



MONTGOMERY COUNTY PUBLIC SCHOOLS
Systemwide Safety Programs
Division of Facilities Management

Bloodborne Pathogens Exposure Control Plan

Bloodborne pathogens are defined as 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. 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.

Maryland Occupational Safety and Health (MOSH) Standard 29 CFR 1910.1030 requires employers to establish an exposure 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 employer must determine which of its employees are potentially exposed to blood or OPIM in the course of their work assignments.

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 (transportation, materials management, food and nutrition services, security, maintenance).
- 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 commonly occur at schools and other workplaces (such as bloody nose, scrapes, minor cuts).
- 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, handwashing, feeding, menstrual needs).
- Care of students who exhibit behaviors that can injure themselves or others (such as biting, hitting, scratching).
- Care of people injured in laboratory settings, technical education settings, art classes, or athletics.
- Care of an employee injured while performing work activities.
- Care of students who receive training or therapy in a home-based setting.
- Cleaning tasks associated with body fluids.

III. METHODS OF COMPLIANCE

Universal Precautions

Universal precautions shall be practiced 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. 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 include equipment or devices that prevent exposure to a hazard, and they should be used wherever feasible. Engineering controls for needlestick prevention include sharps disposal containers, self-sheathing needles, sharps with engineered sharps injury protection, and needleless systems. Engineering controls must be used correctly, and they must also be properly inspected and maintained, or replaced, to ensure effectiveness.

Work practice controls are procedures, rules, and techniques that minimize the potential for injury by addressing how tasks are performed. Work practice controls for protection from bloodborne pathogens include handwashing, the use of universal precautions, safety training, safe injection techniques, and compliance with this exposure control plan.

Engineering and work practice controls shall be used to prevent or minimize employee exposure to bloodborne pathogens. 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. Where occupational exposure remains after implementation of engineering and work practice controls, personal protective equipment (PPE) shall also be used.

Handwashing

Handwashing is an essential element in preventing the transmission of infectious organisms. Handwashing should be encouraged after using the toilet and immediately before eating. Handwashing is necessary before and after any situation when hands might come in contact with blood, human or animal body secretions, and excretions. Adequate handwashing facilities must be available at all times. Good handwashing includes the following procedures:

- Ensure that each hand sink is supplied with dispensed soap and disposable paper towels.

- 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.
- Alcohol-based (at least 60% alcohol) hand sanitizer should be provided where water is not available. Hand sanitizer does not clean the hands; however, and it should not be used in place of handwashing when hands are visibly soiled, sticky, or greasy, or if they have been exposed to hazardous chemicals.

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. 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 in the cardboard biohazard box located in the school health room.
- Wash hands thoroughly.

Personal Protective Equipment (PPE) – Eye, Face, Skin Protection

Goggles, face shields, and surgical/procedure masks may be worn to prevent eye, nose, and mouth contact with infectious agents. At a minimum, goggles and gloves must be worn when cleaning or handling materials contaminated with blood or other potentially infectious materials. Goggles must be

worn even if a face shield is worn, to ensure effective eye protection. Any broken skin should be covered with fluid-impermeable PPE, such as gowns, aprons, 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 the face shield and goggles, gown and/or apron, and then the mask.
- Disposable PPE should be discarded and reusable PPE should be cleaned and disinfected.
- Wash hands thoroughly.

Housekeeping and Waste Management

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 biohazardous waste removal) shall be contacted at 1-800-660-6581 to request a pickup when the biohazard waste box is full.

Items such as paper towels, gauze squares, or clothing that are soaked or caked with blood or OPIM 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 that are contaminated with blood or OPIM.

Sharps

Each school health room has a sharps container for safe disposal of used medical sharps (including syringes, needles, lancets, and auto injectors). Contaminated sharps, broken glass, plastic, or other sharp objects shall be placed into 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 closable, 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 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.

