



Infections Spread by Contact with Blood or Other Body Fluids

Self-Learning Module

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

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Infections Spread by Contact with Blood or Other Body Fluids (K7.1 C1, K7.2 C1, K7.2 C2, K7.8 C1, K7.8 C2))
2 hours credit Online

Table of Contents

Introduction	4
Overview	4
Earning Credit for Using this Module	5
Section 1	8
Diseases Spread by Contact with Blood or Other Body Fluids	8
Human Bites	8
○ First Aid for Human Bites.....	9
Protection from Contact with Infectious Body Fluids	10
○ Barriers.....	10
○ Handwashing.....	10
○ Gloves.....	11
○ Cleaning Up Body Fluids Containing Blood.....	12
○ Smart Steps to Prevent Contact with Body Fluids.....	13
○ Personal Protective Equipment (PPE).....	14
○ Prevent Injuries from Sharps.....	14
Protecting With Immunization (Vaccine)	15
○ Employers Must Offer Hepatitis B Vaccine to Employees Who Might Give First Aid..	15
○ Post-exposure Treatment for Exposure to Blood.....	16
- Adults and Children with Open Skin Sores.....	16
- Confidentiality.....	16
Section 2	17
OSHA Model Exposure Control Plan (Adapted by ECELS for Early Care and Education Programs).....	17
Section 3	30
Using the Primary References for the Content of This Self-Learning Module:	
○ <u>Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 3rd Edition, (CFOC3)</u> , published in 2011 in hard copy and regularly updated online since 2011. 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 at http://nrckids.org/	
○ <u>Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 4th Edition, (MIDCCS)</u> Copyright © 2016, The American Academy of Pediatrics - available for purchase online at https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-4th-edition-paperback/ or search the title online to purchase from other book distributors.	
ECELS Fact Sheets and Resources	31

Other Resources: Internet Links.....	32
○ Bloodborne Pathogens Part 1910.1030 of Title 29, Code of Federal Regulations Occupational Safety and Health Act.....	32
○ Pennsylvania Act of 1990, Public Law (P.L.) 585, No. 148, “Confidentiality of HIV-Related Information Act”.....	32
○ OSHA Model Exposure Control Plan	
Helpful Forms.....	33
○ Annual Bloodborne Pathogens Exposure Control Professional Development Log.....	33
○ Incident Report for Bloodborne Pathogens Exposure.....	34
○ Post-Exposure Referral to Health Care Provider	35
○ Post-Exposure Evaluation by Health Care Provider.....	36
○ OSHA Hepatitis B Vaccine Declination (<i>MANDATORY</i>)	37
○ OSHA Sharps Injury Log for Early Learning and Education Programs.....	38
<u>Section 4</u>.....	40
Self-Assessment to be completed and submitted to ECELS for review for credit in the PA Keys Professional Development Registry.....	40

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Introduction

OBJECTIVES

Upon successful completion of the module, users will be able to:

- Review procedures to reduce your risk of exposure to blood or other body fluids.
- Describe at least two (2) ways to meet the Occupational Safety and Health Administration (OSHA) requirements.
- Identify what steps should be taken if a bloodborne pathogen exposure occurs.
- Review your program's OSHA Model Exposure Control Plan and make needed revisions to adapt it for your Early Learning and / or School-Age Program.

The Core Knowledge Competencies that this module addresses are:

K7.1 C1 Identify the sources of health, safety, and nutrition standards and regulations that apply to the early childhood or school-age program.

K7.2 C1 Describe the recommended sanitation practices that reduce the spread of germs.

K7.2 C2 Incorporate into daily routines the prescribed sanitation practices related to the reduction of the spread of disease.

K7.8 C1 Identify and report health and safety hazards in the program environment, in line with reporting procedures.

K7.8 C2 Use knowledge of health and safety standards and practices to reduce hazards in the program's indoor and outdoor environments.

Overview:

In early care and education programs, almost everyone who works with children comes in contact with body fluids: saliva, fecal material, vomit, urine and blood at some time. Contact with blood can occur when children or staff get scrapes, cuts and nosebleeds. Section 1 of this module discusses general information about protection from infectious body fluids. Section 2 is a fill-in-the-blank Model Exposure Control Plan that ECELS has adapted for early learning and education settings from the OSHA Model Exposure Control Plan on the OSHA website. OSHA requires that all employers have an Exposure Control plan to protect employees from exposure to blood. The adapted plan describes how to prevent spread of infection from exposure to other body fluids too. Section 3 has helpful References and Resources, including the primary sources for the content of this module, links to the OSHA regulations, some helpful forms and other resources. The relevant OSHA documents are [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](#).

