



POLICY

**Haddonfield
Board of Education**

PROPERTY

7420/Page 1 of 3
Hygienic Management
M

7420 HYGIENIC MANAGEMENT

The Board of Education recognizes that the health and physical well-being of the students and staff of this district depend in large measure upon the cleanliness and sanitary management of the schools.

The Board directs that a program of hygienic management be instituted in the schools and explained annually to all staff members. Each school shall be inspected for cleanliness and sanitation by the District Chemical Hygiene Officer not less than once each year.

The Board will cooperate with the local board of health in the sanitary inspection of the schools' toilets, washrooms, food vending machines, water supply, and sewage disposal systems.

The Superintendent shall prepare, in consultation with the school physician, regulations, first aid and emergency medical procedures that utilize universal precautions in the handling and disposal of blood and body fluids, whether or not students or staff members with HIV infection are present. School staff members and volunteers shall be provided the supplies for implementing the procedures. In particular, school nurses, custodians, and teachers shall be trained in proper handling procedures. These regulations and procedures will comply with the regulations of the State Department of Health and State Department of Labor (OSHA Standards for Occupational Exposure to Bloodborne Pathogens) and recommendations of the Centers for Disease Control and Prevention.

Bloodborne Pathogens

The Board recognizes that school employees may in the performance of their duties reasonably anticipate contact with human blood or other potentially infectious body fluids that may expose them to bloodborne pathogens such as Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). In accordance with federal OSHA regulations, the Board will establish a written Exposure Control Plan designed to eliminate or minimize employee exposure to such infection. The plan shall list all job classifications and tasks in which exposure occurs; describe and require the implementation of workplace controls to eliminate or minimize exposure; require the provision of hepatitis B vaccination to employees who have occupational exposure; and require the provision of a training program for employees who have occupational exposure. The plan shall be updated annually and as required to include new or revised employees' positions with occupational exposure. A copy of the plan shall be made accessible to employees.

Disposal of Medical Waste

The Superintendent shall prepare, in consultation with the school physician, a medical waste disposal program to ensure all medical waste, including needles and sharps, are disposed of in accordance with the rules and regulations of the New Jersey Department of Health.



POLICY

**Haddonfield
Board of Education**

PROPERTY

7420/Page 2 of 3
Hygienic Management
M

Chemical Hygiene

The Board also recognizes that certain school employees who work in laboratories may be exposed to hazardous chemicals in the course of their duties. In accordance with federal OSHA regulations, the Board will establish practices that are capable of protecting employees from health hazards presented by hazardous chemicals used in the workplace. The plan shall contain the locations of hazardous chemicals and shall enunciate a plan capable of protecting employees from associated health hazards and keeping exposure of employees below specified limits. The Chemical Hygiene Plan shall be readily available to employees and shall contain at least the following elements:

1. Standard operating procedures for using hazardous chemicals in laboratory work;
2. Criteria that the Board will use to determine and implement control measures to reduce employee exposure;
3. The requirement that fume hoods and other protective equipment are functioning properly and that measures are taken to ensure adequate performance of such equipment;
4. Provision for employee information and training;
5. The circumstances under which a particular laboratory operation, procedure or activity shall require prior approval from the Building Principal before implementation;
6. Provisions for medical consultation;
7. Designation of personnel responsible for implementation of the chemical hygiene plan; and
8. Provisions for additional employee protection for work with particularly hazardous substances.

The Board directs that the program of chemical hygiene be implemented by the Chemical Hygiene Officer. The chemical Hygiene Officer for all schools in the district and shall be responsible for the examination of all school facilities to determine where hazardous chemicals are used and to ensure compliance of all school facilities with the Chemical Hygiene Plan.

The Superintendent or designee shall develop and supervise a program for the cleanliness and sanitary management of the school buildings, school grounds, and school equipment pursuant to statute, rules of the State Board of Education, and regulations of the State Board of Health.



POLICY

**Haddonfield
Board of Education**

PROPERTY

7420/Page 3 of 3
Hygienic Management
M

The day to day monitoring of the cleanliness of each school building shall be the responsibility of the Building Principal.

