

**Regulation**

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HAZARDOUS WASTES AND EXPOSURE

Body Wastes and Fluids

A. Body Wastes and Fluids

Body wastes and fluids includes a person's blood, semen, drainage from scrapes and cuts, feces, urine vomitus, respiratory secretions (e.g. nasal discharge), and saliva. Body fluids of all persons should be considered to potentially contain infectious agents. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne diseases.

B. Disinfectant

Disinfectant is an agent that will kill vegetative bacteria, fungi, tubercle bacillus, and viruses and has been registered by the U.S. Environmental Protection Agency for use as a disinfectant in medical facilities and hospitals. The following classes of disinfectants are acceptable, with hypochlorite solution (A2c) preferred for objects that may be put in the mouth:

1. Ethyl or isopropyl alcohol (70%);
2. Phenolic germicidal detergent in a 1% aqueous solution;
3. Sodium hypochlorite with at least 100 ppm available chlorine (one-half cup household bleach in one gallon water, freshly prepared for each use);
4. Quaternary ammonium germicidal detergent in 2% aqueous solution; and
5. Iodophor germicidal detergent with 500 ppm available iodine.

C. Person

Person is any person on school premises or at a school-related activity, including students, staff members, and visitors, whether or not the person has a communicable disease or has been exposed to a communicable disease.

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A. Precautions

1. Whenever possible, any direct contact with body waste/fluids should be avoided;
2. The wearing of protective gloves is required whenever direct hand contact with body wastes and fluids is anticipated, such as in treating a bloody nose, handling clothing soiled by incontinence, and cleaning small spills by hand;
3. Disposable protective gloves shall be worn by any person in the removal of body wastes and fluids and the treatment or disinfection of any items or surfaces that have come in contact with body wastes and fluids;
4. A supply of disposable protective gloves shall be maintained in the office of the buildings and grounds supervisor and shall be freely available to all staff members;

B. When Bodily Contact with Body Wastes and Fluids Occurs

1. Hands and other skin areas that have come in contact with a person's body wastes or fluids must be thoroughly washed by the use of soap and vigorous scrubbing of all contacted surfaces under running water for at least twenty (20) seconds. Hands and other skin areas should then be dried with paper towels;

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2. Gloves soiled by contact with body wastes and fluids or in the cleaning of soiled items and surfaces should be promptly removed and placed in a plastic bag or lined trash can, secured, and disposed of daily.

## C. Removal of Body Wastes and Fluids From the Environment

1. A sanitary absorbent agent or coagulating powder, designed to absorb and disinfect body wastes and fluids, will be applied in accordance with instructions supplied with the material;
2. When the fluid is absorbed, the material will be vacuumed or swept up and the vacuum bag or sweepings will be disposed of in a plastic bag or lined trash can, secured, and disposed of daily;
3. The broom and dust pan used in sweeping will be rinsed in a disinfectant. No special handling is required for the vacuuming equipment;
4. Any disposable items (such as paper towels and tissues) used to clean up will be placed in a plastic bag or lined trash can, secured, and disposed of daily.

## D. Treatment of Soiled Items

1. Items such as clothing and fabric towels should be rinsed under cold running water to remove body wastes and fluids. If necessary for the treatment of stains, the item may be soaked in cold water;
2. If such pre-rinsing is required, gloves should be used when rinsing or soaking the items in cold water prior to bagging. Clothing should be sent home for washing, with appropriate directions to parents/teachers;
3. Wet contaminated personal clothing may be placed in a leak-proof labeled bag as per district's exposure plan;
4. Soiled disposable items (e.g. tissues, cotton balls, band aids, paper towels, diapers) should be handled in the same manner as disposable gloves.

## E. Treatment for Soiled Rugs

1. Body wastes and fluids should be removed as provided in "C" above;
2. A rug shampoo with a germicidal detergent should be applied with a brush and when dried, vacuumed;
3. The vacuum bag, will be placed in a plastic or lined trash can, secured and disposed of daily.

