



**EASTERN CAMDEN COUNTY REGIONAL
SCHOOL DISTRICT
BOARD OF EDUCATION**

EXPOSURE CONTROL PLAN

2018-2019

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PURPOSE OF THE PLAN

One of the major goals of the Public Employee Occupation Safety and Health Administration (PEOSHA) is to regulate facilities where work is carried out in order to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, PEOSHA has enacted the Bloodborne Pathogens Standard, codified at CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to “reduce Virus (HIV) and other bloodborne pathogens which employees can encounter in their work-place.”

The Eastern Camden County Regional School District believes there are numerous “good general principles which should be followed when working with bloodborne pathogens.”

These include the following:

1. It is prudent to minimize all exposure to bloodborne pathogens.
2. Risk of exposure to bloodborne pathogens should never be underestimated.
3. Our school system should institute as many work practice and engineering controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

We have developed, and will implement, this Exposure Control Plan to meet the letter and intent of the PEOSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- A. To protect our employees from the health hazards associated with blood- borne pathogens.
- B. To provide appropriate treatment and counseling should be employee exposed to bloodborne pathogens.

GENERAL PROGRAM MANAGEMENT

A. RESPONSIBLE PERSONS:

There are five major categories of responsibility central to the effective implementation of our Exposure Control Plan. These are:

1. The Exposure Control Officer (Superintendent)
2. Business Administrator/ Board Secretary
3. Principals and Directors
4. Training Instructors/School Nurse
5. Our Staff

The following sections define the roles played by each of these groups in carrying out our plan. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the superintendent is to be notified of the change so that records can be updated.

EXPOSURE CONTROL OFFICER:

The E.C.O. will be responsible for the overall management and support of the school system’s Bloodborne Pathogens Compliance Program. Activities, which are designated to the E.C.O. typically include but are not limited to:

1. Overall responsibility for implementing the ECP for the schools.
2. Working to develop and administer any additional blood pathogens related policies and practices needed to support the effective implementation of this plan.
3. Looking for ways to improve the E.C.P. as well as to revise and update the plan when necessary.
4. Collecting and maintaining a suitable reference library on the Blood Pathogens Standard and blood pathogens safety and health information.
5. Knowing current legal requirements concerning bloodborne pathogens.

6. Acting as district liaison during PEOSHA inspections.
7. Conducting periodic school audits to maintain an up to date E.C.P.

The Superintendent of Schools will be the district's E.C.O.

The E.C.O. will require assistance in fulfilling these responsibilities. To assist the E.C.O. in carrying out responsibilities, an Exposure Control Committee (E.C.C.) will be developed. This committee will consist of:

- * The School Business Administrator
- * The Building Principals and Directors
- * School Nurses

PRINCIPALS:

Principals and Directors and/or their designees are responsible for exposure control in respective areas. They work directly with the E.C.O. and staff to ensure proper exposure control procedures are followed.

EDUCATION/TRAINING COORDINATOR:

Our Director of Staff Development and School Nurse will be responsible for providing information and training to all certified employees who have potential or exposure to bloodborne pathogens. Our School Nurse will assist in this area. Our Director of Staff Development and/or designee will be responsible for providing information and training to all non-certified employees who have potential for exposure to bloodborne pathogens. Activities falling under the direction of the Coordinators include:

- * Maintaining an up to date list of all personnel requiring training in conjunction with school management.
- * Developing suitable education/training program
- * Scheduling periodic training seminars for staff.
- * Maintaining appropriate training documents such as sign-in sheets and agenda.
- * Periodically reviewing the training programs with the E.C.O., Principal, Vice Principals and Directors to include appropriate new information.

- **Note: Annual Training for all employees should occur no later than September 30th of each school year.**

STAFF:

As with all district activities, staff have the most important role in our bloodborne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role, the following must be accomplished:

- * Know which tasks are performed which have occupational exposure.
- * Attend the bloodborne pathogens training sessions.
- * Plan and conduct all operations in accordance with our work practice controls.
- * Practice good personal hygiene.

