



Keeping Safe When Touching Blood or Other Body Fluids

A Self-Learning Module for Early Learning and/or School-Age Program Practitioners

Early Childhood Education Linkage System (ECELS) - Healthy Child Care PA

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Controlling Bloodborne Disease In Child Care, October 1995, June 30, 1995.)

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- Behavior
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Healthy Young Children: A Manual for Programs, 2002 Edition

National Association for the Education of Young Children
(Reprinted with written permission at the end of section three.)

- Bleach Solution for Disinfecting Surfaces
- Handwashing Poster

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide,

2nd Edition, Copyright © 2009, The American Academy of Pediatrics
(Not provided in printed version of this Professional Development Module)

<http://aapredbook.aappublications.org/resources/midsheets.shtml>

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Using this Professional Development Module

The concern about getting an infection from another person's body fluids has changed the way people handle situations where blood or other body fluids are involved. In early learning and/or school-age programs many public health experts recommend using **Standard Precautions** for all blood and body fluids. Taking the proper precautions helps protect people from exposure to harmful viruses and other germs. Standard Precautions describe the recommendations of the Centers for Disease Control and Prevention, The American Academy of Pediatrics and the American Public Health Association.

The Federal Occupational Safety and Health Administration (OSHA) require that employers develop a plan for protecting their staff from exposure to blood and other potentially infectious body fluids. OSHA calls the required protective methods **Universal Precautions**. The difference between Standard Precautions and Universal Precautions is which body fluids are involved and which federal agency is describing the precautions. They are very similar.

<i>What are Standard Precautions?</i>	<i>What are Universal Precautions?</i>
Standard Precautions apply to contact with non-intact skin, mucous membranes, and blood, all body fluids, and excretions except sweat, whether or not they contain visible blood. The methods of infection prevention described in Standard Precautions are intended to reduce the risk of transmission of germs from sources of infection. Standard Precautions involve use of barriers as in Universal Precautions as well as cleaning and sanitizing contaminated surfaces. ¹	Universal Precautions apply to blood, other body fluids likely to contain blood, semen and vaginal secretions, but <u>not</u> to feces, nasal secretions, sputum (spit), sweat, tears, urine, saliva and vomit -- unless they contain visible blood or are likely to contain blood. Universal precautions include avoiding injuries from sharp instruments and using protective barriers to reduce risk of exposure of the worker's skin or mucous membranes to germs that are carried in blood. ²

Even if you have only one practitioner (yourself) you should have a plan to protect yourself from contact with blood or other body fluids that may contain blood.

OSHA requires a plan that includes both Standard Precautions and Universal Precautions. The plan should include:

- Exposure determination - identifying those job classifications in which practitioners may have occupational exposure, such as those who provide first aid.
- An implementation schedule and discussion of specific methods of implementing requirements of the **OSHA Model Exposure Control Plan**.
- A description of procedures the employer has established for evaluation and documentation of exposure incidents.

This professional development module contains useful information for you and any practitioners at your program. This professional development module will assist you in developing an **OSHA Model Exposure Control Plan**, as well as provide introductory reading materials that may be useful for conducting a Bloodborne Pathogens Training Program to meet OSHA requirements.

¹ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Program*, Second Edition-2002, Glossary, page 492

² *Caring for Our Children*, Glossary, page 493

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To earn 2 hours of credit in the Pennsylvania Early Learning Keys to Professional Development system, each practitioner must follow the steps listed below:

1. Read all written material.
2. Complete the *OSHA Model Exposure Control Plan* (Section 2) tailoring it for your Early Learning and/ or School-Age Program.
3. Correctly answer thirteen (13) of the sixteen (16) test questions as well as both Implementation Questions to receive *Pennsylvania Early Learning Keys to Professional Development* credit.
4. Complete and return the *Pennsylvania Early Learning Keys to Professional Development Registration Form*.
5. Send one (1) copy of your program's customized *OSHA Model Exposure Control Plan*, completed *Test and Implementation Questions* to: PA AAP / ECELS, Rose Tree Corporate Center II, 1400 North Providence Road, Suite 3007, Media, PA 19063. Keep a copy of all materials mailed to ECELS.

Early Childhood Education Linkage System – Healthy Child Care PA (ECELS - HCCPA) does not guarantee that through the completion of this professional development module and **Exposure Control Plan** that Pennsylvania's Early Learning and/or School-Age community will comply with OSHA regulations. Compliance is determined by the interpretation and implementation of this information. This professional development module is not a substitute for compliance with the OSHA Act or any provisions of OSHA standards. If you have specific questions how OSHA requirements apply to your program, contact the OSHA Regional Office (telephone numbers listed in **Appendix E - Resources**) or an attorney. The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) does not provide legal advice. Professional development costs of this module have been underwritten by the Pennsylvania Department of Public Welfare, Office of Child Development and Early Learning.

When you have successfully completed the module, ECELS will register two hours of credit for you in the Pennsylvania Early Learning Keys to Professional Development system.

If you need help with the module, please call ECELS at (800) 243-2357 (PA only) or email us at ecels@paaap.org.

Introduction

In early learning and/or school-age programs, almost everyone who works with children comes in contact with blood at some time. Children get scrapes, cuts and nosebleeds no matter how careful we are. The goal of any **Exposure Control Plan** is to protect you from coming in contact with blood or other body fluids that may contain harmful germs that can cause serious infectious diseases. The module will also help you plan for times when you do come into contact with blood and/or body fluids. **Section 3, Helpful References** and the **Appendix** sections provide links to the relevant **Bloodborne Pathogens Part 1910.1030 of Title 29 Code of Federal Regulations Occupational Safety and Health Act, Pennsylvania Act 148: The Confidentiality of HIV- Related Information Act** and **OSHA Model Exposure Control Plan**, as well as some helpful forms and a list of additional resources.

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition, recommends that:

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- Staff is educated regarding routine precautions to prevent transmission of bloodborne pathogens before beginning to work in the facility and at least annually thereafter.
- Child care facilities adopt a modified version of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention. This modified version of the Standard Precautions must be used to handle potential exposure to blood, including the blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.³

Concern about the spread of diseases through contact with blood or body fluids that contain blood has changed the way that care is provided for people in a variety of settings. There is no reliable way to identify all individuals infected with the human immunodeficiency virus (HIV) that causes AIDS or other bloodborne viruses that cause hepatitis B (HBV), hepatitis C (HCV) or hepatitis D (HDV).

Remember:

The Centers for Disease Control and Prevention (CDC) recommends that all blood, body fluids containing blood, and certain other body fluids be treated as if these body fluids are infected.

SECTION 1

Protecting Yourself

Universal and Standard Precautions As They Apply to Early Learning and/or School-Age Settings

The terms “**Universal Precautions**” and “**Standard Precautions**” describe procedures that were developed for medical and industrial settings. Some adjustment in the procedures is necessary when applying these concepts in early learning and/or school-age settings. Refer to **Section 3 - Helpful References** to read more about “**Universal Precautions**” and “**Standard Precautions**”.

Barriers

Barriers are anything that stops blood or body fluids from coming in contact with all skin or mucous membranes. The open areas on your skin are places that germs can enter your body and make you sick. Open areas on your skin include cuts, scratches, scrapes, hangnails, chafing, or any other type of open areas. Mucous membranes are the linings of your body openings where germs can pass into the body more easily than across intact skin. Your eyes, nose, mouth and genitalia are all lined with mucous membranes.

Handwashing

Proper handwashing is one of the best ways to prevent the spread of disease.

1. Wet your hands under clean, running water no less than 60°F [15.6° C] and no more than 120°F [48.9°].
2. Apply liquid or foam soap. Antibacterial soaps may be used, but are neither required nor recommended.
3. Rub all surfaces, both sides, of your hands vigorously (wrists to fingertips) until a soapy lather appears, and continue for at least 10 seconds. Rub areas between fingers, around nailbeds, under fingernails and jewelry and the back of your hands.

³ Ibid.

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4. Rinse hands thoroughly under running water with fingers pointing to drain, until free of soap and dirt.
5. Unless using a hands-free faucet, leave the water running while you dry your hands with a clean, disposable, single-use paper towel, air dryer or single-use cloth towel. Hands-free faucets (taps) are best because they do not require that you turn off the water with your clean bare hands. A disposable, single-use paper towel can be a barrier between your clean hands and the soiled tap.
6. To dispose of towels, throw the disposable, single-use paper towel directly into a plastic-lined, hands-free covered trash can.
7. Place the single-use cloth towel in the laundry hamper and hang individually labeled cloth towels to dry.
8. If desired, use hand lotion from a liquid lotion dispenser to prevent chapping.⁴ Chapped hands are not only uncomfortable; they hold germs in the cracks of the dry skin.

Be especially careful about washing your hands after removing gloves used in handling contaminated surfaces and whenever your hands have touched a body fluid.

The use of alcohol-based hand-rub products (e.g. liquid, gel, foam hand sanitizers) does not substitute for hand washing in group child care settings. Hand washing is required to remove visible soil. Alcohol-based hand rubs should be limited to instances in which no sink is available. They are highly toxic if ingested by children, and they are flammable.⁵

If permanently installed sinks are not available, several manufacturers offer portable sinks. On the Internet, search under “portable sink” to locate manufacturers.

