

September 4, 2019

Division of Operations

Occupational Exposure to Bloodborne Pathogens

TO: All Staff
FROM: Scott W. Washington, Acting Chief Operating Officer

The purpose of this circular is to inform staff of required Bloodborne Pathogen training. The Centers for Disease Control (CDC) emphasizes the need to consider all blood and other potentially infectious materials from any individual as potentially containing bloodborne pathogens. Transmission of disease can occur through exposure to body fluids. Based on these considerations, the following requirements and attached exposure control plan are provided to eliminate or minimize exposures to bloodborne pathogens in accordance with the Occupational Safety and Health Administration Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" and Maryland State School Health Services Guidelines.

The following positions have been identified where all employees, volunteers and interns have exposure potential within the school system:

- Custodians – Cleanup of blood, and other potentially infectious materials on environmental surfaces; handling of waste for disposal
- Health Assistants and Nurses – Cleanup of blood, body fluids, or purulent discharge and other potentially infectious materials on environmental surfaces; handling of waste for disposal; first aid care, injections, respiratory treatments, gastrostomy care, or other specific medical procedures; injections, respiratory treatments
- Physical Education Teachers & Coaches – First aid care
- Lunch Monitors – First aid care
- Special Education Paraeducators – First aid care
- Student Assistants – First aid care
- Special Education Teachers and Behavioral Specialists – First aid care
- Emergency Response Team members (volunteer) – First aid care

The following positions have been identified where some employees, volunteers, and interns have exposure potential within the school system:

- Teachers and Paraeducators providing personal care of students – Personal hygiene
- Security Assistants – Safety of students and staff
- Speech Pathologists – First aid care
- Occupational Therapists/Physical Therapists – First aid care
- Early Intervention Specialists – First aid care

Requirements

- Review the attached exposure control plan with identified employees, volunteers, and interns within 10 days of employment, and annually thereafter. The plan will be available upon request. An employee, volunteer or intern will be provided with a copy of the Exposure Control Plan free of charge within 15 days of the request.
- Review and update on an annual basis, or more frequently if necessary, to reflect any new or revised employee, volunteer, or intern positions with occupational exposure. A committee, which includes non-management personnel, and chaired by the Office of Safety and Security will conduct this review.
- Make the attached plan available to the Commissioner of the Department of Licensing and Regulation, Division of Labor and Industry (MOSH representative), and/or a designated representative.

If you have any questions, please contact the Office of Safety and Security at 410-313-6739.

SWW/PvG/vw

Exposure Control Plan

Types of Exposures to Blood and Body Fluids

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

- **Percutaneous**
 - Definition – Occurring through the skin; denoting the passage of substances through unbroken skin; passage through the skin by needle puncture or other sharp object
 - Explanation
 - Exposure to blood (i.e., needle stick injury, injury from sharp object)
 - Exposure to other body fluids not containing visible blood (i.e., human bite)
- **Mucocutaneous**
 - Definition – Made up of or involving both typical skin and mucous membrane; denoting the line of junction of the two at the nasal, oral, vaginal, anal orifices, etc.
 - Explanation
 - Exposure to blood, semen, serosanguinous or purulent drainage, or other body fluids containing visible blood (i.e., splash to eyes, nose, or mouth)
 - Exposure to other body fluids not containing visible blood
- **Open Wound Exposure**
 - Definition – Exposure to other body fluids not containing visible blood
 - Explanation – Open wound exposures include contact with exudative lesions, burns, dermatitis, or chapped skin
- **Prolonged Intact Skin Exposure**
 - Definition – Prolonged intact skin exposure to blood and body fluids
 - Explanation – Blood or other body fluids; exposure to fabric soaked with blood or other body fluids resulting in prolonged skin contact and potential for transfer of pathogens to another area

Management of Exposures

- **Percutaneous Exposure** – As soon as possible, thoroughly wash the area with soap and running water or a germicidal hand washing solution and attempt to express blood from the wound.
- **Mucocutaneous Exposure** – Flush eye, nose, or mouth thoroughly with water, for a minimum of 15 minutes.
- **Open Wound Exposure** – Open wounds should be thoroughly flushed with soap and water.
- **Prolonged Intact Skin Exposure** – Wash exposed area with soap and water; immediately remove any clothing soaked in blood or other body fluids and wash exposed area with soap and water.

Healthcare, Monitoring, and Incident Reporting

- Management of an exposure incident:
 - Provide first aid in accordance with National Safety Council recommendation and Health Services requirement and procedures.
 - Refer employee immediately to health care provider designated by the Office of Safety and Security.
- Monitoring the effectiveness of engineering controls, work practices, protective equipment, and housekeeping by conducting regular surveillance of the workplace:
 - Performed by the Office of Safety and Security to ensure that engineering controls are maintained and employees, volunteers, or interns performing tasks with potential exposure follow work practices and properly use protective equipment.
- Investigation of reported incidents:
 - Performed by the Office of Safety and Security with improvements, if necessary, consisting of training, engineering, work practices, or protective clothing and equipment to prevent or limit recurrences of exposure.

