

A. Purpose

To provide guidelines to Frederick County Public Schools (FCPS) employees to help minimize the risk of occupational exposure to bloodborne pathogens and other potentially infectious materials by outlining clear procedures for prevention, response, training, and recordkeeping.

B. Background

Frederick County Public Schools (FCPS) is committed to providing a safe and healthy 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 Occupational Safety and Health Administration's (OSHA) bloodborne pathogens standard, 29 CFR 1910.1030. Additionally, the ECP provides direction regarding necessary actions following an exposure and information regarding training and record keeping requirements.

C. Definitions

1. "Blood" is defined as human blood, human blood components, and products made from blood.
2. "Bloodborne Pathogens" is defined as pathogenic microorganisms that are present in human blood and can cause disease in humans, including, but not limited to, hepatitis B virus (HBV), hepatitis C, and human immunodeficiency virus (HIV).
3. "Contaminated" is defined as the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. "Contaminated Laundry" is defined as laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.
5. "Contaminated Sharps" is defined to include any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
6. "Decontamination" is defined as 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.
7. "Engineering Controls" is defined as controls (*e.g.*, sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury

protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

8. "Exposure Incident" is defined as 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.
9. "Handwashing Facilities" is defined as 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.
10. "Needleless Systems" is defined as a device that does not use needles for: the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; the administration of medication or fluids; or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
11. "Occupational Exposure" is defined as 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.
12. "Other Potentially Infectious Materials" is defined to include: the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
13. "Parenteral" is defined to mean the act of piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
14. "Personal Protective Equipment" (PPE) is defined as specialized clothing or equipment worn by an employee for protection against a hazard, and does not include general work clothes (e.g., uniforms, pants, shirts, or blouses) that are not intended to function as protection against a hazard.
15. "Regulated Waste" is defined as 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 that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

16. “Special Education Specialized Programs” is defined to mean a structured instructional program designed to support students with disabilities consistent with their Individualized Education Program.
17. “Sharps with Engineered Sharps Injury Protections” is defined as a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
18. “Source Individual” is defined as any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
19. “Universal Precautions” is defined as 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.
20. “Work Practice Controls” is defined as 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).

D. Procedures

1. Applicability

- a. This Regulation applies to FCPS employees for whom contact with blood or other potentially infectious materials is reasonably anticipated in the performance of their assigned duties.
- b. Student exposure to blood is not covered under this Regulation. However, when a student has been exposed to blood, the principal or their designee must notify the student’s parent, who is responsible for treatment and follow-up.

2. Program Administration

- a. The FCPS Health Services Specialist and the FCPS Environmental Compliance Specialist 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:
 - i. A School Administration & Instructional Leadership (SAIL) Director;
 - ii. The Senior Manager of Human Resources; and
 - iii. The Senior Manager of Human Resources-Benefits.
- b. 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 (CDC), Maryland Department of Health (MDH), and attending workshops regarding new/current health and safety practices. The following staff are involved in this process: the FCPS Environmental Compliance Specialist, the Director of Maintenance and Operations, the Senior Manager of Human Resources,

and the FCPS Health Services Specialist. The FCHD's Director of School Health Services also participates in this process.

- c. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.
- d. Each school principal or their designee will maintain and provide all necessary PPE, engineering controls (*e.g.*, sharps containers), and labels as required by the standard. Each school principal or their designee will ensure that adequate supplies and equipment are available in the appropriate sizes.

3. **Exposure Determination**

- a. The Superintendent or designee shall identify positions, assignments, tasks, and procedures that involve occupational exposure and shall ensure that affected employees receive required training, personal protective equipment (PPE), and other protections in accordance with applicable laws and regulations.
- b. **Job Classifications.** FCPS has identified the following positions in FCPS as having reasonably anticipated occupational exposure to human blood and other potentially infectious materials due to the nature of their job duties.
 - i. Positions in which all employees have occupational exposure:
 - 1. Facility Service Workers/Maintenance staff.
 - 2. All Special Education Specialized Programs staff.
 - ii. Positions in which employees may have occupational exposure:

Position Title	
Assistant Principal	Pre-Kindergarten Assistant
Behavioral Support Specialist (BSS)	Pre-Kindergarten Teacher
Board Certified Behavioral Analyst (BCBA)	Principal
Bus Assistant	School Administrative Assistant
Bus Driver	Special Education Instructional Assistant (SEIA)
Coach	Special Education Bus Driver
Physical Education Teacher	Special Education Teacher

- iii. 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, in consultation with the Risk and Safety Office and the Health Services Specialist, will evaluate the risk in accordance with the Maryland Occupational Safety and Health (MOSH) standard.
- c. **Tasks and Procedures.** Tasks and procedures associated with potential exposure include, but are not limited to:
 - i. Treating injuries with blood or bodily fluids containing blood or other potentially infectious materials or both;
 - ii. Providing toileting support; and
 - iii. Providing health room coverage when needed.

