

BOARD OF EDUCATION  
**POLICY 5130**  
**BLOODBORNE PATHOGENS**

Effective: October 25, 2001

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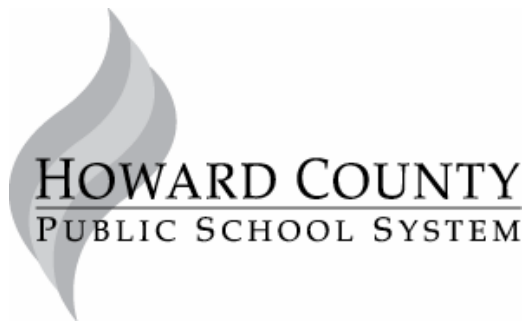
**Policy Statement**

The Howard County Public School System is committed to providing a safe and healthful work environment for its Employees, Volunteers and Student Teachers. In pursuit of this endeavor, the following procedures and exposure control plan (ECP) are provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The Superintendent is directed to develop regulations and procedures to minimize the potential for occupational exposure to blood and body fluids and to provide for mandated follow-up. Regulations and procedures shall be based on the guidelines and regulations published by the Occupational Safety and Health Administration and the Maryland Occupational Safety and Health (MOSH).

Legal Reference: Part 1910 of title of the Code of Federal Regulations  
Occupational Safety and Health Act, Section 1910.1030

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**POLICY 5130-R**  
REGULATIONS  
**BLOODBORNE PATHOGENS**

Effective: October 25, 2001

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**I. Definitions**

- A. Blood - human blood, human blood components, and products made from human blood.
- B. Bloodborne Pathogens (BBP):
  - 1. Bloodborne pathogens are pathogenic microorganisms, present in human blood, which can cause disease in humans.
  - 2. Bloodborne pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) commonly known as the AIDS virus.
- C. Contaminated - the presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
- D. Contaminated Laundry – Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- E. Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed dental wires.
- F. Decontamination - use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they can no longer transmit infectious particles and the surface or items are rendered safe for handling, use, or disposal.
- G. Engineering controls - controls that isolate or remove the bloodborne pathogen hazard from the work place (e.g., safer medical devices, such as sharps with engineered sharps injury protections and needleless systems).
- H. Exposure incident - specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from performance of duties by an employee, volunteer or student teacher.
- I. Handwashing Facility - A facility providing an adequate supply of running potable water, soap and single use towels, or hot air drying machines.

- J. Licensed healthcare professional - a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B vaccination and post-exposure evaluation and follow-up.
- K. Needleless Systems - A device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medication or fluids; or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- L. Occupational exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee, volunteer or student teacher's duties.
- M. Other Potentially Infectious Materials -
1. 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;
  2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
  3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV or HCV containing cultures, and HIV-, HBV- or HCV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.
- N. Parenteral - the piercing of mucous membranes or the skin through such events as needlesticks, human bites, cuts and abrasions.
- O. Personal protective equipment - specialized clothing or equipment worn by an employee, volunteer or student teacher for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses), not intended to function as protection against a hazard, are not considered to be personal protective equipment.
- P. Post-exposure Prophylaxis - Observance of rules necessary to prevent disease as recommended by U.S. Public Health Service to include: Medical evaluation to document routes of exposure and the circumstances under which exposure incident occurred, counseling, treatment (Hepatitis B immune globulin and/or hepatitis B vaccine series) and follow-up.
- Q. Purulent drainage - drainage containing pus.

- R. Sharps - any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
- S. Sharps with engineered sharps injury protections - 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.
- T. Source Individual - Any individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee, volunteer or student teacher.
- U. Standard/Universal precautions - a method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and/or other bloodborne pathogens.
- V. Volunteer - Any individual who performs, without compensation, school-related duties or tasks similar to those performed by a school system employee.
- W. Work practice control - controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **II. Regulations**

The Occupational Safety and Health Administration (OSHA) and Maryland Occupational Safety and Health (MOSH) requirements define procedures for the development of an Exposure Control Plan designed to eliminate or minimize employee, volunteer and student teacher exposure to bloodborne pathogens. It will be necessary to comply with regulations and policies set forth by these agencies.

