

HOW TO PROTECT YOURSELF FROM BLOODBORNE PATHOGENS AND WHAT TO DO IF YOU ARE EXPOSED

EXPOSURE CONTROL PLAN FOR _____
PROGRAM YEAR

Family Child Care Homes:

OSHA does not have a rule specific for Family Child care homes. However, if there is an employee /employer relationship and there is potential workplace exposure to blood or OPIM, the employer is required to have a bloodborne pathogens program and implement OSHA Rule 1019.1030. In the event of an exposure to a bloodborne pathogen, it is Best Practice for Family Child Care Homes to follow the instructions in the Standard Precautions Training regarding cleaning the affected area and to promptly document what happened. The FCCH provider should then call their health care provider right away for evaluation and treatment if required. Remember to keep the incident confidential. Please refer to the plan below for more information.

All staff including designated first-aid responses whose first-aid responsibilities are as a collateral duty only under the bloodborne pathogens standard, 29 CFR 1910.1030.

_____ (PROGRAM) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, 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 organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes

- **Determination of employee exposure**
- **Implementation of various methods of exposure control including:**
 - Standard precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- **Hepatitis B Vaccination**
- **Post-Exposure Follow-up**
- **Communication of hazards to employees**
- **Record keeping**
- **Procedures for evaluating circumstances surrounding exposure incidents.**

The Program or Center Director is responsible for the implementation of the ECP. The Program or Center Director, in collaboration with the Nurse Consultant, will maintain, review and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures. *School districts should collaborate with the following departments: Operations (custodians), Human Resources, and New Staff Administrator.*

The Program or Center Director will provide and maintain all necessary personal protective equipment, engineering controls (sharps containers), labels and red bags as required by the standard. The Program or Center Director will ensure that adequate supplies are available in the appropriate sizes.

The Program or Center Director will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

The Program or Center Director, in collaboration with the Nurse Consultant will be responsible for training, documentation of training, and making the written Exposure Control Plan available to employees, OSHA and other representatives.

A copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e). A copy of the Exposure Control Plan is located in the Director's Office or _____.

Employee Exposure Determination.

List job classifications in which some employees have occupational exposure.

- At _____ (PROGRAM), classroom teachers, paraprofessionals, custodians, bus drivers, nutritional staff and School or Center Director(s) provide first aid care as a collateral duty. A list of staff trained that provides first aid will be attached at the end of the Exposure Control Plan.

The following tasks and procedures may result in occupational exposure of bloodborne pathogens when performed by the designated first aid providers.

- providing pressure to a wound to stop bleeding, cleaning or bandaging a wound,
- transporting or otherwise assisting an employee who has an open wound or who is bleeding,
- cleaning up spills of blood or other potentially infectious materials (OPIM) which are present,
- administering artificial respiration or CPR.
- skin puncture due to a human bite

Method of implementation and Control

STANDARD PRECAUTIONS IS AN APPROACH TO INFECTION CONTROL IN WHICH ALL HUMAN BLOOD AND CERTAIN HUMAN BODY FLUIDS ARE TREATED AS IF KNOWN TO BE INFECTIOUS FOR HIV, HBV, AND OTHER BLOODBORNE PATHOGENS. All employees will utilize Standard Precautions.

Exposure Control Plan (ECP)

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training sessions (orientation). It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the School or Center Director. If requested, we will provide a copy of the ECP free of charge and within 15 days of the request.

Engineering and Work Practice Controls:

Engineering controls (suggest defining 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:

- _____ (Name of Program) identifies the need for changes in engineering controls and work practices through a review of incident reports and employee interviews.
- _____ (Name of Program) evaluates new procedures and products regularly by reviewing current OSHA practices and supplier information
- The School or Center Director, in collaboration with the Nurse Consultant is responsible for ensuring that these recommendations are implemented.

Handwashing facilities are located in classrooms throughout the building. (Antiseptic towelettes or hand sanitizers may be used when handwashing facilities are not available, for example _____).

Employees are required to wash their hands immediately or as soon as feasible after removing gloves or other personal protective equipment.

No eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses in areas where first aid is being provided including the school health office.

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 the School or Center Director in collaboration with the Nurse Consultant.
- The personal protective equipment at _____ (Name of Program) includes: Disposable latex gloves, located in each classroom and playground “fanny pack”, resuscitation masks and spill control kits located in the director office or _____.

NOTE: Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be provided to employees who are allergic to latex gloves normally provided. Gloves will be worn whenever providing first aid when blood may be present. Gloves are also to be worn when changing diapers or assisting in toileting.

All employees using PPE must observe the following procedures:

- Remove gloves after it becomes contaminated and before leaving the work area
- Used gloves may be disposed of in the covered trash receptacles or double bagged.
- Wear gloves when cleaning and it is reasonably anticipated that there may be hand contact with blood and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated
- Never wash or decontaminate gloves for reuse
- Remove immediately or as soon as feasible any garment contaminated by blood in a way to avoid contact with the outer surface.

Housekeeping

There are two types of waste that need special attention; contaminated waste and regulated waste.

Child care programs generate an amount of “contaminated waste” that is not regulated. Contaminated waste includes: diapers, sanitary napkins, used bandaids (not saturated with blood), discarded gloves, vomit, etc.

Contaminated waste should be double bagged in plastic, and disposed of in covered trash containers that are not accessible to children.

Regulated waste is defined as liquid or semi-liquid blood with other potentially infected material, contaminated items that would release blood or other potentially infected material if compressed; items caked with dried blood or other potentially infectious material that are capable of releasing these materials during handling; and contaminated sharps.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color coded (red bag) and closed prior to removal to prevent spillage or protrusion of contents during handling. This waste is handled by a biohazardous waste disposal company.

The procedure for handling sharps disposal containers is:

for children who require health procedures (e.g., glucose testing or insulin administration). The individual sharps container is provided by the center; and the center will dispose of contents by _____. Any used Epinephrine auto injectors will be given to EMS personnel for disposal or follow program medication disposal policies.

Containers (e.g., basins, pails) are cleaned and decontaminated as soon as possible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means such as a brush and dustpan.

Based on Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards. (2003). Retrieved January 23, 2017 from <https://www.osha.gov/Publications/osh3186.pdf> 3

Disinfecting of equipment and work surfaces which are contaminated will be accomplished by the following method.

- The surfaces will be cleaned using water to remove gross contamination, followed by general cleaning to remove all visible contamination. Where appropriate, this water/cleaning solution can be flushed down the drain.
- The work surface and equipment will then be disinfected by applying an EPA-Registered product approved as a disinfectant; this includes many products which are now EPA-Registered. Mix the disinfecting solution according to label instructions and follow label instructions for contact time on the surface being disinfected.

Laundry

The following laundry requirements must be met:

- Contaminated clothing or linens stained with blood (e.g., blood that is dripping or can flake from surface) must be handled as little as possible, until they can be laundered in hot soapy water.
- Wear gloves when handling or sorting contaminated laundry
- Responsibility for the laundering these items may vary (e.g., parents, center or a professional laundry)
- Center items may be laundered at the center or at a Laundromat.
- Child's clothing/belongings must be double bagged and sent home, not washed at the school or center.
- Contaminated laundry will be placed and transported in double bags or containers and closed prior to being transported. The laundry facility which is used will be informed by the employer of the presence of blood in the soiled laundry.
- Launder in hot water (165) for 25 minutes. If using cooler water, add bleach or other laundry disinfectant according to the instructions on the container

Hepatitis B Vaccination

Hepatitis B Vaccination will be offered immediately but no later than 24 hours following a first-aid incident in which a staff was exposed to blood or fluids. If an employee declines the hepatitis B, the employee will sign a declination form. Employees that decline may request and obtain the vaccination at a later date, at no cost. Documentation of refusal is kept in the School human resources office or Center Director office.

All medical evaluations and procedures; the hepatitis B vaccine and vaccination series; and post-exposure evaluation and follow-up, including prophylaxis will be made available to the employee at no cost to the employee at a reasonable time and place.

