

**Regulation**

EXPOSURE CONTROL PLAN

**GENERAL STATEMENT**

The Alloway Township School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 19 10.1030, "Occupational Exposure to Bloodborne Pathogens."

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

- A. Determination of employee exposure;
- B. Implementation of various methods of exposure control, including:
  - 1. Universal/standard precautions;
  - 2. Engineering and work practice controls;
  - 3. Personal protective equipment;
  - 4. Housekeeping;
- C. Hepatitis B vaccination;
- D. Post-exposure evaluation and follow-up;
- E. Communication of hazards to employees and training;
- F. Recordkeeping;
- G. Procedures for evaluating circumstances surrounding exposure incidents.

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

**STAFF RESPONSIBLE**

The following chart lists the staff members responsible for the implementation of the regulation and summarizes their responsibilities:

Position	Summary of Main Responsibilities
Board of Education	<ul style="list-style-type: none"> <li>• Annual approval of the district's ECP</li> <li>• Ensure that the ECP is accessible to all employees</li> </ul>
Superintendent	<ul style="list-style-type: none"> <li>• General policy and procedure oversight within the district</li> <li>• Annual policy and procedure review in consultation with the facilities director and school nurses, athletic director, and other titles as set forth in the board-approved ECP</li> </ul>
Building principal	<ul style="list-style-type: none"> <li>• General procedure oversight within the school</li> <li>• Notification of the superintendent of incidents</li> <li>• Primary contact for reported incidents</li> <li>• Reporting incidents of exposure to parents/guardians</li> </ul>

EXPOSURE CONTROL PLAN (regulation continued)

	<ul style="list-style-type: none"> <li>• Request for release of information from parents/guardians</li> <li>• Incident documentation and government forms</li> <li>• Annual policy and procedure review</li> </ul>
Facilities Director/Manager <i>Exposure Control Coordinator for the district</i>	<ul style="list-style-type: none"> <li>• Coordinate purchasing disinfecting products and safety equipment and stocking facilities</li> <li>• Train and supervise maintenance staff in exposure control procedures related to facilities maintenance and cleaning</li> <li>• Annual policy and procedure review</li> </ul>
School Nurse <i>Exposure Control Officer in the School</i>	<ul style="list-style-type: none"> <li>• Primary contact for reported incidents</li> <li>• Oversight of the student's physical wellbeing</li> <li>• Training staff on exposure control procedures</li> <li>• Oversight of procedures for reported incidents</li> <li>• Oversight of hazardous waste</li> <li>• Documenting incidents</li> <li>• Maintains all documentation related to incidents</li> <li>• Post-Exposure management</li> <li>• Documentation of annual consideration of new technology designed to eliminate or minimize occupational exposure</li> </ul>
Teaching and support staff	<ul style="list-style-type: none"> <li>• Incident reporting</li> <li>• Incident documentation</li> <li>• Student supervision</li> </ul>
Maintenance staff	<ul style="list-style-type: none"> <li>• Facility cleaning consistent with exposure control procedures for handling, disinfecting and waste disposal</li> </ul>
Athletic Director and athletic staff (volunteers if applicable)	<ul style="list-style-type: none"> <li>• Incident reporting</li> <li>• Incident documentation</li> <li>• Student supervision</li> </ul>

**DEFINITIONS**

“Standard” or “universal precautions” as defined by the Centers for Disease Control (CDC) are a set of precautions designed to prevent transmission of HIV, Hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under standard precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

Standard precautions include:

- A. Every person should be treated as though they have an infectious disease;
- B. Protective barriers;
- C. Proper hand washing;
- D. Appropriate disposal of hazardous waste;
- E. Proper cleaning of contaminated areas.

“Bloodborne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

- A. Body fluids that carry bloodborne pathogens:
  1. Blood
  2. Semen and vaginal secretions
  3. Cerebrospinal fluid
  4. Pleural fluid

EXPOSURE CONTROL PLAN (regulation continued)

5. Peritoneal fluid
  6. Pericardial fluid
  7. Amniotic fluid
- B. Body fluids that do not **NORMALLY** carry bloodborne pathogens (Note – blood may sporadically appear in such fluids, in which case precautions should be taken):
1. Feces
  2. Nasal secretions
  3. Sputum
  4. Sweat
  5. Tears
  6. Urine
  7. Vomitus

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

“Parenteral” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**PROCEDURES**Policy and Procedure Oversight

The superintendent in consultation with titles and positions listed in the ECP, shall annually review and revise as necessary the district and school exposure control policies and procedures and transmit to the board of education for approval (see primary resource 1 Model Exposure Control Plan and Employer Guide).

