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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 Mount Holly Township Public 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 bloodborne 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
3. Principals
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.
5. Knowing current legal requirements concerning bloodborne pathogens.
6. Acting as district liaison during PEOSHA inspections.
7. Conducting school audits to maintain 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
* School Nurses

**PRINCIPALS:**
Principals 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 designated school nurse will be responsible for providing information and training to all certified employees who have potential or exposure to bloodborne pathogens. Our Middle School Nurse will assist in this area. Our School Business Administrator 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., Principals and Directors to include appropriate new information.

**Note: Annual Training for all employees should occur no later than October 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
* Website

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 instances:
* Annually, on or before 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.

* 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 Trainer
* School Custodians
* School Coaches
* Bus Drivers
* Self-Contained Special Education Teachers
* One-on-one Instructional Assistants
* Health Office Staff

JOB CLASSIFICATION IN WHICH ALL EMPLOYEES MAY HAVE SOME EXPOSURE

* Activity Advisors
* School Principals
* Teaching Staff including Assistants 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.

<table>
<thead>
<tr>
<th>OCCURANCE</th>
<th>PERSON(S) RESPONSIBLE TO ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic/Activity Incident</td>
<td>Coach/Advisor</td>
</tr>
<tr>
<td></td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Custodian</td>
</tr>
<tr>
<td>Incident in class or in school activity</td>
<td>Nurse</td>
</tr>
<tr>
<td></td>
<td>Teaching Staff and Specialistsd</td>
</tr>
<tr>
<td></td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Custodian</td>
</tr>
<tr>
<td>Injury during school hours</td>
<td>Nurse</td>
</tr>
<tr>
<td></td>
<td>Teaching Staff and Specialistsd</td>
</tr>
<tr>
<td></td>
<td>Administrator</td>
</tr>
<tr>
<td></td>
<td>Custodian</td>
</tr>
<tr>
<td></td>
<td>Secretary</td>
</tr>
<tr>
<td></td>
<td>Volunteer</td>
</tr>
</tbody>
</table>
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. All staff members will be supplied with rubber gloves. 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 cleanup 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 Assistant Superintendent 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. Hand washing 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. Individual building 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 mucus 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 staff's "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:

- 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.
- Protective coverings such as trash bags are removed and replaced as soon as feasible or at the end of a shift.
- All trash containers, pails, bins and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means such as dustpan and brush, tongs, forceps.
- Contaminated sharps are disposed of.

The Supervisor of Building & Grounds is responsible for setting up our cleaning and decontamination schedule and making sure it is implemented.

In addition:

- 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)
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- 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 Supervisor of Building & Grounds is 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 assistant superintendent is responsible for setting up and operating our vaccination program.

Eligible employees should contact the Employee Health Nurse Specialists in the East Building Health Office. 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.

The vaccination program is discussed at training sessions.

Vaccination Program Notices, a copy of which follows, will be displayed in prominent places throughout the district.

**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 Mount Holly Public School District 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.
b. Where the incident occurred.
c. What potentially infectious materials were involved
d. Source of the material
e. Circumstances the incident occurred.
f. How the accident was caused.
g. Accident
h. Personal protective equipment being used
i. Actions taken as a result of the incident
j. Personal protective equipment being used
k. Actions taken as a result of the incident

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 timeliest 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
  * Social Security number
  * Copies of Hepatitis B Vaccination status, dates of all vaccinations, medical records.
  * 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 and with the supervisor of the building. 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 Supervisor of Buildings & Grounds 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.

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
* Visual warnings of biohazards within our facility
* Information on the Hepatitis B Vaccine,
* Our facility's free vaccination program
* Actions to take and persons to contact in an emergency
* The procedures to follow exposure incidents
* Post-exposure evaluation and follow-up
B. TRAINING METHODS

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

- Classroom type atmosphere with personal instruction
- 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:

- Dates of all training sessions
- Contents/summary/of the training sessions
- Names and qualifications of the instructors
- 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
# MOUNT HOLLY TOWNSHIP PUBLIC
## SCHOOL DISTRICT
### EXPOSURE INCIDENT REPORT

333 Levis Drive  
Mount Holly, NJ 0806  
(609)267-7200

*(To be completed by school nurse)*

Please Print

<table>
<thead>
<tr>
<th>Date Completed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee's Name:</td>
<td></td>
</tr>
<tr>
<td>Social Security#:</td>
<td></td>
</tr>
<tr>
<td>Home Telephone:</td>
<td></td>
</tr>
<tr>
<td>Business Phone:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
</tbody>
</table>

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):

(Use 2 lines)

Date Completed: __________

Employee's Name: __________

Home Telephone: __________

DOB: __________

Social Security#: __________

Business Phone: __________

Job Title: __________
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    ____    

