

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## **FRANKLIN TOWNSHIP BOARD OF EDUCATION**

**File Code: 4112.4/4212.4**

### BLOODBORNE PATHOGENS

#### Exposure Control Administration

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

#### Employee Exposure Determination

Below are listed the job titles and classifications where employees may reasonably anticipate exposure to human blood, other body fluids, and other potentially infectious materials:

- A. Division Heads
- B. Sporting Event Coaches
- C. School Nurses
- D. Nurse & Health Occupation Program Custodians
- E. Clinical Health Occupation Instructors
- F. Physical Education Instructors
- G. Assistant Principals

Below are listed the job titles and classifications where some of the employees may have limited exposure to human blood, other body fluids, and other potentially infectious materials:

- A. Technicians
- B. Academic Instructors
- C. Career/Occupation Instructors

#### D. Custodian

##### Methods of Implementation and Control: Standard Universal

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

##### Exposure Control Plan (ECP)

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

##### Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used and where they will be used are listed below.

- A. Use puncture-resistant disposal containers for contaminated sharps, or broken glass.
- B. Bending or cutting of needles is prohibited.
- C. Use readily accessible hand washing facilities.
- D. Wash body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs.
- E. Recapping needles is prohibited without recapping device or scoop technique.
- F. Label all containers that contain body fluids.
- G. Decontaminate all equipment as needed.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.

Food and drink are prohibited from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

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.

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

Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and decontaminated as necessary. Items will be labeled if not completely decontaminated.

#### Personal Protective Equipment (PPE)

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

- A. Laboratory coats with long sleeves;
- B. Face shields;
- C. Masks;
- D. Eye protection (splash-proof goggles, safety glasses with side shields); and
- E. Resuscitation bags and mouthpieces.
- F. Gloves

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

- A. Wash hands immediately after removal of gloves or other personal protective equipment.
- B. Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- C. Place used protective equipment in appropriately designed areas or containers when these items are stored, washed, decontaminated, or discarded.
- D. Wear appropriate gloves when it can be reasonably anticipated that one may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
- E. Following any contact of body areas with blood or any other infectious materials, wash hands and any other exposed skin with soap and water as soon as possible. Also, flush exposed mucous membranes (eyes, mouth, etc.) with water.
- F. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- G. Never wash or decontaminate disposable gloves for reuse or before disposal.

- H. Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- I. 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.

#### Training and Communication of Hazards to Employees

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. The regulation is expected to reduce and prevent exposure to the Human Immunodeficiency Virus (HIV), and Hepatitis B Virus (HBV) and other bloodborne diseases. The regulation requires that employees follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV and HBV.

All employees who have or are reasonably anticipated to have occupational exposure to bloodborne pathogens will receive training conducted by school nurses, the school physician, or a representative trained in this area.

The aforementioned will provide training on the epidemiology of bloodborne pathogen diseases. An annual in-service program will be used to inform employees of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:

- A. A copy and explanation of the regulation;
- B. Epidemiology and symptoms of blood borne pathogens;
- C. Modes of transmission;
- D. District exposure control plan;
- E. Methods to recognize exposure tasks and other activities that may involve exposure to blood;
- F. Use and limitations of engineering controls, work practices, and personal protection equipment (PPE);
- G. Personal protective equipment - types, use location, removal, handling, decontamination, and disposal;

- H. Personal protective equipment - the basis for selection;
- I. Hepatitis B vaccine - Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration;
- J. Emergency procedures - for handling blood and other potentially infectious materials;
- K. Exposure incident procedures;
- L. Post-exposure evaluation and follow-up;
- M. Signs, labels - and/or color coding; and
- N. Questions and answer session.

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.

Record Keeping: Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 191 0.20.

The health office is responsible for maintenance of the required medical records and they are kept in the employee file.

In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- A. The name and social security number of employee;
- B. A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- C. A copy of all results of examinations, medical testing, and follow-up procedures as required by the regulation; and
- D. A copy of all health care professional's written opinion(s) as required by the regulation.