## F. Disinfection of hard Surfaces

1. Employees are to wear gloves while disinfecting hard surfaces and equipment;
2. Body wastes and fluids should be removed as provided in "C" above and a disinfectant applies to the affected surface;
3. Mops should be soaked in a bleach solution (1 part/10 parts) after use and rinsed thoroughly or washed in a hot water cycle, as per district's exposure plan;
4. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate;
5. Non-disposable cleaning equipment (such as dust pans and buckets) should be thoroughly rinsed in the disinfectant;
6. The disinfecting bleach/water solution should be promptly discarded down a drain pipe;
7. Gloves should be discarded in appropriate receptacles.

## G. Disposal of Sharps

Sharps are any instrument used to inject fluids into or draw fluids out of humans. Included are the pricks used for tine tests and blood sampling.

All sharps shall be placed in a medical waste container that is:

1. Rigid;
2. Leak resistant;
3. Impervious to moisture;

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4. Have sufficient strength to prevent tearing or bursting under normal conditions of use and handling;
5. Puncture resistant;
6. Sealed to prevent leakage during transport;
7. Labeled.

If at such time the medical waste container is 75% full, the school nurse shall advise the building and grounds supervisor, who will arrange by work order to have the container picked up. The words. "medical waste" shall be clearly typed across the top of the work order form.

Bloodborne Pathogens Exposure Control Plan

## A. Bloodborne Pathogens

Bloodborne pathogens are 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).

## B. Exposure Incident

An exposure incident occurs when a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contacts with blood or other potentially infectious materials that results from the performance of an employee's duties.

## C. Occupational Exposure

Occupational exposure are 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.

## D. Parenteral

Parenteral is the piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

## E. Source individual

A source individual is any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Procedures

## A. 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 as identified in our Exposure Plan - Exposure Determination.

## B. 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 as identified in our Exposure Plan Workplace Control.
2. All blood and body fluids shall be handled in accordance "A" through "G" in section titled *Body Wastes and Fluids* above.

## C. Hepatitis B Vaccination – Exposure Plan

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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 lies 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. An employee who has declined to receive the vaccine, and later decides to receive it shall again be 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.

## D. Post Exposure Evaluation and Follow-Up - Identified - Exposure Plan - Post Exposure Evaluation

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;
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.

## E. Communication of hazards to Employees

A 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 regulation (29 C.F.R. 1910.1030(g)).

## F. Training Program - Exposure Plan Training and Vaccination

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:

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- 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. All 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 the 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;
- o. The person conducting the training shall be knowledgeable in the subject matter covered as it relates to the workplace that the training will address.

## G. Recordkeeping - Exposure Plan Under Recordkeeping

1. The district will establish and maintain an accurate medical record for each employee with occupational exposure in accordance with 29 C.F.R. 1910.1030. The record shall include:
2. The name and social security number of the employee;
3. 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 "C" above of this regulation;
4. A copy of all results of examinations, medical testing, and follow-up procedures as required by section "D" above of this regulation;
5. The district's copy of the healthcare professional's written opinion;
6. A copy of the information provided to the healthcare professional;
7. The district shall ensure the employee's medical records required in board policy 4112.6/4212.6 Personnel Records 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
8. 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 C.F.R. 1910.1020.
9. 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.
10. 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

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request for examination and copying the subject employee, to anyone having written consent of the subject employee, and to authorized state and federal agencies;

11. The district shall comply with the requirements involving the transfer of records as set forth 29 C.F.R. 1910.1020(h).
12. 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:
  - a. The type and brand of device involved in the incident;
  - b. The department or work area where the exposure incident occurred; and
  - c. An explanation of how the incident occurred.
13. This log shall be maintained for the period required by law.

#### H. District's Exposure Control Plan

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:

1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
2. Document annually consideration and implementation of appropriate, commercially-available, and effective, safer medical devices designated to eliminate or minimize occupational exposure.

#### I. Staff Input

The buildings and grounds supervisor 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:	August 11, 2004
NJSBA Review/Update:	June 2015
Readopted:	August 12, 2015