



**MONTGOMERY COUNTY PUBLIC SCHOOLS  
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**October 9, 2023**

Bloodborne pathogens are defined as 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). All blood and other potentially infectious materials (OPIM) will be handled as if contaminated by bloodborne pathogens. When differentiation between body fluids (if they contain blood) is difficult or impossible, all body fluids will be considered potentially infectious materials.

Maryland Occupational Safety and Health (MOSH) Standard 29 CFR 1910.1030 requires employers to establish a control plan to eliminate or minimize employee exposure to bloodborne pathogens.

**I. CONFIDENTIAL INFORMATION**

Information regarding individuals who have been diagnosed with HIV is confidential, and this information must remain confidential. It is a violation of one's privacy to inform school staff, students, and/or the community of an individual who is HIV positive or who has auto immune deficiency syndrome (AIDS) without the permission from the individual, or in the case of a minor, permission from a parent/guardian.

**II. EXPOSURE DETERMINATION**

Each school district must determine which of its employees could be exposed to blood or OPIM in the course of their work assignments. These employees, for the purposes of compliance with this standard, may be described as:

- those employees who render first aid as a designated first aid provider and/or
- those employees who clean up body fluid spills.

## **JOB CLASSIFICATIONS**

MCPS has determined the following job classifications are associated with potential occupational exposure to human blood or OPIM due to the nature of their job assignments:

- All school-based employees, including but not limited to:
  - teachers,
  - building service staff,
  - principals and other administrators,
  - security staff,
  - athletics staff, and
  - cafeteria staff.
- Select operations staff (Department of Transportation/Materials Management/Food-Nutrition Services/Security/Maintenance and Operations).
- All Special Education and Student Services staff.

## **TASKS AND PROCEDURES**

Tasks/procedures associated with potential exposure include, but are not limited to:

- Care of minor injuries that occur within a school setting (such as bloody nose, scrape, minor cut).
- Initial care of injuries that require medical or dental assistance (such as damaged teeth, broken bone protruding through the skin, severe laceration).
- Care of students with medical needs (such as tracheotomy, colostomy, injections).
- Care of students who need assistance in daily living skills (such as toileting, dressing, hand-washing, feeding, menstrual needs).
- Care of students who exhibit behaviors that may injure themselves or others (such as biting, hitting, scratching).
- Care of an injured person in laboratory settings, technical education settings, or art classes.
- Care of an injured person during a sport activity.
- Care of students who receive training or therapy in a home-based setting.
- Cleaning tasks associated with body fluid spills.

### **III. METHODS OF COMPLIANCE**

#### **UNIVERSAL PRECAUTIONS**

Universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood and OPIM will be handled as if contaminated by bloodborne pathogens. OPIM includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood. When differentiation between body fluids is difficult or impossible, all body fluids will be considered potentially infectious materials.

#### **ENGINEERING AND WORK PRACTICE CONTROLS**

Engineering and work-practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained, or replaced, when needed to ensure effectiveness. Where occupational exposure remains after implementation of these controls, personal protective equipment (PPE) shall also be used. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

#### **HAND WASHING**

Hand washing is an essential element in a basic hygiene program. It is a critical deterrent to the transmission of infectious organisms. Hand washing should be encouraged after using the toilet and immediately before eating. Hand washing is essential before and after any situation when hands might come in direct contact with blood, human or animal body secretions, and excretions. The importance of hand washing cannot be undermined by the belief that it is impractical. Adequate hand washing facilities must be available at all times. Good hand washing includes the following procedures:

- Ensure that each hand sink is supplied with dispensed soap and disposable paper towels.
- Alcohol-based (at least 60% alcohol) hand sanitizer should be provided where water is not available. Hand sanitizer should not be used instead of hand washing when hands are visibly dirty or greasy.
- Wet hands thoroughly with running water.
- Dispense soap into wet hands; bar soap may be used if dispensed soap is unavailable.
- Lather soap by vigorously rubbing hands together for at least 20 seconds, paying particular attention to the backs of the hands, nails, cuticles, spaces between the fingers, and under jewelry.
- Wash hands above the wrist level.