Remember:

- **Wash your hands any time you may have come in contact with surfaces that have germs that can cause disease.**
- **Wash your hands before you handle anything that will enter the body, such as food or medicine.**
- **Wear disposable, single-use gloves one time only.**
- **Wash your hands after removing gloves.**
- **Help children learn the proper way to wash their hands too.**

Gloves

Because you cannot always make sure that your skin is free from open areas, other barriers such as gloves offer protection. Wearing gloves does not prevent you from spreading contamination from one surface to another, nor does wearing gloves take the place of washing your hands. Often, gloves have very tiny openings in them that can allow some germs to get inside, under the glove. You always need to wash your hands after removing gloves. Gloves used as a barrier should be made of latex, vinyl or heavy-duty rubber. Wear disposable, single-use gloves one time only. Use gloves whenever you might touch blood, blood-containing body fluids, including blood-containing tissues or injury discharges. These fluids may contain the viruses that transmit HIV, hepatitis B, hepatitis C and hepatitis D. Human milk expressed from the breast can be contaminated with blood from a cracked nipple, but the risk of transmission of these viruses from human

⁴ American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Aronson SS, Shope TR, eds. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009, page 25

⁵ American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Aronson SS, Shope TR, eds. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009, page 26

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milk is very low. Wearing gloves is not necessary for feeding or cleaning up spills of expressed human milk. The stomach acid kills germs in human milk, so spit-up human milk does not transmit bloodborne infection. Practitioners with open cuts or sores on their hands should avoid getting expressed human milk on their hands.

Unless there is visible blood, gloves are optional when touching feces (stool), nasal secretions, sputum (spit), vomit, sweat, tears, urine, breast milk or saliva.⁶ Many practitioners are more comfortable wearing gloves when changing soiled diapers or wiping runny noses because less of these body fluids get on their skin, to be washed off. Gloves should be available for whoever wants to wear them for protection.

Remember:

- **Proper handwashing is the most important way of protecting yourself and the children against infection.**
- **Keep disposable, single-use gloves in your pocket at all times so they will be readily available when needed.**
- **Gloves only work when you use them!**

Put your gloves on first and protect yourself. The caregiver shall wear gloves if there is to be any contact with a wound.⁷ An easy way to keep gloves clean and handy is to have each adult who works in the program carry a zipper lock bag in a pocket or fanny pack with a pair of gloves and gauze or tissue for immediate first aid use, while someone else is getting the first aid kit. If you do not have gloves available and the child is old enough to cooperate, have the child hold the gauze or tissue to put pressure on the bleeding area until you can obtain and put on your gloves. If the child cannot help, use a large towel or other cloth as a barrier between you and the blood until you can get your gloves on.

Cuts and sores should be covered with a clean, dry dressing if they are leaking body fluids. If the individual's cut or sore cannot be covered or contained with a dry dressing, that person should be excluded from the facility until the cut or sore is scabbed over or healed.⁸

Remember:

- **If you are cleaning up a blood spill, wear gloves.**
- **Always wash your hands after providing first aid, even if you were wearing gloves.**
- **If you were exposed to blood ("An Exposure Incident"), notify your employer immediately, before the end of your work shift during which the incident occurs.⁹**

Personal Protective Equipment (PPE)

In the **OSHA Model Exposure Control Plan Adapted for Early Learning and/or School-Age Programs (Section 2)**, you will read about using other types of Personal Protective Equipment (PPE). In some circumstances, OSHA requires additional barriers such as gowns or aprons, masks and protective eyewear. **Universal Precautions** require these types of barriers when spraying of blood or other body fluids is likely to occur. **Standard Precautions** do not require gowns, masks or eyewear in early learning and/or school-age

⁶ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition - 2002; Standard 3.026, page 101

⁷ *Caring For Our Children*, Standard 3.025, page 100

⁸ *Ibid*

⁹ *Caring For Our Children*, Standard 1.033, page 28

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settings. If you have a situation in your program where spraying of blood or body fluids may occur, check with the child's physician, a local health professional or the state/local health department for advice about what barriers are "appropriate" Personal Protective Equipment (PPE) to meet the OSHA Standard.

Pocket Mask

For practitioners trained in rescue breathing and/or CPR, having available a pocket mask or other barrier reduces contact with another person's saliva. Your local American Red Cross or American Heart Association can provide information on where to buy this type of mask.

Prevent Injuries from Sharps

As more children with special health care needs receive care in settings with typically developing children, some practitioners may need to give a child an injection or do a finger-stick blood test during the early learning and/or school-age day; such as children with diabetes or those with a life threatening allergy that requires using an EpiPen® in case of a severe allergic reaction. As of September 22, 2008, the updated **Pennsylvania Code Title 55. Public Welfare, Pennsylvania Child Care Facility Regulation: 3270.133, 3280.133, 3290.133, Services to Child with Special Needs** states "*The child care provider must make reasonable accommodation in accordance with applicable federal and state laws, permit service provider to come on site to provide services and provide information to parent regarding community resources for a child with special needs.*"

If you are providing care for a child who needs injections or uses a finger stick test for blood glucose during the day, you must take additional precautions. For specific instructions in these circumstances, the facility shall receive a written report from the child's health care provider who prescribed the special treatment about the precautions you need to take in doing the procedure and disposing of the supplies you would use. The report should include instructions for performing the procedure, and what to do and who to notify if complications occur. Training for the child care staff should be provided by a qualified health care professional in accordance with state practice acts.¹⁰

Talk to the child's parent to find out what type of sharps disposable container they are using. Parents are responsible for supplying the required equipment.¹¹ Also find out how the parents are getting rid of the sharps container when it is full.

Remember:

Do not throw needles, syringes, or fingerstick supplies into the regular trash.

If you should stick yourself with a contaminated needle after giving the injection or using a finger-stick lancet to test for blood glucose, be sure to notify your employer right away, before the end of your work shift on the day which the incident occurred. OSHA requires that a Sharps Injury Log be kept for recording all contaminated sharps injuries in a calendar year. The OSHA Sharps Injury Log Adapted for Early Learning and/or School-Age Programs is located under **Appendix C - Helpful Forms**. Do you have *questions on how to use the forms?* Have your Early Learning and/or School-Age Program Owner, Director or Assistant Director contact ECELS - Healthy Child Care PA at (800) 243-2357 (Pennsylvania only).

¹⁰ Caring For Our Children, Standard 3.063, page 122

¹¹ Ibid

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Some types of syringes and finger-stick supplies have built-in safety features to reduce the risk of being stuck. They are known as “Sharps with Engineered Sharps Injury Protection” (SESIPs). Needles used for actual injections must incorporate engineering controls and are called “safety syringes”. Talk with the child’s parent to see if these safer supplies could be used while the child is in the early learning and/or school-age program.

Human Bites

In groups of toddlers or preschool age children, biting happens. Parents are very concerned about human biting. Both the parents of the bitten child and the biting child need information. Offer parents the ECELS FACT SHEET about BITING, found in **Section 3 – Helpful References** of this module. You may print any of the large series of the Fact Sheets and References from <http://www.ecels-healthychildcarepa.org/>. Open the ECELS - HCCPA Home Page. Locate the white **Search** bar in the upper right corner of the page. Type in the word or phrase (“**Biting**” or “**Behavior**”), then click **Go**. Choose the materials you want to view, click to open, then print.

Basic facts about human biting:

Transmission of a bloodborne infection through human biting in an early learning setting is possible but would be very unusual. Children receive the vaccine that protects them against hepatitis B at birth. Hepatitis B is a disease that can be transferred by biting. There has never been a documented case of transmission of human immunodeficiency virus (HIV) in an early learning setting, by human biting or any other blood exposure.

First Aid for Human Bites:

Intact Skin (Bruised):

1. Apply a cold compress to the injured area.
2. Elevate the injured body part.

Broken Skin:

1. The bite wound should be cleaned with water and apply a dry bandage and pressure to stop any bleeding.
2. If blood has been drawn into the mouth of the biting child, have the biting child rinse his/her mouth out with water.
3. The biting incident should be noted in the program injury log.
4. Parents of each child (the biting and the bitten child) should be notified.

Biting may bruise, but does not usually break the skin. Blood exchange as a result of biting is rare. Even if the wound bleeds from a bite, usually the child who did the biting, the biter, doesn’t “hang on” long enough after biting for the wound to start bleeding and thus transfer the victim’s blood into the biter’s mouth. To spread infection in this way requires blood in the mouth (i.e. drawing blood from the victim or transferring blood to the victim from the biter’s bleeding gums). Few children have bleeding gums.¹² If a biter draws blood into his/her mouth, the parents of the biter should notify their child’s primary care practitioner that their child may have come in contact with a bloodborne pathogen. Notify the parents of both the biting and the bitten child that a bite occurred with the skin being broken. The parents of the biter and the victim of the biting each need to contact their child’s doctor about health risks. If a bite results in blood exposure to either person

¹² American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Aronson SS, Shope TR, eds. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009, page 15.