Program Administration

- A. The school nurse shall have primary responsibility for implementation of the ECP. and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures;
- B. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP;
- C. The maintenance supervisor will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes;
- D. The school nurse will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained;
- E. The facilities director will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EXPOSURE CONTROL PLAN (regulation continued)

Employee Exposure Determination

The following is a list of all job titles in the district that potentially have occupational exposure:

<b>Job Title</b>	<b>Department/Location</b>
School nurses	
Preschool and elementary school teachers	
Maintenance staff	
Gymnasium Teachers and athletic coaches	

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard.

Methods of Implementation and Control

All employees will utilize universal precautions for all contact with blood and bodily fluids as defined above.

Universal Procedures

The basic universal precautions include the following procedures:

A. Protective barriers

1. Single use disposable gloves should be worn when it is likely that an employee shall come in contact with blood or body fluids. Situations that may involve contact with blood or bodily fluids include:
  - a. Assisting with personal care;
  - b. When visible blood is present;
  - c. When caregiver has broken areas of skin;
  - d. When cleaning up blood spills or body fluids.
  
2. Guidelines for the use of latex or nitrile gloves:
  - a. Take one glove from the box;
  - b. Touch only the wrist surface of the glove;
  - c. Don the glove;
  - d. Take second glove from the box;
  - e. When donning the glove avoid touching the skin with the gloved hand;
  - f. To remove one glove pinch it at the wrist without touching the skin and peel it away allowing it to turn inside out;
  - g. For the second glove, hold the removed glove in the gloved hand and slide the ungloved hand inside the gloved hand. Remove the glove by rolling it down the hand and folding it into the first glove (see *primary resource 2 Glove Use Information*);
  - h. Do not reuse gloves;
  - i. Remove gloves prior to touching non-contaminated objects;
  - j. Remove gloves promptly after use and wash hands thoroughly

B. Hand Washing

EXPOSURE CONTROL PLAN (regulation continued)

1. Wet hands with warm, running water;
2. Apply liquid soap and water;
3. Wash hands thoroughly:
  - a. Use a circular motion;
  - b. Wash between fingers, palmer, and dorsal (back of) surfaces and wrists;
  - c. Rinse and dry hands well;
  - d. Use a paper towel to turn off water.

## C. Cleanup and Disposal

1. Wear gloves;
2. Mop up spills with paper towels or other absorbent material;
3. Use a solution of 1 part household bleach and 10 parts water or EPA-registered disinfectants (i.e. Maxima 256 made by Brulin or Quat Disinfectant Cleaner made by 3M) and wash area well;
4. Dispose of gloves, soiled towels and other waste in a sealed double plastic bag;
5. Soiled clothing and other personal items shall be placed in a sealed double plastic bag and the parent/guardian shall be notified to collect the clothing or items.

Infection Control

- A. All body fluids, including those in which differentiation between body fluid types is difficult or impossible, shall be handled as potentially infectious agents:
  1. Body fluids include: blood, semen, drainage from scrapes and cuts, vaginal secretions, saliva, amniotic fluid and any other body fluid visibly contaminated with blood.
  2. Feces, nasal secretions, sputum, sweat, tears, urine and vomitus have not been documented in HIV, HBV or HCV transmission unless visibly contaminated with blood.
- B. No student shall be allowed to handle blood, urine, stool or vomitus.
- C. Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluid.
  1. Splashes to the nose, mouth or other skin areas shall be flushed with water.
  2. Splashes to eyes shall be treated by irrigating the eyes with clean water, saline or sterile fluid approved for use in the eyes.
- D. Any articles of clothing, including bibs, smocks and aprons, which have been penetrated by blood or other potentially infectious materials shall be removed as soon as possible and placed into a leak-proof bag or container and be disposed of in accordance with the procedures obtained from the nurse;
- E. Careful hand washing remains the single most important personal hygiene practice to prevent the spread of disease and includes the following steps:
  1. Use of an antiseptic soap;
  2. Vigorous washing under running water for at least 10 to 15 seconds;
  3. Rinsing under running water; and
  4. Drying with paper towels.
- F. Gloves shall be worn for touching blood and body fluids, mucous membranes or non-intact skin, for handling items contaminated with blood and body fluids and/or when contact with blood and body fluids is anticipated.
  1. Any person with open skin areas, chapped or abraded skin or weeping lesions on their hands shall wear gloves during any contact with students or equipment;