1. Prior to completing module, contact ECELS at ecels@paaap.org or 800-243-2357 for the Quick Reference Sheets that have necessary information to complete Section 3. These Quick Reference Sheets are from the resource: *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 4th Edition, (MIDCCS) Copyright © 2017 The American Academy of Pediatrics. You can also purchase the book online at <https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-4th-edition-paperback/>.
2. **Earning Credit for Using this Module:**
To earn 2 hours of credit in the PA Keys Professional Development Registry each worker must:
 - Read all written material.
 - Complete the OSHA Model Exposure Control Plan (Section 2) customizing the model plan for your Early Learning and Education Program.
 - Correctly answer 80 % of the Self-Assessment Questions and answer both Implementation Questions using <https://www.surveymonkey.com/r/2QWJT5V>
 - Follow the instructions on how to submit/pay for a review on the ECELS website on the Professional Development tab, “Self-Learning Modules” section.
 - If you are not completing the module online using survey monkey, send your completed **Registration Form, Self-Assessment and Implementation Questions** and a copy of your program’s customized **OSHA Model Exposure Control Plan** to: PA AAP / ECELS, Rose Tree Corporate Center II, 1400 North Providence Road, Suite 3007, Media, PA 19063 or ecels@paaap.org . Keep a copy of all materials mailed to ECELS.

The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) does not guarantee that the completion of this professional development module and Model **Exposure Control Plan** will comply with OSHA regulations. Compliance is determined by implementation of this information to meet the legal requirements and subject to OSHA review. For answers to specific questions about how OSHA requirements apply to your program, contact an [OSHA Regional Office](#) or an attorney. The PA AAP does not provide legal advice. This module will help with developing an OSHA 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.

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

This module addresses the following relevant standards in [*Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 3rd Edition*](#) updated online at <http://nrckids.org>. *Caring for Our Children* (CFOC3) is the primary reference for health and safety in child care:

[Standard 3.2.3.4 - Prevention of Exposure to Blood and Body Fluids](#)

Child care facilities should adopt the use of **Standard Precautions** developed for use in hospitals by The Centers for Disease Control and Prevention (CDC).

[Standard 1.4.5.3: Training on Occupational Risk Related to Handling Body Fluids](#)

Staff who are at risk of occupational exposure to blood or other blood-containing body fluids should be offered Hepatitis B immunizations and should receive annual training in Standard Precautions and exposure control planning. Training follows applicable standards of the Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" and local occupational health requirements. Training should include, but not be limited to:

- Modes of transmission of bloodborne pathogens
- Standard Precautions
- Hepatitis B vaccine use according to OSHA requirements
- Program policies and procedures regarding exposure to blood/body fluid
- Reporting procedures under the exposure control plan to ensure that all first-aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurs

[Standard 7.6.1.3: Staff Education on Prevention of Bloodborne Diseases](#)

All caregivers/teachers should receive training at employment and annually thereafter as required by the Occupational Safety and Health Administration (OSHA) on how to prevent transmission of bloodborne diseases, including hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV.

[Standard 7.6.1.5: Handling Injuries to a Hepatitis B Virus \(HBV\) Carrier](#)

Injuries that lead to bleeding by a hepatitis B virus (HBV) carrier child or adult should be handled promptly in the manner recommended for any such injury in any child or adult using Standard Precautions.

Universal or Standard Precautions

Concern about getting an infection from another person's body fluids should determine how people handle situations where blood or other body fluids are involved. Public health experts recommend using **Universal** or **Standard Precautions** for all blood and body fluids.

Standard Precautions describe the recommendations of the Centers for Disease Control and Prevention, The American Academy of Pediatrics and the American Public Health Association.

Universal Precautions are specified by law as the approach that Federal Occupational Safety and Health Administration (OSHA) administers. They include the legal requirement that employers develop a plan for protecting their staff from exposure to blood and other potentially infectious body fluids.

Standard Precautions and Universal Precautions are similar, differing mostly by which body fluids are involved and which federal agency's recommendations apply.

<i>What are Standard Precautions?</i>	<i>What are Universal Precautions?</i>
Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.	An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

Universal Precautions apply to blood, other body fluids likely to contain blood, and to semen and vaginal secretions, but not 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. Even if there is only one person working in a setting, the program should have a plan to protect anyone working in the setting from contact with blood or other body fluids that may contain blood.

OSHA requires a plan that should include:

- Exposure determination - identifying those job classifications in which employees 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.

SECTION 1

DISEASES SPREAD BY CONTACT WITH BLOOD OR OTHER BODY FLUIDS

The most common diseases spread by contact with body fluids are common respiratory infections and diarrhea. Many diseases can be spread through contact with blood, but the risk of spread of these diseases in early care and education 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.

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 to complete the Hepatitis B vaccine series. Transmission of hepatitis C can occur from contact with mucous membranes, broken skin or transfusions. Hepatitis D virus (HDV) can only occur in people who have the hepatitis B virus infection. The Hepatitis B vaccine protects against hepatitis D infection because of the association between these two types of hepatitis infections. The hepatitis B virus can cause either short-term illness or long-term infection.