29 C. F. R. 1910

N. J. A. C. 6: 3 - 8.1; 6A: 16 - 1.4; 6A: 16 - 2.3(e); 6A: 26 - 12.4

BOE Revised Date: 3/28/2019
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REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420/ Page 1 of 4
Handling and Disposal of Body Wastes and
Fluids
M

R 7420 HANDLING AND DISPOSAL OF BODY WASTES AND FLUIDS

A. Definitions

1. “Body wastes and fluids” includes a person’s blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge), and saliva. Body fluids of all persons should be considered to potentially contain infectious agents.
2. “Disinfectant” means an intermediate level agent that will kill vegetative bacteria, fungi, tubercle bacillus, and viruses and has been registered by the U.S. Environmental Protection Agency for use as a disinfectant in medical facilities and hospitals. The following classes of disinfectants are acceptable, with hypochlorite solution (A2c) preferred for objects that may be put in the mouth:
 - a. Ethyl or isopropyl alcohol (70%);
 - b. Phenolic germicidal detergent in a 1% aqueous solution;
 - c. Sodium hypochlorite with at least 100 ppm available chlorine (one-half cup household bleach in one gallon water, freshly prepared for each use);
 - d. Quaternary ammonium germicidal detergent in 2% aqueous solution; and
 - e. Iodophor germicidal detergent with 500 ppm available iodine.
3. “Person” means any person on school premises or at a school-related activity, including students, staff members, and visitors, whether or not the person has a communicable disease or has been exposed to a communicable disease.

B. Precautions

1. Whenever possible, direct contact with body wastes and fluids should be avoided.
2. The wearing of protective gloves is required whenever direct hand contact with body wastes and fluids is anticipated, such as in treating a bloody nose, handling clothing soiled by incontinence, and cleaning small spills by hand.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420/ Page 2 of 4
Handling and Disposal of Body Wastes and
Fluids
M

3. Disposable protective gloves shall be worn by any person in the removal of body wastes and fluids and the treatment or disinfection of any items or surfaces that have come in contact with body wastes and fluids.
 4. A supply of disposable protective gloves shall be maintained in the office of the school nurse and shall be freely available to all staff members.
- C. When Bodily Contact with Body Wastes or Fluids Occurs
1. Hands and other skin areas that have come in contact with a person's body wastes or fluids must be thoroughly washed by the use of soap and vigorous scrubbing of all contacted surfaces under running water for at least ten seconds. Hands and other skin areas should then be dried with paper towels.
 2. Gloves soiled by contact with body wastes and fluids or in the cleaning of soiled items and surfaces should be promptly removed and placed in a plastic bag or lined trash can, secured, and disposed of daily.
- D. Removal of Body Wastes and Fluids From the Environment
1. A sanitary absorbent agent, designed to absorb and disinfect body wastes and fluids, will be applied in accordance with instructions supplied with the material.
 2. When the fluid is absorbed, the material will be vacuumed or swept up and the vacuum bag or sweepings will be disposed of in a plastic bag or lined trash can, secured, and disposed of daily.
 3. The broom and dust pan used in sweeping will be rinsed in a disinfectant. No special handling is required for the vacuuming equipment.
 4. Any disposable items (such as paper towels and tissues) used to clean up will be placed in a plastic bag or lined trash can, secured, and disposed of daily.
- E. Treatment of Soiled Items
1. Items such as clothing and fabric towels should be rinsed under cold running water to remove body wastes and fluids. If necessary for the treatment of stains, the item may be soaked in cold water.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420/ Page 3 of 4
Handling and Disposal of Body Wastes and
Fluids
M

2. If such prerinsing is required, gloves should be used when rinsing or soaking the items in cold water prior to bagging. Clothing should be sent home for washing with appropriate directions to parents/teachers.
3. Rinsed items may be stored in a plastic bag until further treatment can be given. A student's soiled clothing should be placed in a plastic bag with prepared laundry instructions for the parent(s) or legal guardian(s).
4. Clothing and other items soiled by body wastes and fluids should be laundered separately in soap and water. The use of a household chlorine bleach is recommended; if the material is not colorfast, a nonchlorine bleach may be used.
5. Soiled disposable items (e.g., tissues, cotton balls, band aids, paper towels, diapers) should be handled in the same manner as disposable gloves.

F. Treatment of Soiled Rugs

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

G. Disinfection of Hard Surfaces

1. Employees are to wear gloves while disinfecting hard surfaces and equipment.
2. Body wastes and fluids should be removed as provided in D and a disinfectant applied to the affected surface.
3. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle.
4. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate.
5. Nondisposable cleaning equipment (such as dust pans and buckets) should be thoroughly rinsed in the disinfectant.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420/ Page 4 of 4
Handling and Disposal of Body Wastes and
Fluids
M

6. The disinfectant solution should be promptly discarded down a drain pipe.
7. Gloves should be discarded in appropriate receptacles.