B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO STAFF:

To help with their efforts, our district's Exposure Control Plan is available to our staff at any time. Staff will be advised of this during education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

- * Superintendent's Office
- * School Business Administrator's Office
- * Nurses' Offices
- * Athletic Director's Office
- * Facility Director's Office
- * Web site

C. REVIEW AND UPDATE OF THE PLAN:

We recognize that it is important to keep our Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- * Annually, on or before September 1st of each year.
- * Whenever new or modified tasks and procedures are implemented which affect occupational exposure to our staff.
- * Whenever our staff's jobs are revised such that a new incident of occupational exposure may occur.
- * Whenever we establish new functional positions within our district that may involve exposure to bloodborne pathogens.

EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations staff may encounter. To facilitate this in our schools, we have prepared the following lists:

- * Job classifications in which *ALL* staff have occupational exposure which would be a reasonable expectation that they are exposed to fluids as previously described. This group would be offered the hepatitis B vaccine which would be supplied by the district. In addition, this group would receive thorough training on the use of Personal Protective Equipment and disposal of materials.
- * Job classifications in which staff may have some exposure to bodily fluids as previously described. This group would have available to them gloves, in order to help implement the standard precautions. This group would also be aware of the availability of Personal Protective Equipment and its use. Gloves can be obtained from the school nurse's office.
- * Tasks and procedures in which occupational exposure to bloodborne pathogens occur.

These initial lists have been compiled with input from the exposure control committee. The superintendent will work with principals and directors to revise and update these lists as tasks, procedures and classification change.

JOB CLASSIFICATION IN WHICH ALL EMPLOYEES HAVE HIGH RISK OF EXPOSURE

- * School Nurses
- * Athletic Trainers
- * School Custodians
- * School Coaches
- * Bus Drivers and Bus Aides
- * Self-Contained Special Education Teachers
- * One-on-one Instructional Assistants

JOB CLASSIFICATION IN WHICH ALL EMPLOYEES MAY HAVE SOME EXPOSURE

- * Athletic Director
- * Activity Advisors
- * School Principals
- * Teaching Staff including Aides and Substitutes
- * Other Administrators

**** Most insurance companies will cover the cost of the vaccine. Employees who are not eligible to receive the series at the district's expense are encouraged to contact their insurance provider.***

In accordance with N.J.A.C. 8:57-4, Immunization Requirements of Pupils in School, all students are required to receive the Hepatitis B vaccination in order to attend school (exemptions are granted for religious purposes). This will reduce the risk of exposure to all staff.

ACTIVITIES INVOLVING POTENTIAL EXPOSURE

Below are listed tasks, procedures and potential activities which might result in staff coming in contact with bloodborne pathogens.

OCCURANCE	PERSON RESPONSIBLE TO ACT
Athletic/Activity Incident	Athletic Trainer
	Athletic Director
	Administrator
	Coach/Advisor
Incident in class or Activity	Nurse
	Administrator
	Teaching Staff/Aide/Substitute
	Custodian
Injury during school hours	Nurse
	Administrator
	Teaching staff/Aide/Substitute
	Secretary
	Custodian
	Advisor
	Volunteer

It must be noted that there is a proper protocol to be followed. Any injuries on the athletic field or in the classroom require immediate attention. Staff members can have students attend to their own injury when possible. If this is not possible, a staff member should immediately contact the school nurse, athletic trainer, or building administrator. When clean up is necessary, staff member should contact school custodian.

Any staff member attending to an injury must follow the universal precautions. Personal protective equipment will be available in all buildings, located in the Nurses' Office and/or Principals' offices. P.P.E. will also be available in the athletic trainer's office.

Kits for proper sanitation and disinfecting will be available in custodial closets.

METHODS OF COMPLIANCE

We understand there are a number of areas which must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in our district. The first five are:

1. The use of Universal Precautions
2. Establishing appropriate engineering controls
3. Implementing appropriate Work Practice Controls
4. Using necessary Personal Protective Equipment
5. Implementing appropriate Housekeeping Procedures

Each of these areas is reviewed during training.

A. STANDARD PRECAUTIONS:

All human blood and body fluids such as semen and vaginal secretions are to be treated as though they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens.

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious. The Business Administrator is responsible for overseeing Standard Precautions Program

B. ENGINEERING CONTROLS:

One of the key aspects of our E.C.P. is the use of Engineering Controls to eliminate or minimize staff exposure to bloodborne pathogens. As a result, staff should use cleaning, maintenance and other equipment designed to prevent contact with blood or other potentially infectious materials. The Facilities Director will work with administrators to review tasks and procedures where engineering controls can be updated.