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). All exposures to blood should be treated as if they might be from an infected person. A child or adult who is known to have an HIV infection can be in a child care facility as long as the child's health care provider evaluates the health risks of enrollment to the infected person who may be more susceptible to common infectious diseases. For more information about these infections, go to the **American Academy of Pediatrics' [Healthy Children](#)** website and enter the name of the infection in the search box. This website has many articles and handouts in both English and Spanish and many of these have a feature that can be selected to hear a narrator read the printed words out loud.

Human Bites

In groups of toddlers or preschool age children, biting happens. Parents are very concerned about human biting. Transmission of a bloodborne infection through human biting in an early care and education setting is possible but very unlikely. Hepatitis B is a disease that can be transferred by saliva or blood transfer from biting. Hepatitis B vaccine has eliminated this concern. To date, there is no documented case of transmission of human immunodeficiency virus (HIV) in an early care and education setting, by human biting or any other blood exposure.

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. If a biter draws

blood into his/her mouth, the parents of the biter should notify their child's health care provider that their child may have come in contact with a bloodborne pathogen. 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 involved, the US Public Health Service recommends post exposure follow-up, including consideration of post exposure prophylaxis (to prevent the development of a disease). Do not tell the parents of either child about the other child's identity or health history.

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, staff 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. Teachers/caregivers 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 such as a punching a pillow, using a toy hammer, pegs and a pounding board, or biting a teething ring. With more verbal children, teachers/caregivers can talk with the child when aggression seems likely or at a calmer moment about alternative aggressive outlets. To learn more about managing challenging behaviors in children enter "behavior" into the search box on the ECELS website at www.ecels-healthychildcarepa.org.

Both the parents of the bitten child and the biting child need information. Offer parents the information on the AAP Healthy Children website www.healthychildren.org or the ECELS FACT SHEET about BITING, found on the ECELS website at <http://www.ecels-healthychildcarepa.org>. Enter "biting" in the search box. Choose the materials best for staff and families in the program. Print and distribute them. To manage the injury, follow these first aid instructions:

First Aid for Human Bites

Intact Skin:

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

Broken Skin:

1. Clean the wound with soap and water. 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. Contact the child's parents and health care provider. Additional treatment may be required.
4. Record the biting incident in the program's injury log.

PROTECTION FROM INFECTIOUS BODY FLUIDS

The terms “**Universal Precautions**” and “**Standard Precautions**” were defined in the introduction. They 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 education settings.

Barriers

Barriers are anything that stops infectious blood or body fluids from coming leaving or entering openings in the skin or mucous membranes. Openings in the skin include cuts, scratches, scrapes, hangnails, chafing, or oozing sores. Mucous membranes are the linings of body openings where germs can pass from and into the body more easily than through intact skin. 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. Use this procedure:

1. Wet your hands under clean, comfortable temperature running water. Comfortable temperature of water for handwashing is no less than 60°F [15.6° C] and no more than 110°F [43.3°C].
2. Apply liquid or foam soap, not bar soap. Antibacterial soaps are not recommended. They are not better for hand washing and may lead to growth of antibacterial resistant germs. Bar soap should not be used because it can hold germs and transfer them from one person to another.
3. Rub all surfaces, both sides of hands, between the fingers vigorously (wrists to fingertips) until a soapy lather appears, and continue rubbing without rinsing for at least 20 seconds. Pay special attention to the areas between fingers, around nailbeds, under fingernails and jewelry as well as and the back of hands.
4. Rinse hands thoroughly under running water with fingers pointing down to drain, until all lathered surfaces are free of soap and dirt.
5. Unless using a hands-free faucet, leave the water running while you drying the hands with a clean, disposable, single-use paper towel, or single-use cloth towel. Towels are better than air dryers because air dryers aerosolize the water on the hands that may have residual germs and can spread those germs. Hands-free faucets (taps) are best because they do not require using a clean hand to turn off the tap previously touched with soiled hands. If the faucet is not the hands-free type, use a disposable, single-use paper towel as a barrier between clean hands and the soiled tap when turning off the tap.
6. Throw the disposable, single-use paper towel directly into a plastic-lined, hands-free covered trash can. If a cloth towel was used, it should be used only once then put into a laundry hamper.
7. If desired, use hand lotion from a liquid lotion dispenser to prevent chapping. Chapped hands are not only uncomfortable; they hold germs in the cracks of the dry skin.

Be especially careful about handwashing after removing gloves used to handle contaminated surfaces and whenever the hands have touched a body fluid.

The use of alcohol-based hand-rub products (e.g. liquid, gel, foam hand sanitizers) is not recommended for as hand washing in group child care settings. The use of alcohol-based hand sanitizers is restricted to children older than 24 months and by adults on hands that are not visibly soiled. Hand washing is required to remove visible soil. In addition to being ineffective if there is any visible soil, alcohol-based hand rubs are toxic if ingested, and are flammable.

