

Optional Information

Name of School:

Date of Inspection:

Vocational Program/Course/Room:

Signature of Inspector:

Bloodborne Pathogens - Part 1
Self Inspection Checklist

Guidelines: This checklist covers some of the regulations issued by the U.S. Department of Labor - OSHA under the General Industry standard 29 CFR 1910.1030. These regulations were adopted by reference by the New Jersey PEOSH Program and the New Jersey Department of Education. Two related regulations issued by the New Jersey Department of Education are also included: N.J.A.C. 6A:16-2.3 and 6A:19-10.9. It applies to all situations where a person's work activities may result in exposure to blood or *other potentially infectious materials*. Such activities might include students learning how to take blood tests or teachers who are trained in first aid and are required to render first aid in the event of an emergency. This checklist does not cover acts which result in exposure to blood or *other potentially infectious materials* when voluntarily assisting others in an emergency. The questions that are most likely not the responsibility of the individual teacher are marked with an asterisk (*) next to the number of the question. Definitions of italicized terms are provided at the end of the checklist to help you understand some of the questions.

Exposure Control Plan

1.* Is there a written Exposure Control Plan? [29 CFR 1910.1030(c)(1)(i), (c)(1)(ii) and (c)(2)]

Please Circle

Y N N/A DK

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Note: The Exposure Control Plan must include a list of jobs, tasks and procedures identified as having a potential exposure to *bloodborne pathogens*; methods to be used to protect employees and students; when and how hepatitis B vaccinations will be provided; procedures for post-exposure evaluation and follow-up when there has been an exposure incident; content and methods for training students and employees; and how records will be maintained.

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| 2.* | Is the written Exposure Control Plan available on request to employees and students for examination and/or copying? [29 CFR 1910.1030(c)(1)(iii)] | Y N N/A DK |
| 3.* | Has the written Exposure Control Plan been reviewed and updated at least annually? [29 CFR 1910.1030(c)(1)(iv)] | Y N N/A DK |
| 4.* | Has the written Exposure Control Plan been updated whenever there are changes to tasks, procedures or job positions that might impact on occupational exposure to bloodborne pathogens? [29 CFR 1910.1030(c)(1)(iv)] | Y N N/A DK |
| 5.* | Does the written Exposure Control Plan include documentation of annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure? [29 CFR 1910.1030(c)(1)(iv)] | Y N N/A DK |
| 6.* | Has the written Exposure Control Plan been developed with input from non-managerial employees who are occupationally exposed to bloodborne pathogens? [29 CFR 1910.1030(c)(1)(v)] | Y N N/A DK |
| 7.* | Does the district have written policies and procedures for handling blood and body fluids? [N.J.A.C. 6A:16-2.3(e)] | Y N N/A DK |

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Engineering and Work Practice Controls

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| 8. | Are <i>universal precautions</i> followed to prevent contact with blood or <i>other potentially infectious materials</i> ? [29 CFR 1910.1030(d)(1) and N.J.A.C. 6A:19-10.9] | Y N N/A DK |
| 9. | Are <i>engineering</i> and <i>work practice controls</i> used before use of personal protective equipment? [29 CFR 1910.1030(d)(2)(i)] | Y N N/A DK |
| 10. | Are <i>engineering controls</i> examined and maintained on a regular schedule to ensure their effectiveness? [29 CFR 1910.1030(d)(2)(ii)] | Y N N/A DK |
| 11. | Are handwashing facilities readily accessible? [29 CFR 1910.1030(d)(2)(iii)] | Y N N/A DK |

Note: If providing handwashing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes may be substituted. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. [29 CFR 1910.1030(d)(2)(iv)]

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| 12. | Do students and employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment? [29 CFR 1910.1030(d)(2)(v)] | Y N N/A DK |
| 13. | Are hands or other skin areas washed/flushed with soap and water following contact with blood or <i>other potentially infectious materials</i> ? [29 CFR 1910.1030(d)(2)(vi)] | Y N N/A DK |

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14. Are bending, recapping or removing contaminated needles or sharps prohibited except as noted below? [29 CFR 1910.1030(d)(2)(vii)] Y N N/A DK

Note Exception: If there are no feasible alternatives to recapping or removing needles or sharps, such recapping or needle removal may only be accomplished through the use of a mechanical device or a one-handed technique. Such procedures could involve the one-handed "scoop" technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Or, the sharp might also be recapped by holding the cap with tongs or forceps to place it on the needle.