**EXPOSURE CONTROL PLAN** (regulation continued)

2. The gloves shall be made of vinyl or nitrile;
3. Prior to putting on gloves, a person shall wash his/her hands for at least 15 seconds with soap which is delivered from a dispenser;
4. Gloves are intended for single use only and shall be changed after contact with each student/infant/toddler or with any contaminated material;
5. Gloves shall immediately be discarded if they become torn, punctured or have lost their ability to function as a barrier;
6. Hands shall be washed immediately and thoroughly when gloves are removed;
7. There is no need for double gloving;
8. Gloves shall be discarded in a covered, plastic-lined trash receptacle.

G. During extreme circumstances/major events the school nurse shall be summoned and shall use additional barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.

H. The following table identifies activities and contacts which require gloves and/or hand washing. At the discretion of the staff member, gloves may also be used when not required; however, wearing gloves when clearly *not* indicated is disrespectful to the dignity of the students and is strongly discouraged.

<b>BODY FLUID OR CIRCUMSTANCE</b>	<b>GLOVES REQUIRED</b>	<b>HANDWASHING REQUIRED</b>
Blood	X	X
Fluid Containing Blood	X	X
Urine	X	X
Stool with Obvious Blood	X	X
Stool	X	X
Vomitus	X	X
Tears		X
Nasal Secretions		X
Oral Secretions	X	X
Diaper Changing	X	X
Environmental Surface Cleaning	X	X
Equipment Cleaning	X	X
Laundry Sorting	X	X
Mucous Membrane Contact	X	X

- I. The use of syringes, needles or other sharps shall be in accordance with board policy 5141.21 Administration of medication and professional nursing standards. Bending, recapping, shearing or breaking a syringe or needle is prohibited.
- J. In any school which has a student(s) requiring the actual or potential use of a needle or syringe, the school nurse shall implement the process to register as a Medical Waste Generator with the New Jersey Department of Environmental Protection.
- K. The school nurse shall dispose of syringes and needles or any other sharps by placing them in a commercially-made “sharps container” that is rigid, leak-resistant, impervious to moisture, sufficiently strong to prevent tearing or bursting under normal conditions of use and handling, sealable to prevent leakage during transport and puncture-resistant:
  1. The container shall be labeled with the word “Biohazard” and the biohazard symbol.
  2. The container shall be easily accessible and shall be located in the immediate area where injections are being administered.
  3. The container shall be replaced at least annually and shall not be allowed to overfill.
  4. The container shall be securely closed, sealed, and labeled prior to its removal from the building.
  5. The school nurse shall arrange for the proper disposal of the sharps container.

EXPOSURE CONTROL PLAN (regulation continued)

- L. During school hours, a staff member who utilizes an injection needle/syringe for his/her own medical needs as directed by a physician is responsible for the proper disposal of any used sharps in his/her own personal portable sharps container, which shall be taken home daily by the staff member.
- M. Staff shall use the appropriate mechanical methods such as a dustpan and brush, tongs, a broom, etc. when cleaning up any broken, contaminated glassware. Staff shall never pick up any contaminated broken glass with their hands.