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

Remember:

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

Gloves

Gloves are a barrier to reduce transfer of body fluids from the skin of someone wearing the gloves or from the person who is receiving care. Wearing gloves does not prevent spreading contamination from one surface to another. Wearing gloves take the place of handwashing. Latex (thin medical gloves or heavy rubber utility gloves), and vinyl gloves have very tiny openings in them that can allow some germs to pass through the glove. Always wash hands after removing gloves. Use disposable, single-use gloves one time only. Use gloves in any situation that might involve touching blood, blood-containing body fluids, including blood-containing tissues or injury discharges. Human milk expressed from the breast can be contaminated with blood from a cracked nipple, but the risk of transmission of viruses from human milk is very low. Wearing gloves is not necessary for feeding or cleaning up spills of expressed human milk. The CDC has determined that there is little or no risk of transfer of infection from breast milk.

Unless there is visible blood, gloves are optional when touching feces (stool), nasal secretions, sputum (spit), vomit, sweat, tears, urine, breast milk or saliva. Many teachers/caregivers are more comfortable wearing gloves when changing soiled diapers or wiping runny noses. Wearing gloves reduces the amount of these body fluids that get on skin, to be washed off. Gloves should be available for whoever wants to wear them for protection. Teachers/caregivers should wear gloves whenever there might be any contact with a wound.

Remember:

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

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 a disinfectant solution. It is acceptable to use conventional strength domestic bleach 5.25% hypochlorite or “Ultra” bleach 6-8% hypochlorite solution following the instructions on the product label for making up and applying the product. Do not use products that do not have an EPA registration number on their label and instructions for use that include disinfection. Industrially prepared detergent-disinfectant solutions or detergent cleaning, rinsing and application of a non-bleach disinfectant are acceptable as long as the product is EPA – registered, non-toxic for children and used according to the manufacturer’s instructions on the product label.
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 or other body fluids. 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-disinfectant” solutions or any detergent for cleaning. These products should be used according to the manufacturer’s label, followed by thorough rinsing.
5. Disinfecting surfaces:
 - a. **Hard, non-porous surfaces:** If the contaminated area is a hard, non-porous surface, spray the area with an EPA registered disinfecting solution until glistening wet to be sure all of the surface is treated. Allow the solution to sit for the time indicated on the label as necessary. After the required contact time for the solution, either wipe the surface with a clean disposable towel to

dry it or allow it to air dry. Remember that if there is any visible soil on the surface, use detergent to clean the surface and rinse with water before applying the disinfectant. Many disinfectants are not good cleaning agents. Read the label and always follow the manufacturer's instructions exactly. The use of commercially pre-saturated bleach wipes to disinfect surfaces is **not** recommended: this product has not been tested for effectiveness in in early care and education programs.

- b. **Porous surfaces** such as rugs or other fabrics: Cleaning and disinfecting 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 disinfecting the surface without damaging it requires use of special cleaning agents designed for use on rugs or steam cleaning. 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 with the disinfectant that is intended for use in laundry machines, following the instructions on the product label.
6. If utility gloves are used, the gloves should be worn, not handled, during the cleaning and disinfecting procedure. Utility gloves should be cleaned after every use with detergent and water and then dipped in the bleach solution up to the wrist area of the glove after cleaning up the spill and again after cleaning and disinfecting the surface. The gloves should then be taken off and hung to dry.
7. Put all contaminated materials into a tightly closed plastic bag held in a rigid container until permanent disposal can be arranged. Contact a local hospital or a physician's office about how to dispose of infectious waste and ask if it can be put into the infectious waste collected at that health professional facility.
8. When finished cleaning up, WASH YOUR HANDS.

Smart Steps to Prevent Contact with Body Fluids

An easy way to keep gloves handy is to have each adult who works in the program carry a pair of gloves and gauze or tissue for immediate first aid use – while someone else is getting the first aid kit. If gloves are not immediately available and the child is old enough to cooperate, have the child hold a piece of gauze or a disposable nasal tissue to put pressure on the bleeding area until gloves and first aid supplies can be used. If the child cannot help, use whatever cloth is at hand as a barrier until first aid supplies and gloves can be used.

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.

Remember:

- For cleaning up a blood spill, wear gloves.
- Always wash hands after providing first aid, or having contact with a body fluid, even if gloves were worn.
- If someone was exposed to blood (“An Exposure Incident”), OSHA requires notifying the employer immediately, before the end of the work shift during which the incident occurs.

Personal Protective Equipment (PPE)

The **OSHA Model Exposure Control Plan Adapted for Early Care and Education Programs (Section 2)** describes 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 care and education settings. In a situation where spraying of blood or body fluids may occur, check with a 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.