The following engineering controls are used through our facilities:

- a. Handwashing facilities, which are readily accessible to all employees who have potential exposure
- b. Containers for concentrated sharps having the following characteristics.
 - * Puncture-resistant
 - * Color coded or labeled with a biohazard warning label
 - * Leak-proof on the sides and bottom.
 - * Located in nurses' and trainers' offices.

C. WORK PRACTICE CONTROLS

A number of Work Practice Controls are also used. The building principal and vice principals are responsible for seeing these controls are followed and updated as necessary.

These include:

1. Staff washes hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other P.P.E.
2. Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
3. Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:

- * It can be demonstrated there is no feasible alternative.
- * The action is required by specific medical procedures.
- * In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.

4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is a high risk for exposure to bloodborne pathogens.
5. Food, and drink are not kept in refrigerators, freezers or countertops or in other storage areas where blood or other potentially infectious materials are present.
6. Equipment, which becomes contaminated, is examined prior to servicing or shipping and decontaminated as necessary unless it can be demonstrated that decontamination is not feasible.
7. An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
8. Information regarding the remaining contamination is conveyed to all affected staff, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

When a new staff member comes to our district or a staff member changes jobs within the district, the following occurs to ensure training:

- a. The job classification and tasks and procedures are checked against those in our E.C.P.
- b. If a staff member is transferring from one position to another within the district, the job description of their previous position will also be checked.
- c. The cross-checking will ensure compliance
- d. The staff member, if necessary will receive training.
- e. The Business Office will contact the appropriate school nurse alerting them of any employee requiring training.

D. PERSONAL PROTECTIVE EQUIPMENT:

P.P.E. is our staffs "*last line of defense*" against bloodborne pathogens. Because of this, our district provides, at no cost to the staff member, the P.P.E. needed to protect against exposure. This will include but not be limited to:

- a. Rubber Gloves
- b. Safety Glasses
- c. Goggles
- d. Face shields/masks
- e. Respirators

E. HOUSEKEEPING

Maintaining our district in a clean and sanitary condition is an important part of our Bloodborne Pathogens Compliance Program. To facilitate this, we have established cleaning and decontamination schedules. This includes areas to be cleaned, work schedules, cleansers and disinfectants used and any special instructions. Using this schedule, our maintenance/custodial staff employs the following practice:

- a. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials immediately when surfaces are overtly contaminated or at the end of a shift.
- b. Protective coverings such as trash bags are removed and replaced as soon as feasible or at the end of a shift.

- c. All trash containers, pails, bins and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- d. Potentially contaminated broken glassware is picked up using mechanical means such as dustpan and brush, tongs, forceps.
- e. Contaminated sharps are disposed of.

The Director of Facilities is responsible for setting up our cleaning and decontamination schedule and making sure it is implemented.

In addition:

- a. Containers for regulated waste are placed in appropriate locations in our district within easy access of staff and as close as possible to the sources of the waste. (All custodial closets and main storage)
- b. Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- c. Whenever our staff moves containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

The Nurse and Director of Facilities are responsible for the collection and handling of our district's contaminated waste.

Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to the gloves our district normally uses.

To ensure P.P.E. is not contaminated and is in the appropriate condition to protect employees from potential exposure, our district will adhere to the following practice:

- * All P.P.E. is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- * Reusable P.P.E. is clean, laundered and decontaminated as needed.
- * Single use P.P.E. is disposed of by a recognized waste disposal company.

To make sure this equipment is used as effectively as possible, our staff will adhere to the following practices when using P.P.E.:

- * Any garments penetrated by blood or other infectious materials are removed immediately or as soon as feasible.
- * All potentially contaminated P.P.E. is removed prior to leaving work area.
- * Gloves are worn whenever staff member can anticipate hand contact with potentially infectious materials or when handling or touching contaminated surfaces.
- * Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an exposure barrier.
- * Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- * Masks and eye protection are used whenever splashes or sprays may generate droplets of infectious materials
- * Protective clothing is worn whenever potential exposure to the body is anticipated.

HEPATITIS B VACCINATION POST EXPOSURE EVALUATION AND FOLLOW-UP

Everyone in our district recognizes that even with good adherence to all of our exposure prevention practice, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program as well as set up procedures for post exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

A. VACCINATION PROGRAM

To protect staff from the possibility of HBV infection, our district will implement a vaccination program for those likely to be exposed as previously described.

