



St. Mary's County Public Schools

Exposure Control Plan

A Supplemental Guide to the School Crisis and Emergency Response Plan



ST. MARY'S COUNTY PUBLIC SCHOOLS
2025-2026

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Note: For more information, please visit our website at <http://www.smcps.org>.

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ST. MARY'S COUNTY PUBLIC SCHOOLS

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Exposure Control Plan (ECP) Introduction

St. Mary's County Public Schools (SMCPS) 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.

The ECP is a key document to assist the St. Mary's County Public Schools system in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes the following components:

- A. Program Administration and Duties
- B. Employee Exposure Determination
- C. Engineering and Work Practice Controls
 - 1. standard precautions
 - 2. hand washing techniques and hand washing facilities
 - 3. guidelines for handling body fluids in schools
 - 4. sharps use and proper disposal
 - 5. personal hygiene and eating in the workplace
 - 6. specimen handling and specimen containers
 - 7. equipment cleaning
 - 8. carpet cleaning
 - 9. regulated waste
 - 10. hazards communication
- D. Personal Protective Equipment (PPE)
- E. Housekeeping
- F. Occupational Exposure to Bloodborne Pathogens
- G. Hepatitis B Vaccination
- H. Exposure Control and Evaluation
- I. Employee Training and Information
- J. Recordkeeping
- K. Schedule for Implementing Exposure Control Plan
- L. Forms

Appendix B of this plan is a glossary relevant to the ECP

A. Program Administration and Duties

- **ECP Committee Chair - Chief of Staff**
Responsible for the implementation of the ECP, overseeing the efforts of the Exposure Control Committee to maintain, review, and update the ECP at least annually, and (whenever necessary) to include new or modified tasks and procedures. (See appendix F)
- **Site administrators/directors/supervisors**
Responsible for ensuring that all medical actions required are performed. Appropriate employee health, occupational safety, vaccinations, and training records/information are provided to the Coordinator of Benefits in the Department of Fiscal Services at (301)-475-5511.

- **All SMCPS' principals, directors, and supervisors**

Responsible for monitoring the performance of their employees to ensure that the practices of their staff align with this Exposure Control Plan and relevant occupational health standards. **For all SMCPS employees, this means that any violation of the policies and/or work practices described herein may result in the commencement of progressive disciplinary action under SMCPS personnel procedures.**

B. Employee Exposure Determination

- 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.
- The following is a list of positions and/or roles and tasks in which employees have the potential for occupational exposure:

Position and/or Role	Tasks/Possible Exposures
School Nurse	Direct care for injuries involving broken skin and mucous membranes, illnesses involving emesis (vomiting) or other potentially infectious materials, and procedures including (but not limited to) injections, changing ostomy bags, toileting, oral or gastrostomy feedings, suctioning, catheterization, and blood glucose monitoring.
Infant/Toddler, Child Care, SAIL, LAP, PSSE, TIDES, Compass Teachers, and Special Education Paraeducators in which occupational exposure may occur	Changing menstrual pads, emesis clean-up, tooth brushing, biting incidents by students, diapering/toileting, cleaning nose/mouth secretions, feeding (oral or gastrostomy), providing assistance to students with bleeding or other potentially infectious materials injuries.
Speech Therapists	Cleaning nose/mouth secretions, combative behavior, swallowing therapy, biting incidents by students.
Physical and Occupational Therapists	Tooth brushing, biting incidents by students, cleaning nose/mouth secretions.
Building Service Workers, Maintenance Personnel	Cleaning body fluid spills (urine, feces, emesis, or blood) disposal of regulated waste and laundry, general facility cleaning, cleaning up contaminated broken glass/sharps removal.
Adapted Physical Education Teachers	Providing assistance to students with bleeding or other potentially infectious injuries/occurrences.
Bus Drivers and Bus Attendants	Combative behavior, biting incidents by students, Providing assistance to students with bleeding or other potentially infectious injuries/occurrences, and cleaning body fluid spills.
Academic Deans, Assistant Principals, Restraint Team Members, and Crisis Team Members	Combative behavior, biting incidents by students.

Principals	Combative behavior, providing assistance to students with bleeding or other potentially infectious injuries/occurrences.
Designated CPR/FA/AED Personnel who provide first aid to students/staff	Providing assistance to students with bleeding or other potentially infectious injuries/occurrences.
Substitutes, Temporary or Hourly Employees	See aforementioned positions as appropriately assigned.

C. Engineering and Work Practice Controls

Engineering and work-practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined, maintained, and/or replaced annually and when an exposure incident occurs in the district. The annual review must include and take into account new innovations in technology, particularly those devices that reduce needle-sticks injuries.

1. Standard Precautions:

The use of barriers or protective measures when dealing with the following: blood, non-intact skin, mucous membranes, and all body fluid secretions and excretions with the exception of sweat (regardless of whether they contain visible blood). All blood or other potentially infectious material is to be considered infectious regardless of the perceived status of the source individual. Appendix D of the ECP describes the Engineering Control/Personal Protective Equipment to use to prevent contact with blood or other potentially infectious materials.

2. Hand Washing and Hand Washing Facilities:

Frequent hand washing is the most important technique for preventing the transmission of disease. Proper hand washing requires the use of soap and water and vigorous scrubbing of hands for at least 20 seconds to remove soil and microorganisms. Appendix E describes the appropriate steps and necessary components for adequate hand washing procedures. All buildings are equipped with hand washing facilities, water, disinfectant soap, paper towels, and alcohol-based sanitizers.

3. Guidelines for Handling Body Fluids in the School Setting:

The body fluids of all persons must be considered potentially hazardous. Disposable gloves are mandatory when it is reasonably anticipated that employees will have direct contact with blood or other potentially infectious materials (e.g. cleaning cuts and scrapes). Disposable or single-use gloves are not to be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse, provided the integrity of the glove is not compromised. They should be discarded if they are cracked, peeled, torn, or punctured, if they exhibit other signs of deterioration, or when their ability as a barrier is otherwise jeopardized. The use of designated personal protective gloves is required for those who clean surfaces soiled by body fluids. Disposable, latex-free and powder free gloves should be worn. Once cleaning is complete, gloves should be removed promptly, the individual should avoid touching eyes, nose, or mouth before

or after removing the gloves, and hands should be washed immediately. See Appendix E for the correct procedure for removing gloves. If there is ever unforeseen skin contact with a body fluid, the hands and all other affected skin areas must be scrubbed with copious amounts of soap containing antiviral/antibacterial agents and running water for 10 minutes as soon as possible after contact. If exposure involves the mucous membranes, the affected areas should be flushed with water for 15 minutes or until all traces of the body fluid has been removed. All body fluid exposures should be reported to the immediate administrator/supervisor and school nurse to determine if the contact is a true occupational exposure as defined by OSHA. If there is an obvious or suspected break in the skin or if the exposure was to mucous membranes, the individual exposed should go to the Emergency Room for a medical evaluation within 24 hours.