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    ________________________________
MOUNT HOLLY TOWNSHIP PUBLIC
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)
MOUNT HOLLY TOWNSHIP PUBLIC
SCHOOL DISTRICT

INJURY AND ILLNESS INCIDENT REPORT
(PEOSHA’S FORM 301)

INFORMATION ABOUT THE EMPLOYEE:
Full Name: ________________________________
Street: ________________________________
City, State, Zip: ________________________________
Date of Birth: ______ / ______ / ______  O Male  O Female
Date of Hire: ______ / ______ / ______

INFORMATION ABOUT THE CASE:
Case number from the log ________________________________
Date of injury or illness: ________________________________
Time employee began work ______ / ______ / ______ AM/PM
Time of event ______ / ______ / ______ AM/PM  O 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 healthcare professional:
Name of Physician or healthcare 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? No

Yes

If the employee died, when did death occur?

Date of death / / _

Form completed by:
Print Name:_________________________ Title:_____________________
Phone: (_____) ___________ Date:_________________

Signature:---------------------
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
Immune: ___ Not Immune: ___ Date: ___________

COUNSELING OFFERED:

By Whom: - - - - - - - - - - - - - - - - - - Date: ___________

EMPLOYEE ADVISED OF NEED FOR FURTHER EVALUATION OF MEDICAL CONDITION:

By Whom: ____________________________ Date: ___________
MOUNT HOLLY TOWNSHIP
PUBLIC 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 Body fluid 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.

__________ Evaluations 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.
MOUNT HOLLY TOWNSHIP
PUBLIC SCHOOL DISTRICT
VACCINATION DECLINATION FORM
(Please check one)

Date: ____________
Name: __________________________
ID#: __________________________

1. ___ I understand that due to my occupational exposure to blood or other potential 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 the 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.

2. ___ I am waiving at this time not to have the Hepatitis B vaccination series that is being offered by the Mount Holly Township Public School District. I have already received this vaccination at a previous time.

Employee Signature ______________ Date ______________
Facility Representative Signature ______________ Date ______________
HOURS OF OPERATION
MONDAY - FRIDAY 8:00 A.M. - 5:30 P.M.

Please call in advance to schedule an appointment

Please be sure this authorization form accompanies employee at time of visit.

During all other times, please report to the Virtua Emergency Department and present this form to the registrar.

Date/Time Authorization: ________________________
Employee Name: ________________________________
Company Name: Mount Holly Township Public School District

Services/Treatment authorized by: ________________________
(Director’s Signature & Title)

Phone Number: ___________ Fax: ___________

* As per your company policy, the following services indicated with a check mark below will be performed:

( ) Injury Management
( ) Urine Drug Screen (non-DOT)
( ) Urine Drug Screen (DOT)
( ) Breath Alcohol Test
( ) Blood Alcohol Level (Blood Drawn)
( ) Pre-Employment Physical
( ) DOT Physical
( ) Additional Services Requested
( ) Hepatitis B Series

Registrar: Please call the operator and ask them to page the Virtua at Work Medical Technician.
From I-295 North:
Exit 45A to Beverly Rancocas Road. Beverly Rancocas Road bears to the right at the exit ramp. Continue on Beverly Rancocas Road for approximately 2 miles. The 895 Office Building will be on your left. Turn left onto Holly Lane, make first left into 895 Office Building parking lot. (Holly Lane is before the 541 bypass light)

From New Jersey Turnpike:
Exit 5 to Burlington/Mt. Holly and go South for 1.5 miles. Turn right on CR-541, Burlington Mt. Holly Road and go Southeast for 1.7 miles. Bear right and go South for about 500 feet. Bear right on CR-541, Mt. Hill bypass and go Southwest for 0.7 miles. Turn left on Rancocas Road and go southeast for about 500 feet. Make first right, The building is immediately on your left.

From Rt. 38 East:
Take Rt. 37 East to the jughandle for the Rt. 541 bypass. Take the bypass towards Burlington. Once you cross Rt. 38 go two traffic lights to Beverly Rd. and make a left. The grey building on your right is the 895 building (the building is right after the small plaza with the Uni-Mart in it).

From Rt. 38 West:
Take Rt. 38 West past Madison Avenue to the next light. This will be the Burlington Bypass. Make a right onto the bypass. Go two traffic lights to Beverly Road and make a left. The grey building on your right is the 895 building.

From Rt. 541:
Take Rt. 541 towards Mt. Holly. Make a right onto the 541 bypass. (Texaco and Burger King are on your right, Pizza Hut is on your left). Go to the first traffic light and make a right. The grey building on the right is the 895 building.
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.