The vaccination program consists of a series of two/three inoculations over a six-month period. An antibody titer will be administered after one month and recorded to reflect whether or not the employee is immune. As part of training, staff will receive information about this program that is provided free of charge by the district. The school nurse is responsible for setting up and operating our vaccination program.

Eligible employees should contact the school nurse. Staff eligible for this program have been listed previously. Their involvement will be noted and kept in their personnel file. Staff eligible for the program who decline the vaccination must sign the "Vaccination Declination Form", a sample of which follows. This form is located in our professional development system called "Public School Works" and must be completed online.

The vaccination program is discussed at training sessions.

B. POST-EXPOSURE EVALUATION & FOLLOW-UP PROCEDURES

If one of our staff is involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that we immediately focus our efforts on:

1. Investigating the circumstances surrounding the exposure incident.
2. Making sure that our staff receives medical consultation and treatment (if required) as expeditiously as possible.

The Eastern Camden County Regional School District's respective nurse (where the incident occurred) investigates every exposure incident that occurs in our district. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- a. When the incident occurred.
 - Date and time
- b. Where the incident occurred.
 - Location within the district
- d. What potentially infectious materials were involved in the incident.
 - Type of material (blood, etc.)
- e. Source of the material
- f. Under what circumstances the incident occurred.
 - Type of work being performed.

- g. How the accident was caused.
 - Accident
 - Unusual circumstances (such as equipment malfunction, power outage, etc.).
- h. Personal protective equipment being used at the time of the incident.
- i. Actions taken as a result of the incident.
- j. Personal protective equipment being used at the time of the incident.
- k. Actions taken as a result of the incident.
 - Staff decontamination.
 - Cleanup
 - Notifications made.

After this information is gathered it is evaluated. A written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future (to help with this, we use the “Incident Investigation Form” found at the end of this section).

In order to make sure that our staff receives the best and most timely treatment if an exposure to bloodborne pathogens should occur, our district has set up a comprehensive post-exposure evaluation and follow-up process. We use the “checklist” at the end of this section to verify that all the steps in the process have been taken correctly.

We recognize that much of the information involved in this process must remain confidential, and we will do everything possible to protect the privacy of the people involved.

As the first step in this process, we provide staff with the following confidential information:

- * Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- * Identification of the source individual (unless infeasible or prohibited by law)

Next, if possible, we test the source individual’s blood to determine HBV, HCV and HIV infectivity. This information will also be made available to the exposed staff if it is obtained. At that time, staff will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

Finally, we collect and test the blood of the exposed staff for HBV, HCV and HIV status.

Once these procedures have been completed, an appointment is arranged for the exposed staff with a qualified healthcare professional to discuss the employee’s medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

C. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

To assist the healthcare professional we forwarded a number of documents to them, including the following:

- * A copy of the Bloodborne Pathogens Standard.
- * A description of the exposure incident.
- * The exposed staff’s relevant medical records
- * Other pertinent information.

D. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

After the consultation, the healthcare professional provides our staff with a written opinion evaluating the exposed employee's situation. We, in turn, furnish a copy of this opinion to the exposed staff.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- * Whether Hepatitis B Vaccination is indicated for the staff.
- * Whether staff has received the Hepatitis B Vaccination.
- * Confirmation that staff has been informed of the results of the evaluation.
- * Confirmation that staff has been told about any medical conditions resulting from the exposure incident, which require further evaluation or treatment.

E. MEDICAL RECORDKEEPING

To make sure that we have as much medical information available to the participating healthcare professional as possible, our facility maintains comprehensive medical records on our staff. The designated school nurse is responsible for setting up and maintaining these records, which include the following information.

- * Name of staff
- * Emergency contact information
- * The following information **if** the employee chooses to provide:
 - Hepatitis B Vaccination status
 - Dates of any vaccinations.
 - Medical Records relative to the ability to receive vaccinations.
 - Medications
 - Health issues
- * Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of staff exposure to bloodborne pathogens.
- * A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without written consent (except as required by law).

CLEANING SCHEDULE

Our cleaning schedule and list of cleaners and disinfectants are on file in the office of the Director of Facilities. In addition, all areas are cleaned and disinfected on an as-needed basis.