All employee medical records of will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

Employee medical records of exposed employees shall be maintained for at least the duration of employment in accordance with 29 CFR 1910.20. Records of exposed employees will be maintained by the superintendent of schools after the employee leaves the district.

Employee medical record shall be provided upon request of the employee or to anyone having written consent of the employee.

Post Exposure Documentation Evaluation and Follow-up

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

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

Date adopted: 8/29/11

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### PHYSICAL EXAMINATION

#### A. Definitions

1. "Assurance statement" means a written document signed by the subject employee certifying that the information contained in the document is true to the best of the employee's knowledge and belief.
2. "Employee" means the holder of any full-time or part-time position of employment.
3. "Health history" means a written record of a person's past health events and history, completed by the person or the person's physician.
4. "Health screening" means a testing, by various appropriate diagnostic tools, to determine the presence or precursors of disease or debilitating condition.
5. "Medical evaluation" means the examination of a person's body by a physician licensed to practice medicine. Medical evaluation includes a record of immunizations.
6. "Medication" means a drug or other agent prescribed by a physician.
7. "Physical examination" means the assessment of a person's health by health history, health screening, and medical evaluation.
8. "Psychiatric examination" means an examination conducted for the purpose of diagnosing mental disorders by a person licensed to conduct psychological or psychiatric examinations.
9. "Psychological assessment" means the evaluation of a person's mental health by a person licensed to conduct psychological examinations.

#### B. Employees' Initial Physical Examination

Each new employee shall be required to undergo a physical examination that consists of a health history, health screenings, and medical evaluation.

1. A health history shall be completed by the employee or by his or her physician and shall include the employee's:
  - a. Past serious illnesses and injuries;
  - b. Current health problems;
  - c. Allergies; and
  - d. Record of immunizations.
2. The employee shall submit to health screenings which consist of the following measurements:
  - a. Height and weight;

- b. Blood pressure;
  - c. Pulse and respiration rate;
  - d. Vision; and
  - e. Hearing ability.
3. Health screening shall also include the conduct of a Mantoux test for the presence of tuberculosis infection.
- a. A newly employed member will be exempt from the Mantoux test if he or she presents satisfactory documentation of a test:
    - 1. Administered in a New Jersey school district from which the member has transferred; or
    - 2. Administered in any place within the six months previous to the member's initial employment in this district.
  - b. Procedures for the administration of the Mantoux test, interpretation of reactions, follow-up procedures, and reporting shall be conducted in accordance with the guidelines issued by the State Department of Health and titled School Tuberculin Testing in New Jersey.
  - c. If the results of the Mantoux test so indicate, the employee shall be referred for a chest X-ray and medical evaluation to determine the presence of tuberculosis at the employee's expense. The employee shall submit the report of the X-ray and evaluation to the school medical inspector. If the school medical inspector does not receive the report within four weeks of the referral or is unwilling to accept the findings of the report, he or she may direct the employee to submit to a chest X-ray examination at Board expense, the results of which will be reported directly to the school medical inspector.
  - d. An employee who presents a physician's documentation, acceptable to the school medical inspector, showing significant tuberculin reaction and a subsequent negative chest X-ray will be exempt from the Mantoux test.
4. The medical evaluation shall consist of an examination of the employee's body to the extent necessary to determine the employee's fitness to function in the position he or she holds and to detect any health risks to pupils and other employees. The employee's medical evaluation shall include, but not be limited to, a record of immunizations. Guidance regarding immunizations for adults may be found in "Adult Immunization: Recommendations of the Immunization Practices Advisory Committee (ACIP)", available from the Immunization Program, Centers for Disease Control, Public Health, U. S. Department of Health and Human Services, Atlanta GA 30333.

#### C. Health Records

- 1. All employee medical records, including computerized records, shall be secured, and shall be stored and maintained separate from other personnel files.
- 2. Only the employee, the chief school administrator, and the school medical inspector shall have access to the medical information in that individual's file.



3. The portion of the employee's medical record containing a health history may be shared with the principal and the school nurse with the consent of the employee.

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