

FREDERICK COUNTY PUBLIC SCHOOLS	Reg. No. 200-23
Subject: BLOODBORNE PATHOGEN CONTROL PLAN	Date of Issue: 6/12/02
Preparing Office: Office of the Superintendent	Amended: 4/7/10

I. Policy

II. Procedures

(An overview/summary of the bloodborne pathogens regulation is provided in Attachment 4.)

The Frederick County Public School system (FCPS) is committed to providing a safe and healthful work environment for all employees. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." Additionally, the exposure control plan provides direction regarding necessary actions following an exposure and information regarding training and record keeping requirements.

Bloodborne pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C and human immunodeficiency (HIV).

*NOTE: This protocol applies to Frederick County Public School system employees.
(When a student has been exposed to blood, the principal/principal's designee shall notify the student's parent/guardian(s). The parent/guardian(s) is then responsible for the treatment and follow-up of the student.)*

A. DEFINITIONS:

For the purpose of this section, the following definitions taken from the OSHA Rule are provided for easy reference and apply throughout this plan:

- **BLOODBORNE PATHOGENS** - Pathogenic microorganisms that are present in human blood.
- **CONTAMINATED** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- **CONTAMINATED LAUNDRY** - Laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.
- **CONTAMINATED SHARPS** - Any object contaminated with blood or other potentially infectious material that is capable of penetrating the skin.
- **DECONTAMINATION** - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

- **ENGINEERING CONTROLS** - Controls that isolate, minimize or remove a workplace hazard.
- **EXPOSURE INCIDENT** - A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- **HAND WASHING FACILITIES** - A facility providing an adequate supply of running water, soap, and single-use towels. If water is not available, hand sanitizer will be provided.
- **HBV** - The abbreviation for the hepatitis B virus.
- **HIV** – The abbreviation for the human immunodeficiency virus.
- **OCCUPATIONAL EXPOSURE** - Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **PARENTERAL** - The piercing of the skin barrier, including mucous membranes through such events as needle sticks, human bites, cuts, and abrasions.
- **PERSONAL PROTECTIVE EQUIPMENT (PPE)** - Specialized clothing or equipment worn for protection against a hazard. General work clothes (e.g. Uniforms, pants, shirts, blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.
- **REGULATED WASTE** - Any one of the following:
 - Liquid or semi-liquid blood or other potentially infectious materials
 - Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
 - Items caked with dried blood or other potentially infectious materials which are capable of releasing these materials during handling
 - Contaminated sharps
- **SOURCE INDIVIDUAL** - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **STERILIZE** - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **UNIVERSAL PRECAUTIONS** - An approach to infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

- WORK-PRACTICE CONTROLS - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

B. PROGRAM ADMINISTRATION

The health specialist and the manager of Environmental Health and Safety will maintain, review, and update the exposure control plan (ECP) as necessary to include new or modified tasks and procedures. This process will be done at least annually and in consultation with the Frederick County Health Department's school health director and the following FCPS staff: an instructional director, the senior manager of Human Resources-Support and the senior manager of Human Resources-Benefits. Contact: Health Specialist Office

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Each local school principal/designee will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), and labels as required by the standard. Each local school principal/designee will ensure that adequate supplies and equipment are available in the appropriate sizes.

The employee is responsible for notifying their immediate supervisor following an exposure incident to ensure that all medical actions required are performed.

Appropriate employee health records are maintained in the Human Resources-Benefits Office. Contact: Human Resources-Benefits Office. Medical records related to post-exposure follow-up and treatment are maintained at Corporate Occupational Health Solutions for 30 years following exposure.

Appropriate OSHA records are maintained at each individual school and forwarded by the principal/designee to the manager of Environmental Health and Safety by February 1 each year. Contact: Environmental Health and Safety Office.

Initial employee training and documentation of that training is provided and maintained by the Human Resources Division with the assistance of the health specialist. Contact: Human Resources-Support Office.

Annual updates for school-based staff (including custodians) are provided at each local school. Documentation of this training is maintained by the principal/principal's designee of each local school for three (3) years.

Annual updates for other operations employees are coordinated by the Operations Department. Annual updates for maintenance staff are coordinated through the Environmental Health and Safety Office. Copies of training documentation/certification are maintained by the respective departments for three (3) years.