Disinfecting

- A. Gloves shall be worn for all of the disinfecting procedures in this section.
- B. The disinfecting procedure involves a three-step process:
  1. Visible debris/dirt/soil is first cleaned from a surface area with a disposable towel/cloth/wipe.
  2. A disinfectant is applied to the surface.
  3. The surface is then allowed to air-dry.
- C. Disposable cleaning materials shall be placed in a plastic bag and then discarded in a covered, plastic-lined receptacle.
- D. Any non-disposable cleaning equipment (i.e. mops, brushes, etc.) shall be cleaned, rinsed in disinfectant and allowed to air dry.
- E. Only those disinfecting solutions and/or products specified in this policy shall be used, unless approval is obtained from the facilities director to purchase and utilize a different solution/product.
- F. A disinfecting solution of household bleach and water in a ratio of 2 liquid ounces (one-quarter cup) per gallon shall be used for routine disinfecting on hard surface areas such as table tops and walls.
  1. The bleach/water solution shall be prepared each day, because it is unstable.
  2. Any unused solution shall be discarded at the end of each day, and the container shall be allowed to air dry.
- G. A disinfecting solution of household bleach and water in a ratio of 12.8 liquid ounces (One and one-quarter cups) per gallon shall be used to decontaminate hard surfaces which have been subject to organic spill materials such as blood, body fluids, stool, vomitus, etc.
  1. The organic material shall first be removed as thoroughly as possible with disposable towels before the disinfectant is applied.
  2. The towels shall be placed in a plastic bag which shall be sealed and discarded.
  3. The disinfecting process shall be continued as specified in 2. above.
  4. Any unused solution shall be discarded at the end of each day, and the container shall be allowed to air dry.
- H. Disinfecting wipes that do not contain bleach are preferred for sanitizing changing tables, swings, toys and softer surfaces which may quickly break down/be compromised by a bleach/water solution.
  1. When a disinfecting wipe is used, the surface area being cleaned must be visibly wet; and
  2. The surface must be allowed to air dry for a minimum of four minutes or longer, if specified in the manufacturer's directions.
- I. Several commercially available, EPA-registered disinfectants (i.e. Maxima 256 made by Brulin or Quat Disinfectant Cleaner made by 3M) may also be used.
  1. These disinfectant cleaners may be more compatible with some equipment that might be damaged by repeated exposure to bleach solution and may be less irritating to students/staff.

EXPOSURE CONTROL PLAN (regulation continued)

2. Care should be taken to follow the manufacturer's directions.

Environmental Surfaces

- A. Environmental surfaces and equipment contaminated with blood or body fluids, including vomitus, feces, urine or saliva, shall be promptly cleaned as thoroughly as possible with disposable towels and shall then be disinfected by using the 12.8 liquid ounces per gallon bleach/water solution, as noted above or an EPA-registered disinfectant;
- B. Counter tops, tables, standers, mats and other non-porous equipment shall be cleaned of visible debris and be disinfected between uses. Each day, this equipment shall be washed with detergent and disinfected with the 2 liquid ounces per gallon bleach/water solution or other appropriate EPA-registered disinfectant cleaner;
- C. An EPA-registered disinfectant cleaner shall be used for disinfecting doorknobs, walls, floors and bathroom facilities on a routine basis. The effect of scrubbing to remove debris from these surfaces is as important as the antimicrobial effect of the cleaning agent used:
  1. Floors and bathrooms shall be cleaned and disinfected daily;
  2. Walls, doorknobs and other common surfaces shall be cleaned and disinfected on a weekly basis at a minimum;
- D. Multiple-use areas (i.e. sinks, counters, cabinets, shelving located within classrooms) shall be maintained in a clean and organized manner:
  1. All food and related equipment, serving ware, and utensils shall be stored separately from other items;
  2. Counter and sink areas shall be cleaned and disinfected prior to and after food preparation and/or serving;
  3. Activities such as eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas of the school where there is potential exposure to bloodborne pathogens (e.g. classroom for students with severe disabilities; nursery; etc.);
- E. Classrooms which have the availability of two sinks shall designate one sink for the purpose of hand-washing following all student personal care (i.e. diaper changes, feeding);
- F. Any surfaces on a school bus which are believed to be contaminated with a body fluid shall be cleaned and disinfected with the appropriate solution as soon as possible after the run is completed.

Equipment

- A. Care of Small Equipment:

After each use by a student, staff shall clean small equipment such as toys, adaptive devices and other items by doing the following steps:

1. Wear gloves;
2. Remove visible debris;
3. Wash item with soap and water;
4. Soak in disinfecting solution for 15 minutes; and
5. Air dry.