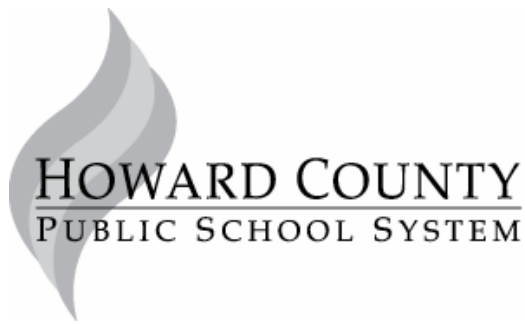
- A. An Exposure Control Plan shall be developed for each school/work site and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee, volunteer and student teacher positions with risk of occupational exposure.
- B. The Exposure Control Plan shall be accessible to employees, volunteers and student teachers.
- C. A list shall be made of all job classifications in which employees, volunteers and student teachers have risk of occupational exposure and the tasks and procedures in which potential for exposure occurs. The list shall be made without regard to the use of personal protective equipment.

- D. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.
- E. Engineering and work practice controls shall be used to eliminate or minimize employee, volunteer and student teacher exposure. Such practices shall be reviewed annually to ensure their effectiveness. Safety, Environment and Risk Management shall perform the annual review.
- F. Appropriate personal protective equipment shall be provided at no cost to the employee, volunteer and student teacher when there is identified risk of occupational exposure.
- G. Work environments shall be maintained in a clean and sanitary condition. All equipment and environmental and working surfaces shall be cleaned and decontaminated, in accordance with OSHA and MOSH guidelines, after contact with blood or other potentially infectious materials.
- H. All blood and body fluid spills shall be immediately contained and cleaned up by properly trained and equipped staff as per the site-specific exposure control plan.
- I. The school system shall make available, at no cost to the employee, volunteer and student teacher, immediate medical evaluations and any ongoing procedures, including the hepatitis B vaccine and vaccination series, to all employees, volunteers and student teachers who have occupational exposure, and post-exposure evaluation and follow-up to all employees, volunteers and student teachers who have had an exposure incident.
- J. All employees, volunteers and student teachers with potential occupational exposure must participate in a training program, which is provided during working hours. Training shall be provided prior to initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- K. The Office of Safety, Environment and Risk Management shall establish and maintain an accurate record for each employee, volunteer and student teacher with an incident of occupational exposure, ensure that employee, volunteer and student teacher medical records are kept confidential, and maintain such records for at least the duration of employment plus 30 years.
- L. Training records shall be maintained for three years from the date on which the training occurred.
- M. Employee, volunteer and student teacher medical records related to bloodborne pathogens shall be provided upon request for examination and copying to the

subject employee, volunteer or student teacher or to anyone having written consent of the subject employee, volunteer and student teacher.

- N. The Exposure Control Plan shall be provided upon request for examination to OSHA and MOSH.
- O. The Office of Safety, Environment and Risk Management shall investigate and evaluate circumstances surrounding an exposure.

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**POLICY 5130-PR**  
IMPLEMENTATION PROCEDURES  
**BLOODBORNE PATHOGENS**

Effective: October 25, 2001

The following are implementation procedures, to be identified as the primary Exposure Control Plan, for Policy 5130. Additional information is contained in Policy 5120, Prevention and Control of Communicable Diseases.

I. Occupational Exposure Determination

A. Types of Exposures to blood and body fluids

Epidemiological evidence has shown that certain diseases including HIV infection, Hepatitis B and Hepatitis C may be transmitted by contact with infected blood or body fluids. Exposures may be of the following types:

1. Percutaneous exposures occurring through the skin (e.g. needle stick injury, injury from sharp object).
2. Mucocutaneous exposures to blood, semen, serosanguinous or purulent drainage, or other body fluids containing visible blood (i.e., splash to eyes, nose or mouth).
3. Percutaneous exposures to other body fluids not containing visible blood, i. e. body fluids other than blood, semen, serosanguinous, or purulent drainage (i.e., human bite).
4. Mucocutaneous exposures to other body fluids not containing visible blood.
5. Open wound exposures to other body fluids not containing visible blood. (Open wound exposures include contact with exudative lesions, burns, dermatitis, or chapped skin.)
6. Prolonged intact skin exposure to blood and body fluids.

a. Management of Exposures

1. Percutaneous Exposure - As soon as possible thoroughly wash the area with soap and running water or a germicidal handwashing solution and attempt to express blood from the wound. After cleaning the wound, apply alcohol, betadine, or hydrogen peroxide.
2. Mucocutaneous - Flush eye, nose, or mouth thoroughly with water, a minimum of 15 minutes.
3. Open Wound Exposure - Open wounds should be thoroughly flushed with soap and water. Alcohol, betadine, or hydrogen peroxide should then be applied.
4. Intact Skin Exposures - Wash exposed area with soap and water.