- Rinse hands thoroughly.
- Dry hands using a disposable paper towel; avoid the use of common towels.
- Use the paper towel to turn off the water.
- Dispose of the paper towel in a waste receptacle.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE) - GLOVES**

In any situation when hands might come in contact with body fluids or OPIM, employees must wear disposable (single-use) nitrile gloves. PPE are available in each school's bloodborne pathogen clean-up kits. The procedures for using disposable gloves are:

- Maintain a supply of disposable nitrile gloves in a readily accessible location.
- Slip each hand into a clean glove, pulling it tightly over the fingers to ensure a good fit. Pull the glove over the wrist as far as it will go to maximize coverage.
- Do not reuse disposable gloves.
- Remove gloves by turning the glove inside out as it is pulled over the hand. While removing the second glove, slip the fingers of the ungloved hand underneath the glove to avoid touching the outer surface of the glove. Pull the glove inside out as it is removed from the hand.
- Dispose of used gloves in a lined waste container. If gloves are visibly contaminated with blood or other potentially infectious materials, dispose of them as regulated waste in the cardboard biohazard box located in the school health room.
- Wash hands thoroughly using the provided hand-washing procedures.

## **PERSONAL PROTECTIVE EQUIPMENT – EYE, FACE, SKIN PROTECTION**

To prevent nose and mouth contact with infectious agents, face masks and goggles or face shields and goggles must be worn when cleaning or handling materials contaminated with blood or other potentially infectious materials. PPE is available in each school's bloodborne pathogen clean-up kits. All broken skin should be covered with fluid-impermeable PPE, such as gowns, aprons, leg, or sleeve coverings. Sharp materials, such as broken glass and syringes, should not be handled directly. Tools should be used and cut-resistant PPE should be worn, as needed. The procedures for removing PPE after cleaning and disinfection is complete are:

- Remove gloves first, then face shield or goggles, gown and/or apron, and then face mask or respirator.
- Disposable PPE should be discarded and reusable PPE should be cleaned and disinfected.

## **HOUSEKEEPING AND WASTE MANAGEMENT PROCEDURES**

All equipment, materials, and environmental and working surfaces shall be cleaned and decontaminated immediately after contact with blood or OPIM. Contaminated work surfaces and reusable equipment shall be decontaminated with an appropriate disinfectant immediately after completion of a procedure/task/therapy and/or at the end of the school day if the surface may have become contaminated since the last cleaning. The surface shall be cleaned as soon as feasible when contaminated, or after any spill of blood or OPIM.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

## **REGULATED WASTE**

Each school health room has a biohazard waste box and lid with red biohazard bag. A sign titled, Contaminated Blood/Body Fluid Disposal Procedures, is posted above the box (replacement signs may be downloaded from the [Systemwide Safety Programs website](#)). Biomedical Waste Services (the MCPS contractor for biohazard waste removal) shall be contacted at 1-800-660-6581 to request a pickup when the biohazard container is full.

Items such as paper towels, gauze squares, or clothing used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied, and designated as biohazardous waste. Biohazardous waste shall include items that are blood/OPIM-soaked, caked with blood or OPIM, or contain liquid blood or OPIM that can be wrung out of the item. This also includes items such as sharps, broken glass, or plastic on which there is blood or OPIM.

## **SHARPS**

Each school health room has a sharps container. Contaminated sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers. Large shards of broken glass or other sharp objects that cannot be safely deposited into a sharps container shall be containerized and placed in a biohazard waste box in a manner that will not present a hazard to individuals responsible for removing the red biohazard waste bag from the box and transporting it for disposal. Sharps containers shall be able to be closed, puncture resistant, labeled with a biohazard label, and leak proof. Containers

shall be maintained in an upright position and must not be opened or handled in a manner that exposes employees to the risk of percutaneous injury

Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach into the containers where these sharps have been placed. When sharps containers become 2/3 full, health room staff should contact Biomedical Waste Services (the MCPS contractor for biohazard waste removal) at 1-800-660-6581 to request a pickup.

Contaminated needles shall not be bent, recapped, removed, sheared, or purposely broken. The only exception to this is if a medically necessary procedure would require that the contaminated needle be recapped or removed and no alternative is feasible. If such action is required, the recapping or removal of the needle must be done by the use of an appropriate mechanical device or a one-handed technique.