H. Disposal of Sharps

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

1. The school nurse shall keep a log of all sharps used on a monthly basis.
2. All sharps shall be placed in a medical waste container that is:
 - rigid
 - leak resistant
 - impervious to moisture
 - have sufficient strength to prevent tearing or bursting under normal conditions of use and handling
 - puncture resistant
 - sealed to prevent leakage during transport
 - labeled

When the medical waste container is 75% full, the school nurse shall arrange, by work order, to have the container picked up. The words, “Medical Waste”, shall be clearly typed across the top of the work order form.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.1/ Page 1 of 6
Bloodborne Pathogen Exposure Control Plan
M

R 7420.1 BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

A. Definitions

1. “Bloodborne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in human beings, including but not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
2. “Exposure incident” means a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.
3. “Occupational exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or any other body fluid that may result from the performance of an employee’s duties.
4. “Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
5. “Source individual” means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

B. Exposure Determination

The employees in this school district who have occupational exposure are those employees whose duties require close contact with students and include the job classifications designated by the Superintendent.

C. Workplace Controls

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious materials, whether or not the presence of bloodborne pathogens is determined and whether or not body fluid types can be differentiated.
2. All blood and body fluids shall be handled in accordance with Regulation No. R 7420, Handling and Disposal of Body Wastes and Fluids, which is incorporated herein as if set forth in its entirety.

D. Hepatitis B Vaccination

1. Hepatitis B vaccination shall be made available to each employee identified as



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.1/ Page 2 of 6
Bloodborne Pathogen Exposure Control Plan
M

having occupational exposure, after the employee has received training in bloodborne pathogens and within ten working days of his/her initial assignment, unless

- a. The employee has previously received the complete hepatitis B vaccination series,
 - b. Antibody testing has revealed that the employee is immune,
 - c. The vaccine is contraindicated for medical reasons, or
 - d. The employee declines to receive the vaccine and signs the required statement to that effect, except than an employee who has declined to receive the vaccine and later decides to receive it shall be again offered the vaccine.
2. Hepatitis vaccination shall be made available without cost to employees, at a reasonable time and place, under the supervision of a licensed physician or other licensed healthcare professional, and in accordance with recommendations of the U.S. Public Health Service current at the time of the vaccination.
 3. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

E. Post Exposure Evaluation and Follow-Up

Whenever an exposure incident is reported, the exposed employee shall be promptly offered a confidential medical evaluation and follow-up.

1. The route(s) of exposure and the circumstances under which exposure occurred shall be documented.
2. The identity of the source individual shall be documented, unless the Board establishes that identification is not feasible or is prohibited by state or federal law.
3. Unless the identified source individual's infection with HBV or HIV infection is already known, the identified source individual's blood shall be tested for HBV and HIV infectivity, provided that the source individual has consented to the test for HBV and HIV infectivity or when consent is not required by the law. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.1/ Page 3 of 6
Bloodborne Pathogen Exposure Control Plan
M

4. The results of any blood testing of the source individual shall be made available to the exposed employee, and the employee shall be informed of all laws and regulations regarding disclosure of the identity and infectious status of the source individual.
5. The exposed employee's blood shall be collected as soon as possible after the exposure and on the employee's consent for HBV and HIV serological status. The employee may withhold consent for HIV serological testing for up to ninety days, during which his/her blood sample shall be preserved.
6. The exposed employee shall be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling; and evaluation of any reported illnesses.

F. Communication of Hazards to Employees

Any container that holds blood or other potentially infectious material shall be conspicuously labeled with a sign that its contents are a biohazard, in accordance with federal regulations. 29 C.F.R. 1910.1030(g).

