

FREDERICK COUNTY PUBLIC SCHOOLS	Reg. No. 200-23
Subject: BLOODBORNE PATHOGEN CONTROL PLAN	Issued: 6/12/02
Preparing Office: Office of the Superintendent	Amended: 12/2/15

I. Policy

II. Procedures

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 and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- **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 including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
- **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. (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)
- **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 potable water, soap and single-use towels or air drying machines. 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. Some common examples of PPE include gloves, gowns and protective eyewear.
- **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
 - Pathological and microbiological wastes containing blood or other potentially infectious materials
- **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. 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 - 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)

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 (FCHD) 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.

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 as soon as possible 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. 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 benefits officer by February 1 each year.

Documentation of employee training for those deemed to have occupational exposure shall be maintained by the Human Resources Division.

C. Employee Exposure Determination 1910.1030(c)(2)(i)(A)(B)(C)

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	
e. Bus Drivers/Bus Assistants	“
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. All staff at Rock Creek School	“

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 benefits officer 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 benefits officer for arrangements.
4. Eligible employees who choose to decline vaccination must sign a declination form. The form is located on FCPS staff intranet “InsideFCPS” at <http://formfinder.fcps.org/>

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. 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.

F. 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.

G. 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.

H. 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 Department.
 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. Forms are located on the FCPS staff intranet "InsideFCPS" at: <http://formfinder.fcps.org/> and send 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.

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

1. Access to the Bloodborne Pathogen Control Plan

Employees with occupational exposure will receive an explanation of the Bloodborne Pathogen Control Plan during their initial training. It will also be reviewed in their annual refresher training. Employees have an opportunity to review this plan any time during their work shifts by checking Regulation 200-23 at <http://www.fcps.org/boe/policies> or contacting their supervisor.

2. Employee Training

All employees designated in sections C.1 and C.2 are required to participate in a training program.

The training shall include the following information:

- An explanation of the standard, and where it may be read and reviewed by employees.
- A general explanation of the epidemiology, modes and transmission, and symptoms of bloodborne pathogens.
- An explanation of the exposure control plan and means by which a copy can be obtained.
- 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.

- 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.
- Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of protective equipment.
- Information on appropriate actions to take and persons to contact in the event of an emergency involving blood or other potentially infectious materials.
- 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.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- 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.

Approved:

original signed by

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