C. EMPLOYEE EXPOSURE DETERMINATION 1910.1030(c)(2)(i)

The following job classifications have been identified as having reasonably anticipated occupational exposure to human blood and other potentially infectious materials, due to the nature of their assignments:

- 1. Job classifications in which all employees have occupational exposure:
 - a. Rock Creek School staff
 - b. Custodians/Maintenance staff
- 2. Job Classifications in which some employees have occupational exposure and the task/procedure which may result in exposure:

<u>Job Classification</u>	<u>Task / Procedure</u>
a. Principals - Assistant Principals	Treating injuries w/blood
b. Physical Education Teachers	“
c. Coaches	“
d. School Secretaries / other clerical staff	
e. Bus Drivers	“
f. Special Ed Teachers	Treating injuries w/blood and/or body fluids containing blood or other potentially infected material
g. Special Ed Assistants	“
h. Special Ed Bus Drivers	“
i. Staff working with special needs students	“

- 3. Employees in jobs not included in the list above who believe that they face exposure due to their assigned task should contact their principal/supervisor. The principal/supervisor and the senior manager of Human Resources-Support in consultation with the health specialist will evaluate the risk in accordance with the MOSH standard.

D. HEPATITIS B VACCINATION 1910.1030(F)(2)

- 1. FCPS employees with occupational exposure, as identified in Section C1 will be offered no-cost hepatitis B vaccine at the time of employment.
- 2. Employees identified in Sections C2 and C3 will be offered no cost hepatitis B vaccine within 10 working days of the initial assignment when the tasks/procedures they perform put them at risk for occupational exposure.

3. Pre-exposure hepatitis B vaccine will be made available to eligible employees at the Frederick County Health Department. Contact the senior manager of Human Resources-Support for arrangements.
4. Eligible employees who choose to decline vaccination must sign a declination form. (Attachment 1)
5. Employees who decline may request and obtain vaccination at a later date at no cost.
6. Documentation of refusal of the vaccination will be kept in the employee's health file, in the Human Resources Division.
7. If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.
8. A log of employees who receive pre-exposure hepatitis B vaccinations will be maintained in the Human Resources Division.
9. Records of individual employee's pre-exposure hepatitis B vaccinations including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination will be maintained in the employee's health file in the Human Resources Division.

E. Exposure Control Plan 1910.1030(c)(1)(i)

1. The exposure control plan is accessible to employees.
2. The exposure control plan is updated when necessary to reflect new or modified tasks which effect occupational exposure.
3. The exposure control plan is reviewed at least annually.

F. Work Practice Controls 1910.1030(d)(2)(i)

Work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposures remain after institution of these controls, personal protective equipment (PPE) shall also be used. (See Section G.) In this organization, the following work practices shall be used:

1. Universal Precautions 1910.1030(d)(1)

Universal precautions shall be observed at all FCPS facilities in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious at all times.

2. All procedures involving blood or other potentially infectious materials are performed in a manner that minimizes spraying, splashing, and splattering.

3. Hand Washing 1910.1030(2)(iii-vi)

The most effective technique to prevent the spread of infection is frequent and thorough hand washing. The following procedures for hand washing shall be followed:

- a. Hand washing facilities are readily accessible or, if they are infeasible, hand sanitizers and paper towels are provided.
- b. When hand sanitizers are used, employees are required to wash their hands in running water as soon as practical.
- c. Employees are required to wash their hands as soon as practical after removing protective gloves.
- d. Employees are required to wash skin or flush mucous membranes with water as soon as feasible after contact with blood or other potentially infectious material.

4. Disposable & Reusable Sharps 1910.1030(d)(2)(vii A-viii) & (4)(ii)(D)7(E)

The following procedures for handling sharps shall be followed:

- a. Sharps containers are properly labeled or color-coded.
- b. Contaminated needles are not bent or recapped by hand.
- c. Contaminated sharps are placed in appropriate containers as soon as feasible.
- d. Sharps containers are located as close as practical to locations where sharps are being used or are likely to be encountered.
- e. Sharps containers are puncture resistant, have leak-proof sides and bottoms, and are labeled or color-coded to indicate a biohazard.
- f. Sharps containers are maintained upright throughout their use.
- g. Sharps containers are replaced routinely by the school nurse and not allowed to overfill.
- h. Containers are closed prior to being moved to prevent spillage of contents during handling.

NOTE: Parents/Guardians are strongly encouraged to purchase safety syringes to use for students who require insulin injections at school for the safety of staff and students.