G. Training Program

1. Employees with occupational exposure must participate in a training program, which shall be provided at no cost to the employee and during working hours.
2. Employees shall receive training on their initial assignment to a position with occupational exposure within ninety days after the effective date of the exposure and annually thereafter. Employees shall also receive training whenever any modifications in the position affects exposure except that any such training may be limited to the new exposures created.
3. Training materials shall be appropriate in content and vocabulary to the educational level, literacy, and language of employees.
4. The training program shall include as a minimum:
 - a. An accessible copy of the OSHA regulation on bloodborne pathogens, 29 C.F.R. 1910.1030, and an explanation of its contents,
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases,
 - c. An explanation of the modes of transmission of bloodborne pathogens,



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.1/ Page 4 of 6
Bloodborne Pathogen Exposure Control Plan
M

- d. An explanation of this Exposure Control Plan and the means by which the employee can obtain a copy of the plan,
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials,
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure, including work practices and personal protective equipment,
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment,
 - h. An explanation of the basis for selection of personal protective equipment,
 - i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of vaccination, and the free availability of the vaccine and vaccination,
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials,
 - k. An explanation of the procedure to be followed if an exposure incident occurs, including the method of reporting that incident and the medical follow-up that will be made available,
 - l. Information on the post-exposure evaluation and follow-up that the employer is required to provide after an exposure incident,
 - m. Information regarding the labeling of biohazardous materials, and
 - n. An opportunity for interactive questions and answers with the person conducting the training session.
5. The person conducting the training shall be knowledgeable in the subject matter covered as it relates to the workplace that the training will address.
- H. Recordkeeping
1. The district will establish and maintain an accurate medical record for each employee with occupational exposure in accordance with 29 CFR 1910.1020. The record shall include:



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.1/ Page 5 of 6
Bloodborne Pathogen Exposure Control Plan
M

- a. The name and social security number of the employee;
 - b. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations required by Section D. of this regulation;
 - c. A copy of all results of examinations, medical testing, and follow-up procedures as required by Section E. of this Regulation;
 - d. The district's copy of the healthcare professional's written opinion as required by 29 C.F.R. 1910.1030 (f)5;
 - e. A copy of the information provided to the healthcare professional as required by 29 C.F.R. 1910.1030 (f)(4)ii(B)(C) and (D);
 - f. The district shall ensure the employee's medical records required in Policy 7420 and this Regulation are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law; and
 - g. The medical records required in this section must be maintained by the district for at least the duration of employment of the employee plus thirty years in accordance with 29 CFR 1910.1020.
2. The district will maintain training records for three years from the date on which the training occurred. These records shall include:
 - a. The dates and contents or summary of the training sessions; and
 - b. The names and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions.
 3. The district will ensure the training records required by this section of the Regulation be made available to authorized State and federal agencies, employees, and employee representatives upon request. Employee medical records required by this section of the Regulation shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to authorized State and federal agencies in a accordance with State and federal laws.
 4. The district shall comply with the requirements involving the transfer of records set forth in 29 CFR 1910.1020(h).



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.1/ Page 6 of 6
Bloodborne Pathogen Exposure Control Plan
M

5. The district shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The log shall contain, at a minimum: the type and brand of device involved in the incident; the department or work area where the exposure incident occurred; and an explanation of how the incident occurred. This log shall be maintained for the period required by 29 CFR 1904.6.

I. District's Exposure Control Plan

1. The District's Exposure Control Plan shall be reviewed at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of the Plan shall also:
 - a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
 - b. Document annually consideration and implementation of appropriate, commercially-available, and effective safer medical devices designated to eliminate or minimize occupational exposure.

J. Staff Input

1. The Director of Safety shall solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document this solicitation in the Exposure Control Plan.



REGULATION

**Haddonfield
Board of Education**

PROPERTY

R 7420.2/ Page 1 of 9
Chemical Hygiene
M

R 7420.2 CHEMICAL HYGIENE

A. Definitions

The following terms shall be defined as specified in 29 CFR 1910:

1. “Action level” means a concentration designated in 29 CFR part 1910 for a specific substance, calculated as an eight hour time-weighted average, which initiates certain required activities such as exposure monitoring and medical surveillance.
2. “Carcinogen” (see "select carcinogen").
3. “Chemical Hygiene Officer” means an employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the provisions of the Chemical Hygiene Plan. This definition is not intended to place limitations on the position description or job classification that the designated individual shall hold within the employer’s organizational structure.
4. “Chemical Hygiene Plan” means a written program developed and implemented by the employer which sets forth procedures, equipment, personal protective equipment and work practices that (i) are capable of protecting employees from the health hazards presented by hazardous chemicals used in that particular workplace and (ii) meets the requirements of a Chemical Hygiene Plan.
5. “Combustible liquid” means any liquid having a flashpoint at or above 100°F (37.8°C) but below 200°F (93.3°C), except any mixture having components with flashpoints of 200°F (93.3°C) or higher, the total volume of which make up 99 percent or more of the total volume of the mixture.
6. “Compressed gas” means:
 - a. A gas or mixture of gases having, in a container, an absolute pressure exceeding 40 psi at 70°F (21.1°C); or
 - b. A gas or mixture of gases having, in a container, an absolute pressure exceeding 104 psi at 130°F (54.4°C) regardless of the pressure at 70°F (21.1°C); or
 - c. A liquid having a vapor pressure exceeding 40 psi at 100°F (37.8°C) as determined by ASTM D-323-72.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.2/ Page 2 of 9
Chemical Hygiene
M