LABELS AND SIGNS

One of the most obvious warnings of possible exposure are biohazards labels. There will be proper labeling and color-coding. The Director of Facilities will be responsible for maintaining this program in our district. The following will be labeled:

- ◆ Containers of regulated waste
- ◆ Contaminated equipment

We recognize that biohazard signs must be posted at entrances to HIV, HCV and HBV research laboratories. None exist in this district.

BIOHAZARD LABELS



PEOSHA's "Bloodborne Pathogens Standard" requires the use of labels that "shall be fluorescent orange, or orange-red, or predominately so, with lettering and symbols in a contrasting color."



INFORMATION AND TRAINING

Having a well informed and educated staff is extremely important when attempting to eliminate or minimize exposure to Bloodborne pathogens. Because of this, all staff who have the potential for exposure to Bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Staff will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

The Exposure Control Officer is responsible for seeing that all employees who have potential exposure to Bloodborne pathogens receive this training. They will be assisted by the following instructors:

1. Certified School Nurses
2. Outside Sources

A. TRAINING TOPICS

The topics covered in our training program include, but are not limited to, the following:

- * The Bloodborne Pathogens Standard itself.
- * The epidemiology and symptoms of Bloodborne disease
- * Our facility's Exposure Control Plan (and where staff can obtain a copy).
- * Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- * A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - Engineering Controls
 - Work practice controls.
 - Personal protective equipment
- * Selection and use of personal protective equipment including:
 - Types available
 - Proper use
 - Location within the facility
 - Removal
 - Handling
 - Decontamination
 - Disposal
- * Visual warnings of biohazards within our facility including labels, signs and "color coded" containers.
- * Information on the Hepatitis B Vaccine, including its:
 - Efficacy
 - Safety
 - Method of Administration
 - Benefits of Vaccination
 - Our facility's free vaccination program

- * Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- * The procedures to follow if an exposure incident occurs, including incident reporting.
- * Information on the post-exposure evaluation and follow-up, including medical consultation, that our facility will provide.

B. TRAINING METHODS

Our facility's training presentations make use of several training techniques including, but not limited to, those checked below:

- Classroom type atmosphere with personal instruction
- Internet/Web based training
- Videotape programs
- Training manuals/employee handouts
- Staff Review Sessions
- _____

Because we feel staff need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

C. RECORD KEEPING

To facilitate the training of staff, as well as to document the training process, we maintain training records containing the following information

- a. Dates of all training sessions
- b. Contents/summary/of the training sessions
- c. Names and qualifications of the instructors
- d. Names and job titles of staff attending the training sessions

We have used the forms on the following pages and/or our computer system to facilitate this record keeping. These training records are available for examination and copying to our employees and their representatives, as well as PEOSHA and its representatives.

APPENDIX A

FORMS

Eastern Camden County Regional School District

EXPOSURE INCIDENT REPORT

(To be completed by school nurse)

Please Print

Date Completed: _____
Employee's Name: _____ Social Security #: _____
Home Telephone: _____ Business Phone: _____
DOB: _____ Job Title: _____

Employee Vaccination Status: _____

Date of Exposure: _____ Time of Exposure: _____ AM ___ PM ___

Location of incident (Hallway, Cafeteria, Etc. – Be Specific): _____

Nature of Incident (Trauma, Medical Emergency) – Be Specific:

Describe what task(s) you were performing when the exposure occurred (Be Specific):

Were you wearing personal protective equipment (PPE) Yes _____ No _____

Did the PPE Fail? Yes _____ No _____

If yes, explain how:

What body fluid(s) were you exposed to (Blood or other potentially infectious material)? (Be Specific):

(continued)

EXPOSURE INCIDENT REPORT (cont'd)

What parts of your body became exposed? Be Specific:

Estimate the size of the area of your body that was exposed.

For How Long?

Did a Foreign Body (Needle, Nail, Auto Part, Dental Wires etc) penetrate your body?