5. Specimen handling 1910.1030 (d) (2) (xiii) (A) –(C)

Specimens, if applicable, are handled/shipped according to the state and federal regulations that apply.

6. Equipment Decontamination 1910.1030(d)(2)(xiv)(A)&(B)
 - a. Equipment is decontaminated as appropriate using an FCPS approved disinfectant.
 - b. FCPS has no equipment contaminated by blood or other potentially infectious materials that requires shipping.
7. FCPS evaluates the need for new procedures, or new products, or changes in work practices, by encouraging employee suggestions for improvement, review of OSHA records, reviewing literature from health and safety organizations such as OSHA, the Center for Disease Control, Maryland Department of Health and Mental Hygiene (DHMH), and attending workshops regarding new/current health and safety practices. The following staff are involved in this process: the manager of Environmental Health and Safety, the director of Maintenance and Operations, the senior manager of Human Resources-Support , and the health specialist. The Frederick County Health Department's director of School Health also participates in this process.

G. Personal Protective Equipment 1910.1030(3)

Personal protective equipment (PPE) shall be provided to employees and used according to the following procedures:

1. All employees shall practice universal precautions, using appropriate barrier personal protective equipment, to prevent skin and mucous membrane exposure when in contact with blood or other potentially infectious materials.
2. Personal protective equipment is provided at no cost to employees in appropriate sizes and is readily available.
3. Protective equipment is inspected, repaired, or replaced as needed.
4. Garments penetrated by blood or potentially infectious material are removed as soon as feasible.
5. All protective equipment is taken off prior to leaving the work area and/or after each exposure.
6. Protective equipment is placed in a designated area or container after being removed.
7. Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
8. Disposable (single-use) gloves are replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.

9. Disposable (single-use) gloves are not washed or decontaminated for reuse.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Gloves must be discarded if they are cracked, peeling, torn, punctured, or if they exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

10. Training is provided, by the employee's supervisor or the school health nurse, in the use of the appropriate personal protective equipment for the tasks or procedures employees will perform.

H. Housekeeping 1910.1030 (d) (4)

1. Surfaces and Equipment

The following procedures and frequencies for cleaning and disinfecting shall be used:

- a. Work sites are maintained in a clean and sanitary condition. A written cleaning schedule is established.
- b. The methods for cleaning are based on the type of surface to be cleaned, the type of soil present, and the tasks and procedures performed.
- c. Equipment and surfaces are cleaned and decontaminated with an approved FCPS disinfectant after contact with blood or other potentially infectious materials.
- d. Protective materials used to cover equipment and environmental surfaces are removed and replaced as soon as feasible after becoming contaminated.

2. Refuse and Regulated Waste

Due to the generally small quantities of blood-contaminated materials generated by schools the following procedures for handling refuse and waste shall be used:

- a. Refuse receptacles that are reasonably likely to be contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis.
- b. Refuse receptacles are decontaminated as soon as feasible after they become visibly contaminated.
- c. Contaminated, broken glassware is cleaned up using mechanical means such as tongs or dust pan and brush, rather than being picked up with the hands.
- d. Waste containers in health suites are covered.
- e. Liquid waste, such as blood, vomitus, etc., can be disposed of into the public sewer system.

3. Laundry

Contaminated articles of clothing shall be bagged or containerized as soon as feasible and are not to be laundered at the school.

I. PROCEDURES FOR BLOODBORNE PATHOGEN POST-EXPOSURE MANAGEMENT

Post-exposure evaluation and follow-up will be made available to all FCPS employees who have had an exposure incident. Follow-up is unnecessary when an employee is exposed to saliva, urine, vomitus, feces or other bodily fluids unless these contain obvious blood.

The following procedure is to be followed when an employee

- is exposed to blood (or any body fluid visibly contaminated with blood) on skin, in eyes, nose or mouth; OR
 - has a bite or scratch that breaks the skin:
1. Perform appropriate first-aid care and wound/exposure management
 - a. Needle sticks, sharp cuts, bites or scratches on the skin
 - encourage bleeding from injury
 - thoroughly wash area with soap and water for at least 2-3 minutes
 - b. Blood or body fluid splashed on face
 - flood eyes with water or normal saline for at least 15 minutes
 - wash face with copious amounts of water, especially around eyes, nose, and mouth for at least 15 minutes
 - rinse mouth repeatedly with water
 - c. Blood or body fluids spilled on intact skin
 - wash immediately and thoroughly with soap and water
 2. After the initial first-aid procedure, refer employee IMMEDIATELY to Corporate Occupational Health Solutions (CorpOHS), 490-L Prospect Blvd. Weis Festival Plaza, Frederick, MD (240-566-3001) for medical evaluation and treatment. If the exposure occurs before 7:00 a.m. or after 5:00 p.m. weekdays or anytime on weekends, refer to the Frederick Memorial Hospital Emergency Room.
 3. Following an exposure incident, the employee is entitled to a confidential medical evaluation and follow-up with the following information being made available to the employee:
 - a. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
 - b. Identification and documentation of the source individual, unless it is infeasible or prohibited by state or local law.