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involved, the US Public Health Service recommends post exposure follow-up, including consideration of post exposure prophylaxis (to prevent the development of a disease).¹³ Do not tell the parent of the bitten child who did the biting. Do not tell either parent anything about the other child's health history. This is due to the **Pennsylvania Confidentiality of HIV-Related Information Act, Act of 1990, P.L. 585, No. 148**, located in **Appendix B**. Often, this respect for privacy is frustrating to parents.

Any broken skin needs to be cleaned well with water to prevent skin infection from germs on the biter's teeth that are not related to blood-borne disease. Care for a bite that leaves a bruise in the same way you would care for any other type of bruise, by applying a cold compress to the injured area while elevating the injured body part.

While the risk of infection is a legitimate concern, practitioners and parents need to help the biter learn a more acceptable way to handle aggressive impulses. Biting is physical aggression. Experts recommend management of biting behavior by comforting the bitten child and stating the rule to the biter, "No biting people. Teeth are for biting food, not people." At the time of the biting incident, limit talking to the biter to just stating the rule. Provide more attention to the victim and less to the biter. Practitioners can use redirection in situations where the child seems to be losing control before the biting happens, offering an alternative acceptable outlet for aggressive behavior. In more verbal children, practitioners can talk with the child when aggression seems likely or at a calmer moment about alternative aggressive outlets. Offer an alternative activity such as punching a pillow, striking pegs on a pounding board, or bit into a biting toy. To learn more about managing challenging behaviors in children order the self-learning module of the same name, located in the *Child Care Provider Training Opportunities* section on ECELS website at www.ecels-healthychildcarepa.org.

Types of Diseases Spread from Contact with Blood

Many diseases can be spread through contact with blood, but the risk of spread of these diseases in early learning and/or school-age settings is very low. Human Immunodeficiency Virus infection (HIV), the cause of Acquired Immunodeficiency Syndrome (AIDS) is one of these, but several types of hepatitis are spread through contact with blood too. An HIV-infected child can be admitted into child care as long as the child's health care provider evaluates the health risks of enrollment to the child and to others.¹⁴

Universal use of Hepatitis B vaccine will prevent infection from hepatitis B disease. Now all children receive this vaccine starting with a dose at or near birth, followed by two additional doses thus completing the Hepatitis B vaccine series. Transmission of hepatitis C by way of mucous membranes or broken skin probably has an intermediate risk between HIV and hepatitis B.¹⁵ Hepatitis D virus (HDV) can only occur in people who have the hepatitis B virus infection. HDV can be transmitted by blood, but it is uncommon to transmit HDV from mother to baby. The hepatitis B immunization protects against hepatitis D infection because of the association between these two types of hepatitis infections.¹⁶ The Hepatitis B virus can cause either short-term illness or long-term infection. Learn specific information from the **American Academy of Pediatrics' Healthy Children** website in the **Parenting Corner** section of <http://www.healthychildren.org/English/Pages/default.aspx>. Now place your mouse over the words "**Safety & Prevention**", then click on **Hepatitis B (Hep. B)**.

¹³ Caring For Our Children, Standard 6.035, page 305

¹⁴ Caring For Our Children, Standard 6.033, page 303

¹⁵ Caring For Our Children, Standard 6.032, page 303

¹⁶ Committee on Infectious Disease, American Academy of Pediatrics. 2006 Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics: Elk Grove village, IL, pages 359-360.

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Protecting Yourself with Immunizations

Adults who might be exposed to blood should be immunized against hepatitis B. Practitioners who are expected to provide first aid will have that fact included in their job description. The Occupational Health and Safety Administration (OSHA) requires that employers make available, free of charge, the three injection series of hepatitis B immunizations to practitioners who are at risk of coming in contact with blood or other body fluids that may contain the hepatitis B virus. Under the regulations from OSHA regarding Bloodborne Pathogens Exposure, employers must offer practitioners who have occupational exposure: hepatitis B vaccines, post exposure evaluations, and follow-up. Your program's Exposure Control Plan must have sections related to care of unvaccinated practitioners exposed to blood or other body fluids that may contain harmful viruses. OSHA regulations require: Each at risk practitioner must receive training information about the benefits of hepatitis B vaccine and vaccination within 10 working days of the practitioner's initial assignment.

Obtain information about **who should get the hepatitis B vaccine** and when the hepatitis B vaccine should be given for children, adolescents and adults. This information is located at the **American Academy of Pediatrics' Healthy Children Hepatitis B** website, located in the **Parenting Corner** section <http://www.healthychildren.org/English/Pages/default.aspx>. Once opened, place your mouse over the "**Safety & Prevention**" section and click on **Hepatitis B (Hep. B)**.

If a practitioner initially declines to accept the hepatitis B vaccine but at a later date decides to accept the vaccination, the employer must make available the hepatitis B vaccination at no cost to the practitioner. The practitioner who declined the vaccination must sign the **HEPATITIS B VACCINE DECLINATION** form located in **Appendix C**. In the future, if the U.S. Public Health Service recommends a routine booster dose (s) of hepatitis B vaccine, the employer must make the vaccine available at no cost to the practitioner. The vaccine must be offered at a reasonable time and place. The hepatitis B vaccine does not need to be given to the practitioner if the employer documents that **(a)** practitioner is not at risk in coming in contact with blood or other body fluids that may contain the hepatitis B virus **(b)** practitioner shows written proof that they have completed the 3 dose series **(c)** antibody testing shows practitioner is immune **(d)** vaccine can not be given because of medical reasons.

Post Exposure Treatment from Bloodborne Pathogen(s) Exposure

Those who do not have the hepatitis B vaccine and get blood on their skin, particularly broken skin (cuts, scrapes, scratches, hangnails, chafing, acne, etc) must tell their employer before the end of the work shift during which the incident occurred.¹⁷ The hepatitis B immunization is recommended for any person who is exposed (needlestick, laceration, bite, ocular (eye) or mucous membrane) but not previously immunized. The hepatitis B vaccine should be given as soon as possible after the exposure, preferably within 24 hours.¹⁸ The practitioner should see his/her primary care health provider for any other treatment that may be needed.

¹⁷ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition - 2002; Standard 1.033, page 28

¹⁸ Committee on Infectious Disease, American Academy of Pediatrics. 2006 Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics: Elk Grove village, IL, pages 352-353.

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Remember:

- **OSHA requires employers to make available within 10 days of initial assignment, the hepatitis B immunization three injection series, free of charge to practitioners who are identified to be at risk for coming in contact with a blood exposure.**
- **Offer an alternative acceptable outlet for aggressive behavior.**
- **Do not tell either parent anything about the other child's health history.**
- **If a bite results in blood exposure, the US Public Health Service recommends post - exposure follow-up.**
- **Those who do not have the hepatitis B vaccine should see their primary care physician and receive the vaccine within 24 hours after an exposure incident.**

Adults and Children with Open Skin Sores

The best natural/physical barrier to protect against exposure to bloodborne diseases is intact skin. Intact skin has no cuts, scrapes, or other breaks. If adults or children have a cut or sore on their hands that is draining or bleeding, the area should be covered with a dry dressing. This helps to prevent the possibility that wound drainage or bleeding may come in contact with other surfaces or other persons. The person with a draining wound should not care directly for others. If the cut or sore cannot be covered or contained with a dry dressing, the person with the draining wound should be excluded from the facility until the cut or sore is scabbed over or healed.¹⁹

Confidentiality

Remember that if you know about someone who has a bloodborne disease, this information is confidential and cannot be shared without the written permission of the individual or if a child, the legal guardian. Follow-up and documentation of exposure incidents will be in compliance with "**Pennsylvania Act 148: The Confidentiality of HIV-Related Information Act**". Refer to **Appendix B**.

Cleaning Up Body Fluids Containing Blood

When there is blood or a body fluid containing blood that needs to be cleaned up in the facility, follow these procedures:

1. Gather all needed equipment – gloves, paper towels or other absorbent material, separate plastic bags, cleaning solution (detergent and water is OK) and bleach solution. (Use conventional strength domestic bleach 5.25% hypochlorite or "Ultra" bleach 6% hypochlorite solution. The recommended 1:64 dilution is 1 Tablespoon of bleach to a quart of water or ¼ cup of bleach to 1 gallon of water. Bleach solution must be made fresh daily so that the diluted solution does not become too weak through evaporation of chlorine.²⁰ Be cautious about industrial products that advertise themselves as "disinfectants", having "germicidal action" or "kills germs". While they may have some effect on germs, they may not have the same effectiveness as bleach and water, or Environmental Protection Agency's (EPA) approved hospital

¹⁹ Caring For Our Children, Standard 3.025, page 100

²⁰ Caring For Our Children, Standard 3.026, page 102

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grade germicides.²¹ Industrially prepared detergent-sanitizer solutions or detergent cleaning, rinsing and application of a non-bleach sanitizer is acceptable as long as the product is non-toxic for children and is used according to the manufacturer's instructions.²²

The use of special "Red Bags" for infectious waste is **not** needed as stated by the **Pennsylvania Department of Environmental Protection, Bureau of Land Recycling and Waste Management** under "**Clarification on the Identification of an Infectious Waste Generator, Emergency First Aid.** *Emergency First Aid administered during accidental injuries by non-health care professionals does not constitute treatment, as defined within the definition of infectious waste. Therefore, the resultant waste is not required to be managed as infectious waste.*"²³ If a professional health care provider is involved in Emergency First Aid, the situation is different.