#### **CLEANING PROCEDURE – NON-POROUS SURFACES (floors, walls, counter tops)**

- Wear disposable nitrile gloves, face mask and goggles, or face shield and goggles. Wear additional PPE, as needed, to prevent exposure.
- Wipe the surface with a paper towel. Disinfect the surface with a disinfectant solution. Properly-diluted 3M #5L Quat disinfectant cleaner, Lysol Brand II disinfecting wipes, Clorox Professional Products disinfecting wipes, and Safetec SaniZide Plus germicidal solution are adequate when used in accordance with manufacturer directions.
- For large quantities of contamination, cover with an absorbent material (such as paper towels) and then pour (do not spray) disinfectant solution on to saturate the area.
- Allow the disinfectant to soak for the manufacturer-recommended contact time to effectively kill infectious agents. Re-apply solution, if needed, to keep the surface wet for the full contact time. Contact times are:
  - 10 minutes for 3M #5L Quat
  - 2 minutes for Lysol Brand II disinfecting wipes
  - 20 seconds for Clorox Professional Products disinfecting wipes
  - 5 minutes for Safetec SaniZide Plus germicidal solution
- Keep unauthorized people away from the contaminated area.
- Use tools, such as disposable scoops from a bloodborne pathogen spill kit, as much as possible to handle materials instead of gloved hands. Disposable tools should be discarded and reusable tools should be cleaned and disinfected using the provided procedure for cleaning objects.

- Wash the area using a general-purpose cleaning agent, if necessary. Rinse with clean water.
- Dispose of contaminated materials and disposable PPE in a lined waste container. Clean and disinfect reusable PPE and tools.
- Draw the plastic liner out of the waste container, tie, and immediately dispose of using exposure control procedures (dispose of visibly contaminated waste in the cardboard biohazard box located in the school health room).
- Wash hands thoroughly using the provided hand-washing procedures.

### **CLEANING PROCEDURE - OBJECTS**

- Wear disposable nitrile gloves, face mask and goggles or face shield. Wear additional PPE, as needed, to prevent exposure.
- Discard contaminated objects that cannot be cleaned (such as porous materials that cannot be laundered) in the cardboard biohazard box located in the school health room.
- Wash using a general-purpose cleaning agent. Use paper towels to wipe, as needed.
- Disinfect with a germicidal solution. Properly-diluted 3M #5L Quat disinfectant cleaner, Lysol Brand II disinfecting wipes, Clorox Professional Products disinfecting wipes, and Safetec SaniZide Plus germicidal solution are adequate when used in accordance with manufacturer directions..
- To effectively kill infectious agents, allow the disinfectant to soak for the manufacturer-recommended contact time. Re-apply solution, if needed, to keep the surface wet for the full contact time. Contact times are:
  - 10 minutes for 3M #5L Quat
  - 2 minutes for Lysol Brand II disinfecting wipes
  - 20 seconds for Clorox Professional Products disinfecting wipes
  - 5 minutes for Safetec SaniZide Plus germicidal solution
- Keep the objects away from unauthorized people while cleaning and disinfecting.
- Objects that might be placed in a person's mouth or have prolonged contact with skin or other exposed body surfaces should be rinsed thoroughly with clean water after disinfection.
- Dispose of contaminated materials and disposable PPE in a lined waste container. Clean and disinfect reusable PPE and tools.
- Draw the plastic liner out of the waste container, tie, and immediately dispose of using exposure control procedures (dispose of visibly contaminated waste in the cardboard biohazard box located in the school health room).
- Wash hands thoroughly using the provided hand-washing procedures.

## **CLEANING PROCEDURE - PERSONS**

- Ensure exposed individuals receive first aid, if needed. Request assistance from health room staff or call 911, as needed.
- Wear disposable nitrile gloves, face mask and goggles or face shield. Wear additional PPE, as needed, to prevent exposure.
- Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Allow person to rinse mouth, nose, and eyes with running water, if feasible. Place soiled towels in a lined waste container.
- If feasible, remove soiled clothing and place in a plastic bag for laundering at a later time. Assist in the cleansing of the affected body area. Put on clean clothing and/or notify parent or guardian. Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load.
- Do not apply disinfectant solution to body surfaces. Request assistance from health room staff or medical personnel, as needed.
- Dispose of contaminated materials and disposable PPE in a lined waste container. Clean and disinfect reusable PPE and tools.
- Pull the liner from the waste container, tie, and immediately discard using exposure control procedures. Dispose of visibly contaminated waste in the cardboard biohazard box located in the school health room.
- Wash hands thoroughly using the provided hand washing procedure.
- For assistance with runny nose, coughing, and/or drooling, provide facial tissues and discard in a plastic-lined trash can. Wash hands after procedure is finished.