4. Handling and Disposal of Contaminated Needles/Objects/Sharps:

Types of sharps can include needles, knives, lancets, blades, scissors, and any object that may be contaminated with body fluids and have the potential to puncture the skin. Used sharps should not be recapped, purposely bent, or broken in any manner. Used needles or any contaminated sharps should be placed in a sealed puncture-resistant container. A sharps container must be located in each health office and every room where sharps are used and be inaccessible to students or the public. Once the container is three-fourths full or three years old, the top will be turned to the locked position and disposed of in accordance with infectious waste disposal regulations. It should be brought to the Department of Student Services for disposal in a separate cardboard or plastic enclosed container. This is tracked by the Supervisor of Health Services.

5. Personal Hygiene and Eating in the School Setting:

In areas where a reasonable likelihood of occupational exposure exists, work practices controls should include restricting eating, drinking, applying cosmetics, and handling contact lenses. School employees should refrain from taking part in these activities in health rooms, first aid stations, or in any area where there are contaminated items or risk of exposure to potential bloodborne pathogens.

6. Cleaning Contaminated Equipment:

The decontamination and cleaning of all equipment and environmental working surfaces must be completed immediately after contact with blood or other potentially infectious materials. Notify the building services personnel of any accidental blood or body fluid spill as soon as possible. Utilizing proper personal protective equipment (PPE), Building Service personnel will clean and sanitize all surfaces according to Operations Department protocol.

7. Carpet Cleaning After Body Fluid Spills:

Soiled rugs and carpet should be cleaned and disinfected promptly after blood or body fluids spills. Manufacturer's directions should be followed when shampooing and disinfecting carpets. Appropriate PPE will be used to clean areas soiled with body fluids.

8. Regulated Waste:

OSHA defines regulated waste as 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 that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated waste is to be placed inside containers clearly labeled with fluorescent orange or orange-red warning labels. The containers must be closeable and suitable to contain the contents and prevent leakage of fluids. A biohazard container should be located in each health office and any other site the administration deems appropriate. In general, there will be few items deemed regulated waste in the school setting (e.g. emesis absorbent material, blood soaked gloves, masks, gowns, sharps). If a material is saturated to the point of dripping or would release fluids if compressed, then it would be considered regulated waste. Most items contaminated in a school setting are bandages, gauze sponges, and facial tissues soiled with blood or other potentially infectious material. These substances can be placed in a designated trash container with a hazard waste label and a solution of 1 to 10 bleach mixture or hospital grade disinfectant can be sprayed on the contents of the trash container and disposed of in the regular trash. The disinfectants chosen should disinfect fungi, bacteria, and viruses.

9. Hazards Communication:

Fluorescent orange or orange-red warning labels should be attached to containers of all regulated waste and other containers used to store or transport blood or other potentially infectious materials. These labels are not needed when red bags or red containers are utilized. These preventive measures are intended to eliminate or minimize the risks of occupational exposure.

D. Personal Protective Equipment (PPE)

All personal protective equipment will be provided without cost to employees. Training is provided by the designated program supervisor in the use of the appropriate PPE for the tasks or procedures to be performed in their program areas. Requirements listed in this document are not intended to alter or replace PPE requirements for other tasks, such as science lab experiments.

PPE may include:

- Goggles
- Masks
- Disposable CPR face shields
- Spray bottles for 1:10 bleach solution
- 3 mm disposable plastic trash liners
- Covered waste cans marked with Biohazard Label in school health offices
- Sharps with engineered sharps injury protection for school nurses who routinely administer insulin, other injectable medications, and/or lancets for glucose monitoring.
- Self-sheathing needle on emergency cart at Hepatitis B clinic
- Sharps containers in school health offices

The following program directors/supervisors and site administrators are responsible for maintaining and providing all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the regulatory standards. They will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Director of Maintenance	(301) 475-4256, ext. 34115
Director of Operations	(301) 475-4256, ext. 34163
Director of Food and Nutrition Services	(301) 475-4256, ext. 34126
Supervisor of Health Services	(301) 475-5511, ext. 32205
Director of Special Education	(301) 475-5511, ext. 32209
Director of Student Services	(301) 475-5511, ext. 32197
Supervisor of Physical Education, Secondary Health, and Athletics	(301) 475-5511, ext. 32123
Director of Transportation	(301) 475-4256, ext. 34132
Supervisor of Instruction for Career and Technical Education	(301) 475-5511, ext. 28123

1. Using personal protective equipment (PPE) in schools adds another layer of insulation and decreases the risk for exposure to bloodborne pathogens. The kind of PPE appropriate for the assignment can vary with the task performed and the exposure expected. In schools, such equipment can include, but is not limited to: Non-powdered, latex-free gloves (both disposable and utility), gowns, lab coats, aprons, facemasks, eye goggles, and resuscitation masks. Personal protective equipment is considered suitable only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.
2. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. PPE will be accessible and provided in the correct size. The required PPE will be reviewed annually, or sooner if needed, by staff who will recommend to the program supervisor any additions and changes to the PPE.
3. Personal protective equipment will be ordered following standard purchasing procedures by the designated program directors/supervisors, and will be maintained in appropriate sizes at the work site. Disposable non-powdered, latex-free gloves, glove liners, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
4. A Basic Protection Kit is to be available in every school health office. It contains a full-length polyethylene coated isolation gown, shoe covers, surgical head cover, procedure mask, safety glasses with wrap-around frame, one pair of protective gloves, and one red infectious bag.
5. PPE is to be located and maintained in every SMCPs site as designated by the site administrator and is to be obtained through the designated program director/supervisor.
6. Employees needing to obtain PPE should contact their site administrator/director/supervisor.
7. Each bus must be equipped with PPE (a body fluid cleanup kit and First Aid Kit). The Director of Transportation or designee is responsible for ensuring PPE is provided and maintained on each bus. Bus drivers are responsible for advising the Director of Transportation or designee when any PPE needs to be replenished.

All employees using PPE must observe the following precautions: Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
(See Appendix E.)

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water, as appropriate, or as soon as feasible following contact. At a minimum, hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials in each health office, in restrooms, some classrooms, and/or in the custodial workroom.