For employees trained in rescue breathing and/or CPR, having available a pocket mask or other barrier reduces contact with another person’s saliva. The local chapter of the 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 staff may need to give a child an injection or do a finger-stick blood test during the early care and education day. For example, some children with diabetes require blood testing during the day. Some with a life-threatening allergy may require using a self-injecting device to give the child epinephrine for a severe allergic reaction.

Providing care for a child who needs injections or uses finger stick testing during the day, requires additional precautions. For specific instructions in these circumstances, the facility should obtain a written report from the child’s health care provider who prescribed the special treatment about the precautions to take in doing the procedure and disposing of the supplies used. 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.

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. 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 someone gets pricked with a contaminated needle after giving the injection or using a finger-stick lancet, be sure to notify the employer right away, before the end of 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 Care and Education Programs is in Section 3. For questions on how to use the forms contact ECELS at (800) 243-2357 (Pennsylvania only).

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.

PROTECTING WITH IMMUNIZATION (VACCINE)

Adults who might be exposed to blood and did not receive Hepatitis B vaccine in childhood should be immunized against hepatitis B. Employees who are expected to provide first aid should have that risk included in their job description. The Occupational Health and Safety Administration (OSHA) requires that employers make available to employees who are at risk of coming in contact with blood or other body fluids that may contain the hepatitis B virus, free of charge, the series of three injections to prevent hepatitis B. Under the regulations from OSHA regarding Bloodborne Pathogens Exposure, employers must offer employees who have occupational exposure: hepatitis B vaccines, post exposure evaluations, and follow-up. The child care program’s Exposure Control Plan must have sections related to care of unvaccinated employees exposed to blood or other body fluids that may contain harmful viruses. OSHA regulations require that employers ensure that each at-risk worker receives information about the benefits of Hepatitis B vaccine and vaccination within 10 working days of the worker’s initial assignment. The vaccine must be offered at a reasonable time and place.

If a worker initially declines to accept the Hepatitis B vaccine but at a later date decides to accept the vaccination, the employer must make the Hepatitis B vaccine available at no cost to the worker. The worker who declined the vaccination must sign the **Hepatitis B Vaccine Declination** form located in Section 3. The Hepatitis B vaccine does not need to be given to the worker if the employer documents that (a) the worker is not at risk in coming in contact with blood or other body fluids that may contain the hepatitis B virus (b) the worker shows written proof of having completed the 3-dose series (c) antibody testing shows the worker is immune (d) vaccine cannot be given because of medical reasons.

Post Exposure Treatment for 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. Hepatitis B vaccine is recommended for any person who is exposed (needlestick, laceration, bite, ocular (eye) or mucous membrane) but not previously immunized. Hepatitis B vaccine should be given as soon as possible after the exposure, preferably within 24 hours. The worker should see a health provider for any other treatment that may be needed.

Remember:

- OSHA requires employers to make available within 10 days of initial assignment, the Hepatitis B vaccine three injection series, free of charge to employees 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 identity or other child's health history.
- If a bite results in blood exposure, the US Public Health Service recommends post - exposure follow-up.
- Those who have not had Hepatitis B vaccine should see their 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.

Confidentiality

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.

SECTION 2

Model Plans and Programs for the OSHA Bloodborne Pathogens (OSHA 3186-06N 2003 accessed 3-3-17)

**For the current OSHA recommendations, go to:
<https://www.osha.gov/Publications/osha3186.html>**

OSHA bloodborne pathogens standard (29 CFR 1910.1030). OSHA Model Exposure Control Plan

(Adapted by ECELS as a starting point for further adaptation by Early Care and Education Programs – indicated in ***bold italic*** print under the heading: ***ECELS Suggestions.***)

Note to EARLY CARE AND EDUCATION CENTER DIRECTORS AND FAMILY / GROUP HOME EMPLOYEES): Create your own Bloodborne Pathogens Exposure Control Plan, using the adaptation prepared by ECELS, or the sample provided by OSHA as long as your plan contains all elements required by the Bloodborne Pathogens Standard. Your written plan must be accessible to all employees, either on-line or in an area where they are available for review on all shifts.

Note to CENTER-BASED EMPLOYEES: Read your program's Exposure Control Plan. 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 the OSHA model sample to your employer. For professional development credit in the PA Keystone STARS Registry, submit to ECELS 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 (As adapted by ECELS for Early Care and Education Programs)

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

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 standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

POLICY

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 employees. This ECP includes:

- Determination of worker exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B immunization
- Post-exposure evaluation and follow-up
- Communication of hazards to employees 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 employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

- _____ 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.

_____ will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
(Name of responsible person or department)
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 worker 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 Employees, OSHA, and National Institute for Occupational Safety and Health (NIOSH) representatives.

Contact location/phone number: _____.