2. Put on disposable, single-use gloves or reusable utility gloves that can be sanitized after each use to protect your hands.
3. Use paper towels or other absorbent material to soak up the liquid part of the blood or body fluids. Make sure the absorbent material is not dripping or saturated to the point of releasing blood. Place the absorbent material and disposable gloves in a separate plastic bag; close and tie the bag; then discard in the regular plastic lined trash can. If you have used disposable gloves, put on another pair of disposable gloves before continuing. If you are using reusable utility gloves, wash them before continuing.
4. Cleaning the surface: Wash the area with detergent solution and rinse well with water. Drain or wipe off the surface rinse water if the surface remains wet before continuing. You can use commercially labeled "detergent-sanitizer" solutions or any detergent for cleaning. All of these products should be used according to the manufacturer's label, followed by thorough rinsing.
5. Sanitizing hard, **non-porous surfaces**: If the contaminated area is a hard, non-porous surface, spray the area with bleach sanitizing solution until glistening wet. Allow the sanitizing solution to sit for at least 2 minutes. After two minutes, either wipe the surface to dry it or allow it to air dry, since chlorine evaporates when the solution dries. Remember that if there is any visible soil on the surface, you must use detergent to clean the surface and rinse with water before applying the bleach solution. The bleach solution by itself is not a good cleaning agent. If you use another EPA-approved industrial product as a sanitizer, read the label and always follow the manufacturer's instructions exactly.²⁴

The use of commercially pre-saturated bleach wipes to sanitize surfaces is **not** recommended for two reasons: First, this product has not been tested for effectiveness in sanitizing diaper changing surfaces found in child care. Second, the contamination of the wipe during use may not be sufficiently controlled by the bleach solution in the wipe. The spray application of a 1:64 solution of domestic bleach puts the same concentration of bleach on each part of the surface that is wet with the spray without spreading the contamination over the surface. Tests done by the largest

²¹ Caring For Our Children Selecting an Appropriate Sanitizer, page 418

²² Caring For Our Children, Standard 3.026, page 102

²³ 254-2167-702 / September 7, 1993 / Page i PA DEPARTMENT OF ENVIRONMENTAL PROTECTION, Bureau of Land Recycling and Waste Management, Clarification On The Identification Of An Infectious Waste: Appendix F, page 1 Generators Included, Other Entities a.; page 2. Generators Not Included Emergency First Aid http://www.depweb.state.pa.us/portal/server.pt/community/dep_home/5968

²⁴ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition- 2002; Appendix I Selecting an Appropriate Sanitizer, page 418

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manufacturer of domestic bleach in the United States showed that when a 1:64 dilution is used as a spray application left in contact with the surface for at least two minutes, the level of remaining viable germs is unlikely to cause disease.

6. Sanitizing **porous surfaces** such as rugs or other fabrics: Cleaning and sanitizing rugs, carpeting and fabrics that have been contaminated by body fluids can be challenging. Use paper towels or other absorbent material to soak up the liquid part of the blood or body fluids before it penetrates the surface to lower layers. Cleaning and sanitizing the surface without damaging it requires use of special cleaning agents designed for use on rug or steam cleaning.²⁵ Either discard or launder other fabrics. If you launder other fabrics, run the fabric in the machine alone with laundry detergent as usual and then run the machine again using the diluted bleach solution to soak the fabric and the laundry equipment for at least 2 minutes.
7. If utility gloves are used, the gloves should be worn, not handled, during this cleaning and sanitizing procedure²⁶. Utility gloves should be cleaned after every use with detergent and water and then dipped in the bleach solution up to the wrist after cleaning up the spill and again after cleaning and sanitizing the surface. The gloves should then be taken off and hung to dry.
8. When finished cleaning WASH YOUR HANDS.

Conclusion

To protect yourself from bloodborne infection both at work and in other out-of-work situations, use the procedures outlined in this professional development module to reduce your contact with blood or body fluids that contain blood. By treating all blood as a possible source of infection, you do not have to worry about which person may have an infection and which person does not. Everyone is treated the same. If you would like more information on this topic, ECELS has video tapes available to borrow from the A-V library located under **Publications and Media** on the ECELS website www.ecels-healthychildcarepa.org.

²⁵ Caring For Our Children, Standard 3.026, page 102

²⁶ Ibid, page 103

SECTION 2

OSHA Model Exposure Control Plan Adapted for Early Learning and/or School-Age Settings

This section includes an example of an **OSHA Model Exposure Control Plan** adapted for Early Learning and/or School-Age Program practitioners. OSHA retains the final say in determining compliance with the Standard. **Appendix A** of this professional development module is the **Bloodborne Pathogens Part 1910.1030 of Title 29 Code of Federal Regulations Occupational Safety and Health Act**, which explains in more detail information found in the **OSHA Model Exposure Control Plan** below. **Appendix A** when downloaded or printed has its own page numbers and special identifying numbers for each code reference. The identifying numbers and corresponding page numbers have been added to the **OSHA Model Exposure Control Plan** to help you locate the correct statements for further clarification. Here is an example:

POLICY [1910.1030 (c) (1) (i) - (1910.1030 (c) (1) (vi), pages 3- 5]

Adaptations for Early Learning and/or School-Age Programs of the OSHA Model Exposure Control Plan are documented in ***bold italic*** print under ***ECELS Suggestions***.

EARLY LEARNING AND/OR SCHOOL – AGE PRACTITIONERS (CENTER DIRECTORS AND FAMILY / GROUP HOMES): You may create your own Bloodborne Pathogens Exposure Control Plan or use the sample provided by OSHA which contains all elements required by the Bloodborne Pathogens Standard. You should not eliminate any items when converting the OSHA Model Exposure Control Plan for your own use. Your written plan must be accessible to all practitioners, either on-line or in an area where they are available for review on all shifts.²⁷

CENTER-BASED PRACTITIONERS: Read your program’s Exposure Control Plan and read these professional development module Appendices. Does your program’s plan have all the elements that are required by OSHA? If your program does not have an Exposure Control Plan, suggest this sample to your employer. Submit one (1) copy of your program’s Exposure Control Plan with your notations about any changes you think are needed.

OSHA MODEL EXPOSURE CONTROL PLAN Adapted for Early Learning and/or School – Age Programs

OSHA’s mission is to save lives, prevent injuries, and protect the health of America’s workers. As part of the Department of Labor, OSHA promotes worker safety and health in every workplace in the United States. ²⁸

The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for his/her specific use.

The information contained in this publication is not considered a substitute for the OSHA Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but should not be

²⁷ Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Part 1910.1030 of Title 29 Code of Federal Regulations, page 3, website reference 1/2009

²⁸ Ibid

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considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

POLICY

[1910.1030 (c) (1) (i) - (1910.1030 (c) (1) (vi), pages 3- 5]

The _____ is committed to providing a safe and healthful work
(Facility Name)
environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our practitioners. This ECP includes:

- * Determination of practitioner exposure
- * Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- * Hepatitis B vaccination
- * Post-exposure evaluation and follow-up
- * Communication of hazards to practitioners and training
- * Record keeping
- * Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

* _____
(Name of responsible person or department)
is (are) responsible for the implementation of the ECP _____
(Name of responsible person or department)
will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: _____.

* Those practitioners 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.

* _____ will provide
(Name of responsible person or department)
and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and red bags as required by the standard.

(Name of responsible person or department)

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will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: _____.

* _____ will be responsible
(Name of responsible person or department)
 for ensuring that all medical actions required are performed and that appropriate practitioner health and OSHA records are maintained.
 Contact location/phone number: _____.

* _____ will be responsible for
(Name of responsible person or department)
 training, documentation of training, and making the written ECP available to practitioners, OSHA, and National Institute for Occupational Safety and Health (NIOSH) representatives.
 Contact location/phone number: _____.

**PRACTITIONER EXPOSURE DETERMINATION
 [1910.1030 (c) (2) - 1910.1030 (c) (2) (ii), page 5]**

The following is a list of all job classifications at our establishment in which **all** practitioners have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT / LOCATION</u>
_____	_____
<i>(Example: Phlebotomists)</i>	<i>(Clinical Lab)</i>
_____	_____
_____	_____

The following is a list of job classifications in which **some** practitioners at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
_____	_____	_____
<i>(Example: Housekeeper)</i>	<i>Environmental Services</i>	<i>Handling Regulated Waste)</i>
_____	_____	_____
_____	_____	_____

NOTE: Part-time, temporary, contract and per diem practitioners are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these practitioners.

ECELS Suggestions:

Providing first aid is an example of an assigned duty that would place an early learning and/or school-age practitioner at occupational risk of exposure to blood or other potentially infectious materials. Another example is cleaning up spills of blood or other body fluids that may contain blood. This list identifies the job titles of practitioners that have been assigned

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tasks as collateral duties, such as first aid or clean up of spills containing blood. If only the director and practitioners certified in First Aid provide care for injured children, those classifications would be listed. If only housekeeping or maintenance staff clean up spills of body fluids that may contain blood, those classifications must be listed. The job classification and assigned duties must be listed even if the duty is performed only occasionally.