7. “Designated area” means an area which may be used for work with "select carcinogens," reproductive toxins or substances which have a high degree of acute toxicity. A designated area may be the entire laboratory, an area of a laboratory or a device such as a laboratory hood.
8. “Emergency” means any occurrence such as, but not limited to, equipment failure, rupture of containers or failure of control equipment which results in an uncontrolled release of a hazardous chemical into the workplace.
9. “Employee” means an individual employed in a laboratory workplace who may be exposed to hazardous chemicals in the course of his/her assignments.
10. “Explosive” means a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.
11. “Flammable” means a chemical that falls into one of the following categories:
 - a. “Aerosol, flammable” means an aerosol that, when tested by the method described in 16 CFR 1500.45, yields a flame projection exceeding 18 inches at full valve opening, or a flashback (a flame extending back to the valve) at any degree of valve opening:
 - b. “Gas, flammable” means
 - (1) A gas that, at ambient temperature and pressure, forms a flammable mixture with air at a concentration of 13 percent by volume or less; or
 - (2) A gas that, at ambient temperature and pressure, forms a range of flammable mixtures with air wider than 12 percent by volume regardless of the lower limit.
 - c. “Liquid, flammable” means any liquid having a flashpoint below 100°F (37.8°C) except any mixture having components with flashpoints of 100°F (37.8°C) or higher, the total of which make up 99 percent or more of the total volume of the mixture.
 - d. “Solid, flammable” means a solid, other than a blasting agent or explosive as defined in § 1910.109(a), that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard. A chemical shall be considered to be a flammable solid if, when



REGULATION

PROPERTY

Haddonfield Board of Education

R 7420.2/ Page 3 of 9
Chemical Hygiene
M

tested by the method described in 16 CFR 1500.44, it ignites and burns with a self-sustained flame at a rate greater than one-tenth of an inch per second along its major axis.

12. “Flashpoint” means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite when tested as follows:
 - a. Tagliabue Closed Tester (See American National Standard Method of Test for Flash Point by Tagliabue Closed Tester, Z11.24-1979 (ASTM D 56-79)) for liquids with a viscosity of less than 45 Saybolt Universal Seconds (SUS) at 100°F (37.8°C) that do not contain suspended solids and do not have a tendency to form a surface film under test; or
 - b. Pensky-Martens Closed Tester (see American National Standard Method of Test for Flash Point by Pensky-Martens Closed Tester A11.7-1979 (ASTM D 93-79)) for liquids with a viscosity equal to or greater than 45 SUS at 100°F (37.8°C) or that contain suspended solids, or that have a tendency to form a surface film under test; or
 - c. Setaflash Closed Tester (see American National Standard Method of Test for Flash Point by Setaflash Closed Tester (ASTM D 3278-78)).

Organic peroxides, which undergo autoaccelerating thermal decomposition, are excluded from any of the flashpoint determination methods specified above.

13. “Hazardous chemical” means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes. Appendices A and B of the Hazard Communication Standard (29 CFR 1910.1200) provide further guidance in defining the scope of health hazards and determining whether or not a chemical is to be considered hazardous for purposes of this standard.
14. “Laboratory” means a facility where the "laboratory use of hazardous chemicals" occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.
15. “Laboratory scale” means work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person. "Laboratory scale" excludes those workplaces



REGULATION

PROPERTY

Haddonfield Board of Education

R 7420.2/ Page 4 of 9
Chemical Hygiene
M

whose function is to produce commercial quantities of materials.

