

R 7420.1 BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN (M)

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**A. Definitions**

1. “Bloodborne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in human beings, including but not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
2. “Exposure incident” means a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
3. “Occupational exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or any other body fluid that may result from the performance of an employee's duties.
4. “Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
5. “Source individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

**B. Exposure Determination**

The employees in this school district who have occupational exposure are those employees whose duties require close contact with pupils and include the job classifications designated by the Superintendent.

**C. Workplace Controls**

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious materials, whether or not the presence of bloodborne pathogens is determined and whether or not body fluid types can be differentiated.



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2. All blood and body fluids shall be handled in accordance with Regulation No. R 7420, Handling and Disposal of Body Wastes and Fluids, which is incorporated herein as if set forth in its entirety.
- D. Hepatitis B Vaccination
1. Hepatitis B vaccination shall be made available to each employee identified as having occupational exposure, after the employee has received training in bloodborne pathogens and within ten working days of his/her initial assignment, unless
    - a. The employee has previously received the complete hepatitis B vaccination series,
    - b. Antibody testing has revealed that the employee is immune,
    - c. The vaccine is contraindicated for medical reasons, or
    - d. The employee declines to receive the vaccine and signs the required statement to that effect, except than an employee who has declined to receive the vaccine and later decides to receive it shall be again offered the vaccine.
  2. Hepatitis vaccination shall be made available without cost to employees, at a reasonable time and place, under the supervision of a licensed physician or other licensed healthcare professional, and in accordance with recommendations of the U.S. Public Health Service current at the time of the vaccination.
  3. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

E. Post Exposure Evaluation and Follow-Up

Whenever an exposure incident is reported, the exposed employee shall be promptly offered a confidential medical evaluation and follow-up.

1. The route(s) of exposure and the circumstances under which exposure occurred shall be documented.



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2. The identity of the source individual shall be documented, unless the Board establishes that identification is not feasible or is prohibited by State or Federal law.
3. Unless the identified source individual's infection with HBV or HIV infection is already known, the identified source individual's blood shall be tested for HBV and HIV infectivity, provided that the source individual has consented to the test for HBV and HIV infectivity or when consent is not required by the law. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
4. The results of any blood testing of the source individual shall be made available to the exposed employee, and the employee shall be informed of all laws and regulations regarding disclosure of the identity and infectious status of the source individual.
5. The exposed employee's blood shall be collected as soon as possible after the exposure and on the employee's consent for HBV and HIV serological status. The employee may withhold consent for HIV serological testing for up to ninety days, during which his/her blood sample shall be preserved.
6. The exposed employee shall be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling; and evaluation of any reported illnesses.

#### F. Communication of Hazards to Employees

Any container that holds blood or other potentially infectious material shall be conspicuously labeled with a sign that its contents are a biohazard, in accordance with Federal regulations. 29 C.F.R. 1910.1030(g).

#### G. Training Program

1. Employees with occupational exposure must participate in a training program, which shall be provided at no cost to the employee and during working hours.



2. Employees shall receive training on their initial assignment to a position with occupational exposure within ninety days after the effective date of the exposure and annually thereafter. Employees shall also receive training whenever any modifications in the position affects exposure except that any such training may be limited to the new exposures created.
3. Training materials shall be appropriate in content and vocabulary to the educational level, literacy, and language of employees.
4. The training program shall include as a minimum:
  - a. An accessible copy of the OSHA regulation on bloodborne pathogens, 29 C.F.R. 1910.1030, and an explanation of its contents,
  - b. A general explanation of the epidemiology and symptoms of bloodborne diseases,
  - c. An explanation of the modes of transmission of bloodborne pathogens,
  - d. An explanation of this Exposure Control Plan and the means by which the employee can obtain a copy of the plan,
  - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials,
  - f. An explanation of the use and limitations of methods that will prevent or reduce exposure, including work practices and personal protective equipment,
  - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment,
  - h. An explanation of the basis for selection of personal protective equipment,
  - i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of



vaccination, and the free availability of the vaccine and vaccination,

- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials,
  - k. An explanation of the procedure to be followed if an exposure incident occurs, including the method of reporting that incident and the medical follow-up that will be made available,
  - l. Information on the post-exposure evaluation and follow-up that the employer is required to provide after an exposure incident,
  - m. Information regarding the labeling of biohazardous materials, and
  - n. An opportunity for interactive questions and answers with the person conducting the training session.
5. The person conducting the training shall be knowledgeable in the subject matter covered as is relates to the workplace that the training will address.

## H. Recordkeeping

- 1. The district will establish and maintain an accurate medical record for each employee with occupational exposure in accordance with 29 CFR 1910.1020. The record shall include:
  - a. The name and social security number of the employee;
  - b. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations required by Section D. of this regulation;
  - c. A copy of all results of examinations, medical testing, and follow-up procedures as required by Section E. of this Regulation;
  - d. The district's copy of the healthcare professional's written opinion as required by 29 C.F.R. 1910.1030 (f)5;



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- e. A copy of the information provided to the healthcare professional as required by 29 C.F.R. 1910.1030 (f)(4)ii(B)(C) and (D);
  - f. The district shall ensure the employee's medical records required in Policy 7420 and this Regulation are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law; and
  - g. The medical records required in this section must be maintained by the district for at least the duration of employment of the employee plus thirty years in accordance with 29 CFR 1910.1020.
- 2. The district will maintain training records for three years from the date on which the training occurred. These records shall include:
    - a. The dates and contents or summary of the training sessions; and
    - b. The names and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions.
  - 3. The district will ensure the training records required by this section of the Regulation be made available to authorized State and Federal agencies, employees, and employee representatives upon request. Employee medical records required by this section of the Regulation shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to authorized State and Federal agencies in a accordance with State and Federal laws.
  - 4. The district shall comply with the requirements involving the transfer of records set forth in 29 CFR 1910.1020(h).
  - 5. The district shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The log shall contain, at a minimum: the type and brand of device involved in the incident; the department or work area where the exposure incident



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occurred; and an explanation of how the incident occurred. This log shall be maintained for the period required by 29 CFR 1904.6.

### I. District's Exposure Control Plan

1. The District's Exposure Control Plan shall be reviewed at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of the Plan shall also:
  - a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
  - b. Document annually consideration and implementation of appropriate, commercially-available, and effective safer medical devices designated to eliminate or minimize occupational exposure.

### J. Staff Input

1. The Superintendent or designee shall solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document this solicitation in the Exposure Control Plan.

Adopted: 25 February 2014