WORKER EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees 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** employees 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 employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

ECELS Suggestions:

Providing first aid is an example of an assigned duty that would place an early care and education worker 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 employees that have been assigned tasks as collateral duties, such as first aid or clean up of spills containing blood. If only the director and employees 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

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees 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 employees 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)

worker 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 worker 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 Care and Education Programs need to establish engineering controls and work practices that will be used, evaluated, and maintained or replaced on a regular basis. For example:

- a. ***Employees 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. ***Employees 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 employees 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 employees and are located throughout the facility.*
- d. *Use of alcohol-based hand sanitizers by adults or supervised children over the age of 24 months, 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 sanitizers is out of reach of children. Adults and children must wash hands after diapering/toileting and before eating; use of hand sanitizers are inappropriate at those times.*
- e. *Employees 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 28 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.*
- i. *A guide is posted at each handwashing sink for proper handwashing procedures including wetting the hands with running water, at least 20 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 _____
(Name of responsible person or department) (List frequency)
 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. 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.*
- *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, worker 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 employees and management officials are involved in this process:

(Describe how employees will be involved.)

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

Personal Protective Equipment (PPE)

PPE is provided to our employees 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)

The types of PPE available to employees are as follows:

(Example: Gloves)

PPE is located _____ and may be

(List location)

obtained through _____

(Name of responsible person or department)

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

All employees 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 employees trained in rescue breathing and/or CPR, having a pocket mask or other barrier available reduces contact with another person's saliva. Local American Red Cross or American Heart Association chapters can provide information about where to purchase this type of mask.

Housekeeping

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, 3rd 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.

For spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, or injury discharges occur; these spills should be cleaned immediately and disinfected. Avoid splashing any contaminated material into any mucous membrane (eyes, nose, and mouth).

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

Laundry

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.

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 or the worker whose clothing was soiled to launder.

Employees 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. Wearing gloves, remove blood contaminated clothing. Place the worker's articles in a separate tied plastic bag to take home and launder.

Laundering fabrics: run the fabric in the machine alone with laundry detergent as usual, then run the machine again using a (EPA-registered) diluted bleach solution, according to the instructions on the bleach bottle's label.

Labels

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. Employees 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 Immunization

_____ will provide
(Name of responsible person or department)

training to employees about hepatitis B vaccine, addressing the safety, benefits, efficacy, methods of administration, and availability.

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

If a worker declines the vaccination, the worker must sign a form that documents the vaccine refusal. Employees who decline the vaccine 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 worker within 15 days of the completion of the evaluation. It will be limited to whether the worker requires the Hepatitis B vaccine, and whether the vaccine was administered.

ECELS Suggestions:

At this early care and education program, all Employees 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 worker. The vaccine will be offered to the worker 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 worker has previously had the vaccine or declines vaccination.

Employees who decline the Hepatitis B vaccine will sign the mandatory OSHA HEPATITIS B VACCINE DECLINATION FORM located in Section 3 of this module under the heading “ Helpful Forms.” Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost to the worker.

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

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 worker'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 worker 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 worker's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the worker 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 worker elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Reminder:

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. Hepatitis B vaccine 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. The worker should consult a health care provider for any other treatment that may be needed.

Administration of Post-Exposure Evaluation and Follow-up

_____ ensures that health care
(Name of responsible person or department)
professional(s) responsible for worker's hepatitis B immunization 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 worker after an exposure incident receive the following:

- a description of the worker'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 medical records of the worker, including vaccination status

_____ provides the worker
(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 Care and Education Director/Administrator will give the exposed worker the necessary forms to take to his/her health care provider. Forms are located in Section 3 of this module under the heading "Helpful Forms":

- **Post Exposure Referral to Worker's Health Care Provider**
- **Report of Post Exposure Evaluation by Worker's Health Care Provider**

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

_____ 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
- procedure being performed when the incident occurred
- worker'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 employees to the exposure determination list, etc.*)

ECELS Suggestions:

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

When a worker 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, and/or 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.

Follow-up and documentation of exposure incidents will be in compliance with “Pennsylvania Act 148: The Confidentiality of HIV-Related Information Act” at

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

Designated Early Learning and Education Director/Administrator will give the exposed worker the necessary forms to take to his/her health care provider. Forms are located in Section 3 of this module under the heading “Helpful Forms”.

- Post Exposure Referral to Worker’s Health Care Provider
- Report of Post Exposure Evaluation by Worker’s Health Care Provider

Designated Early Care and Education worker will record all percutaneous injuries from contaminated sharps in the OSHA Sharps Injury Log located in this section of the module under the heading “Helpful Forms.”

Worker Training

All employees 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 employees 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 worker 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 _____.

Recordkeeping

Training Records

Training records are completed for each worker 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
- contents or a summary of the training sessions
- names and qualifications of persons conducting the training
- names and job titles of all persons attending the training sessions

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

_____.

(Name of responsible person or location of records)

ECELS Suggestions:

Section 3 of this module contains the ANNUAL BLOODBORNE PATHOGENS EXPOSURE CONTROL PROFESSIONAL DEVELOPMENT LOG, under the heading "Helpful Forms," for early care and education employees to use to document professional development.