METHODS OF IMPLEMENTATION AND CONTROL [1910.1030 (d) (1) - 1910.1030 (d) (2) (xi), pages 5 - 7]

Universal Precautions

All practitioners will utilize universal precautions.

Exposure Control Plan

Practitioners covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All practitioners have an opportunity to review this plan at any time during their work shifts by contacting _____ . If requested, we will provide a

(Name of responsible person or department)

practitioner with a copy of the ECP free of charge and within 15 days of the request.

_____ is responsible for reviewing and

(Name of responsible person or department)

updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised practitioner positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

*

(For example: non-glass capillary tubes, SESIPs, needleless systems)

*

*

ECELS Suggestions for “engineering controls and work practice controls”:

Early Learning and/or School-Age Programs need to establish engineering controls and work practices that will be used, evaluated, and maintained or replaced on a regular basis.

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For example:

- a. **Practitioners will wash hands with running water and liquid or foam soap, in accordance with correct handwashing procedures (per Caring for Our Children), as posted at all handwashing sinks, including food preparation and art sinks.**
 - **Upon arrival for the day or when moving from one child group to another.**
 - **Before and after: food preparation and handling raw meat, eating, feeding children, giving medication, playing in water that is used by more than one person, etc.**
 - **After: using the toilet or helping a child use the toilet, diapering, playing in sandboxes, handling animals, handling any human blood or body fluids or touching mucous membranes (eyes, nose, mouth), cleaning any surface that may contain or be contaminated with human blood or body fluid, and after removal of gloves or Personal Protective Equipment (PPE), etc.**
- b. **Practitioners are expected to provide first aid and therefore may be expected to have direct contact with blood, body fluids containing blood or other potentially infectious material. All practitioners will be offered hepatitis B vaccine. The cost of receipt of the necessary three doses will be paid by the facility for individuals whose personal health insurance does not cover the cost.**
- c. **Sinks with running water, liquid or foam soap and disposable, single-use paper towels for handwashing are readily available to all practitioners and are located throughout the facility.**
- d. **When immediate handwashing is not feasible, practitioners will use antiseptic wipes, followed by handwashing as soon thereafter as possible. Use of alcohol-based hand rubs should be limited to situations where the hands have no visible soil and where the use and control of containers of the alcohol-based hand rubs is out of reach of children.**
- e. **Practitioners will flush mucous membranes with water immediately or as soon as possible after contact with blood or other potentially infectious materials.** (For specific mucous membrane(s) care, refer to page 27 this module, Procedures for Evaluating the Circumstances Surrounding an Exposure Incident, ECELS Suggestions).
- f. **No smoking, drinking, eating, applying cosmetics or lip balm, nor handling contact lenses in work areas where there might be a blood or potentially infectious material exposure.**
- g. **Food and drink will be kept away from areas that might be exposed to blood or potentially infectious materials.**
- h. **First aid and care will be performed in a manner to minimize splashing, spraying, or splattering of blood or potentially infectious materials.**

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- i. A guide is posted at each handwashing sink for proper handwashing procedures including wetting the hands with running water, at least 10 second lather with liquid or foam soap, rinsing off the soap with running water, drying hands with a disposable single-use paper towel. Then turn off the taps with the disposable single-use paper towel.

Sharps disposal containers are inspected and maintained or replaced by _____ every _____ or _____ whenever necessary to prevent overfilling.

ECELS Suggestions for a "sharps" policy.

Even if a child is not currently enrolled who requires the use of "sharps", a policy should be established for the care of a child who may require implementation of this policy in the future.

ECELS Suggestions for children whose care requires the use of "sharps":

NEVER put the cap back on a needle that has been used to give an injection. All needles must be discarded directly into a puncture resistant container that is preferably kept within arm's reach.

For the child who requires the use of "sharps", ask the child's parent to supply "Sharps with Engineered Sharps Injury Protection" (SESIPs).

This facility identifies the need for changes in engineering control and work practices through

(Examples: Review of OSHA records, practitioner interviews, committee activities, etc.)

We evaluate new procedures or new products regularly by _____
(Describe the process, literature reviewed, supplier info, products considered)

Both front line workers and management officials are involved in this process: _____
(Describe how practitioners will be involved.)

_____ will ensure effective
(Name of responsible person or department)
implementation of these recommendations.

Personal Protective Equipment (PPE)

[1910.1030 (d) (3) - 1910.1030 (d) (3) (ix) (D) (2), pages 8 - 10]

PPE is provided to our practitioners at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by _____
(Name of responsible person or department)

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The types of PPE available to practitioners are as follows:

(Example: Gloves)

PPE is located _____ and may be
(List location)

obtained through _____
(Name of responsible person or department)

(Specify how practitioners are to obtain PPE, and who is responsible for ensuring that it is available.)

All practitioners using PPE must observe the following precautions:

- * Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- * Remove PPE after it becomes contaminated, and before leaving the work area.
- * Used PPE may be disposed of in _____
(List appropriate containers for storage, laundering, decontamination, or disposal)
- * Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious material (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- * Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- * Never wash or decontaminate disposable gloves for reuse.
- * Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- * Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: *(may refer to specific agency procedure by title or number and last date of review)*

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment)

ECELS Suggestions:

All staff members should wear disposable gloves to prevent skin exposure when in contact with blood, other body fluids such as urine, feces and vomit that contain visible blood or when the staff member's hands may have cuts, scratches, hangnails, scrapes or are chapped.

Disposable (single use) gloves should be thrown away, not be washed or decontaminated for re-use.

For practitioners trained in rescue breathing and/or CPR, having a pocket mask or other barrier available reduces contact with another person's saliva. Your local American Red Cross or American Heart Association can provide information about where to buy this type of mask.

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Housekeeping [1910.1030 (d) (4) - 1910.1030 (d) (4) (iv) (C), pages 11-16]

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is: *(may refer to specific agency procedure by title or number and last date of review)*

The procedure for handling **other regulated waste** is: *(may refer to specific agency procedure by title or number and last date of review)*

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms and labeled or color coded appropriately. Sharps disposal containers are available at _____
(must be easily accessible and as close as feasible to the immediate area where sharps are used)

ECELS Suggestions:

Have the sharps container available near the place where you give the injection, preferably within arm's reach. Store the container out of reach of all children. Talk to the child's parent to find out what type of disposable container they are using. The child's parents are responsible for supplying the required equipment. Find out how the parents are disposing of the container when it is full.

DO NOT THROW NEEDLES AND SYRINGES INTO THE REGULAR TRASH.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

ECELS Suggestions excerpted from Caring for Our Children, 2nd Edition:

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based on the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedure being performed in the area.

- a. For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area shall be cleaned and sanitized.***

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Avoid splashing any contaminated material into any mucous membrane (eyes, nose, mouth).²⁹

- b. Floors, rugs and carpeting that have been contaminated by body fluids shall be cleaned by blotting to remove the fluid as quickly as possible, then sanitized by spot cleaning with a detergent-disinfectant, and shampooed or steam-cleaning the contaminated surface.***

Laundry [1910.1030 (d) (3) (vi), page 9]
[1910.1030 (d) (4) (iv) (A) - 1910.1030 (d) (4) (iv) (C), pages 15 - 16]

The following contaminated articles will be laundered by this company:

Laundering will be performed by _____
(Name of responsible person)

at _____
(Time and/or location)

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use _____ for this purpose.
(Red bags or bags marked with biohazard symbol)
- * wear the following PPE when handling and/or sorting contaminated laundry:

(List appropriate PPE)

ECELS Suggestions:

Remove immediately or as soon as feasible any garment that is contaminated by blood or body fluids that contain blood.

Wearing disposable, single-use gloves, remove blood contaminated clothing or sheets. Place articles in a separate tied plastic bag to send home for the child's parents to launder.

Practitioners should always have an extra change of clothing available to change into immediately or as soon as feasible, if their clothing becomes contaminated with blood or body fluids with visible blood. Wearing gloves, remove blood contaminated clothing. Place articles in a separate tied plastic bag to send home for the early learning and/or school – age practitioner to launder.

²⁹ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition- 2002; Standard 3.026, page 101

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Laundering fabrics: run the fabric in the machine alone with laundry detergent as usual, then run the machine again using the diluted bleach solution to soak the fabric and the laundry equipment for at least 2 minutes.

Labels [1910.1030 (g) (1) (i) (A) - 1910.1030 (g) (1) (i) (I), pages 24 - 25]

The following labeling method(s) is used in this facility:

Equipment to be Labeled
(e.g., specimens, contaminated laundry, etc.)

Label Type (size, color, etc.)
(red bag, biohazard label, etc.)

_____ will ensure warning
(Name of responsible person or department)

labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Practitioners are to notify _____ if they

(Name of responsible person or department)
discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION
[1910.1030 (f) – 1910.1030 (f) (2) (v), pg. 20 - 21]

_____ will provide
(Name of responsible person or department)

training to practitioners on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to practitioners identified in the exposure determination section of this plan. Vaccination is encouraged unless: **1)** documentation exists that the practitioner has previously received the series, **2)** antibody testing reveals that the practitioner is immune, or **3)** medical evaluation shows that vaccination is contraindicated.