- B. Care of large equipment, including changing tables:

Staff members shall use a barrier protection (e.g. disposable Chux) to prevent contamination of equipment with saliva, urine, feces, blood or other body fluid. Staff members shall disinfect equipment after each student's or infant's/ toddler's use.



EXPOSURE CONTROL PLAN (regulation continued)

- C. Mats shall be washed with soap and water and rinsed with disinfecting solution at the end of each day or more often, as needed, when they become soiled. Staff members using equipment are responsible for assuring the equipment is ready for the next student's or infant's/ toddler's use;
- D. Reusable receptacles, such as trash pails, bins and cans, that may become contaminated with blood or other potentially infectious materials, shall be cleaned and decontaminated as soon as feasible upon detection of the same and, at a minimum, on a weekly basis for basic sanitary purposes;
- E. Suctioning machines shall be cleaned and disinfected after each use, according to the manufacturer's directions;
- F. Suctioning machines and other similar equipment/apparatus shall be protected from contamination by using a protective covering (e.g. plastic wrap or other impervious materials such as Chux), which shall be removed and replaced when they become overly contaminated;
- G. Equipment which is damaged (e.g. broken, cracked) may harbor potentially infectious materials. Staff shall report broken equipment to their supervisor. The supervisor shall determine the disposition of such equipment (i.e. repair, discard).

Diapering

- A. At all times, a sense of privacy shall be maintained;
- B. With each change, a non-porous protective barrier shall be placed between the student or infant/toddler and the changing surface;
- C. Staff members shall wash their hands before changing a diaper;
- D. Staff members shall wear gloves when diapering students;
- E. A student or infant/toddler shall be appropriately cleaned with disposable cleansing pads and re-diapered;
- F. Solid stool shall be flushed down the toilet;
- G. Soiled diapers shall be disposed of in a closed container with a plastic liner;
- H. Diapers contaminated with blood, blood in or on stool or menstrual blood shall be placed in a plastic bag and then discarded in a covered, plastic-lined receptacle. Alert the school nurse when unexplained/unusual blood is observed;
- I. Staff members shall wash their hands immediately and thoroughly before and after changing or toileting each student or infant/toddler;
- J. Students shall have their hands washed immediately and thoroughly after changing or toileting;
- K. Potty chairs shall be emptied of urine and feces (flush down toilet), washed and sanitized with either a commercial disinfectant spray or a prepared bleach solution, and then air-dried. The sink and faucet utilized when cleaning and disinfecting a potty chair shall also be immediately washed and disinfected.

Feeding

- A. For safety reasons, as well as hygiene, students who are totally dependent for feeding shall be fed individually but should remain in a group setting;
- B. Whenever possible, staff members shall avoid feeding students on carpeted areas;

EXPOSURE CONTROL PLAN (regulation continued)

- C. Staff members shall wash their hands prior to food handling;
  - 1. Students shall wash their hands or have their hands washed prior to eating;
  - 2. Student teachers shall wash their hands and their child's hands prior to feeding their students;
- D. Surface areas, such as table tops, work/feeding areas and counter tops, shall be disinfected prior to meal service;
- E. Staff members shall wash their hands between feeding individual students;
- F. Gloves shall be worn by staff members for feeding and brushing teeth when students have loose teeth, gums that bleed easily, or mouth lesions;
  - 1. Each student shall have a separate toothbrush labeled with his/her name;
  - 2. Toothbrushes shall be rinsed thoroughly and allowed to air dry;
  - 3. Toothbrushes shall be stored individually to prevent them from touching each other;
- G. When there is an outbreak of contagious gastrointestinal disease, dishes and utensils shall be soaked in a disinfecting solution prior to returning them to the kitchen;
- H. The faces and hands of students shall be washed after meals;
  - 1. A separate cloth shall be used for each student or infant/toddler;
  - 2. The use of disposable cloths is encouraged;
- I. Surface areas, chairs, work/feeding areas and counter tops shall be cleaned and disinfected after meals;
- J. Uneaten food shall be scraped into plastic bags which shall be sealed and placed in a closed container;
- K. Plastic bibs shall be soaked in disinfecting solution for 15 minutes and allowed to air dry, or, when appropriate, sent home. Cloth bibs shall be placed in a closed laundry hamper for laundering or be sent home.