15. Are shearing or breaking of contaminated needles prohibited? [29 CFR 1910.1030(d)(2)(vii)] Y N N/A DK
16. Are eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses prohibited in work areas where there is potential exposure to *bloodborne pathogens*? [29 CFR 1910.1030(d)(2)(ix)] Y N N/A DK
17. Are food and drink prohibited in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or *other potentially infectious materials* are present? [29 CFR 1910.1030(d)(2)(x)] Y N N/A DK
18. Are procedures involving blood or *other potentially infectious materials* performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances? [29 CFR 1910.1030(d)(2)(xi)] Y N N/A DK

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| 19. | Is mouth pipetting/suctioning of blood or <i>other potentially infectious agents</i> prohibited? [29 CFR 1910.1030(d)(2)(xii)] | Y N N/A DK |
| 20. | Are specimens of blood or <i>other potentially infectious materials</i> placed in an appropriate container which prevents leakage during collection, handling, processing, storage, transport, or shipping? [29 CFR 1910.1030(d)(2)(xiii)] | Y N N/A DK |

Personal Protective Equipment

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| 21. | Is personal protective equipment such as gloves, gowns, laboratory coats, face shields or masks and eye protection provided free to persons potentially exposed to <i>bloodborne pathogens</i> ? [29 CFR 1910.1030(d)(3)(i)] | Y N N/A DK |
| 22. | Is personal protective equipment of appropriate sizes readily accessible or issued to individual persons? [29 CFR 1910.1030(d)(3)(iii)] | Y N N/A DK |
| 23. | Are hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives readily accessible to those individuals who are allergic to the gloves normally provided? [29 CFR 1910.1030(d)(3)(iii)] | Y N N/A DK |
| 24. | Is personal protective equipment repaired or replaced to maintain its effectiveness? [29 CFR 1910.1030(d)(3)(v)] | Y N N/A DK |
| 25. | Are garments which have been penetrated by blood or <i>other potentially infectious materials</i> removed immediately or as soon as possible by the user? [29 CFR 1910.1030(d)(3)(vi)] | Y N N/A DK |
| 26. | Is all personal protective equipment removed prior to leaving the work area? [29 CFR 1910.1030(d)(3)(vii)] | Y N N/A DK |

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27. When personal protective equipment is removed, is it placed in an appropriately designated area or container for storage, washing, decontamination or disposal? [29 CFR 1910.1030(d)(3)(viii)] Y N N/A DK
28. Are gloves worn, in situations where there is a potential for hand contact with blood or *other potentially infectious materials*? [29 CFR 1910.1030(d)(3)(ix)] Y N N/A DK
- Note: This includes touching contaminated items or surfaces and persons receiving phlebotomy training.
29. Are disposable (single use) gloves replaced as soon as they are contaminated, torn, punctured or have lost their ability to function as a barrier? [29 CFR 1910.1030(d)(3)(ix)(A)] Y N N/A DK
30. Are disposable (single use) gloves prohibited from being re-used? [29 CFR 1910.1030(d)(3)(ix)(B)] Y N N/A DK
31. Are utility gloves decontaminated and re-used only if the integrity of the glove is not compromised? [29 CFR 1910.1030(d)(3)(ix)(C)] Y N N/A DK
32. Are masks in combination with eye protection devices such as goggles or glasses with solid side shields or chin-length face shields worn whenever splashes, spray, spatter, or droplets of blood or *other potentially infectious materials* may be generated and eye, nose, or mouth contamination can be reasonably anticipated? [29 CFR 1910.1030(d)(3)(x)] Y N N/A DK
33. Are gowns, aprons, lab coats, clinic jackets, or similar outer garments worn whenever there is reasonably anticipated exposure to blood or *other potentially infectious materials*? [29 CFR 1910.1030(d)(3)(xi)] Y N N/A DK

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Definitions:

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

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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