If there is a risk of exposure to blood or other potentially infectious materials, the school employee must wear personal protective equipment, depending on the degree of risk associated with the exposure. The following PPE can be required in the school setting:

Level I	Gloves-both disposable (single-use) and utility
Level II	Gloves, fluid repellent gowns, aprons, and lab coats
Level III	Gloves, face masks, eye protection, and the appropriate clothing listed in Level II
Other PPE	Resuscitation masks

Level I

Disposable gloves should be a standard component when providing care in our schools. All personnel should don the gloves whenever it can be reasonably expected that an exposure to blood or other potentially infectious materials, mucous membranes, non-intact skin, or contaminated surfaces is imminent.

Single use or disposable gloves cannot be washed or decontaminated and should be replaced as soon as practical when they become contaminated or as soon as feasible; especially if they are torn, punctured, or their ability to function as a barrier is otherwise compromised. After use, they should be discarded in an appropriate receptacle. Utility gloves should be worn when handling contaminated materials or cleaning contaminated surfaces or tools. Utility gloves can be decontaminated for reuse in the event the entirety of the glove is not compromised. They are to be discarded if they are cracked, peeled, torn, or punctured, they exhibit other signs of deterioration, or their ability as a barrier is compromised.

Assignments that may require **Level I Protection** of single-use gloves:

- minor wound care or dressing changes
- blood glucose monitoring
- injections
- topical medications
- catheterizations
- diapering/toileting
- emesis cleanup
- tooth brushing/oral care
- changing ostomy bags
- cleaning nose/mouth secretions
- feeding (oral or gastrostomy)
- suctioning

- changing menstrual pads
- oral temperatures

Assignments that may require **Level I Protection** of utility gloves:

- cleaning body fluid spills,
- emptying trash cans,
- handling sharps/containers,
- handling discarded contaminated materials/regulated waste,
- cleaning/sweeping up contaminated broken glass/sharps,
- toileting/diapering of students,
- handling contaminated laundry.

Level II

Repellent gowns, aprons, and gloves should be worn when there is an expectation of exposure to body fluids or other potentially infectious materials to clothing and skin from splashes, sprays, and splatters. Situations may vary and the clothing may change with the nature of the task.

Assignments that may require **Level II Protection**:

- changing pads for uncooperative mentally impaired student
- diapering/toileting with gross contamination
- wound care for a combative child
- sorting or bagging contaminated laundry
- disposing of regulated waste with gross contamination
- feeding, suctioning, and general cleaning of students with little or no impulse control.

All personal protective equipment should be removed immediately following contamination and before leaving the area. All PPE used at SMCPS buildings and grounds is disposable and is to be placed in a plastic bag inside a covered trash can marked with the biohazard label. Contaminated material is to be sprayed with a bleach and water solution (1:10) or a hospital grade disinfectant, the plastic bag is to be tied off and placed in regular trash for disposal.

Note: PE Fact Sheet in Appendix D and Standard Precautions in Appendix A.

Level III

There should be limited situations where a **Level III Protection** would be warranted in the school setting. However, there may be incidents in which body fluids or potentially infectious materials could come in contact with the face, nose, or eyes. In these instances, maximum

protection should be utilized by donning face/eye protection as well as a fluid repellent gown and utility gloves.

Assignments that may require **Level III Protection**:

- feeding a child with a history of spitting, forceful vomiting, or coughing,
- suctioning tracheostomy with a history of forceful coughing or copious secretions,
- assisting with severe injury, and a wound with spurting blood.

Building Service Workers may need these levels of protection to clean up blood spills, emesis, etc., that may splatter.

Resuscitation Masks (CPR)

Pocket masks and mechanical emergency respiratory devices are used as a barrier from saliva, vomitus, or other potentially infectious body fluids when giving CPR. They should be easily accessible for emergency situations.

Reusable masks should be properly cleaned after an incident. These steps should be followed: (1) put on gloves; (2) soak in mild soap and warm water, then scrub vigorously, rinse, and dry; and (3) cleanse with an EPA registered disinfectant.

There are also single-use disposable CPR masks available. There are distinct advantages to using disposable masks. They are (1) compact, (2) easy to use, and (3) can be used with all ages (birth to adult), as well as for persons with stomas.

Site administrators/supervisors are responsible for ensuring that all medical actions required are performed. The program supervisors are responsible for establishing a list of specific engineering control equipment and PPE. The required PPE will be reviewed annually by staff who will recommend to the program supervisor any additions and/or changes to the PPE. The program supervisor will then make recommendations to the Exposure Control Plan Committee. As supplies are expended and need to be replaced, the employee should contact the program specific program director/supervisor and notify them of the need for equipment maintenance/replenishment.

E. Housekeeping

In SMCPS buildings and grounds, building service workers will follow precaution standards and utilize the appropriate PPE to clean spills. Gloves will be worn when cleaning contaminated surfaces or using a disinfectant solution. Goggles will be worn if splashing is anticipated. A mask will be worn if respiratory irritation is possible. All work sites will be maintained in a clean and sanitary condition. All facilities will be cleaned and decontaminated according to the following schedule:

1. Use a disinfectant solution.
2. The disinfectant solution will be changed daily for each area or whenever necessary to maintain appropriate disinfection. Floors will be mopped daily in the health suites. The

floor should be wet enough to remain wet for 10 minutes to ensure proper disinfection.

- a. In all cases this solution must be discarded after 24 hours and, therefore, should be freshly mixed on a daily basis.
 - b. Surfaces should be sprayed, the solution allowed to stand for three to five minutes then wiped clean and dried.
3. Visibly contaminated work surfaces will be decontaminated with a fresh disinfecting solution or EPA registered germicide.
4. When cleaning spills, the following procedures will be followed:
- a. Use the appropriate PPE such as gloves. Place the biohazard container in the immediate area of the spill. Remove visible surface contaminants with paper towels and place in a biohazard container.
 - b. Clean the contaminated area with detergent solution mixed according to the manufacturer's instructions.
 - c. Apply 1:10 bleach and water solution or EPA registered germicide to the contaminated area, let stand for three to five minutes, wipe clean and dry. Contaminated material is to be saturated with a bleach and water solution (1:10) or an EPA registered germicide, the plastic bag is to be tied off and placed in regular trash for disposal.
 - d. Broken glassware will not be picked up directly with hands. Mechanical means (brush and pan, forceps, or tongs) will be used to place the glass in the biohazard container for sharps.
5. The tongs or forceps will be cleaned as follows:
- a. Scrub in detergent solution with designated brush.
 - b. Rinse with water.
 - c. Soak in 1:10 bleach and water solution for three to five minutes.
6. All mops and brushes will be cleaned with detergent solution then decontaminated by soaking in a fresh 1:10 bleach and water solution for 30 minutes.
7. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided the integrity of the glove is not compromised, or they exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

F. Occupational Exposure to Bloodborne Pathogens

1. Equipment Needed for Proper Clean-Up and Disinfection:
 - a. "caution" or "wet floor" signs/cones
 - b. mop bucket
 - c. wet mop
 - d. disposable and utility gloves
 - e. dust pan,

- f. counter brush
- g. measuring cup
- h. sponges
- i. vacuum cleaner (tank type)
- j. spray bottle
- k. biohazard receptacle or color-coded (red) container
- l. broom
- m. tongs

Supplies needed:

- a. registered EPA germicidal, tuberculocidal disinfectant
- b. quick absorbent products
- c. color-coded plastic bags
- d. absorbent towels
- e. cleaning rags
- f. apron and/or gown
- g. eye protection/goggles

The above equipment and supplies should be on hand in the building service worker's area for emergency use and restocked as needed.