16. “Laboratory-type hood” means a device located in a laboratory, enclosure on five sides with a movable sash or fixed partial enclosed on the remaining side; constructed and maintained to draw air from the laboratory and to prevent or minimize the escape of air contaminants into the laboratory; and allows chemical manipulations to be conducted in the enclosure without insertion of any portion of the employee’s body other than hands and arms.

Walk-in hoods with adjustable sashes meet the above definition provided that the sashes are adjusted during use so that the airflow and the exhaust of air contaminants are not compromised and employees do not work inside the enclosure during the release of airborne hazardous chemicals.

17. “Laboratory use of hazardous chemicals” means handling or use of such chemicals in which all of the following conditions are met:
- Chemical manipulations are carried out on a "laboratory scale";
 - Multiple chemical procedures or chemicals are used;
 - The procedures involved are not part of a production process, nor in any way simulate a production process; and
 - "Protective laboratory practices and equipment" are available and in common use to minimize the potential for employee exposure to hazardous chemicals.
18. “Medical consultation” means a consultation which takes place between an employee and a licensed physician for the purpose of determining what medical examinations or procedures, if any, are appropriate in cases where a significant exposure to a hazardous chemical may have taken place.
19. “Organic peroxide” means an organic compound that contains the bivalent -O-O- structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been replaced by an organic radical.
20. “Oxidizer” means a chemical other than a blasting agent or explosive as defined in § 1910.109(a), that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases.
21. “Physical hazard” means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable,



REGULATION

PROPERTY

Haddonfield Board of Education

R 7420.2/ Page 5 of 9
Chemical Hygiene
M

an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

22. “Protective laboratory practices and equipment” means those laboratory procedures, practices and equipment accepted by laboratory health and safety experts as effective, or that the employer can show to be effective, in minimizing the potential for employee exposure to hazardous chemicals.
23. “Reproductive toxins” means chemicals which affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis).
24. “Select carcinogen” means any substance which meets one of the following criteria:
 - a. It is regulated by OSHA as a carcinogen; or
 - b. It is listed under the category, "known to be carcinogens," in the Annual Report on Carcinogens published by the National Toxicology Program (NTP) (latest edition); or
 - c. It is listed under Group 1 ("carcinogenic to humans") by the International Agency for Research on Cancer Monographs (IARC) (latest editions); or
 - d. It is listed in either Group 2A or 2B by IARC or under the category, "reasonably anticipated to be carcinogens" by NTP, and causes statistically significant tumor incidence in experimental animals in accordance with any of the following criteria:
 - (1) After inhalation exposure of 6-7 hours per day, 5 days per week, for a significant portion of a lifetime to dosages of less than 10 mg/m³;
 - (2) After repeated skin application of less than 300 (mg/kg of body weight) per week; or
 - (3) After oral dosages of less than 50 mg/kg of body weight per day.
25. “Unstable (reactive)” means a chemical which is in the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shocks, pressure or temperature.
26. “Water-reactive” means a chemical that reacts with water to release a gas that is either flammable or presents a health hazard.



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.2/ Page 6 of 9
Chemical Hygiene
M

B. Employee Exposure

The Board shall provide for initial and periodic monitoring of any employees if there is reason to believe that exposure levels to an OSHA regulated substance will exceed permissible limits as specified in 29 CFR part 1910 subpart Z. Monitoring may only be terminated in accordance with the relevant standard. The Board Secretary will notify in writing affected employees within fifteen working days of the results of monitoring either individually or by posting the results in a location accessible to all employees.

C. Chemical Hygiene Plan

1. The Superintendent shall cause the development of a Chemical Hygiene Plan by the Director of Safety which shall include at least the following elements and indicate specific measures the Board will take to ensure employee protection:
 - a. Standard operating procedures relevant to safety and health considerations to be followed when laboratory work involves the use of hazardous chemicals;
 - b. Criteria that the employer will use to determine and implement control measures to reduce employee exposure to hazardous chemicals including engineering controls, the use of personal protective equipment and hygiene practices; particular attention shall be given to the selection of control measures for chemicals that are known to be extremely hazardous;
 - c. A requirement that fume hoods and other protective equipment are functioning properly and specific measures that shall be taken to ensure proper and adequate performance of such equipment;
 - d. Provisions for employees information and training as prescribed by 29 CFR Part 1910;
 - e. The circumstances under which a particular laboratory operation, procedure or activity shall require prior approval from the employer or the employer's designee before implementation;
 - f. Provisions for medical consultation and medical examinations in accordance with 29 CFR Part 1910;
 - g. Designation of personnel responsible for implementation of the Chemical Hygiene Plan including the assignment of a Chemical Hygiene Officer and, if appropriate, establishment of a Chemical Hygiene Committee; and
 - h. Provisions for additional employee protection for work with particularly



