

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	

I. Policy

II. Procedures

(An overview/summary of the bloodborne pathogens regulation is provided in Attachment 5.)

The Frederick County Public School system 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) are 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 that can infect and cause disease in persons who are exposed to blood containing these pathogens.
- 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 at which they are no longer capable of transmitting infectious particles.
- **ENGINEERING CONTROLS** - Controls that isolate, minimize or remove a workplace hazard.
- **EXPOSURE INCIDENT** - A specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to blood or other potentially infectious materials that result 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.
- **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.
- **PERSONAL PROTECTIVE EQUIPMENT** - Specialized clothing or equipment worn by an individual to protect him or her from a hazard.
- **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 PRECAUTION** - A method of 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 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 human resources officer, the supervisor of operations and safety, and the employee benefits officer. Contact: Health Specialist

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: Employee Benefits Officer. 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 supervisor of operations and safety by February 1 each year. Contact: Supervisor of Operations and Safety.

Initial employee training and documentation of that training is provided and maintained by the Human Resources Department with the assistance of the health specialist. Contact: Human Resources Officer.

Annual updates for school-based staff are provided at each local school. Documentation of this training is maintained by the principal/principal's designee of each local school. Copies of training documentation/certification that training in schools has been done is forwarded by the principal/designee to the health specialist by February 1.

Annual updates for custodians/maintenance staff are provided by the facilities trainer/health specialist and training documentation is maintained by the facilities trainer.

C. EMPLOYEE EXPOSURE DETERMINATION 1910.1030 (C) (1) (II) (A)

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 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. Special Ed Teachers	Treating injuries w/blood and/or body fluids containing blood or (OPIM) other potentially infected material
f. Special Ed Assistants	“
g. Special Ed Bus Drivers	“
h. 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. In consultation with the principal / supervisor, the health specialist will evaluate the risk in accordance with the MOSH standard.

D. HEPATITIS B VACCINATION 1910.1030(F)

1. FCPS employees with occupational exposure, as identified in Section 2A, will be offered no-cost Hepatitis B vaccine.
2. Employees identified in Sections 2B and 2C will be offered no cost Hepatitis B vaccine 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 Health Specialist Office to arrange.
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 Department.
7. A log of employees who receive pre-exposure Hepatitis B vaccinations will be maintained in the Health Specialist Office.
8. Records of individual employee's pre-exposure Hepatitis B vaccinations will be maintained in the employee's health file in the Human Resources Department.

E. Exposure Control Plan

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)

Work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. 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, antiseptic hand cleaner and paper towels are provided.
- b. When antiseptic cleaners 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 as soon as feasible after contact with blood or other potentially infectious material.

4. Disposable & Reusable Sharps 1910.1030 (d) (2) (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.

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)

Equipment is decontaminated as appropriate using an approved disinfectant. 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 supervisor of operations and safety, the supervisor of maintenance, the human resources officer, 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 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. Single-use gloves are replaced as soon as practical when contaminated or when their ability to function as a barrier is compromised.
8. Single-use gloves are not washed or decontaminated for reuse.
9. Utility gloves are discarded when they exhibit signs of deterioration.
10. Training is provided 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 shall be cleaned and decontaminated 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 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

- b. Blood or body fluid splashed on face
 - flood eyes with water or normal saline
 - wash face with copious amounts of water, especially around eyes, nose, and mouth
 - rinse mouth repeatedly with water
- c. Blood or body fluids spilled on intact skin
 - wash immediately with soap and water
2. After the initial first-aid procedure, refer employee IMMEDIATELY to Corporate Occupational Health Solutions, 490-L Prospect Blvd. Weis Festival Plaza, Frederick, MD (301-698-3001) for medical evaluation and treatment. If the exposure occurs before 7:00 a.m. or after 7:00 p.m. weekdays or anytime on weekends, refer to the Frederick Memorial Hospital Emergency Room.
3. For exposures, contact source and/or parent/guardian for testing permission as feasible.
4. Complete "Supervisor's Accident Investigation Report" (Attachment 2) and the "Workers Compensation Report." (Attachment 3) Forward to: Employee Benefits Office.
5. Notify the Health Specialist's office by phone or in writing that an exposure has occurred.