- d. **Hepatitis B Vaccination** FCPS employees with occupational exposure, as identified in Section D(2)(a) of this Regulation will be offered no-cost hepatitis B vaccine at the time of employment.
- e. Employees identified in Sections D(2)(b) will be offered no cost hepatitis B vaccine within ten (10) working days of the initial assignment when the tasks/procedures they perform put them at risk for occupational exposure.
- f. Pre-exposure hepatitis B vaccine will be made available to eligible employees at FCPS's contracted occupational health and medical services provider. Employees should contact the Risk and Safety Office for arrangements.
- g. Eligible employees who choose to decline vaccination must sign and return the [Hepatitis B Vaccine Offer Form](#).
- h. Employees who decline may request and obtain vaccination at a later date at no cost.
- i. 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.

4. **Methods of Compliance**

a. **Universal and Standard Precautions**

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

b. **Engineering and Work Practice Controls**

- i. Engineering and work practice controls will be used to prevent or minimize employee exposure to bloodborne pathogens.
- ii. All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes spraying, splashing, and splattering.
- iii. Where occupational exposure remains after implementation of these controls, PPE shall also be used, consistent with section D(f) below.

c. **Hand Washing.** 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:

- i. Handwashing facilities are readily accessible or, if they are infeasible, hand sanitizers and paper towels are provided.
- ii. When hand sanitizers are used, employees are required to wash their hands in running water as soon as practical.
- iii. Employees are required to wash their hands as soon as practical after removing protective gloves.
- iv. 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.

d. **Disposable & Reusable Sharps.** The following procedures for handling sharps shall be followed:

- i. Sharps containers are properly labeled or color-coded.
- ii. Contaminated needles are not bent or recapped by hand.
- iii. Contaminated sharps are placed in appropriate containers as soon as feasible.

- iv. Sharps containers are located as close as practical to locations where sharps are being used or are likely to be encountered.
- v. Sharps containers are puncture resistant, have leak-proof sides and bottoms, and are labeled or color-coded to indicate a biohazard.
- vi. Sharps containers are maintained upright throughout their use.
- vii. Each school health suite has a sharps container for safe disposal of used medical sharps. These containers are replaced routinely by the School Nurse and are not allowed to overfill.
- viii. Containers are closed prior to being moved to prevent spillage of contents during handling.
- ix. School-based administrators are directed to send a communication to parents encouraging parents to purchase safety syringes to use for students who require insulin injections at school for the safety of staff and students.
- x. School employees with used sharps must work with their school health suite/services staff to ensure safe disposal in sharps containers.
- xi. Sharps must never be placed in the trash or toilets.
- e. **Equipment Decontamination**
 - i. Equipment is decontaminated as appropriate using an FCPS approved disinfectant.
 - ii. FCPS has no equipment contaminated by blood or other potentially infectious materials that requires shipping.
- f. **Personal Protective Equipment.** PPE shall be provided to employees and used according to the following procedures:
 - i. All employees shall practice universal and standard precautions, using appropriate barrier PPE, to prevent skin and mucous membrane exposure when in contact with blood or other potentially infectious materials.
 - ii. PPE is provided at no cost to employees in appropriate sizes and is readily available.
 - iii. PPE is inspected, repaired, or replaced as needed.
 - iv. Garments penetrated by blood or potentially infectious material are removed as soon as feasible.
 - v. All PPE is taken off prior to leaving the work area and/or after each exposure.
 - vi. PPE is placed in a designated area or container after being removed.
 - vii. 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.
 - viii. Disposable (*i.e.*, 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.
 - ix. Disposable (*i.e.*, single use) gloves are not washed or decontaminated for reuse.
 - x. 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. **Cleanliness**
 - i. **Surfaces and Equipment.** The following procedures and frequencies for cleaning and disinfecting shall be used:

1. Work sites are maintained in a clean and sanitary condition. A written cleaning schedule is established.
 2. 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.
 3. Equipment and surfaces are cleaned and decontaminated with an approved FCPS disinfectant after contact with blood or other potentially infectious materials.
 4. Protective materials used to cover equipment and environmental surfaces are removed and replaced as soon as feasible after becoming contaminated.
 - ii. **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:
 1. 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.
 2. Refuse receptacles are decontaminated as soon as feasible after they become visibly contaminated.
 3. 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.
 4. Waste containers in health suites are covered.
 5. Liquid waste, such as blood, vomitus, etc., can be disposed of into the public sewer system.
 - iii. **Laundry.** Contaminated articles of clothing shall be bagged or containerized as soon as feasible and are not to be laundered at the school.
5. **Procedures for Bloodborne Pathogen Post-Exposure Management.** 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:
- a. **Step 1.** Perform appropriate first-aid care and wound/exposure management.
 - i. For needle sticks, sharp cuts, bites or scratches on the skin:
 1. Encourage bleeding from injury; and
 2. Thoroughly wash area with soap and water for at least 2-3 minutes.
 - ii. For blood or body fluid splashed on face:
 1. Flood eyes with water or normal saline for at least 15 minutes;
 2. Wash face with copious amounts of water, especially around eyes, nose, and mouth for at least 15 minutes; and
 3. Rinse mouth repeatedly with water.
 - iii. For blood or body fluids spilled on intact skin, wash immediately and thoroughly with soap and water.
 - b. **Step 2.** After completing the initial first-aid procedure, refer the employee *IMMEDIATELY* to FCPS's contracted occupational health and medical services provider. for medical evaluation and treatment. If the exposure occurs before 7:00 a.m. or after 5:00 p.m. on weekdays or anytime on weekends, refer the employee to the Frederick Health Hospital Emergency Department or closest emergency department.

- c. **Step 3.** 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.
 - d. **Step 4.** The employee should complete a Workers Compensation of Injury Report through the FCPS Injury Report Portal, as outlined in [FCPS Regulation 200-11, *Reporting of Work-Related Injury or Illness by Employees and Volunteers*](#).
 - e. **Step 5.** Post-exposure evaluation and follow-up will be made available to all FCPS employees who have had an exposure incident. FCPS's contracted occupational health and medical services provider will determine what follow-up is needed.
- 6. Post-Exposure Evaluation and Follow-Up**
- a. Following a report of an exposure incident, the employee is entitled to an immediate confidential medical evaluation and follow-up with the following information being made available to the employee:
 - i. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - ii. Identification and documentation of the source individual, unless FCPS determines that such identification is infeasible or prohibited by state or local law.
 - 1. For exposures, contact source and/or parent/guardian for testing permission as feasible.
 - 2. 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.
 - iii. Collection and testing of blood for HBV and HIV serological status;
 - 1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - 2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - iv. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - v. Counseling; and
 - vi. Evaluation of reported illnesses.
 - b. All employees who are concerned about a blood exposure may be evaluated at FCPS's contracted occupational health and medical services provider.
 - c. 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.
 - d. Records will be retained at FCPS's contracted occupational health and medical services provider as confidential, as outlined in section D(8)(c) below.
- 7. Information and Training**
- a. **Access to the Bloodborne Pathogen Control Plan.** Employees with occupational exposure will receive an explanation of FCPS's ECP (*i.e.*, this Regulation) 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 this Regulation at <https://apps.fcps.org/legal/documents/200-23> or contacting their supervisor.

b. Employee Training

- i. All employees designated in sections D(2)(a) and (b) of this Regulation are required to participate in and complete annual bloodborne pathogen exposure training. The training is provided online through FCPS's contracted Learning Management System (LMS) platform.
- ii. FCPS will provide additional training whenever modifications to tasks or procedures, or the introduction of new tasks or procedures, affect an employee's occupational exposure. Such training may be limited to the new exposure risks created.
- iii. The training shall include, at a minimum, the following information:
 1. An accessible copy of the regulatory text of 29 CFR § 1910.1030 and an explanation of its contents;
 2. A general explanation of the epidemiology, modes of transmission, and symptoms of bloodborne pathogens;
 3. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident;
 4. An explanation of the use and limitations of methods that are used in the facility to prevent or reduce exposure, such as engineering controls, PPE, and work practices;
 5. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE;
 6. An explanation of the basis for selection of PPE;
 7. 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 designated employees;
 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 made 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. An explanation of warning labels and/or color coding; and
 12. An opportunity for interactive questions and answers with the person conducting the training session.