Medical Records

Medical records are maintained for each worker with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Worker's 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.**

Worker's medical records are provided upon request of the worker or to anyone having written consent of the worker 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 the:

- date of the injury
- type and brand of the device involved
- department or work area where the incident occurred
- 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., worker names) removed from the report.

ECELS Suggestions:

Designated Early Care and Education Program worker should record all percutaneous injuries from contaminated sharps in the OSHA Sharps Injury Log – Adapted for Early Care and Education Programs, located in Section 3 of the self-learning module under “Helpful Forms.”

SECTION 3

USING THE PRIMARY REFERENCES FOR THE CONTENT OF THIS SELF-LEARNING MODULE

Many of the instructions in this self-learning module are based on specific standards in [CFOC3](#). Use the search function on the CFOC3 website to locate the standards that relate to topics in this module. **Review** the following Appendices from CFOC3:

- [Appendix B - Major Occupational Health Hazards](#)
- [Appendix D - Gloving](#)
- [Appendix J - Selecting an Appropriate Sanitizer or Disinfectant](#)
- [Appendix L - Cleaning Up Body Fluids](#)

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 3rd Edition, (CFOC3), published in 2011 in hard copy and regularly updated online since 2011. 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 at <http://nrckids.org/>

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 4th Edition, (MIDCCS) Copyright © 2017, The American Academy of Pediatrics - available for purchase online at <https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-4th-edition-paperback/> or search the title online to purchase from other book distributors. If you do not have a copy of MIDCCS, 4th edition, contact ECELS at ecels@paaap.org or 800-243-2357 for the Quick Reference Sheets indicated below.

MIDCCS includes the following topics and infections spread by body fluids on the pages indicated below. Review *Infection Spread by Blood, Urine and Saliva* p.5, *Hepatitis B* p.101, *HIV / AIDS* p.105, and *Bites (Human and Animal)* p.63.

Save the Quick Reference Sheets for future use. Additional Quick Reference Sheets pertaining to infections spread by contact with blood or other body fluids are available in MIDCCS:

- Chickenpox (Varicella) p.73
- Cytomegalovirus (CMV) Infection p.79
- Diarrhea p. 83
- Giardiasis p.93
- Hand-Foot-Mouth Disease p.97
- Hepatitis A p. 99
- Impetigo (weeping body surface sores) p.107, 108
- Mononucleosis p.123
- Mouth Sores p.127
- Norovirus p.131
- Pinkeye p.133
- Respiratory Syncytial Virus (RSV) p.139
- Roseola p.143
- Rotavirus p.145
- Rubella p.147
- Salmonella p.149
- Shigella p.153
- Strep Throat p.159
- Upper Respiratory Infection p.167
- Urinary Tract Infection p.169
- Vomiting p.171
- Whooping Cough (Pertussis) p.175

ECELS Fact Sheets and Resources:

Enter the terms listed below in the search box on the Home Page of the ECELS website www.ecels-healthychildcarepa.org. Review each document:

- [Behavior Problems](#)
- [Biting](#)
- [Handwashing Poster](#)
- [Universal Precautions](#)

OTHER RESOURCES FOR REFERENCE

Internet Links

These links may be useful for future reference:

- Bloodborne Pathogens Part 1910.1030 of Title 29, Code of Federal Regulations Occupational Safety and Health Act
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
- Pennsylvania Act of 1990, Public Law (P.L.) 585, No. 148
“Confidentiality of HIV-Related Information Act”
<http://webcampus.drexelmed.edu/Handbook/148of1990.pdf>
- 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.

Helpful Forms

These 6 sample forms will help with required documentation. OSHA does not require use and completion of the first four (4) forms as presented here. 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 comply 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 Health Care Provider
- Post Exposure Evaluation by Health Care Provider
- OSHA Hepatitis B Vaccine Declination (*MANDATORY*)
- OSHA Sharps Injury Log – Adapted for Early Learning and Education Programs

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)
 - Washed affected area _____ (Date) _____ (Time)
 - Flushed with water _____ (Date) _____ (Time)
 - Reported to employer _____ (Date) _____ (Time)
 - Evaluated by Health Care Provider _____ (Date) _____ (Time)
 - Other _____

Signature of Worker: _____ Date _____

Signature of Employer: _____ Date _____

Post Exposure Referral to the Worker's Health Care Provider

Our worker has been referred to you because 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 Health Care Provider*. Please complete and return the *Report of Post Exposure Evaluation by a Health Care Provider*, including any necessary follow-up instructions in accordance with the OSHA Standard. Also, return a copy of the worker's *medical records* relevant to this appropriate treatment and, if available, any blood testing results.