2. Procedures for Cleaning Body Spills on Washable Surfaces:

- a. wear disposable or utility gloves, and
- b. clean and disinfect all hard, soiled, washable surfaces immediately, cleaning with soap and water and removing contaminants before applying disinfectant

For Small Spills:

- a. use paper towels or tissues to wipe up soiled areas
- b. after soil is removed, use clean paper towels, soap and water to clean area
- c. dispose of paper towels in a plastic bag
- d. disinfect area

For Large Spills:

- a. apply commercial sanitary absorbent agent on soiled area
- b. after soil is absorbed, sweep all material into a plastic bag, taking care not to create any dust emissions
- c. disinfect area with clean mop
- d. disinfect mop and bucket

3. Procedures for Cleaning Body Spills on Carpet/Rugs:

- a. use hospital or industrial equipment and follow manufacturer's directions for shampooing and disinfecting
- b. apply commercial sanitary absorbent agent on soiled area
- c. after soil is absorbed but still wet, sweep the spill toward its center, picking up the contents in a dustpan and dispose in a plastic bag
- d. vacuum with either wet vacuum extractor or a vacuum
- e. cleaner with a high efficiency filter

- f. spray the area with a white vinegar solution (1-ounce vinegar to one quart cool water)
- g. blot the area repeatedly with white paper towels
- h. rinse the area with clean cool water
- i. disinfect area with a compatible disinfectant
- j. apply a bacteriostatic rug shampoo
- k. disinfect vacuum cleaner, dust pan, and brush

If a hospital or industrial grade vacuum cleaner is not available:

- a. apply a commercial sanitary absorbent agent on soiled area
- b. carefully scrape or scoop into plastic bag while still wet
- c. disinfect area with a compatible disinfectant
- d. apply a bacteriostatic rug shampoo
- e. brush and allow to dry
- f. vacuum area

4. Procedures for Cleaning and Disinfecting Equipment:

- a. clean and decontaminate all equipment and environmental surfaces as soon as possible after contact with blood or other body fluids
- b. use a registered EPA approved germicide
- c. inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have the likelihood for becoming contaminated
- d. always use mechanical means such as tongs, or brush and dustpan to pick up contaminated sharp; never pick up with hands even if gloves are worn
- e. place contaminated sharps and infectious wastes in designated containers
- f. handle contaminated laundry as little as possible and with minimal agitation
- g. use appropriate personal protective equipment when handling contaminated laundry
- h. discard all regulated waste according to federal, state, and local regulations

5. Cleaning Schedule

A written schedule should be adopted for cleaning and decontamination of areas that may be susceptible to contamination with bloodborne pathogens. These rooms may include, but are not limited to: health office, bathrooms, and special education classrooms.

G. Hepatitis B Vaccination

The online SMCPs Bloodborne Pathogen Training provides information to all employees about Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability if eligible to receive the vaccine.

1. The Hepatitis B vaccination series is available at no cost after training and within 10 working days of performing assigned tasks to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:
 - a. documentation exists that the employee has previously received the series,
 - b. antibody testing reveals that the employee is immune, or
 - c. Medical evaluation shows that vaccination is contraindicated.
2. If an employee chooses to accept a Hepatitis B vaccination, the employee should contact the St.

Mary's Marathon Health Center at 240-744-1100 to schedule an appointment. The clinic is located at 23000 Moakley St. #202, Leonardtown. The form is located in the Appendix.

H. Exposure Incident

Definition of an Exposure Incident: An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, or other mucous membrane or by piercing the skin or mucous membrane through such events as needle-sticks.

I. Exposure Incident Follow-up

All suspected exposures/incidents involving the presence of blood or OPIM shall be reported to the site administrator/supervisor and school nurse ASAP to determine the need for follow-up.

1. The employee should receive treatment within 24 hours after exposure. A medical facility or hospital I should provide treatment for the employee. Employees working after the duty day are to call the site administrator/supervisor. The following documents must be completed:
 - a. Bloodborne Pathogen Post-Exposure Protocol (Appendix)
 - b. Procedure for Post-Exposure Management Occupational Exposure Checklist (Appendix)
 - c. Employee Report of Exposure Incident (Appendix)
 - d. Worker's Compensation Reporting Forms: Employee's Statement of Accident/Injury/Illness and Supervisor's Incident Report (Online)
 - e. Form: Site Administrator's/Supervisor's Investigation of Exposure Incident (Appendix)
 - f. Form: Employee Consent/Declination for Post-Exposure Medical Evaluation and Treatment (Appendix)
 - g. Form: Post-Exposure Referral to Medical Consultant (Appendix)
 - h. Form: Employee Exposure Medical Evaluation (Appendix)
 - i. Form: Source Identification and Medical Evaluation (Appendix)
 - j. Form: Source Individual's Consent or Refusal For Blood Testing (Appendix)
 - k. Form: PS 100 – Student Record Release (Appendix)
2. A confidential medical evaluation will be immediately available to the employee and conducted by a licensed health care professional at a medical provider's office, hospital, or emergency care center.m. The site administrator/supervisor must provide the health care professional with a copy of the bloodborne pathogens standard, a description of the employee's job duties as they relate to the incident, and a report of the exposure, including date and time of exposure, and route of exposure. The employee must provide their own medical records, including Hepatitis B vaccination status.
3. Obtain consent (Appendix C) and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Document that the source individual's test results were conveyed to the Department of Human Resources.
4. The source individual's blood shall be tested **as soon as feasible** and **after consent is obtained** (Appendix C) in order to determine HIV, HBV, and HCV infectivity. If consent is not obtained, document this information. If the source individual is already known to be HIV, HBV, and/or HCV positive, new testing need not be performed.
5. If the parent/legal guardian of the source individual gives consent, the exposed employee is

provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

6. After obtaining consent, the licensed health care professional may collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HCV, and HIV serological status. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
7. The Department of Human Resources provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation
8. In the event of a needle-stick or sharps injury, the Department of Human Resources 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. (See Appendix F)