- c. For exposures, contact source and/or parent/guardian for testing permission as feasible.
 - d. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
4. Complete the Employee, Supervisor and Witness statements. (Attachment 2)
Forward to: Human Resources-Benefits Office.
 5. Medical Records 1910.1030(h)(1)

The Human Resources Division shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

The record shall include:

- a. The name and social security number of the employee.
- b. A copy of the employee's hepatitis B vaccination status including dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- c. A copy of all results of examinations, medical testing, and follow-up procedures.
- d. The employer's copy of the healthcare professional's written opinion.
- e. A copy of the information provided to the healthcare professional.
- f. FCPS shall ensure that employee medical records are kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law.
- g. FCPS shall maintain these medical records for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

NOTE: All employees who are concerned about a blood exposure may be evaluated at Corporate Occupational Health Solutions. Employee exposures will receive treatment according to the Center for Disease Control (CDC) guidelines at no cost to the employee. Those deemed not exposures may receive hepatitis B vaccine and treatment at their own expense. Records will be retained at Corporate Health Solutions as confidential.

The Human Resources Division completes the OSHA 300 form and sends the form to each designated location to be maintained. The OSHA 300 A is posted once yearly at each location.

J. Information and Training 1910.1030 (g) (2)

1. Access to the Bloodborne Pathogen Control Plan

All employees covered by the bloodborne pathogen standard will receive an explanation of the Bloodborne Pathogen Control Plan during their initial training. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan any time during their work shifts by checking regulation 200-23 at www.fcps.org or contacting their supervisor. If requested, FCPS will provide an employee with a copy of the Bloodborne Pathogen Control Plan free of charge within fifteen (15) days of the request.

2. Employee Training

All school-based employees will participate in a training program. There are two levels of training: initial training and annual updates.

This training is:

- a. Conducted by a person knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.
- b. Provided at no cost to the employee and conducted during working hours.
- c. An opportunity for interactive questions and answers.
- d. Provided at appropriate levels of literacy and language for employees.
- e. The initial training, facilitated by the Human Resources and Facilities Services Divisions, includes the following items:
 - 1) An explanation of the standard, and where it may be read and reviewed by employees.
 - 2) A general explanation of the epidemiology, modes and transmission, and symptoms of bloodborne pathogens.
 - 3) An explanation of the exposure control plan and means by which a copy can be obtained.
 - 4) An explanation of the methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident.
 - 5) An explanation of the use and limitations of methods that are used in the facility to prevent or reduce exposure, such as engineering controls, protective equipment, and work practices.
 - 6) Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.

- 7) An explanation of the basis for selection of protective equipment.
 - 8) Information on appropriate actions to take and persons to contact in the event of an emergency involving blood or other potentially infectious materials.
 - 9) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available.
 - 10) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - 11) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge to employees with job classifications that have occupational exposure.
- f. The school nurse conducts training annually for school-based employees. As a minimum, training includes:
- 1) The concept of universal precautions including use of latex gloves and proper hand washing techniques.
 - 2) Staff eligible for pre-exposure vaccine.
 - 3) The procedure for managing employee exposures.
 - 4) Any new information related to bloodborne pathogens.
- g. Departmental employees (operations, maintenance, transportation) may receive annual information through formal training sessions, employee Intranet access, or other means.
3. Training Records 1910.1030(h)(2)
- a. The training records include:
- 1) The dates of the training sessions including the school year.
 - 2) The contents or a summary of the training sessions.
 - 3) The names and qualifications of persons conducting the training.
 - 4) The names and job titles of all persons attending the training sessions.
 - 5) The names and job titles of all employees not in attendance (Attachment 3)
- b. Initial Training Records
- Documentation of the initial training will be maintained in the employee's permanent file in the Human Resources Division.

c. Training Records

Annual records of training update records, listing all employees in attendance, will be maintained in each school or department for at least three (3) years. Copies of the training documentation/certification of custodial/maintenance staff are maintained by the Facilities Services Division.