- II. The following positions have been identified where all employees, volunteers and student teachers have exposure potential within the school system:
- A. Custodians
    - 1. Cleanup of blood, and other potentially infectious materials (OPIM) on environmental surfaces.
    - 2. Handling of waste for disposal.
  - B. Health Assistants and Nurses
    - 1. Cleanup of blood, body fluids, or purulent discharge and other potentially infectious materials (OPIM) on environmental surfaces.
    - 2. Handling of waste for disposal.
    - 3. First aid care, gastrostomy care, or other specific medical procedures.
  - C. Coaches - First aid care
  - D. Playground Monitors - First aid care
  - E. Elementary Instructional Assistants - First aid care
  - F. Special Education Student Assistants - First aid care
- III. The following positions have been identified where some employees, volunteers and student teachers have exposure potential within the school system
- A. Teachers and Instructional Assistants providing personal care of students - Personal hygiene
- IV. Exposure Control Plan
- A. The Exposure Control Plan is to be reviewed with identified employees, volunteers and student teachers within 10 days of employment, and annually thereafter, and be available upon request. An employee, volunteer or student teacher will be provided with a copy of the Exposure Control Plan free of charge within 15 days of the request.
  - B. The Exposure Control Plan shall be reviewed and updated on an annual basis, or more frequently if necessary, to reflect any new or revised employee, volunteer or student teacher positions with occupational exposure, by a committee, which includes non-management personnel, and chaired by the Office of Safety, Environment and Risk Management.

- C. The Exposure Control Plan shall be made available to the Commissioner of the Department of Licensing and Regulation, Division of Labor and Industry (MOSH representative), and/or a designated representative.
- V. Workplace Monitoring and incident reporting
- A. The offices of Health Services and Safety, Environment and Risk Management shall monitor the effectiveness of engineering controls, work practices, protective equipment, and housekeeping by conducting regular surveillance of the workplace. This is to ensure that engineering controls are maintained and employees, volunteers or student teachers performing tasks with potential exposure follow work practices and properly use protective equipment.
  - B. All reported incidents shall be investigated by Safety, Environment and Risk Management. Improvement, if necessary, of training, engineering, work practices, or protective clothing and equipment to prevent or limit recurrences of exposure shall be made.
  - C. Follow-up Response
    1. An individual who believes he/she has been exposed to a bloodborne pathogen shall immediately report the incident to his/her immediate supervisor, Safety, Environment and Risk Management and Health Services. Upon report of the incident, the individual will be offered immediate medical attention.
    2. Details of the suspected exposure incident are to be obtained by the individual's immediate supervisor/principal as soon as the incident is reported. This information is to be recorded on the Employee Incident Report form. The following information is to be obtained when possible:
      - a. Who was exposed?
      - b. Is there a suspected disease exposure?
      - c. Who is the source person?
      - d. Has the exposed individual been immunized against Hepatitis B?
      - e. How did the exposure occur?
      - f. When did the exposure occur?
      - g. Was anyone else exposed?
    3. The Employee Incident Report is to be completed within 24 hours of the incident. The completed form is to be immediately sent to the Safety, Environment and Risk Management at the Central Office.

4. The medical provider will consult with Safety, Environment and Risk Management to determine if the incident constitutes a true exposure, the need for base-line studies (blood tests, etc.), the need for preventive treatment and the need for follow-up and postexposure medical monitoring.

D. Post Exposure Medical Monitoring

1. Upon determination of an employee, volunteer or student teacher's occupational exposure, the Howard County Public School System shall provide for medical monitoring and counseling without cost to the employee, volunteer or student teacher. The Howard County Public School System will provide such services through the Howard County Health Department and/or through the employee, volunteer or student teacher's personal physician.
2. Medical monitoring will be provided for serological evidence of HBV, HCV, HIV, and any other bloodborne pathogens reasonably anticipated:
  - a. Immediately following reported exposure.
  - b. Periodically thereafter, in accordance with established medical practice.
  - c. In a manner that protects the confidentiality of the employee, volunteer or student teacher's identity and test results.
3. All medical evaluations and procedures shall be performed by or under the supervision of a licensed physician, and all laboratory tests shall be conducted by an accredited laboratory.
4. The source individual's blood shall be screened for HBV, HCV and HIV as soon as feasible and after consent is obtained. If consent is not obtained, it shall be documented that legally required consent cannot be obtained. Results of the source individual's testing shall be made available to the exposed employee, volunteer or student teacher, and the employee, volunteer or student teacher shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. The following information shall be provided to the evaluating physician:
  - a. Copy of required regulations (MOSH).
  - b. Description of the affected employee, volunteer or student teacher's duties as they relate to the employee, volunteer or student teacher's occupational exposure.
6. For each evaluation, the employee, volunteer or student teacher shall be provided, within 15 working days from the completion of the evaluation, a

copy of the evaluating physician's written opinion which shall be limited to the following:

- a. Recommended limitations upon the employee, volunteer or student teacher's ability to receive hepatitis B vaccination.
- b. A statement that the employee, volunteer or student teacher has been informed of the results of the medical evaluation and that the employee, volunteer or student teacher has been told about any medical conditions resulting from occupational exposure to blood or other potentially infectious material which require further evaluation or treatment.

7. Counseling shall be provided by an individual trained to address the issues arising from potential occupational exposure to bloodborne pathogens for an employee, volunteer or student teacher who:
  - a. Has reported an exposure incident.
  - b. Participates in serological monitoring.

Counseling shall include information about the modes of transmission of bloodborne pathogens, the availability of any medically established postexposure preventive treatment, availability of resources within the community, and any details about the nature of the occupational exposure. Employees, volunteers or student teachers identified as having an occupationally-acquired infection from a blood-borne pathogen shall be provided medical care as required by state and federal regulations.

## VI. Training

A. Training shall include but not be limited to:

1. The modes of transmission of bloodborne pathogens and disease, including HBV, HCV and HIV.
2. The availability of an effective vaccine for HBV and other safe and effective vaccines available for bloodborne pathogens.
3. Procedures to follow in the event of an exposure incident, including the method of reporting and time frames for making the report.
4. The availability of postexposure blood monitoring and counseling to an employee, volunteer or student teacher who has been determined to have had an exposure.
5. Availability of postexposure preventive treatment.
6. Recognition of tasks with potential exposure.
7. Protective clothing and equipment generally appropriate for tasks with potential occupational exposure and the basis for selecting clothing and equipment.
8. The location and proper use of protective clothing and equipment.

9. Appropriate removal, handling, cleaning, and disposal of contaminated clothing or equipment.
10. The limitations of protective clothing and equipment.
11. Corrective actions to take in the event of spills or an exposure incident.
12. The location of a copy of the complete Maryland Occupational Safety and Health standard with a summary explanation of its contents.

## VII. Hepatitis B Vaccination

- A. The employee, volunteer or student teacher will be offered, at no cost to the employee, volunteer or student teacher, the opportunity to have the hepatitis B vaccination within 10 days of initial assignment to a position where exposure to blood or other potentially infectious materials has been identified as reasonably anticipated. Workers who decide to decline the vaccination must complete a declination form. Such forms shall be kept in the Safety, Environment and Risk Management Office. At any time after a worker initially declines to receive the vaccine, he or she may request and receive the HBV vaccine.

## VIII. Recordkeeping

- A. Records shall be kept in accordance with 29 CFR 1910.20 as incorporated by reference in COMAR 09.12.31.
- B. The Safety, Environment and Risk Management Office shall maintain the following records:
  1. Initial determinations and procedures used to identify tasks with potential occupational exposure.
  2. The method of developing work practices.
  3. Work place reviews for compliance.
  4. Exposure monitoring which includes:
    - a. Conditions associated with an exposure incident.
    - b. Evaluation of those conditions.
    - c. Description of measures taken to prevent a recurrence or other similar exposure incident.
  5. Needlestick Log as reported on Workers Compensation-First Report of Injury or Illness and Log and Summary of Occupational Injuries and Illnesses (OSHA 200) form.
- C. Records shall include the following:
  1. Name and social security number of the employee, volunteer or student teacher.

2. Copy of employee, volunteer or student teacher's HBV vaccination status, including dates of all vaccinations, any medical records relative to employee, volunteer or student teacher's ability to receive vaccination.
3. Copies of all results of examinations, testing, and follow-up, as required by the standard.
4. Employer's copy of the healthcare professional's written opinion.
5. Copy of the information provided to the healthcare professional.
6. Source testing document.

D. Medical records are:

1. Kept confidential.
2. Not disclosed or reported without employee, volunteer or student teacher's written consent.
3. Maintained for the duration of employment plus 30 years.
4. Made available to that employee, volunteer or student teacher, or anyone with that employee, volunteer or student teacher's written consent, for examination or copying.
5. Trainers shall maintain records of training provided and maintain these records for three years from the date on which the training occurred.

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