J. Employee Training and Information

Training for all employees will be conducted prior to initial assignment of tasks where occupational exposure may occur. This may occur through online training platforms or by the program director/supervisor for the employee's designated job area. Training for employees will include an explanation of the following:

1. an explanation of the types, uses, location, handling, removal, decontamination, and disposal of PPE
2. an explanation of the basis for PPE selection
3. information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
4. information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
5. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
6. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
7. an explanation of the signs and labels and/or color coding required by the standard and used at this facility
8. a listing of personnel to answer questions
9. the OSHA standard for bloodborne pathogens
10. epidemiology and symptomatology for bloodborne diseases
11. modes of transmission of bloodborne pathogens
12. procedure which might cause exposure to blood or other potentially infectious materials at this facility
13. control methods which will be used at the facility to control exposure to blood or other potentially infectious materials
14. personal protective equipment available at the facility, and who should be contacted for replacement
15. signs and labels used at the facility
16. Hepatitis B vaccine program at the facility
17. **All employees will receive refresher training annually through the online training platform or**

by the program director/supervisor for their designated job area. (Note that this training must be documented and the training record forwarded to the Department of Human Resources prior to October 1 of each year.) If completed by the program director/supervisor, they are to ensure that the Department of Human Resources has a copy of their current specific job lesson plans and all training materials/handouts to be reviewed by authorized officials and employees. The Department of Human Resources will maintain official training records for the bloodborne pathogens program for all SMCPS employees.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). The Director or designee of the Department of Human Resources makes this determination and records activities. The Department of Human Resources provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Should the exposure be a sharps injury (syringe or lancet) the following information must be recorded on the Employee Report of Exposure Incident Form and include specific details.

- Type and brand of the sharps device
- Location of the incident

K. Recordkeeping

The Department of Human Resources is responsible for the training of new staff, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. The bloodborne pathogen standard requires that two types of records be kept for school employees who sustain an occupational exposure to blood or other potentially infectious materials: medical and training.

1. Medical Records

Medical records are maintained for each employee with an occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

The medical record is confidential and separate from other personnel records and is retained by the Department of Human Resources. The medical records should contain the employee's name, social security number, Hepatitis B vaccination status, including the dates of vaccination, and any medical records relative to the employee's ability to receive the vaccination.

The Department of Human Resources is responsible for maintenance of the required employee medical records. These confidential records are kept in a compliant and confidential file in the Department of Human Resources or an approved archive facility for at least the duration of employment plus 30 years.

If an occupational exposure incident should occur, results of examinations, medical testing, post-exposure evaluation, and follow-up procedures as well as the health care professional's opinion, and a copy of the information provided to the medical professional is to be included in the medical records.

Employee medical records are provided upon request of the employee or to anyone having written consent from the employee within 15 working days. Such requests should be sent to the Department of Human Resources, 23160 Moakley Street, Suite 106, Leonardtown, Maryland 20650.

2. Training Records

The following personnel are responsible for job specific training and overall annual refresher training of employees in their designated program areas.

Director of Transportation
Bus Drivers and Bus Attendants

Director of Maintenance
All Maintenance Trades Personnel

Director of Operations
Building Service Staff

Supervisor of Health Services
School Nurses, CPR/FA/AED Designated Providers

Supervisor of Instruction for Physical Education, Secondary Health, and Athletics
Coaches, Physical Education and Health Teachers

Director of Safety and Security
Safety and Security Staff

Director of Student Services
Crisis Prevention Institute Trained Staff

Director of Special Education
Occupational Therapists, Physical Therapists, and staff members in the following programs:
Infant & Toddler, Preschool Special Education, TIDES, SAIL, LAP, Compass, and Adapted Physical Education.

Training records are completed for each employee upon completion of initial training. These documents are maintained for at least three years by the Department of Human Resources and by the designated program director/supervisor. By October 1st of each year, the designated program director/supervisor will verify that all employees have been trained. Each designated program director/supervisor will forward training rosters to the Chief of Staff.

The training records include:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and job titles of all persons attending the training sessions.

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 the Department Of Human Resources

3. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident.

The reviewing committee consists of a representative from the Department Human Resources who acts as chairman; the Supervisor of Health Services; the Director of Maintenance; the Director of Operations; the Director of Special Education; the Director of Student Services; the Supervisor of Instruction for Physical Education, Health, and Athletics; the Director of Transportation; and the Supervisor of Career and Technology Education. This committee will review the circumstances of all exposure incidents and report back to the Exposure Control Committee. They will evaluate the following:

Engineering controls in use at the time of exposure.

- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure being performed when the incident occurred

If it is determined that revisions need to be made, the Exposure Control Committee will direct the appropriate Site Administrator to ensure that appropriate changes are made in equipment or protocol. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

OSHA Fact Sheets:

Bloodborne Pathogens Standard

<https://www.osha.gov/sites/default/files/publications/bbfact01.pdf>

Bloodborne Pathogens Exposure Incidents:

<https://www.osha.gov/sites/default/files/publications/bbfact04.pdf>

Bloodborne Pathogens – Personal Protective Equipment (PPE)

<https://www.osha.gov/sites/default/files/publications/bbfact03.pdf>

Bloodborne Pathogens – Handling Contaminated Sharps

<https://www.osha.gov/sites/default/files/publications/bbfact02.pdf>

Hepatitis B Vaccination Protection

<https://www.osha.gov/sites/default/files/publications/bbfact05.pdf>

OSHA Laws:

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

NIH – HIV and AIDS Basics

<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-aids-basics>

APPENDIX

Forms and Post Exposure Management



ST. MARY'S COUNTY PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCES
DEPARTMENT OF STUDENT SERVICES

EXPOSURE INCIDENT PACKET

This packet contains the following documents:

1. Bloodborne Pathogen Post-Exposure Protocol
2. Procedure for Post-Exposure Management Occupational Exposure Checklist
3. Form: Employee Report of Exposure Incident
4. Form: Worker's Compensation Reporting Forms: Employee's Statement of Accident/Injury/Illness and Supervisor's Incident Report (online at <https://www.smcps.org/offices/fiscal-services/employeeforms>) Forms are located under: Employee Injury folder
5. Form: Site Administrator's/Supervisor's Investigation of Exposure Incident
6. Form: Employee Consent/Declination for Post-Exposure Medical Evaluation and Treatment
7. Form: Post-Exposure Referral to Medical Consultant
8. Form: Employee Exposure Medical Evaluation
9. Form: Source Identification and Medical Evaluation
10. Form: Source Individual's Consent or Refusal For Blood Testing
11. Form: PS 100 – Student Record Release

Hepatitis B Forms for Employees:

1. Form: Hepatitis B Vaccination Consent/Declination
2. Form: St. Mary's County Vaccine Administration Record – Adolescents/Adults
3. Vaccine Information Statement: Hepatitis B Vaccine – *What you Need to Know*

Employee medical records must be kept confidential in accordance with OSHA regulation 29 CFR 1910.1030.