- d. Employee training records are provided upon request to the employee or the employee's authorized representative within fifteen (15) working days. Such requests should be addressed to principal/principal designee or department manager.

Dates of Preparation and Revision:
July 15, 1992; Oct. 7, 1992; Dec. 1, 1992; Aug. 15, 1997;
June 30, 2001; June 12, 2002; April 7, 2010
Reviewed annually

Approved:

original signed by

Linda D. Burgee
Superintendent

Offer to Receive Hepatitis B Vaccine
(Return Form to Human Resources Office)

Name (print): _____

Signature: _____

Work Location: _____

Job Title: _____

Social Security Number (optional): _____

Date: _____

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

- I wish to receive free hepatitis B vaccine

Declination of Offer to Receive Hepatitis B Vaccine

- I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. If in the future I continue to have potential occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

(If selected, Human Resources Place Form in Employee File)

Reason for declining (optional):

- Medically contraindicated _____
- Previously immunized: When: _____ Where: _____
- Post vaccination titer obtained: No: _____ Yes: date _____ result _____
- Previous HBV Infection
- Other: _____

FREDERICK COUNTY PUBLIC SCHOOLS

Employee Statement of Injury or Illness

Name (last, middle, first)		SSN	DOB	Sex	Marital Status
Address (incl zip)				Telephone	
Work Address		Department/Location		Work Phone	
Name of Supervisor	Time Work Began	Date of Injury/Illness	Time of Occurance	Date Hired	
Job Title	Last Date Worked	Date Employer Notified	Date Disability Began	FT or PT?	
Did Injury Occur on Employer's Premises?	Location Where Injury Occurred?		Activity Employee Was Engaged In at Time of Injury		
Was Activity Part of Usual Job Duties?	To Whom Did you Report It?		Type of Injury/ Illness		
How Injury Occurred? Describe Sequence of Events and Any Objects or Substances That May Have Contributed					
Body Part(s) Affected		First Aid or On-site Treatment Received			
Was Treatment, Other Than First-Aid, Sought?		Type and Reason For Treatment?			
Physican/ Health Care Provider Where Treatment Was Obtained (name and address)					
Witnesses (include name, title and how witnessed)					
All Equipment, Materials or Chemicals Employee Was Using At the Time?					
Have You Previously Injured the Same Body Part? If "Yes", Explain.					
Were Safeguards/Safety Equipment Available? (list)			Were They Used?	Return to Work Date	
Any Other Pertinent Information Not Already Provided					

All answers on this form are true to the best of my knowledge. I have read this form and agree to its content.

Employee Signature	Date
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FREDERICK COUNTY PUBLIC SCHOOLS

Supervisor Statement of Injury or Illness

Injured Employee Name		Your Name	
Employee Title		Your Title	
Work Address		Department/Location	Work Phone
Date/Time You First Learned of Injury	Time Work Began	Date/Time of Injury/Illness	Last Date Worked
Who Reported the Injury/ How Did You Become Aware of It?		First Aid or On-site Treatment Received	
Was Treatment, Other Than First-Aid, Sought?		Body Part(s) Affected	
Description of Injury/ Employee Reaction to Injury as It Appeared (I.e. bruise on left hand, limp)			
Did Injury Occur on Employer's Premises?	Location Where Injury Occurred	Activity Employee Was Engaged In at Time of Injury	
Was Activity Part of Usual Job Duties?	Where You Were at Time of Injury?	Type of Injury/ Illness	
Employee's Version of Events as Reported? Describe Sequence of Events and Any Objects or Substances That May Have Contributed			
Any additional Information Obtained From Witnesses/ Own Observations			
Physician/ Health Care Provider Where Treatment Was Obtained (name and address)			
Witnesses (include name, title and how witnessed)			
Witnesses You Spoke With			
Has Employee Returned to Work?	Did Employee Miss Any Time From Work? If Yes, What Dates?	Date Employee Returned	
Were Safeguards/Safety Equipment Available? (list)		Were They Used?	Did Employee Complete Shift?
Any Other Pertinent Information Not Already Provided			

All answers on this form are true to the best of my knowledge. I have read this form and agree to its content.