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.
 - If employee receives more than minor emergency treatment or results in subsequent illness, it must be added to the MOSH injury and illness log (OSHA 200 form) at the site where the exposure occurred, that is, the school or other specific building.
- 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 FCPS regulation 200-23 or contacting the FCPS Health Specialist Office. If requested, FCPS will provide an employee with a copy of the Bloodborne Pathogen Control Plan free of charge and within 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, i.e. a registered nurse or facilities trainer.
- 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 Departments, 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 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.
 - 10) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following and exposure incident.

- f. Annual update training, conducted by the school nurse (for job classification 2)/ facilities trainer/health specialist, includes as a minimum, the following:
 - 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. Non school-based employees may receive annual information by formal training sessions or through brochures, websites or other media.

3. Training Records

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 4)

b. Initial Training Records

Documentation of the initial training will be maintained in the employee's permanent file in the Human Resources Department.

c. Annual Training Up-dates Records

Annual training up-date records, listing all employees in attendance, will be maintained in each school for at least three years. Copies of the training documentation/certification that training has been done is forwarded by the principal/designee to the health specialist by February 1.

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

Approved:

original signed by

Jack D. Dale
Superintendent

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

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

(If selected, Human Resources Return Form to Health Specialist Office.)

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

7630 Hayward Road
Frederick, MD 21702

Supervisor's Accident Investigation Report

Employee Name: _____

Position: _____

School/Department: _____

1. When did you first learn of any claimed injury or accident?

Date _____ Time _____

2. Who reported it to you? _____

3. When did you first speak with the employee about it?

Date _____ Time _____

4. Describe in detail what the employee reported to you. (Be as specific as possible about what was said; use back of form if necessary.)

5. What areas of the body did the employee complain of? (Be specific – left hand, neck, etc.)

6. What was the location of the claimed occurrence?

7. Identify any potential witnesses:

8. Did you speak with the witnesses? (If so, identify each and when you spoke with them.)

9. Did the employee complete his or her shift? Yes _____ No _____

If yes, was it regular or modified work: Regular _____ Modified _____

10. Did the employee request any medical treatment? Yes _____ No _____

I certify that this information is true to the best of my knowledge and belief.

Supervisor Signature

Date

11. Personal protective equipment in use at time of incident (check all that apply):

Gloves _____ Eye Protection _____ Mask _____
Apron or other protective clothing _____
Other (specify) _____
No protective equipment used _____

12. Tools/engineering controls in use at time of incident (check all that apply):

Sharps containers _____
Other (specify) _____
No controls in use _____

13. Measures performed **after** incident (check all that apply):

Washed affected part _____ Flushed with water _____
Applied antiseptic _____ Allowed wound to bleed _____
Reported to supervisor _____
Evaluated by medical consultant _____
Name _____
Other _____

14. Date and Time reported to principal/supervisor:

Date: _____ Time: _____

15. Principal/principal's designee contacted source/source's parent or guardian to request consent for testing:

Yes _____ No _____ N/A _____

Signature of Employee: _____ Date: _____

Signature of Principal/Supervisor: _____ Date: _____

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 10 seconds as a first-aid procedure.
2. Eye or mucous membrane exposures should be flushed with copious amounts of clean running water.
3. After the initial first-aid procedure, refer employee *IMMEDIATELY* to Corporate Occupational Health Solutions, 490-L Prospect Blvd. Weis Festival Plaza, Frederick, MD (301-698-3001) for medical evaluation and treatment. If the exposure occurs before 7:00 a.m. or after 7:00 p.m. weekdays or anytime on weekends, refer to the Frederick Memorial Hospital Emergency Room.
4. Complete the Supervisor's Accident Investigation Report and Worker's Compensation Report and forward copies to the Employee Benefits Office. (See Attachments 2 and 3 of Regulation 200-23)
5. Notify the Health Specialist Office that exposure has occurred.

❖ 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

Latex 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 who may have latex allergies.

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

Rock Creek 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 Health Specialist Office to request vaccine for employees who qualify. Questions regarding vaccine administration should be directed to the Health Specialist Office.

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

The Human Resources Department with the assistance of the health specialist/facilities trainer will provide initial training to employees. Records of this initial training will be maintained in the employee's permanent file in Human Resources Department.

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

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

❖ **Training Records Must be Maintained**

Training records (see Attachment 4 of Regulation 200-23) will be maintained in each school for at least three (3) years. Certification that the training has been done must be forwarded by the principal/designee to the health specialist by February 1.

❖ **Non School-Based Staff Training**

Non school-based employees may receive annual information by formal training sessions or through brochures, websites, or other media.