Yes _____ NO _____

If Yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? Yes _____ No _____

If Yes, what type of fluid? _____ How Much? _____

Did you receive medical attention? Yes _____ No _____

If Yes, where? _____

When _____

By Whom _____

Identification of Source Individual(s) _____

Name(s) _____

Did you treat the patient directly? Yes _____ No _____

If yes, what treatment did you provide. Be Specific. _____

Other pertinent information _____

***EASTERN CAMDEN COUNTY
REGIONAL SCHOOL DISTRICT***

PERSONNEL ACCIDENT REPORT

DATE: _____

NAME: _____

DEPARTMENT: _____

ADDRESS: _____ TELEPHONE: _____

_____ DATE OF BIRTH: _____

*SOCIAL SECURITY NUMBER: _____

DATE OF ACCIDENT: _____ TIME: _____ A.M./P.M.

LOCATION AT TIME OF ACCIDENT: _____

NAME OF SUPERVISOR/DIRECTOR: _____

WITNESSES: (1) _____ (2) _____ (3) _____

DESCRIPTION OF ACCIDENT BY EMPLOYEE:

Signature of Employee

DESCRIPTION OF ACCIDENT BY SUPERVISOR/DIRECTOR OR WITNESS (IF APPROPRIATE)

Signature

DESCRIPTION OF INJURY:

DESCRIPTION OF CASE:

Signature of Nurse

Signature of Administrator

*** This information is required for Worker's Compensation Forms.**

_____ **Medical Treatment by a BOE approved panel physician was offered and declined by the employee at this time. (Initial if appropriate)**

**EASTERN CAMDEN COUNTY
REGIONAL SCHOOL DISTRICT**

**INJURY AND ILLNESS INCIDENT REPORT
(PEOSHA'S FORM 301)**

INFORMATION ABOUT THE EMPLOYEE:

Full Name: _____

Street: _____

City, State, Zip: _____

Date of Birth: ___/___/___ Date of Hire: ___/___/___ Male Female

INFORMATION ABOUT THE CASE:

Case number from the log _____ (transfer the case number from the log after you record the case)

Date of Injury or illness: _____

Time employee began work _____ AM/PM

Time of event _____ AM/PM Check if time cannot be determined

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw."
If this question does not apply to the incident, leave it blank.

INJURY AND ILLNESS INCIDENT REPORT
(PEOSHA'S FORM 301)
(continued)

Employee Name: _____

Information about the physician or health care professional:

Name of Physician or health care professional: _____

If treatment was given away from facility, where was it given?

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Was employee treated in an emergency room? Yes _____ No _____

Was employee hospitalized overnight as an in-patient? Yes _____ No _____

If the employee died, when did death occur? Date of death ____/____/____

Form completed by:

Print Name: _____ Title: _____

Phone: (_____) _____ - _____ Date: _____

Signature: _____

***EASTERN CAMDEN COUNTY
REGIONAL SCHOOL DISTRICT***

CONFIDENTIAL

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Employee's Name: _____ Job Title: _____

Occurrence Date: _____ Reported Date: _____

Occurrence Time: _____

SOURCE INDIVIDUAL FOLLOW-UP:

Request made to: _____

Date: _____ Time: _____

EMPLOYEE FOLLOW-UP:

Employee's Health File Reviewed by: _____ Date: _____

Information given on source individual's blood test results: Yes ____ Not obtained: ____

REFERRED TO HEALTHCARE PROFESSIONAL WITH REQUIRED INFORMATION:

Name of healthcare professional: _____

By Whom: _____ Date: _____

BLOOD SAMPLING/TESTING OFFERED

By Whom: _____ Date: _____

VACCINATION OFFERED/RECOMMENDED:

By Whom: _____ Date: _____

ANTIBODY TESTING:

By Whom: _____ Date: _____

Immune: ____ Not Immune: ____

COUNSELING OFFERED:

By Whom: _____ Date: _____

EMPLOYEE ADVISED OF NEED FOR FURTHER EVALUATION OF MEDICAL CONDITION:

By Whom: _____ Date: _____

***EASTERN CAMDEN COUNTY
REGIONAL SCHOOL DISTRICT***

CONFIDENTIAL

***DOCUMENTATION & IDENTIFICATION
OF SOURCE INDIVIDUAL***

INCIDENT INFORMATION

Date: _____

Name or medical record number of the individual who is the source of the exposure:

Nature of the Incident:

_____ Contaminated needle stick injury

_____ Blood or Bodyfluid splash onto mucous membrane or non-intact skin

Other: _____

Name of exposed employee: _____

Name of medical provider who should be contacted: _____

Telephone number of provider: (_____) _____ - _____

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart reviewed by: _____ Date: _____

Source Individual Unknown – researched by: _____ Date: _____

Testing of source individual's blood Consent obtained _____ Refused: _____

CHECK ONE:

_____ Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.

_____ Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen.

_____ Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: _____ Date: _____

NOTE: Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed employee. Do not report the blood test findings to the employer.