Transportation

- A. Universal precautions and infection control shall be observed on the school bus during the transportation of students;
- B. All school buses shall carry a supply of disposable gloves and aerosol or spray hand sanitizers/disinfectants which shall be used as needed during transport. Disposable gloves shall be included in each first aid kit;
- C. Any environmental surfaces which are believed to have been contaminated with body fluid during transport shall be sanitized as soon as possible after the run has been completed.

Assurances

- A. The school nurse at each district school shall be designated as the exposure control officer and shall provide an annual inservice training to school staff about the principles of infection control and prevention and the proper handling of blood and body fluids which emphasizes the prevention of the spread of HIV, HBV and HCV through the consistent implementation of universal precautions and post-exposure management. Such training shall include the elements contained in the PEOSH Model Exposure Control Plan, (<http://www.state.nj.us/health/peosh/documents/bbp.pdf>):
  - 1. Newly hired staff shall receive the in-service training at the time of initial assignment.
  - 2. All in-service trainings conducted by the school nurse shall be documented;

EXPOSURE CONTROL PLAN (regulation continued)

- a. The record of each training shall include the names of the staff who attended the training, the date of the training, the name and qualification of the trainer(s), and the contents of the training session;
  - b. The training rosters shall be reviewed by the OOE Nurse Consultant and shall be maintained for a minimum of three years;
  - c. The hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment of employees who have occupational exposure to blood or other potentially infectious materials. Documentation of administration or refusal shall be maintained pursuant to the PEOSHA Model Exposure Control Plan;
- B. These procedures shall be provided, upon request, to employees, parents and students;
- C. Classrooms shall be supplied with adequate gloves, Chux and disinfecting products;
- D. Staff and students who have open skin or weeping lesions, which cannot be adequately covered with a barrier protection, shall be required to remain at home until the lesion is closed;
- E. Any exclusion of a student from any school of the district shall be based on objective criteria, including, but not limited to, medical or behavioral considerations which may result in an increased risk of transmission of a bloodborne pathogen to others:
- 1. In instances where the temporary exclusion of a student from school is indicated based upon potential communicable disease, the principal shall ensure the provision of appropriate educational services to the student;
  - 2. Students with chronic infectious diseases whose behavior or physical condition preclude school attendance shall be routinely evaluated to assess the possibility of their return to the classroom;
  - 3. A student who has been excluded from school for medical reasons shall receive home instruction according to board policy (6173 Home Instruction);
  - 4. If a student has been excluded from school due to medical or behavioral considerations which have not been successfully ameliorated, the principal shall convene a meeting of the child study team to try to resolve the issues and attempt to continue the student in the current program;
  - 5. When the continuation of a student in a district school is not feasible, an alternative educational program may be considered according to board policy (6172 Alternative Educational Program);
  - 6. When the temporary or permanent exclusion of an infant/toddler is being considered, the school nurse shall discuss the matter with the appropriate participants to try to resolve the issues and possibly review the options for child care services.

Post-Exposure Management

- A. Whenever a student or staff member is believed to have been exposed to blood or other potentially infectious materials, the school nurse shall provide interventions/first aid as appropriate, assuring that the universal precautions procedures for cleansing exposed areas have been implemented;
- B. If a staff person has been exposed to blood or other potentially infectious materials:
- 1. The Worker's Compensation procedures shall be followed which includes immediately completing and processing an Employer's First Report of Accidental Injury or Occupational Disease form (see *exhibit 1*) and referring the employee to a State-authorized physician for treatment;
  - 2. The staff person shall be advised that he/she is not precluded from consulting with his/her personal health-care provider to determine the appropriate management of the exposure;
  - 3. The principal or designee shall complete the OSHA 300 form, Log of Work-Related Injuries and Illnesses (see *exhibit 2*), within seven calendar days of the occurrence of the event;
- C. If a student has been exposed to blood or other potentially infectious materials, the student's parent/guardian shall be advised to immediately consult the student's personal health-care provider to determine the appropriate management of the exposure;

EXPOSURE CONTROL PLAN (regulation continued)