However, if a practitioner declines the vaccination, the practitioner must sign a declination form. Practitioners who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept at _____

(List location or person responsible for this record keeping)

Vaccination will be provided by _____
(List Health Care Professional who is responsible for this part of the plan)

at _____
(Location)

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the practitioner within 15 days of the completion of the evaluation. It will be limited to whether the practitioner requires the hepatitis vaccine, and whether the vaccine was administered.

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ECELS Suggestions:

At this early learning and/or school-age program, all practitioners who have been identified as having potential exposure to blood, body fluids containing blood or other potentially infectious material will be offered the hepatitis B vaccine, at no cost to the practitioner. The vaccine will be offered to practitioners within 10 working days of their initial assignment to work involving the potential of occupational exposure to blood, body fluids containing blood or other potentially infectious material unless the practitioner has previously had the vaccine or declines vaccination.

Practitioner's who decline the Hepatitis B vaccine will sign the mandatory OSHA HEPATITIS B VACCINE DECLINATION FORM located in Appendix C - Helpful Forms. Practitioner(s) who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost to the practitioner.

The vaccine will be given by or under the supervision of a physician or other licensed health care professional and will be offered at a reasonable time and place.

POST-EXPOSURE EVALUATION AND FOLLOW-UP [1910.1030 (f) (3) – 1910.1030 (f) (5) (iii), pages 21-24]

Should an exposure incident occur, contact _____ at the
(Name of responsible person)
following number: _____.

An immediately available confidential medical evaluation and follow-up will be conducted by

(Licensed health care professional)

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- * Document the routes of exposure and how the exposure occurred.
- * Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- * Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HBV, and HCV infectivity; document that the source individual's test results were conveyed to the practitioner's health care provider.
- * If the source individual is already known to be HIV, HBV and/or HCV positive, new testing need not be performed.
- * Assure that the exposed practitioner 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).
- * After obtaining consent, collect exposed practitioner's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- * If the practitioner 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 practitioner elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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ECELS Suggestions:

Post - Exposure Treatment from Bloodborne Pathogen(s) Exposure:

Those who do not have the hepatitis B vaccine and get blood on their skin, particularly broken skin (cuts, scrapes, scratches, hangnails, chafing, acne, etc.) must tell their employer before the end of the work shift during which the incident occurred.³⁰ The hepatitis B immunization is recommended for any person who is exposed (needlestick, laceration, bite, ocular (eye) or mucous membrane) but not previously immunized as soon as possible after the exposure, preferably within 24 hours.³¹ The practitioner should see his/her primary care health provider for any other treatment that may be needed.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP [1910.1030 (f) (3) – 1910.1030 (g), pages 21-24]

_____ ensures that health care
(Name of responsible person or department)
professional(s) responsible for practitioner's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

_____ ensures that health care
(Name of responsible person or department)
professional(s) evaluating a practitioner after an exposure incident receive the following:

- * a description of the practitioner's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure
- * if possible, results of the source individual's blood test
- * relevant practitioner medical records, including vaccination status

_____ provides the practitioner
(Name of responsible person or department)
with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

ECELS Suggestions:

Designated Early Learning and/or School - Age practitioner will give the exposed practitioner the necessary forms to take to his/her primary health provider. Forms are located in Appendix C - Helpful Forms:

- POST EXPOSURE REFERRAL to PRIMARY CARE HEALTH PROVIDER***
- REPORT OF POST-EXPOSURE EVALUATION by PRIMARY CARE HEALTH PROVIDER***

³⁰ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition - 2002; Standard 1.033, page 28

³¹ Committee on Infectious Disease, American Academy of Pediatrics. 2006 Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics: Elk Grove village, IL, pages 352-353.

Keeping Safe When Touching Blood or Other Body Fluids

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT [1910.1030 (f) (3) – 1910.1030 (f) (5) (iii), pages 21-24]

_____ will review
(Name of responsible person or department)

the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used (including type and brand)
- * protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- * location of the incident (*O.R., E.R., patient room, etc.*)
- * procedure being performed when the incident occurred
- * practitioner's training

_____ will record all percutaneous
(Name of Responsible Person)

injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, _____
(Responsible person or department)

will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding practitioners to the exposure determination list, etc.*)

ECELS Suggestions:

Word definition: percutaneous injuries - sharp object punctures through unbroken skin.

When a practitioner incurs an exposure incident, it will be reported immediately to the employer. First aid should immediate be given as follows:

Exposure through non-intact skin: (Examples include contact with blood, body fluids containing blood or other potentially infectious body fluids through a wound on the skin, hangnail, chapped hands or by a needle stick). First wash the affected area with soap and water, then rinse thoroughly.

Mucous membrane (eyes, nose, mouth) exposure: Flush the exposed area thoroughly with water. The goal of washing or flushing is to reduce the amount of virus in the fluid and to minimize the contact time. The optimal length of time for washing or flushing an exposed area is not known. Standard practice for managing mucous membrane(s) exposures to toxic substances is to flush the affected area for at least 15 to 20 minutes. In the absence of data to support the effectiveness of shorter periods of flushing it seems prudent to use the same 15 to 20 minute standard following exposure to bloodborne pathogens.³²

³² Amy V. Kindrick, MD, MPH, Senior Consultant, National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline), UCSF School of Medicine at San Francisco General Hospital.

Keeping Safe When Touching Blood or Other Body Fluids

Follow-up and documentation of exposure incidents will be in compliance with "Pennsylvania Act 148: The Confidentiality of HIV-Related Information Act". Refer to Appendix B for the website linkage.

Designated Early Learning and/or School - Age practitioner will give the exposed practitioner the necessary forms to take to his/her primary health provider. Forms are located in Appendix C - Helpful Forms:

- POST EXPOSURE REFERRAL TO PRIMARY CARE HEALTH PROVIDER***
- REPORT OF POST-EXPOSURE EVALUATION BY PRIMARY CARE HEALTH PROVIDER***

Designated Early Learning and/or School - Age practitioner will record all percutaneous injuries from contaminated sharps in the OSHA Sharps Injury Log located in Appendix C – Helpful Forms.

PRACTITIONER TRAINING

[1910.1030 (g) (2) (i) - 1910.1030 (g) (2) (vii) (L), (pg. 26-28)]

All practitioners who have occupational exposure to bloodborne pathogens receive training conducted by _____ (Attach a brief description of their qualifications.)
(Name of responsible person or department)

All practitioners who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- * copy and explanation of the OSHA bloodborne pathogen standard
- * an explanation of our ECP and how to obtain a copy
- * an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- * an explanation of the use and limitations of engineering controls, work practices, and PPE
- * an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- * an explanation of the basis for PPE selection
- * 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
- * information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- * 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
- * information on the post-exposure evaluation and follow-up that the employer is required to provide for the practitioner following an exposure incident
- * an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- * an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at _____.

Keeping Safe When Touching Blood or Other Body Fluids

RECORDKEEPING

[1910.1030 (g) (2)(i) – 1910.1030 (i) (4), pages 26-33]

Training Records

Training records are completed for each practitioner upon completion of training. These documents will be kept for at least **three years** at _____.
(Name of responsible person or location of records)

The training records include:

- * the dates of the training sessions
- * the contents or a summary of the training sessions
- * the names and qualifications of persons conducting the training
- * the names and job titles of all persons attending the training sessions

Practitioner training records are provided upon request to the practitioner or the practitioner's authorized representative within 15 working days. Such requests should be addressed to:

(Name of responsible person or location of records)

ECELS Suggestions:

Appendix C - Helpful Forms, contains the ANNUAL BLOODBORNE PATHOGENS EXPOSURE CONTROL PROFESSIONAL DEVELOPMENT LOG for early learning and/or school-age practitioners to use to document professional development.

Medical Records

Medical records are maintained for each practitioner with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Practitioner Exposure and Medical Records."

_____ is responsible for maintenance
(Name of responsible person or location of records)

of the required medical records. These **confidential** records are kept at _____
(List location)

_____ for at least the **duration of employment plus 30 years.**

Practitioner medical records are provided upon request of the practitioner or to anyone having written consent of the practitioner within 15 working days. Such requests should be sent to:

(Name of responsible person or department and address)

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by

(Name of responsible person or department and address)

OSHA Sharps Injury Log

In addition to the 1904 Record keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

Keeping Safe When Touching Blood or Other Body Fluids

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least **five years** following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers (e.g., practitioner names) removed from the report.

ECELS Suggestions:

Designated Early Learning and/or School-Age Program practitioner will record all percutaneous injuries from contaminated sharps in the OSHA Sharps Injury Log – adapted for Early Learning and/or School-Age Program located under Appendix C – Helpful Forms.

OSHA Hepatitis B Vaccine Declination (**MANDATORY**)

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 hepatitis B vaccine, at no charge to myself. However, I decline 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Practitioner Name: _____
(Print name)

Practitioner Signature: _____

Date: _____

Witness Name: _____
(Print name)

Witness Signature _____

Date: _____

SECTION 3

Helpful References:

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd Edition, American Academy of Pediatrics,

American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration <http://nrckids.org/CFOC/index.html>

(Not provided in printed version of this Professional Development Module)

As the first paragraph of the homepage states, there are three (3) Web versions available to open the book. You may find it faster to download the book if you choose to click on the third bullet which reads “*Caring for Our Children: National Health and Safety Performance Standards Second Edition (PDF by Chapter Identical to print version; smaller file sizes)*”. Once open, scroll down and click on the appropriate Appendix.