Follow-up Response for Employees

- An individual who believes he/she has been exposed to a bloodborne pathogen shall immediately report the incident to his/her immediate supervisor who will offer immediate medical attention.
- Details of the suspected exposure incident are to be obtained and recorded on the **Employee Incident Report** form (available on the Staff Hub/Services/Employee Resources/Workers Compensation) by the individual's immediate supervisor/principal as soon as the incident is reported.
- The following information is to be obtained when possible:
 - Who was exposed?
 - Is there a suspected disease exposure?
 - Who is the source person?
 - Has the exposed individual been immunized against Hepatitis B?
 - How did the exposure occur?
 - When did the exposure occur?
 - Was anyone else exposed?
- The Employee Incident Report is to be completed within 24 hours of the incident and the completed form sent immediately to the Office of Safety and Security.
- The medical provider will report to the Office of Safety and Security 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 post-exposure medical monitoring.

Post-Exposure Medical Monitoring

- Upon determination of exposure, the HCPSS shall provide for medical monitoring and counseling through Concentra and/or through the employee, volunteer, or intern's personal physician without personal cost to the employee, volunteer, or intern.
- Medical monitoring will be provided for serological (blood serum) evidence of HBV, HCV, HIV, and any other bloodborne pathogens reasonably anticipated:
 - Immediately following reported exposure
 - Periodically thereafter, in accordance with established medical practice
 - In a manner that protects the confidentiality of the employee, volunteer, or intern's identity and test results
- 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.
- 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 intern and they shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- The following information shall be provided to the evaluating physician:
 - Copy of required regulations from Maryland Occupational Safety and Health
 - Description of the affected employee, volunteer, or intern's duties as they relate to the employee, volunteer or intern's occupational exposure
- For each evaluation, the employee, volunteer, or intern shall be provided a copy of the healthcare professional's written opinion within 15 days of completion of the evaluation, which shall be limited to the following:
 - Recommended limitations upon the employee, volunteer, or intern's ability to receive HBV vaccination
 - A statement that the employee, volunteer, or intern has been informed of the results of the medical evaluation and that the employee, volunteer, or intern has been told about any medical conditions resulting from occupational exposure to blood or other potentially infectious material which require further evaluation or treatment
- 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 intern who has reported an exposure incident or participates in serological (blood serum) monitoring.
- Counseling shall include information about the modes of transmission of bloodborne pathogens, the availability of any medically established post-exposure preventive treatment, availability of resources within the community, and any details about the nature of the occupational exposure.
- Employees, volunteers, or interns identified as having an occupationally-acquired infection from a bloodborne pathogen shall be provided medical care as required by state and federal regulations.

Training

- Training shall include but not be limited to:
 - The modes of transmission of bloodborne pathogens and disease, including HBV, HCV, and HIV
 - The availability of an effective vaccine for HBV and other safe and effective vaccines available for bloodborne pathogens
 - Procedures to follow in the event of an exposure incident, including the method of reporting and time frames for making the report
 - The availability of post-exposure blood monitoring and counseling to an employee, volunteer, or intern who has been determined to have had an exposure
 - Availability of post-exposure preventive treatment
 - Recognition of tasks with potential exposure
 - Protective clothing and equipment generally appropriate for tasks with potential occupational exposure and the basis for selecting clothing and equipment
 - The location and proper use of protective clothing and equipment
 - Appropriate removal, handling, cleaning, and disposal of contaminated clothing or equipment
 - The limitations of protective clothing and equipment
 - Corrective actions to take in the event of spills or an exposure incident
 - The location of a copy of the complete Maryland Occupational Safety and Health standard with a summary explanation of its contents

Hepatitis B Virus (HBV) Vaccination

- The employee, volunteer, or intern will be offered, at no personal cost, the opportunity to have the HBV 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 available from the Office of Safety and Security.
- At any time after a worker initially declines to receive the vaccine, he or she may request and receive the HBV vaccine.

Recordkeeping

- Records shall be kept in accordance with 29 CFR 1910.20 as incorporated by reference in COMAR 09.12.31.
- The Office of Workers' Compensation/ Office Safety and Security shall maintain the following records:
 - Initial determinations and procedures used to identify tasks with potential occupational exposure
 - The method of developing work practices
 - Work place reviews for compliance
 - Exposure monitoring which includes:
 - Conditions associated with an exposure incident
 - Evaluation of those conditions

- Description of measures taken to prevent a recurrence or other similar exposure incident
- 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
- Records shall include the following:
 - Name and social security number of the employee, volunteer, or intern
 - Copy of employee, volunteer, or intern's HBV vaccination status, including dates of all vaccinations and any medical records relative to the employee, volunteer or intern's ability to receive the HBV vaccination
 - Copies of all results of examinations, testing, and follow-up, as required by the standard
 - Employer's copy of the healthcare professional's written opinion
 - Copy of the information provided to the healthcare professional
 - Source testing document
- Medical records are:
 - Kept confidential
 - Not disclosed or reported without the employee, volunteer, or intern's written consent
 - Maintained for the duration of employment plus 30 years
 - Made available to that employee, volunteer, or intern, or anyone with that employee, volunteer, or intern's written consent, for examination or copying
 - Maintained by trainers who provided training and these records maintained for three years from the date on which the training occurred

Refer to the HCPSS Health Services Procedures Manual for the management of non-occupational (student) exposure incidents.