ST. MARY'S COUNTY PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCES

BLOODBORNE PATHOGEN POST-EXPOSURE PROTOCOL

“Exposure” definition:

1. Blood contact with the mucous membrane of the eye, nose, or mouth; or
2. Blood contact with broken skin, including dermatitis; or
3. Penetration of skin with blood-contaminated sharp (needle, lancet, glass, human bite)
4. Other body fluids may also be considered an exposure. If in doubt, ask your administrator/supervisor or the school nurse.

In the event of an exposure incident, it is very important to follow this post-exposure protocol and obtain a medical evaluation *immediately* (within 24 hours). Time is important in providing the most comprehensive and protective treatment.

Exposed Employee Should:

1. **Immediately wash the exposed** area or flush mucous membrane with running water for at least **15 minutes**.
2. Contact your administrator/supervisor or school nurse.
3. Take the completed forms packet with you (if possible) to the medical evaluation.

REMINDER:

Make copies of completed forms before assembling packet for physician/healthcare professional.

4. Send copies of completed forms to the Coordinator of Benefits in the Department of Fiscal Services for follow-up and confidential record maintenance.



ST. MARY'S COUNTY PUBLIC SCHOOLS

BLOODBORNE PATHOGEN STANDARD: OCCUPATIONAL EXPOSURE CHECKLIST

(29 CFR 1910.1030)

Procedure for Post-Exposure Management

Refer to SMCPs Exposure Control Plan

Task	Date/Time/Initials	To be performed by
1. Administer first aid and wound exposure management. With skin exposure: wash the affected area well with soap and water. If the wound is bleeding, allow it to bleed. Rinse thoroughly and allow the air to dry. Mucus membrane exposure: Flush the exposed area well with water for 15 minutes.		Staff member to be assisted by the school nurse or designated CPR/First Aid trained staff member.
2. Report immediately to the principal or site supervisor.		Potentially Exposed Employee
3. Document the incident immediately and complete: a) Employee Report of Exposure Incident Form b) Employee's Statement of Accident/Injury/Illness (Online) c) Supervisor's Incident Report (Online) d) Site Administrator's/Supervisor's Investigation of Exposed Incident Form		a) Employee and School Nurse b) Employee c) Site Administrator/Supervisor d) Site Administrator/Supervisor/Designee
4. Complete Employee Consent/Declination for Post Exposure Medical Evaluation and Treatment Form.		Employee
5. Refer the employee for treatment immediately. (Staff member needs to be seen and treated at the closest ER preferably within 24 hours of the incident.) a) Complete the "Post Exposure Referral to Medical Consultant" form and attach a copy of the Bloodborne Pathogen Standard. b) Send the employee to St. Mary's Hospital Emergency Room along with the following forms: Employee Exposure Medical Evaluation Form, the Post-Exposure Medical Evaluation and Treatment form, and the completed Employee Consent/Declination for Post-Exposure Medical Evaluation and Treatment form		Site Administrator/Supervisor or Designee Site Administrator/Supervisor or Designee/Employee Site Administrator/Supervisor or Designee

BLOODBORNE PATHOGEN STANDARD: OCCUPATIONAL EXPOSURE CHECKLIST, CONTINUED

6. Interview and refer source individual: a) Interview source individual, if source individual is a minor, contact the parent/ legal guardian and request cooperation in obtaining blood testing for HIV and Hepatitis B and Hepatitis C. b) If the source individual agrees to testing, refer the individual to the physician of personal choice or to the emergency room. Complete the top portion of the form "Source Identification and Medical Evaluation and Testing" form and send it with the source individual. c) Have the source individual, or if a minor, parent/legal guardian complete "Source Individual Consent or Refusal for Blood Testing." d) If a minor, parent(s)/legal guardian(s) must complete PS 100 – Student Record Release to share with St. Mary's County Public Schools, Office of Human Resources.	 	Site Administrator/Supervisor *School Nurse supports administrator discussion with parent(s)/legal guardian(s) Site Administrator/Supervisor or designee Parent(s)/Legal Guardian(s) Parent(s)/Legal Guardian(s) *School Nurse completes the written exchange of information and types of medical records sections
7. Recordkeeping: All records required by the Bloodborne Pathogen Standard for employees with occupational exposure will be maintained by the Department of Human Resources for the duration of employment plus 30 years.	 	Sent by site administrator/supervisor/kept by Human Resources Office of St. Mary's County Public Schools
8. Report and subsequent illness that result from the exposure incident to the health department, if reportable under COMAR 10.06.01. Any incident that received more than minor emergency treatment or results in subsequent illness must be added to any required MOSH injury and illness log (OSHA 200 form).	 	Department of Human Resources



**St. Mary's County Public Schools
Employee Report of Exposure Incident**

CONFIDENTIAL

Take this completed form to your medical facility.

TO BE COMPLETED BY EMPLOYEE:

Name: _____ Date of Birth: _____

Date of Exposure: _____ Time of Exposure: _____

School/Location: _____

Name of suspected exposed worker: _____ ID#: _____

Job Title: _____ Location where exposure occurred: _____

Type of Exposure: (check all that apply)

_____ Percutaneous (needle or sharp object that was in contact with blood or body fluids)

_____ Mucus Membrane

_____ Skin (Circle one: intact non-intact unsure/unknown)

_____ Bite (that broke the skin)

Exposure and Source Information

1. Type of fluid or material (check all that apply)

- _____ Blood
- _____ Visible bloody body fluid*
- _____ Non-visible bloody body fluid*
- _____ Visible bloody solution (e.g., water used to clean a blood spill)

***identify which body fluid:**

___ Urine ___ Feces/Stool
___ Sputum ___ other specify:
___ Saliva ___ Unknown

2. Body site of exposure: _____

3. If percutaneous exposure: Depth of injury

- _____ Superficial (e.g., scratch, no or little blood)
- _____ Moderate (e.g., penetrated through skin, wound bled)
- _____ Deep (e.g., intramuscular)
- _____ Unsure/Unknown

4. If mucous membrane or skin exposure, approximate volume of material:

_____ Small (e.g., few drops)
_____ Large (e.g., major blood splash)

Source Information:

Name: _____

Address: _____

Cell #: _____ Home #: _____ Work #: _____

5. Hepatitis B Vaccination Status (if known):

Any previous Hepatitis Vaccinations? Yes _____ No _____

Date(s): (1) _____ (2) _____ (3) _____

6. Description of Duties (related to incident):

7. Task being performed at the time of exposure:

Employee Narrative

(Explain how exposure occurred)

8. Information on source individual, if available (person whose blood contacted

employee) Name: _____

Is source HIV positive? Yes _____ No _____ Don't Know _____

Is source Hepatitis B positive? Yes _____ No _____ Don't Know _____

Did source consent to blood testing for HBV and HIV? Yes _____ No _____

If yes, where and when will the test be done? (Record test date, name, address, and phone number of medical provider below.)