Supervisor Signature	Date
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FREDERICK COUNTY PUBLIC SCHOOLS

Witness Statement of Injury or Illness

Injured Employee Name		Your Name		
Employee Title		Your Title		
Work Address		Department/Location		Work Phone
Date/Time of Injury/Illness		Where You Were At Time of Injury		
Location Where Injury Occurred		Body Part(s) Affected		
Description of Injury/ Employee Reaction to Injury as It Appeared (I.e. bruise on left hand, limp)				
Was Activity Part of Usual Job Duties?		Type of Injury/ Illness		Activity Employee Was Engaged In at Time of Injury
Activity You Were Engaged In at Time of Injury/ How You Came To Witness It				
Witness's Version of Events as Observed? Describe Sequence of Events and Any Objects or Substances That May Have Contributed				
Did the Employee Make Any Comments or Provide Any Explanation of the Events? If So, Explain.				
Were Safeguards/Safety Equipment Available? (list)			Were They Used?	Did Employee Complete Shift?
Any Other Pertinent Information Not Already Provided				

All answers on this form are true to the best of my knowledge. I have read this form and agree to its content.

Witness Signature	Date
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OVERVIEW/SUMMARY*
Bloodborne Pathogens

NOTE: The bloodborne pathogen guidelines apply to FCPS employees. *Students who have a blood exposure should be referred to the health room for washing/flushing exposed area. After initial first aid, the parent/guardian should be notified and encouraged to contact their private source of health care for advice/treatment.*

Federal and state laws require that institutions, including schools, adopt measures to protect their employees against bloodborne pathogens such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Detailed guidelines for managing bloodborne pathogens may be found in FCPS Regulation 200-23.

ESSENTIAL ELEMENTS IMPORTANT TO SCHOOL ADMINISTRATORS

❖ Post-exposure Management for Employees Exposed to Blood or Blood Contaminated Body Fluids

1. Puncture wounds or non-intact skin exposed to blood or blood contaminated body fluids should be washed with soap and water for at least 2-3 minutes as a first-aid procedure.
2. Eye or mucous membrane exposures should be flushed with copious amounts of clean running water for at least 15 minutes.
3. After the initial first-aid procedure, refer employee ***IMMEDIATELY*** to Corporate Occupational Health Solutions, 490-L Prospect Blvd. Weis Festival Plaza, Frederick, MD (240-566-3001) for medical evaluation and treatment. If the exposure occurs before 7:00 a.m. or after 5:00 p.m. weekdays or anytime on weekends, refer to the Frederick Memorial Hospital Emergency Room.
4. Complete the Employee, Supervisor and Witness Statements and forward copies to the Human Resources Benefits Office. (See Attachments 2 of Regulation 200-23)

❖ Universal Precautions Practiced Throughout the School

All human blood and certain body fluids are treated as if they are assumed to be infectious with HBV, HCV, HIV, or other bloodborne pathogens. Appropriate protective equipment (latex gloves) is worn when contact is anticipated.

❖ Appropriate Personal Protective Equipment Provided

Gloves of appropriate sizes should be available throughout the school building for easy access. This includes each classroom, the cafeteria, and gymnasium. Staff who supervise recess should carry a "fanny pack" containing latex gloves onto the playground. Vinyl gloves must be made available for staff and/or students who may have latex allergies.

❖ **Select Employees Eligible for Free Hepatitis B Vaccine**

Rock Creek School staff as well as custodial and maintenance staff automatically qualify for free hepatitis B vaccine. (There is no vaccine for HCV or HIV). Other staff such as special education assistants may qualify depending upon the specific nature of the job they perform, i.e., work with a biting, scratching student. Principals should contact the senior manager of Human Resources-Support (301-644-5088) to request vaccine for employees who qualify. Questions regarding vaccine administration should be directed to the Human Resources-Support Office.

❖ **Required Initial Training Provided by Human Resources**

The Human Resources Division will provide initial training to employees. Records of this initial training will be maintained in the employee's permanent file in Human Resources Division.

❖ **Annual Updates Required for School-Based Personnel**

The local building administrator must ensure that school-based staff receive annual updates. The school nurse will provide this training and answer questions. The health specialist will also serve as a resource as needed.

❖ **Training Records Must be Maintained**

Training records will be maintained in each school or department for at least 3 years. (See Attachment 3 of Regulation 200-23.)

❖ **Non School-Based Staff Training**

Non school-based employees may receive annual information by formal training sessions or through website training or other media. Record of this training will be kept by the employee's supervisor.