8. Recordkeeping

a. Records Related to Hepatitis B Vaccination

- i. Documentation of refusal of the vaccination will be kept in the employee's health file, in the Human Resources Benefits Office.
- ii. A log of employees who receive pre-exposure hepatitis B vaccinations will be maintained in FCPS's designated Human Capital Management (HCM) system.

- iii. 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 Benefits Office.
- b. **Medical Records**
 - i. The Risk and Safety Office FCPS shall establish and maintain an accurate record for each employee with occupational exposure. The record may be maintained in multiple locations, such as the Human Resources Benefits Office, the Risk and Safety Office, and FCPS's contracted occupational health and medical services provider. The record shall include:
 - 1. The employee's name and employee identification number.
 - 2. 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.
 - 3. If an exposure incident(s) has occurred, a copy of all available results of examinations, medical testing, and follow-up procedures.
 - 4. The employer's copy of the healthcare professional's written opinion.
 - 5. A copy of the information provided to the healthcare professional.
 - ii. **Confidentiality Requirements.** All 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.
 - iii. **Retention Period.** FCPS shall maintain these medical records for at least the duration of employment plus 30 years.
- c. **Medical Records – Post-Exposure.** Medical records related to post-exposure follow-up and treatment are maintained offsite at FCPS's contracted occupational health and medical services provider.
- d. **Training Records**
 - i. Documentation of employee training for those deemed to have occupational exposure shall be maintained in the contracted Learning Management System (LMS).
 - ii. Training records shall include the following information:
 - 1. The dates of the training sessions;
 - 2. The contents or a summary of the training sessions;
 - 3. The names and qualifications of persons conducting the training; and
 - 4. The names and job titles.
 - iii. **Retention Period.** FCPS shall retain all training records for three (3) years from the date on which the training occurred.
- e. **Sharps Injury Log**
 - i. FCPS will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The log will contain the following elements, at a minimum:
 - 1. The type and brand of device involved in the incident;
 - 2. The department or work area where the exposure incident occurred; and
 - 3. An explanation of how the incident occurred.
 - ii. All entries in the sharps injury log shall be documented and maintained in such a way as to ensure the confidentiality of the injured employee is protected.

- iii. **Retention Period.** FCPS will retain sharps injury logs for five (5) years following the end of the calendar year that these records cover.
- f. **OSHA Records**
 - i. Appropriate OSHA records, which may include employee health information, are maintained by the Risk and Safety Office in the workers' compensation software system and updated in real time.
 - ii. The Risk and Safety Office forwards yearly reports to each location by February 1 each year.
 - iii. As outlined in sections D(10)(a) and (b) of [FCPS Regulation 200-11, Reporting of Work-Related Injury or Illness by Employees and Volunteers](#), the Risk and Safety Office completes the OSHA 300 form and sends the form to each designated location to be maintained. The OSHA Form 300 A is posted once yearly at each location.

E. Related Information

- 1. **Code of Federal Regulations (CFR)**
 - a. [29 CFR 1910.1030](https://fcps-md.info/29_CFR_1910-1030), *Bloodborne Pathogens*
(https://fcps-md.info/29_CFR_1910-1030)
- 2. **Code of Maryland Regulations (COMAR)**
 - a. [COMAR 09.12.20](https://fcps-md.info/COMAR_09-12-20), *Occupational Safety and Health*
(https://fcps-md.info/COMAR_09-12-20)
 - b. [COMAR 10.06.01.02](https://fcps-md.info/COMAR_10-06-01-02), *Definitions*
(https://fcps-md.info/COMAR_10-06-01-02)
- 3. **External Resources**
 - a. [Maryland State Department of Education \(MSDE\) \(Rev. 2007\), Bloodborne Pathogens Control and Handling Bodily Fluids in the School Setting](#)
- 4. **FCPS Regulations**
 - a. [Regulation 200-11, Reporting of Work-Related Injury or Illness by Employees and Volunteers](https://apps.fcps.org/legal/documents/200-11)
(<https://apps.fcps.org/legal/documents/200-11>)
- 5. **FCPS Resources**
 - a. **Forms**
 - i. [Hepatitis B Vaccine Offer Form](https://apps.fcps.org/forms/staff-human-resources/327)
(<https://apps.fcps.org/forms/staff-human-resources/327>)
- 6. **Maryland Statutes**
 - a. Md. Code Ann., Labor & Employ., T. 5

F. Regulation History (Maintained by Legal Services)

<i>Responsible Office</i>	Human Resources Department; Facilities Services; Office of Student Services
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Adoption Dates	06/12/02
Review Dates	
Revision Dates	12/02/15; 09/29/26