School employees with used sharps must work with their school health rooms to ensure safe disposal in sharps containers. **Sharps must never be placed in the trash or toilets.** Sharps must always be stored safely and securely - they may not be left in drawers, closets, cabinets, or other areas where they can cause injury.

Cleaning Procedure – Non-Porous Surfaces (floors, walls, counter tops)

- Wear disposable nitrile gloves and goggles. A face shield and mask may also be worn. Wear a gown or apron, as needed, to prevent exposure.

- Wipe the surface clean using a paper towel and a general purpose cleaning product or a disinfectant and cleaning product. Disinfect the surface with a disinfectant solution. MCPS-approved disinfectant products include: properly-diluted 3M #5L Quat disinfectant cleaner, Lysol Brand II disinfecting wipes, Clorox Professional Products disinfecting wipes, Clear Gear disinfectant spray, Oxivir wipes, Spic and Span disinfecting all-purpose spray and glass cleaner, and Safetec SaniZide Plus germicidal solution. Disinfectant products should be used and stored in accordance with manufacturer directions.
- For large quantities of contamination, wipe away the blood/body fluids with paper towels. Then cover the area with an absorbent material (such as paper towels) and pour (or spray heavily) disinfectant solution 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 disinfectant
 - 2 minutes for Lysol Brand II disinfecting wipes
 - 20 seconds for Clorox Professional Products disinfecting wipes
 - 10 minutes for Clear Gear disinfectant spray
 - 1 minute for Oxivir wipes
 - 2 minutes for Spic and Span disinfecting all-purpose spray and glass cleaner
 - 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.
- Dispose of contaminated materials and disposable PPE in a lined waste container. Clean and disinfect reusable PPE and tools.
- Don fresh PPE, if necessary. 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).
- Remove and discard disposable PPE. Clean and disinfect reusable PPE, if worn. Wash hands thoroughly.

Cleaning Procedure – Objects

- Wear disposable nitrile gloves and goggles. A face shield and mask may also be worn. Wear a gown or apron, as needed, to prevent exposure.
- Discard contaminated objects that cannot be effectively cleaned (such as porous materials that cannot be laundered) in the cardboard biohazard box located in the school health room.
- Clean the objects using a general purpose cleaning product or a disinfectant and cleaning product. Use paper towels to wipe, as needed.
- Disinfect with a disinfectant product. MCPS-approved disinfectant products include: properly-diluted 3M #5L Quat disinfectant cleaner, Lysol Brand II disinfecting wipes, Clorox Professional Products disinfecting wipes, Clear Gear disinfectant spray, Oxivir wipes, Spic and Span disinfecting all-purpose spray and glass cleaner, and Safetec SaniZide Plus germicidal solution. Disinfectant products should be used and stored in accordance with manufacturer directions.
- 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 disinfectant
 - 2 minutes for Lysol Brand II disinfecting wipes
 - 20 seconds for Clorox Professional Products disinfecting wipes
 - 10 minutes for Clear Gear disinfectant spray
 - 1 minute for Oxivir wipes
 - 2 minutes for Spic and Span disinfecting all-purpose spray and glass cleaner
 - 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.
- Don fresh PPE, if necessary. 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).
- Remove and discard disposable PPE. Clean and disinfect reusable PPE, if worn. Wash hands thoroughly.

Cleaning Procedure – Persons

- Ensure exposed individuals receive first aid, if needed. Request assistance from health room staff and/or call 911, as needed.
- Wear disposable nitrile gloves and goggles. A face shield and mask may also be worn. Wear a gown or apron, 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 paper 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.
- Don fresh PPE, if necessary. 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).
- Remove and discard disposable PPE. Clean and disinfect reusable PPE, if worn. Wash hands thoroughly.

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 to schedule 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 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 bloodborne pathogen exposure training must be completed by designated employees, including all school-based employees, with the potential for occupational exposure to blood and other potentially infectious materials. The training is provided through the SafeSchools online safety training platform.

To access the training, employees log in to their SafeSchools account home page at <https://mcps-md.safeschools.com/> 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 available 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.
- Employee 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.

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