1. Name of individual exposed _____

2. Name of early learning and education program _____

Address of program _____

Telephone number of facility (_____) _____ Extension _____

3. Worker'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 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 will be made available to the exposed worker, and the worker will 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. Worker's Hepatitis B Immunization Status

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

Employer/Director/or Administrator's Name:

(Please print) Date: _____

Post Exposure Evaluation by Health Care Provider

Name of individual _____

Name of facility _____

Phone number of facility (_____) _____ Extension: _____

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

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

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

3. Has the worker 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 worker 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.

Employer's/Director's/or Administrator's Name _____

Early Care and Education 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.

Worker's Name: _____
(Print name)

Worker's Signature: _____

Date: _____

Witness Name: _____
(Print name)

Witness Signature _____

Date: _____

OSHA Regional Offices

Region I

(CT, ME, MA, NH, RI, VT)
John F. Kennedy Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860

Region II

(NJ, NY, PR, VI)
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378

Region III

(DE, DC, MD, PA, VA, WV)
The Curtis Center
170 S. Independence Mall West Suite 740
West Philadelphia, PA 19106-3309
(215) 861-4900

Region IV

(AL, FL, GA, KY, MS, NC, SC, TN)
Sam Nunn Federal Center
61 Forsyth Street SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400

Region V

(IL, IN, MI, MN, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220

Region VI

(AR, LA, NM, OK, TX)
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145

Region VII

(IA, KS, MO, NE)
Two Pershing Square
2300 Main Street
Suite 1010
Kansas City, Missouri 64108
(816) 283-8745

Region VIII

(CO, MT, ND, SD, UT, WY)
Cesar Chavez Memorial Building
1244 Speer Blvd., Suite 551
Denver, CO 80204
(720) 264-6550

Region IX

(American Samoa, AZ, CA, HI, NV, Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 18100
San Francisco, California 94103
(415) 625-2547 (Main Public - 8:00 AM - 4:30 PM Pacific)

Region X

(AK, ID, OR, WA)
300 Fifth Avenue, Suite 1280
Seattle, Washington 98104
(206) 757-6700

22 states or territories have OSHA-approved State Plans that cover both private and public sector workers; state-run safety and health programs must be at least as effective (ALAE) as the federal OSHA program.

Note: To get contact information for OSHA Area Offices, OSHA-approved state plans, and OSHA Consultation Projects, please visit online at <http://www.osha.gov> or call (800) 321-OSHA.

SECTION 4

Self-Assessment

The Self-Assessment and Implementation Questions may be answered using this Survey Monkey Link:

<https://www.surveymonkey.com/r/2QWJT5V>

Or if you prefer, print, complete and return the Self-Assessment and the ECELS SLM Registration Form. **Submit one (1) copy** of your customized OSHA Model Exposure Control Plan (ECP) per facility to ECELS.

Early Care and Education Worker's Name: _____		
Home Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Home Phone Number: (____) _____	
Program Name: _____		
Program Address: _____		
City: _____	State: _____	Zip Code: _____
Program Phone Number: (____) _____		Extension _____

Circle the **one** correct answer.

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. Disinfect 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, if they don't look dirty.

2. A worker who has not received hepatitis B immunization provided first aid to a child without using gloves. The worker 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 the worker's employer about the exposure incident on the day it happened.
 - d. b and c

3. A worker notices blood on his/her pants after caring for a child who fell. Which of the following is the best choice for the worker?
 - a. Go home immediately to change clothes.
 - b. Blot out and then wash blood spot with soap and water, saturate the spot with a disinfectant solution for the required time, rinse the disinfectant 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 possible.
 - d. The blood spot is small, let it air dry.

4. When dealing with crib or cot sheets that have been contaminated by a child's bloody nose, the worker should:
 - a. Rinse out the blood from the sheet, and then allow the sheet to air dry in the sun.
 - b. Put a disinfectant solution on the blood stain as specified on the product's label.
 - 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. The facility hires someone whose role involves in caring for children who may need first aid or cleaning up 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 worker) within ____ days of the worker's initial assignment.
 - a. 7
 - b. 10
 - c. 15
 - d. 28
6. 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 care and education programs to protect the employees 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 spread by contact with body fluids.
 - a. True
 - b. False

11. For which of the following situations do the Standard and Universal Precautions require use of gloves in an early care and education 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 and education worker helped stop a child's nosebleed. This worker had not had Hepatitis B vaccine in the past and declined the offer to be given Hepatitis B vaccine at the start of employment. When should the worker see a care health provider for an evaluation of the need to receive 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: Answer these Implementation Questions. If submitting a print copy, use the back of this page if necessary.

- In your own words, list two things that you have learned and will now *use* from completing this professional development self-learning module.
 - 1.
 - 2.
- List two policies that have changed in your early care and education program operations as a result of complying with the *OSHA Model Exposure Control Plan* (Section 2), and this professional development self-learning module.
 - 1.
 - 2.