## **IV. HEPATITIS B VACCINATION**

All employees required to receive bloodborne pathogen exposure prevention training are offered, but not required to receive, Hepatitis B vaccinations, at no cost. To receive the vaccine, employees must submit [MCPS Form 230-32: Hepatitis B Virus Vaccination Authorization Form](#) to Systemwide Safety Programs.

After authorization is received, employees may contact the MCPS-contracted clinic listed below for vaccination.

- Tru HealthNow (formerly Medical Access), 12321 Middlebrook Road, Germantown, Maryland 20874, 301-428-1070



All employees required to receive bloodborne pathogen exposure prevention training who decline to receive the Hepatitis B vaccination must submit [MCPS Form 230-31: Mandatory Hepatitis B Virus Vaccination Declination Statement](#) to Systemwide Safety Programs.

## **V. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Post-exposure medical evaluation and follow-up is available, at no cost, to any employee who experiences a blood or OPIM exposure incident. A blood or OPIM exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing) contact with blood or OPIM resulting from the performance of an employee's duties.

In the event of a needle-stick or sharps injury to an employee, MCPS will maintain a separate log that includes the description of the incident, the type and brand of device involved, and the location (work area) where the incident took place.

Procedures following an exposure incident are:

- Any employee who experiences an exposure incident must notify his/her supervisor immediately.
- The supervisor must call in a “First Report of Injury” to CorVel (Montgomery County claims reporting program) at 1-888-606-2562 within 24 hours of the incident.
- The employee should contact the MCPS-contracted clinic listed below (within 24 hours) to receive a post-exposure medical evaluation and follow-up interview. For emergency incidents occurring outside normal business hours, employees may seek immediate evaluation and care at a hospital emergency room or urgent care facility.
  - Tru HealthNow (formerly Medical Access), 12321 Middlebrook Road, Germantown, Maryland 20874, 301-428-1070
- The employee must complete [MCPS Form 230-33: Bloodborne Pathogens Post-Exposure Report](#) as soon as possible, and provide a copy to the examining healthcare provider. Additional copies must be provided, within five days of the incident, to the Employee and Retiree Service Center (ERSC) and to Systemwide Safety Programs. The employee must also provide the examining provider [MCPS Form 230-34: Health Care Professional's Written Opinion Form](#), which must be sent by the provider to Systemwide Safety Programs.

## VI. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

### WARNING LABELS

- Warning labels shall be affixed to containers of regulated waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or other potentially infectious materials.
- Labels required by this section shall include the following legend:



- Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- Labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.
- Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

### TRAINING

Annual online training must be completed by designated employees, including all teachers and other school-based employees, with the potential for occupational exposure to blood and other potentially infectious materials. Required online bloodborne pathogen exposure prevention training is provided through SafeSchools. **The online course replaces all previous DVD-based training.**

To complete training, designated employees log in to their SafeSchools home page at <http://mcps.md.safeschools.com/login> using their Outlook username (no password needed). They can find the course (Bloodborne Pathogen Exposure Prevention) listed in the 'Mandatory Training' section of their home page. To start the course, they may click on the course icon. Additional information about online safety training can be found at:

<https://www2.montgomeryschoolsmd.org/departments/facilities/safety/training/>

## **VII. RECORDKEEPING**

### *Medical Records*

- MCPS shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
  - each employee's name and social security number;
  - a copy of each employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B;
  - if an exposure incident(s) has occurred, a copy of all results of examinations, medical testing, follow-up procedures, and a copy of the health-care professional's written opinion; and
  - if an exposure incident(s) has occurred, a copy of information provided to the health-care professional.
- MCPS shall ensure that each employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.
- These medical records shall be maintained for the duration of employment plus 30 years.
- All records required to be maintained by this plan shall be made available upon request to Maryland Occupational Safety and Health (MOSH) for examination and copying.
- Employee medical records required by this plan shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to MOSH in accordance with 29 CFR 1910.1020.

### *Training Records*

- Training records shall include:
  - training session date(s);
  - contents or summaries of training sessions;
  - names and qualifications of persons conducting training sessions; and
  - names and job titles of all persons attending training sessions.
- Training records shall be maintained for at least three years from the date the training occurred.
- Employee training records required by this plan shall be provided upon request for examination and copying to employees, to employee representatives, and to MOSH.