- Appendix B - Major Occupational Health Hazards
- Appendix D - Gloving
- Appendix I - Selecting an Appropriate Sanitizer
- Appendix J - Cleaning Up Body Fluids

ECELS Fact Sheets and References <http://www.ecels-healthychildcarepa.org/>

(Not provided in printed version of this Professional Development Module)

In the upper right hand corner of the homepage locate the white “Search” box. Type in the identifying words as shown below.

- Behavior (Search “**behavior**”)
- Biting (Search “**biting**”)
- Universal, Standard & Transmission Based Precautions as They Apply to Child Care Settings (Search “**universal precautions**”)

Healthy Young Children: A Manual for Programs, 2002 Edition, National Association for the Education of Young Children

(Reprinted with written permission at the end of section three (3))

- Bleach Solution for Disinfecting Surfaces
- Handwashing Poster

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 2nd Edition, Copyright © 2009, The American Academy of Pediatrics

<http://aapredbook.aappublications.org/resources/midsheets.shtml>

(Not provided in printed version of this Professional Development Module)

Scroll down the page to view and/or print the PDF Download Fact Sheets

- Hepatitis B.....pages 85-86 (Page numbers represented in book)
- HIV / AIDSpages 89-90 (Page numbers represented in book)

Keeping Safe When Touching Blood or Other Body Fluids

In January 2005, this publication was mailed to all Pennsylvania's Department of Public Welfare licensed Early Learning and/or School - Age Programs. It is now available to all Pennsylvania's Department of Public Welfare licensed Family and Group homes who are participating in the Pennsylvania Keystone STARS Program. Keystone STARS licensed Family and Group home care providers should contact their STARS Technical Assistance Coordinator or call ECELS – HCCPA at (800) 243-2357 (in PA) to receive an order form to order the ECELS Health and Safety Resource Kit from Keystone STARS.



SECTION 4

Test for Pennsylvania Early Learning Keys to Professional Development Credit

Early Learning and/or School-Age Practitioner Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone Number: (_____) _____

Program Name: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Program Phone Number: (_____) _____ Extension _____

DIRECTIONS: Read the following questions. Please circle the one (1) correct answer. **Return the test, the PA Early Learning Keys to Professional Development Registration Form and one (1) copy per facility of your customized OSHA Model Exposure Control Plan to ECELS.**

1. As soon as possible after removing disposable gloves, I will:
 - a. Dispose of the gloves in a hands-free, plastic-lined trash receptacle. Wash my hands with soap and water.
 - b. Sanitize the gloves and return to the container where gloves are stored.
 - c. Dispose of the gloves in a trash receptacle that has a swing-top lid.
 - d. Put the gloves in a safe place so I can use them again, as long as they don't look dirty.

2. A practitioner who has not been vaccinated against hepatitis B was providing first aid to a child without using gloves. The staff member notices that the child's blood is on his/her chapped hand that has a hangnail. What should the staff member do?
 - a. Wash hands, then spray hands with bleach solution, allow hands to air dry.
 - b. Wash hands, rinse and dry, and then apply hand lotion if necessary.
 - c. As soon as possible, and before leaving to go home, tell your employer about the exposure incident on the day it happened.
 - d. b and c

3. A practitioner notices blood on his/her slacks after caring for a child who fell. Which of the following is the best choice for the practitioner?
 - a. Go home immediately to change clothes.
 - b. Blot out and then wash blood spot with soap and water, saturate the spot with a sanitizer solution for the required time, rinse the sanitizer out of the fabric and let it air dry.
 - c. The staff member should always keep a change of clothing in his/her storage space at the facility or in his/her car and change contaminated clothing as soon as it is feasible.
 - d. The blood spot is small, let it air dry.

Keeping Safe When Touching Blood or Other Body Fluids

4. When dealing with crib or cot sheets that have been contaminated by a child's bloody nose, the practitioner should:
 - a. Rinse out the blood from the sheet, and then allow the sheet to air dry in the sun.
 - b. Spray the blood stain with a bleach solution, keeping the fabric wet for 2 minutes.
 - c. Wearing gloves, remove sheets, place in a separate tied plastic bag for parents to launder.
 - d. Phone the child's parents and ask them to come and remove the sheets.
5. An employer has identified that his/her practitioner will be involved in caring for children with the potential of coming in contact with blood or body fluids containing blood. The employer must offer the hepatitis B vaccine (at no cost to the practitioner) within ____ days of the practitioner's initial assignment.
 - a. 7
 - b. 10
 - c. 15
 - d. 28
6. Diseases such as HIV, hepatitis B, hepatitis C and hepatitis D are spread from person to person by contact with which of the following body fluids?
 - a. Blood
 - b. Urine
 - c. Any body fluid containing blood
 - d. a and c
7. Children with HIV, HBV, HCV, and HDV should not be enrolled in child care programs.
 - a. True
 - b. False
8. The best natural/physical barrier to protect against exposure to bloodborne diseases is:
 - a. Plenty of rest.
 - b. Good nutrition.
 - c. Skin without cuts, scrapes or other breaks.
 - d. There is no natural/physical barrier to protect against exposure to bloodborne diseases.
9. What is the most common barrier used in early learning and/or school-age programs to protect the practitioners from contact with blood or other potentially harmful body fluids?
 - a. Masks
 - b. Gown
 - c. Gloves
 - d. Protective eyewear
10. Handwashing and immunizations are both important ways of protecting yourself against infection.
 - a. True
 - b. False

Keeping Safe When Touching Blood or Other Body Fluids

11. For which of the following situations do the Standard and Universal Precautions require use of gloves in an early learning and/or school-age program?
 - a. When changing a wet diaper.
 - b. When providing first aid to a child with a bleeding cut.
 - c. When cleaning the diaper changing table.
 - d. When wiping a child's nose that has clear secretions.
12. A vaccine is available to protect children and adults from which of the following diseases?
 - a. Hepatitis D
 - b. AIDS
 - c. Hepatitis B
 - d. Hepatitis C
13. Needles and other sharps must be discarded directly into a puncture resistant container.
 - a. True
 - b. False
14. Disposable gloves should be available in which of the following areas (s)?
 - a. Classroom
 - b. Playground
 - c. Field trip
 - d. All of the above
15. When a child bites another child and that child's skin is broken and bleeding, which child is at greater risk for getting a bloodborne disease? (The child who bites does not have any mouth sores.)
 - a. The child who is bitten.
 - b. The child who bites.
16. An early learning practitioner who declined receiving the hepatitis B vaccine at the start of employment or initial assignment was bitten by a 2 ½ year old. The bite broke the practitioner's skin. How long should the practitioner wait before seeing his/her primary care health provider for an evaluation and to receive the hepatitis B vaccine?
 - a. As soon as possible, within 36 hours.
 - b. As soon as possible, within 30 hours.
 - c. As soon as possible, within 24 hours.
 - d. Hepatitis B vaccine is not necessary.

Implementation Questions: (Answering these **Implementation Questions** are a part of your learning experience. Use the back of this page if necessary).

- In your own words, list two things that you have learned and will now *use* as a result of reviewing ***Keeping Safe When Touching Blood or Other Body Fluids*** professional development module.
 - 1.
 - 2.
- List two policies that have changed in your early learning and/or school-age program operations as a result of complying with the ***OSHA Model Exposure Control Plan*** (Section 2), and this professional development module.
 - 1.
 - 2.

APPENDIX A

Bloodborne Pathogens Part 1910.1030 of Title 29 Code of Federal Regulations Occupational Safety and Health Act

[Pages are numbered by OSHA]

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

APPENDIX B

Pennsylvania Act of 1990, Public Law (P.L.) 585, No. 148 “Confidentiality of HIV-Related Information Act”

<http://webcampus.drexelmed.edu/Handbook/148of1990.pdf>

APPENDIX C

Helpful Forms

These sample forms are provided to help you with documentation. OSHA does not require completion of the first four (4) forms. You may substitute your own forms. OSHA retains the final say in determining compliance with the **OSHA Bloodborne Pathogens Part 1910.1030 of Title 29 Code of Federal Regulations**. Any disclosure must be in compliance with **Pennsylvania Act 148: Confidentiality of HIV-Related Information Act**.