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.2/ Page 7 of 9
Chemical Hygiene
M

hazardous substances. These include “select carcinogens”, reproductive toxins and substances which have a high degree of acute toxicity. Specific consideration shall be given to the following provisions which shall be included where appropriate:

- (1) Establishment of a designated area;
 - (2) Use of containment devices such as fume hoods or glove boxes;
 - (3) Procedures for safe removal of contaminated waste; and
 - (4) Decontamination procedures.
2. The plan shall be capable of protecting employees from health hazards associated with hazardous chemicals in laboratories and keeping exposure below specified limits.

D. Employee Information and Training

The Director of Safety shall provide employees with information and training to ensure that they are apprised of the hazards of chemicals present in their work area. The information shall be provided at the time of the employees initial assignment to the work area and whenever new exposure situations arise. Refresher information shall be provided as the situation with regard to hazardous chemicals changes. Employees shall be informed of (1) the contents of federal standards relating to hazardous chemicals; (2) the location and availability of the chemical hygiene plan; (3) the permissible exposure limits as established by OSHA; (4) signs and symptoms associated with exposure to hazardous chemicals used in the laboratory and (5) the location and availability of known references on the hazards, safe handling, storage and disposal of hazardous chemicals.

Employee training shall include (1) methods and observations used to detect the presence or release of hazardous chemicals; (2) the physical and health hazards of chemicals in the work area; (3) the measures employees can use to protect themselves, including specific procedures the Board has implemented to protect employees; (4) training on the applicable details of the Board’s Chemical Hygiene Plan.

E. Medical Consultation

The Board will provide all employees who work with hazardous chemicals an opportunity to receive medical attention, including follow-up examinations the physician deems necessary under the following circumstances:

1. Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed in the laboratory, the



REGULATION

PROPERTY

**Haddonfield
Board of Education**

R 7420.2/ Page 8 of 9
Chemical Hygiene
M

employee shall be provided an opportunity to receive an appropriate medical examination.

2. Where exposure monitoring reveals an exposure level routinely above the action level (or in the absence of an action level, the PEL) for an OSHA regulated substance for which there are exposure monitoring and medical surveillance requirements, medical surveillance shall be established for the affected employee as prescribed by the particular standard.
3. Whenever an event takes place in the work area such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the affected employee shall be provided an opportunity for a medical consultation. Such consultation shall be for the purpose of determining the need for a medical examination.

F. Information Provided to the Physician

The employer shall provide the following information to the physician:

1. The identity of the hazardous chemical(s) to which the employee may have been exposed;
2. A description of the conditions under which the exposure occurred including quantitative exposure data, if available; and
3. A description of the signs and symptoms of exposure that the employee is experiencing, if any.

G. Physician's Written Opinion Shall Include:

1. Any recommendation for further medical follow-up;
2. The results of the medical examination and any associated tests;
3. Any medical condition which may be revealed in the course of the examination which may place the employee at increased risk as a result of exposure to a hazardous chemical found in the workplace; and
4. A statement that the employee has been informed by the physician of the results of the consultation or medical examination and any medical condition that may require further examination or treatment.

H. Hazard Identification



REGULATION

**Haddonfield
Board of Education**

PROPERTY

R 7420.2/ Page 9 of 9
Chemical Hygiene
M

With respect to labels and material data sheets, the Board shall (1) ensure that labels on incoming containers of hazardous materials are not removed or defaced; (2) maintain material safety data sheets and ensure they are available to employees, and (3) comply with federal regulations with regard to chemical substances produced within the laboratory, assuming that if a substance is produced whose composition is not known that it will be assumed it is hazardous.

I. Use of Respirators

Where respirators are required to maintain exposure below permissible limits, they will be provided to the employee at no cost and will comply with the requirements of 29 CFR 1910.134.

J. Recordkeeping

The Director of Safety shall establish and maintain for each employee exposed to hazardous chemicals an accurate record of any measurements taken to monitor employee exposures and any medical consultation and examinations including tests or written opinions required by federal standards. The Board shall assure that records are kept, transferred and made available in accordance with 29 CFR 1910.1020.