HIV- related information cannot be released without the written consent of the source individual.

SECTION A: GENERAL INFORMATION

Check the box appropriate for your situation:

Your required follow-up action:

- I have already received the Hepatitis B vaccine.
- I do not work in a qualifying high-risk job classification, and I *do not* wish to receive the Hepatitis B vaccine.
- I do not work in a qualifying high-risk job classification, but I *do* wish to receive the Hepatitis B vaccine.
- I work in a qualifying high-risk job classification.

- Complete only Section A, and give this form to your supervisor.
- Complete only Section A, and give this form to your supervisor.
- Complete Section A *and* Section D, and give this form to your supervisor.
- Complete Section A, plus Section B *or* Section C, and give this form to your supervisor.

Employee Name (Please print.)

School

Department

Job Classification

Employee Signature

Date Signed

SECTION B: HEPATITIS B VACCINE CONSENT

I have read about Hepatitis B and the Hepatitis B vaccine in the "Bloodborne Pathogens for School Employees" course. I have had the opportunity to speak with a qualified nurse, and I understand the benefits and risks associated with the vaccine. I also understand that *I must have three (3) doses of the Hepatitis B vaccine to obtain immunity*. I realize that the vaccine does not guarantee immunity, and that it may produce side effects.

Employee Signature

Date Signed

Hepatitis B Vaccine Doses (To be filled out by a nurse.)

Dose 1 _____ Dosage _____ Maker _____ Lot # _____ Site _____ Initials _____

Dose 2 _____ Dosage _____ Maker _____ Lot # _____ Site _____ Initials _____

Dose 3 _____ Dosage _____ Maker _____ Lot # _____ Site _____ Initials _____

Nurse Signature _____ Date _____

SECTION C: HEPATITIS B VACCINE WAIVER

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that, by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date Signed

SECTION D: HEPATITIS B VACCINE REQUEST

Employee Name (Please print.)

Employee ID Number (If applicable.)

School

Department

Job Classification

Worksite Building

Worksite Room / Area

I do not work in a qualifying high-risk job classification, as defined by the school district's Bloodborne Pathogens Program. However, I am requesting a Hepatitis B vaccine because of the following special circumstances:

Employee Signature

Date Signed

District Administrative Review (To be filled out by an administrator or designee.)

Findings / Decision: _____

Administrator Signature _____ Date _____

TREATMENT AUTHORIZATION



We are authorizing the below listed U.S. HealthWorks location to provide services to our employees:

U.S. HEALTHWORKS MEDICAL GROUP LOCATED AT:

ADDRESS: 16000 Horizon Way, Suite 600, Mount Laurel, NJ 08054

PHONE: 856-780-9910

FAX: 856-780-9911

COMPANY NAME: Eastern High School EMPLOYER#:

PRIMARY CONTACT NAME: Deborah Wilkins

PH: 856-346-6730 Ext 2101 PH (after HRs/Cell):

EMAIL: dwilkins@ecersd.us

INSURANCE
EMPLOYEE DETAILS
SERVICES

DATE: TIME: AM OR PM

PATIENT NAME: DEPARTMENT:

DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? YES NO NAME OF TEMP AGENCY:

AUTHORIZED BY: NAME (PRINT): PHONE:

TITLE: AFTER HRS / CELL PH:

SIGNATURE: VERBAL

INSURANCE COMPANY NAME:

CLAIMS ADDRESS:

PHONE#: EFFECTIVE DATE:

POLICY #: EXPIRATION DATE:

INJURY: DATE OF INJURY: LAST WORKED:

INJURED BODY PART: CLAIM #:

RETURN-TO-WORK EVALUATION

PHYSICAL EXAM TYPE: PROTOCOL #:

DRUG/ALCOHOL TEST. SPECIFY TYPE AND REASON/PURPOSE BELOW PROTOCOL #

TYPE:

- DOT DRUG TEST
- DOT BREATH ALCOHOL TEST
- NON-DOT DRUG TEST
- NON-DOT BREATH ALCOHOL TEST
- INSTANT CHECK TEST

REASON/PURPOSE:

- PRE-EMPLOYMENT
- POST-ACCIDENT
- RETURN TO DUTY
- REASONABLE SUSPICION
- RANDOM
- POST-INJURY

NOTE: PICTURE ID REQUIRED FOR DRUG TESTING

Thank you for choosing U.S. HealthWorks Medical Group!