- Annual Bloodborne Pathogens Exposure Control Professional Development Log
- Bloodborne Pathogens Exposure Incident Report
- Post Exposure Referral to Primary Care Health Provider
- Post Exposure Evaluation by Primary Care Health Provider
- OSHA Hepatitis B Vaccine Declination (*MANDATORY*)
- OSHA Sharps Injury Log – Adapted for Early Learning or School-Age Program



Incident Report for Bloodborne Pathogen(s) Exposure

1. Name of individual exposed _____
2. Child Care Facility _____
Address _____
City _____ State _____ Zip _____
Telephone Number (_____) _____ Extension: _____
3. Job Classification/Title _____
4. Date and Time of Exposure _____
5. Location (room, building) where exposure incident occurred: _____
6. Source of blood or potentially infectious material (if known): _____
7. Describe exposure incident: _____
8. Type of exposure incident (check all that applies):
 - Mucus membrane _____
 - Non-intact skin _____
 - Puncture or opening of skin _____
 - Other (specify) _____
9. Type of contaminated material: _____
10. Task being performed at time of exposure: _____
11. Personal protective equipment (PPE) in use at time of incident (check all that apply)
 - Gloves _____
 - Gown _____
 - Other (specify) _____
 - None _____
12. Engineering controls in use at time of incident. _____
13. Measure(s) performed after incident: (Date and time when completed)
(EXAMPLE: Washed affected area – 12/01/08 – 10:45 A.M.)
 - Washed affected area _____ (Date) _____ (Time)
 - Flushed with water _____ (Date) _____ (Time)
 - Reported to employer _____ (Date) _____ (Time)
 - Evaluated by Primary Care Health Provider _____ (Date) _____ (Time)
 - Other _____

Signature of Practitioner: _____ Date _____

Signature of Employer: _____ Date _____



Post Exposure Referral to Primary Care Health Provider

Our practitioner has been referred to you as a result of an exposure incident to blood containing body fluids and tissue discharges. Included with this form is a copy of OSHA Standard 29 CFR Part 1910.1030, Toxic and Hazardous Substances, Bloodborne Pathogens and Report of Post Exposure Evaluation by Primary Care Health Provider. Please complete and return the Report of Post Exposure Evaluation by Primary Care Health Provider, including any necessary follow-up instructions in accordance with the OSHA Standard. Also return a copy of the practitioner's medical records relevant to this appropriate treatment and blood testing results if available.

- 1. Name of individual exposed
2. Name of early learning program
Address of program
Telephone number of facility () Extension
3. Practitioner's duties, which relate to incident (CHECK ALL THAT APPLY)
First Aid
Cleaning / Trash Disposal
Other (specify)
4. Route of Exposure:
Bite
Non-intact skin exposure
Puncture wound
Splash
Other (specify)
5. Circumstances under which exposure occurred:
6. Type of body fluid involved:
Blood
Other (specify)
7. Source individual, identified to the best of our ability and as allowed by law:
8. Has the source individual consented to a blood test to determine HIV, HBV, HCV or HDV infectivity?
YES NO N/A

Results of the source individual's testing shall be made available to the exposed practitioner, and the practitioner shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. (e.g., laws protecting confidentiality).

- 9. Practitioner Hepatitis B Immunization Status
1st dose (Date) 2nd dose (Date) 3rd dose (Date)
Director/Assistant Name: (Please print) Date:



Post Exposure Evaluation by Primary Care Health Provider

Name of individual _____

Name of facility _____

Phone number of facility (_____) _____ Extension: _____

1. Which blood test is indicated for this practitioner? HIV___ HBV___ HCV___ HDV___

2. Is Hepatitis B vaccine indicated for this practitioner? Yes ___ No ___

If yes: Basic series _____ (Date) Booster dose _____ (Date)

3. Has the practitioner been informed of the results of this evaluation?

Yes _____ (Date) No _____ (Date)

4. The following doses of Hepatitis B vaccine have been administered:

1st dose _____ (Date) 2nd dose _____ (Date) 3rd dose _____ (Date)

5. Has the practitioner been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment?

Yes _____ (Date) No _____ (Date)

Please do not include any other findings or diagnoses in this written report.

Name of Physician, CRNP or Physician Assistant _____ (Please Print)

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Extension _____

Physician, CRNP or Physician Assistant License Number _____

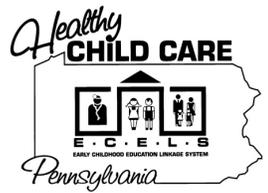
Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS. Thank you.

Director's Name _____

Early Learning and/or School-Age Program Name/Address _____

City _____ State _____ Zip _____



OSHA Hepatitis B Vaccine Declination (**MANDATORY**)

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 hepatitis B vaccine, at no charge to myself. However, I decline 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Practitioner Name: _____
(Print name)

Practitioner Signature: _____

Date: _____

Witness Name: _____
(Print name)

Witness Signature _____

Date: _____

Appendix D

OSHA Model Exposure Control Plan

<http://www.osha.gov/Publications/osha3186.pdf>

This information is available to sensory impaired individuals upon request.
Voice phone: (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

APPENDIX E

Resources

American Liver Foundation and Hepatitis Help Line.....(800) 223-0179

75 Maiden Lane, Suite 603

New York, NY 1003-4810

Website: <http://www.liverfoundation.org>

Child Care Law Center(415).394-7144

221 Pine St., 3rd Floor

Fax: (415).394-7140

San Francisco, California 94104

Email: info@childcarelaw.org

Website: <http://www.childcarelaw.org/> (Publications on caring for children with HIV infections, ADA and child care)

Early Childhood Education Linkage System – Healthy Child Care PA(484) 446-3003
(ECELS-HCCPA) In PA (800) 243-2357

PA Chapter, American Academy of Pediatrics

Fax: (484) 446-3255

Rose Tree Corporate Center II

1400 North Providence Road, Suite 3007

Media, PA 19063

Email: ECELS@paaap.org

Website: www.ecels-healthychildcarepa.org

National AIDS Hotline:(800) CDC-INFO or (800) 232-4636

Hours: 24 hours a day, 7 days a week

TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov

In English, en Español

Website: <http://www.thebody.com/index/hotlines/national.html>

Occupational Safety and Health Administration (OSHA)

Regional Office (215) 861-4900

Fax: (215) 861-4904

U.S. Department of Labor/OSHA

The Curtis Center-Suite 740 West

170 S. Independence Mall West

Philadelphia, PA 19106-3309

Website: <http://www.osha.gov/oshdir/r03.html>

Keeping Safe When Touching Blood or Other Body Fluids

Allentown Area Office (610) 776-0592
U.S. Department of Labor/OSHA Fax: (610) 776-1913
850 North 5th Street
Allentown, Pennsylvania 18102-1731

Erie Area Office(814) 461-1492
U.S. Department of Labor/OSHA Fax: (814) 461-1498
1128 State Street, Suite 200
Erie, PA 16501

Harrisburg Area Office(717) 782-3902
U.S. Department of Labor/OSHA Fax: (717) 782-3746
Progress Plaza
49 North Progress Avenue
Harrisburg, Pennsylvania 17109-3596

Philadelphia Area Office(215) 597-4955
US Custom House, Room 242 Fax: (215) 597-1956
Second & Chestnut Street
Philadelphia, Pennsylvania 19106-2902

Pittsburgh Area Office(412) 395-4903
U.S. Department of Labor/OSHA Fax: (412) 395-6380
Federal Office Building, Room 1428
1000 Liberty Avenue
Pittsburgh, Pennsylvania 15222-4101

Wilkes-Barre Area Office(570) 826-6538
U.S. Department of Labor/OSHA Fax: (570) 821-4170
The Stegmaier Building, Suite 410
7 North Wilkes-Barre Boulevard
Wilkes-Barre, PA 18702-5241

Pennsylvania Department of Environment Protection

Statewide Environmental Emergency 24/7 Hot Line(800) 541-2050
Website: http://www.depweb.state.pa.us/portal/server.pt/community/dep_home/5968

On the left side of the homepage, click on **Report an Incident**. Listed is the *Emergency Response Contact Numbers In Your Area*.

Pennsylvania Department of Health (877) PA HEALTH or (877) 724-3258
(The phone number will route your call to your local Health District)
Website: <http://www.dsf.health.state.pa.us/health/site/default.asp>

Pennsylvania Department of Health AIDS Fact Line (800) 662-6080
Website: <http://www.health.state.pa.us/php/HIV/default.htm>

Keeping Safe When Touching Blood or Other Body Fluids

Pennsylvania Department of Public Welfare Office of Child Development

Bureau of Certification Services (877) 4-PA-KIDS or (877) 472-5437

P.O. Box 2675

Fax: 717-346-9330

Harrisburg, PA 17105-2675

Web Site: <http://www.dpw.state.pa.us/About/OCDEL?003676717.htm>

Central Region (800) 222-2117
Northeast Region (800) 222-2108
Southeast Region (800) 346-2929
Western Region (800) 222-2149

APPENDIX F

2542167702 / September, 7, 1993 / Page i PA DEPARTMENT OF ENVIRONMENTAL PROTECTION, Bureau of Land Recycling and Waste Management, Clarification on the Identification of an Infectious Waste Generator

<http://www.depweb.state.pa.us>

(Not provided in printed version of this Professional Development Module)

Infectious and Chemotherapeutic Waste information on the *Pennsylvania Department of Environmental Protection (DEP)* homepage eLibrary addresses storage bags access:

- Locate and click on “DEP Programs A – Z” on the left side of the homepage
- Then click on the letter “ I ”
- Locate and click on section “**Infectious and Chemotherapeutic Waste**”
- Then locate and click on “**Technical Guidance**”
- Under the **Title Listings**, locate and click on “**Clarification On The Identification Of An Infectious Waste Generator**”

Infectious and Chemotherapeutic Waste Transportation:

“Pennsylvania Licensed Infectious and Chemotherapeutic Waste Transport”

(Not provided in printed version of this Professional Development Module)

- List of Infectious and Chemotherapeutic Waste Transporters (pdf) updated monthly.