- D. If the health-care provider of an employee or student who was exposed to blood or other potentially infectious material at school asks the school for information about the student who was the source of the exposure (source person), school staff shall adhere to the following procedures:
1. Since the information is confidential and since the school may not possess comprehensive medical information for the source person, the health-care provider shall be informed that:
    - a. The school will request the written consent of the parent/legal guardian to permit the school to release to the health-care provider the name of the student who is the source person and the contact information for the student's parent/legal guardian; and
    - b. Upon consent, the health-care provider can then directly contact the source person's parent/legal guardian to request all needed information;
    - c. In the event that consent to disclose is not granted, the health-care provider shall be advised and advised to take all reasonable precautions;
  2. The principal or designee shall contact the parent/legal guardian of the student who was the source of the exposure and explain that:
    - a. A staff person or student was exposed to their child's blood or other body fluid at school;
    - b. The school has received a request for information from that person's health-care provider; and
    - c. The written consent of the student's parent/legal guardian is needed for the school to release their child's name and their contact information to the health-care provider who can then communicate directly with them to obtain the necessary information;
  3. The principal or designee shall send the Release of Information for Post-Exposure Management form (*see exhibit 3*) to the parent/legal guardian of the student who is the source person;
  4. When the school receives the completed Release of Information for Post-Exposure Management form signed and dated by the parent /legal guardian, the school nurse or designee shall disclose only the student's name and the name, address and telephone number of the student's parent/legal guardian to the health-care provider;
  5. The completed Release of Information for Post-Exposure Management form shall be maintained in the individual student record;
  6. If an employee or the parent/guardian of a student, who was exposed to blood or other potentially infectious materials, asks the school for information about the source person:
    - a. The principal or designee shall not release any information to the employee or the parent/guardian;
    - b. The principal or designee shall request that individual to have the appropriate health-care provider call the school; and
    - c. If the health-care provider submits a request to the school for information, the principal or designee shall proceed in accordance with the above-outlined procedures;
- E. The Exposure Incident Form (*see exhibit 4 Fact Sheet and exhibit 5 Incident Report Form*), as required by OSHA, shall be completed by the school nurse:
1. The exposure incident form shall include:
    - a. The route(s) of exposure and circumstances under which an exposure incident occurred;
    - b. An evaluation of the policies and "failures to control" at the time of the exposure incident;
    - c. The engineering controls in place at the time of the exposure incident;
    - d. The work practices and protective equipment or clothing used at the time of the exposure incident;
  2. The Exposure Incident Form shall be provided to the principal and the school nurse and when appropriate the school physician for review and the recommendation of necessary actions;
  3. A copy of the Exposure Incident Form and any resulting action report shall be maintained by the

EXPOSURE CONTROL PLAN (regulation continued)

school nurse.

**REGULATION HISTORY**

NJSBA Review/Update: November 2019  
Adopted:

**CROSS REFERENCES**

3516	Safety
4147/4247	Staff Safety
5142	Student Safety
5141	Health
5141.1	Accidents
5141.2	Illness
5142	Student Safety

**EXHIBITS**

Exhibit 1	OSHA Employers First Report Form
Exhibit 2	OSHA Log of Work Related Injuries Form
Exhibit 3	Post Exposure Management – Consent to Release Form
Exhibit 4	OSHA Exposure Fact Sheet
Exhibit 4	Exposure Incident Report Form

**PRIMARY RESOURCES**

1	Model Exposure Control Plan and Employer Guide
2	OSHA Glove Use Pamphlet

**References:**

*New Jersey Department of Children and Families Policy Manual: Universal Precautions, Infection Control, Bloodborne Pathogens and Post-Exposure Management in Department of Children and Families (DCF) Regional Schools.* [http://www.state.nj.us/dcf/policy\\_manuals/OOE-I-A-1-31\\_issuance.shtml](http://www.state.nj.us/dcf/policy_manuals/OOE-I-A-1-31_issuance.shtml)

Occupational Safety and Health Administration (OSHA). Model Plans and Programs for the OSHA, Bloodborne Pathogen and Hazard Communication Standards (2003).  
<https://www.osha.gov/Publications/osha3186.pdf>

Southern Worcester County Educational Collaborative: OSHA/Standards Precautions (presentation/PowerPoint).  
<http://www.swcec.org/modules/groups/homepagefiles/cms/2286232/File/OSHA%20and%20Standard%20Precautions%20%202012.pdf>