U.S. HealthWorks

April 29, 2008

Dear Client:

We've moved in! U.S. HealthWorks Medical Group has officially relocated our Voorhees occupational medical center to our new, convenient location just 5 miles away at:

16000 Horizon Way, Suite 600
Mt. Laurel, NJ 08054

We are proud to offer additional benefits to you and your company at our new expanded facility:

- Conveniently located between Route 73 and 70 off of Springdale Rd., with easy highway access to Route 295/exit 36A and the Turnpike/exit 4
- Better access to public transportation
- More parking!
- New x-ray equipment and an additional drug screen room

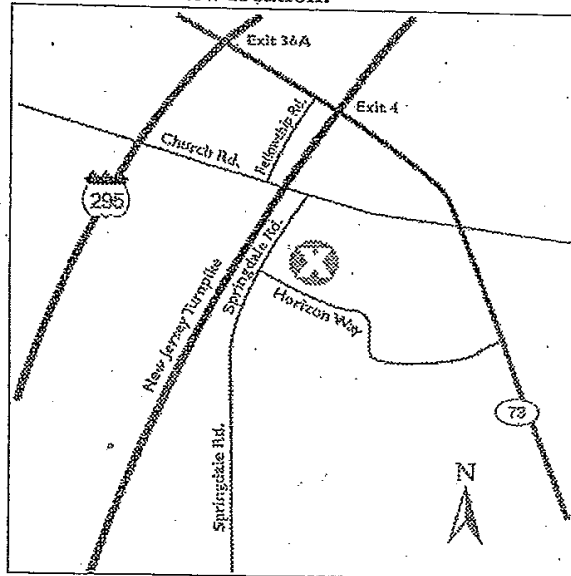
Our knowledgeable staff is always available to answer any questions you may have. We look forward to continuing our relationship as your occupational health care provider of choice. If you have any questions, please call Sandra Gregory, Center Manager at (856) 780-9910, ext. 117.

Yours in good health,

Theresa DiMatteo
Sales Consultant
U.S. HealthWorks Medical Group

New address:
16000 Horizon Way, Suite 600
Mt. Laurel, NJ 08054
Ph: (856) 780-9910
F: (856) 780-9911
www.ushealthworks.com

Visit us at our new location:



16000 Horizon Way, Suite 600, Mt. Laurel, New Jersey 08054
856-780-9910 Fax 856-780-9911 www.ushealthworks.com

APPENDIX B

DEFINITIONS

DEFINITIONS

1. **BLOODBORNE PATHOGENS:** Disease-causing microorganisms that are present in human blood and PIM's that can cause disease in humans. Examples are Hepatitis B and HIV.
2. **OCCUPATIONAL EXPOSURE:** *REASONABLY* anticipated skin, eye, mucus membrane or parenteral (through the skin/mucus membrane barrier) contact with blood or other potentially infectious materials (PIM's), which may result from the performance of an employee's duties.
3. **POTENTIALLY INFECTIOUS MATERIALS (PIM'S):** Blood and other potentially infectious materials including human body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, pleural fluid, saliva in dental procedures, and body fluid which is visibly contaminated with blood and ALL body fluid in situations where it is difficult or impossible to differentiate between body fluids. Any unfixed tissue or organs from a human, living or dead; HIV containing cell or tissue cultures; organ cultures; and HIV or HBV containing culture, medium or other solutions in blood, organs or other tissues from experimental animals infected with HIV or HBV.
4. **CONTAMINATE:** The presence or the reasonably anticipated presence of blood or other PIM's on an item or surface.
5. **SHARPS:** Any object which can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
6. **REGULATED WASTE:** Liquid or semi-liquid blood or other PIM's; contaminated items, which would release blood or PIM's; items which are caked with dried blood PIM's and are capable of releasing these materials during handling; contaminated sharps, and pathological and microbiological waste containing blood or other PIM's.
7. **UNIVERSAL REPCAUTIONS:** An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.