Date test will be done: _____ Medical Provider: _____

Address: _____ Phone Number: _____

Employee's Signature: _____ Date: _____

Administrator's/Supervisor's Signature: _____

Date: _____

To be completed by the employee

Copy to: Department of Human Resources within 24 hours

Page 3 of 3



ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Human Resources

**SITE ADMINISTRATORS/SUPERVISORS/DESIGNEE
 INVESTIGATION OF EXPOSURE INCIDENT FORM**

Administrator/Supervisor Completes:

Completed by: _____ Date: _____ Time: _____

School: _____

Name: _____

I.D.#: _____

Job Title: _____

1. Attach a copy of "Employee Report of Exposure Incident" form.

2. Describe the exposure incident.

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

_____ Gloves	_____ Gown or Other Protective Clothing
_____ Mask	_____ Face Shield
_____ Goggles	_____ Other (specify) _____

4. Personal protective equipment required by policy for the task being performed at time of incident. (check all that apply)

_____ Gloves	_____ Gown or Other Protective Clothing
_____ Mask	_____ Face Shield
_____ Goggles	_____ Other (specify) _____

5. Condition of personal protective equipment at time of incident: (check all that apply)

	Gloves	Mask	Face Shield	Goggles	Grown/Apron	Other
Good						
Fair						
Poor						
Other						

*SITE ADMINISTRATOR/SUPERVISORS/DESIGNEE INVESTIGATION OF EXPOSURE INCIDENT FORM
(CONTINUED) Page 2 of 2*

6. Describe any defects in items checked fair or poor.

7. Tools/Engineering equipment in use at the time of incident: (check all that apply and note condition)

Equipment	In Use?		Condition of Equipment			Other
	Yes	No	Good	Fair	Poor	
Needle Shield						
Sharps Container						
Biosafety Hood						
Splash Shield						

8. Describe any defects in personal protective equipment in fair or poor condition.

9. Recommendations to prevent similar exposure incidents.

Name (print) _____ Date _____

Signature _____

Phone _____

Copy to: Department of Human Resources



ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Human Resources

*EMPLOYEE CONSENT/DECLINATION FOR
POST-EXPOSURE MEDICAL EVALUATION AND TREATMENT*

Confidential

**Take to
Medical Facility**

After a suspected Exposure to Blood or other OPIM (Other potentially infectious material) as determined by the Employee Exposure Determination Form.

Statement of Understanding:

I have received training and understand the SMCPS' Exposure Control Plan. I was exposed to blood and other potentially infectious body fluids at my worksite on _____ (date). As a result of this incident, I have completed the required incident report and have been advised by administration to seek medical evaluation and treatment to determine potential exposure to HIV, HCV, or HBV, as soon as possible of the exposure incident, at no charge to me.

Employee's Last Name:	Employee's First Name:
Job Title:	ID#:
Work Site Name:	
Work Site Address:	
Home Phone #:	Work Phone #:

- You may consent to have the blood drawn and tested immediately.
- You may refuse to have your blood tested.
- You may elect to have the blood drawn, but not tested, with the option to have the blood preserved for at least 90 days. You may elect to have the preserved sample tested anytime within those 90 days.

EMPLOYEE CONSENT/DECLINATION FOR POST-EXPOSURE MEDICAL EVALUATION AND TREATMENT (CONTINUED)

1. **Consent:** I consent to and authorize testing of my blood for human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

Signed: _____ Date: _____

2. **Refusal:** I refuse to have my blood drawn or tested.

Signed: _____ Date: _____

Limited Consent: I consent having a baseline blood sample drawn and preserved. I understand that anytime within 90 days I may elect to have this sample tested or destroyed without being tested.

Signed: _____ Date: _____

Copy to: Department of Human Resources (**within 24 hours**)

May 2025 - Employee Consent/Declination for Post-Exposure Medical Evaluation and Treatment



ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Human Resources

POST-EXPOSURE REFERRAL TO MEDICAL CONSULTANT

This employee is referred following an exposure incident to blood or other infectious material. Please complete and return the attached Report of Evaluation by the Medical Consultant.

Employee Name: _____ Employee Position: _____

Attach Bloodborne Pathogen Standard: Date: _____ Time: _____

1. Employee's duties which relate to incident: (check all that apply)

- _____ Handles needles or other sharps
- _____ Performs wound care
- _____ Performs first responder care/CPR
- _____ Handles medical waste
- _____ Restrains assaultive clients
- _____ Other: _____

2. Route of Exposure:

- _____ Needle stick
- _____ Puncture wound from other sharp
- _____ Non-intact skin exposure
- _____ Splash/splatter of mucous membrane
- _____ Bite that broke the skin
- _____ Other: _____

3. Type of body fluid involved:

- _____ Blood
- _____ Other: _____

4. Describe exposure:

5. Knowledge of source of exposure (Circle):

HIV Status: Positive ☐ Negative Unknown ☐

HBsAG Status: Positive Negative Unknown

POST-EXPOSURE REFERRAL TO MEDICAL CONSULTANT (CONTINUED)

6. Employee's history of Hepatitis B immunization:

First Dose: _____ Second Dose: _____ Third Dose: _____
Date Date Date

Booster Dose(s): _____
Date

Result of antibody testing:

Date Result

7. Other relevant medical history:

_____ Adverse effects to HB Vaccine: _____

_____ History of yeast allergy

_____ Other: _____

8. Copy of OSHA Bloodborne Pathogen Standard enclosed?

_____ Yes

_____ No

Date Site Administrator's/Supervisor's Signature Phone

Completed by: Site Administrator/Supervisor/Designee/Employee
Copy to: Department of Human Resources



ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Human Resources

Bloodborne Pathogens Standard
 29 CFR 1910.1030

Confidential

**Take to
 Medical Facility**

EMPLOYEE EXPOSURE MEDICAL EVALUATION FORM

As required under the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the above employee is seeking a medical evaluation because of an exposure to blood or other potentially infectious body fluid. The following information is provided for your reference:

- A copy of the OSHA Bloodborne Pathogens standard;
- Exposure incident forms, including:
 - A description of the exposed employee's duties as they relate to the exposure incident documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - Employee Consent/Declination for Post-Exposure Medical Evaluation and Treatment; and
 - A summary of the employee's vaccination status, if known.

EXPOSED EMPLOYEE			
Employee's Last Name:	Employee's First Name:		
D.O.B.:	Employee ID #:		
Worksite Name:	Work Phone #:		
MEDICAL CARE PROVIDER			
Health Care Professional Name:	Title:		
Location:			
Phone #:	Fax #:		
MEDICAL CARE PROVIDER'S REPORT WRITTEN OPINION			
Was Hepatitis B vaccination indicated?	☐ Yes ☐ No	Provided?	☐ Yes ☐ No
Was Hepatitis Immune Globulin (HBIG) indicated?	☐ Yes ☐ No	Provided?	☐ Yes ☐ No
Was the exposed employee informed of the current results of this evaluation?		☐ Yes ☐ No	
Was the exposed employee informed regarding medical conditions resulting from exposure to blood/potentially infectious materials which may require further evaluation or treatment?			
☐ Yes		☐ No	
HIV Testing Results:	☐ Yes ☐ No	Date: _____	
HBV Testing Results:	☐ Yes ☐ No	Date: _____	
HCV Testing Results:	☐ Yes ☐ No	Date: _____	
Other Pertinent Information:			

This form and related documentation will be kept on file at SMCPs for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with the employee's consent only.

EMPLOYEE EXPOSURE MEDICAL EVALUATION FORM (CONTINUED)

Return this form within 15 days to the Department of Human Resources, **St. Mary's County Public Schools**, 23160 Moakley Street, Suite 106, Leonardtown, Maryland 20650.

NOTE: OSHA's Bloodborne Pathogens Standard cited as 29 CFR 1910.1030 requires that post-exposure counseling be given to employees following an exposure incident. Counseling should include United States Public Health Services (USPHS) recommendations for transmission and prevention of HIV. In addition, counseling must be made available regardless of the employee's decision to accept serological testing.

Has the patient/employee been counseled in the transmission and prevention of HIV? _____ Yes _____ No

Signature of Medical Care Provider/Counselor

Date

Completed by: Medical Professional



ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

Department of Human Resources

Bloodborne Pathogens Standard

29 CFR 1910.1030

SOURCE IDENTIFICATION AND MEDICAL EVALUATION FORM

Confidential

**Take to
Medical Facility**

Source's Last Name: _____ Source's First Name: _____

Source's Address: _____ Parent/Legal Guardian Name: _____

SOURCE		
Source's Title:	Source's Home #:	
MEDICAL CARE PROVIDER		
Health Care Professional Name:		
Location:		
Phone #:	Fax #:	
Date of Incident:		
Did you treat the patient directly? ☐ Yes ☐ No		
HIV Testing Results: ☐ Yes ☐ No Date:		
HBV Testing Results: ☐ Yes ☐ No Date:		
HCV Testing Results: ☐ Yes ☐ No Date:		
Other Pertinent Information:		

This form and related documentation will be kept on file at SMCPs for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with the source's, or if a minor, parent/legal guardian's consent only.

Return this form within 15 days to the Department of Human Resources, **St. Mary's County Public Schools**, 23160 Moakley Street, Suite 106, Leonardtown, Maryland 20650.

Has the patient/source been counseled in the transmission and prevention of HIV? _____ Yes _____
No

Signature of Medical Care Provider/Counselor

Date

Completed by: Medical Professional
Copy to: Department of Human Resources



ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Student Services
Department of Human Resources

Confidential

SOURCE INDIVIDUAL'S
CONSENT OR REFUSAL FOR BLOOD TESTING

Instructions:

Source individual (or their parent/legal guardian, if source individual is a minor) to complete this form for consent/decline of blood testing.

To the source individual:

A SMCPS employee was accidentally exposed to your blood/your child's blood. This could be an infection risk to the exposed individual. Test of your/your child's blood would help assist in the treatment and follow-up care needed for the exposed individual.

The district is requesting this testing to comply with OSHA Regulation 29 CFR 1910.1030, Bloodborne Pathogens, which requires testing of the source individual's blood for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C (HCV) after consent is obtained. If you refuse to permit this testing, your signature of declination is necessary.

Your assistance will be greatly appreciated.

Source Individual's Name: _____

Parent/Legal Guardian Name if Source is a Minor: _____

Please sign only **one** of the options below:

1. **Consent:** I consent to and authorize testing of my blood (my child's blood) for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

Signed: _____ Date: _____

2. **Refusal:** I refuse to have my blood (my child's blood) drawn or tested.

Signed: _____ Date: _____

3. **No need to test (circle appropriate information):** I am (my child is known to be) HIV (and/or HBV, HCV) positive.

Signed: _____ Date: _____

Return this form within 15 days to the Department of Human Resources, 23160 Moakley Street, Suite 106, Leonardtown, Maryland 20650



ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Human Resources

HEPATITIS B VACCINATION CONSENT/DECLINATION FORM

Option A: I understand the benefits and risks of Hepatitis B vaccination. I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I do understand that anyone with a known allergy to yeast should not accept this vaccine. Hepatitis B vaccine will be made available at no charge to employees having occupational blood exposure. I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent. I understand that participation is voluntary.

I desire that my employer provide the required Hepatitis B vaccine.

Print Name

Social Security Number/Employee ID#

Date

Signature

Assignment: _____

Option B: I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date

Signature

Option C: If you have already had the Hepatitis B vaccine series, then you do not need another vaccine. Please fill out the following information:

I have received the Hepatitis B vaccination on:

1st Dose

2nd Dose

3rd Dose

Print Name

Social Security/Employee ID#

Date

Signature

Send completed form to the Department of Human Resources. Employees requesting the vaccination will be directed to St. Mary's Marathon Health Center.

SHARPS INJURY LOG
ST. MARY'S COUNTY PUBLIC SCHOOLS

School/Site _____

School Year _____

Date	Name	Type of Device (i.e. syringe, needle)	Brand Name of Device	Work Area Where Injury Occurred	Brief Description How the Incident Occurred (i.e. procedure being done, action being performed)

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

May 2025 – Sharps Injury Log

Annual Review of Exposure Control Plan
St. Mary's County Public Schools

The Exposure Control Plan has been reviewed on the date below.	Reviewed By <i>Please Print</i>	
	Dr. Dale Farrell	Chief of Staff
Date	Mr. Michael A. Watson	Chief Operating Officer
	Jeff DiRenzo	Director of Student Services

New tasks and procedures which affect occupational exposure:
Training on protocol and procedures will be provided to administrative staff at A&S by the Department of Human Resources and the Department of Student Services.

Annual evaluation of available engineering controls, including engineered safer needle Devices:

None

Modification of former tasks and procedures which affect occupational exposure:

None

New or revised employee positions with occupational exposure:

None