_____ (PROGRAM) will communicate to the employee information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

Post-Exposure Evaluation and Follow-up.

_____ (PROGRAM)' employees will immediately report any blood borne exposures to the School or Center Director.

Post-exposure follow-up will be made available to all employees who have had an exposure incident. All responses where first-aid is provided will be evaluated to determine if an exposure incident occurred.

EXPOSURE INCIDENT MEANS A SPECIFIC EYE, MOUTH, OTHER MUCOUS MEMBRANE, NON-INTACT SKIN, OR PARENTERAL CONTACT WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS THAT RESULTS FROM THE PERFORMANCE OF AN EMPLOYEE'S DUTIES.

Following a report of an exposure incident we will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the evaluation of the circumstances under which the exposure incident occurred, such as: name, address, job title, location, date and time of incident, identification of source individual (unless identification is infeasible or prohibited by state or local law),
- What body part was exposed, for how long,
- What body fluid exposed to, did it penetrate the skin, what penetrated the skin, was medical attention received and if so where, when, and by whom?
- Also, determination of vaccination status, description of tasks being performed, and was personal protective equipment (PPE) being utilized?
- Identify and document the source individual, test their blood if consent is obtained for determination of HBV or HIV infectivity.
- If consent is not obtained, _____(PROGRAM) will establish that legally required consent cannot be obtained.
- Results of the source individual's testing will be made available to the exposed employee.

After an exposure incident, we will provide Post-Exposure Prophylaxis, when medically indicated, as recommended by the U.S Public Health Service. Additionally, baseline blood collection will be performed after employee consent, counseling provided, and evaluation of reported illnesses performed.

Administration of Post Exposure Evaluation and Follow-up

After an exposure incident we will ensure that the healthcare professional evaluating the employee has the following:

- A copy of the bloodborne pathogens regulation, 29 CFR 1910.1030
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee,
- Including the employee's vaccination status, this is this employer's responsibility to maintain.

We will obtain and provide the employee with a copy of the healthcare professional's written opinion within 15 days of completion of the evaluation. The written opinion is LIMITED to the following:

- The written opinion for the hepatitis B vaccination shall be limited to whether or not the vaccination is indicated for an employee and if the employee has received such vaccination.
- The written opinion for the Post-Exposure Evaluation and Follow-up shall be limited to the following:
 - That the employee has been informed of the results of the evaluation.
 - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

CONFIDENTIALITY will be maintained with regard to all other findings and such findings shall not be included in the written report.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The staff member who has an exposure incident will document the circumstances surrounding that incident including:

- An evaluation of policies being followed and "failure of controls" at the time of the exposure incident.

- Information as to whether personal protective equipment was readily available and/or used at the time of exposure incident.

The Program or Center Director will review the circumstances of all exposure incidents in collaboration with the _____ or Executive Director and RN consultant as appropriate, to determine:

- Engineering controls in use at the time
- Work practices followed
- Description of the device being used
- Protective equipment used at the time of the exposure incident
- Location of the incident
- What was occurring at the time the incident occurred
- Employee's training

If revisions of the ECP are necessary, the School or Center Director in collaboration with the Nurse Consultant will ensure that appropriate changes are made.

EMPLOYEE TRAINING

_____ (PROGRAM) will provide a training program for all employees who may reasonably anticipate occupational contact or exposure with blood or other potentially infectious materials.

Training will take place during working hours and at no cost to the employee at the time of initial assignment and at least annually thereafter.

Training will be provided by the Program or Center Director (or trained designee) and the RN Consultant. If the new staff person has proof of previous training, that includes the elements listed below, this is acceptable if training has occurred in the past 2 years. In addition, the staff person will be trained in _____ (Name of Program) exposure control plan prior to assignment in the classroom.

The training program will include at least the following elements:

- An accessible copy of the regulatory text of the Bloodborne Pathogens Standard and an explanation of its contents,
- A general explanation of the epidemiology and symptoms of bloodborne diseases, and explanation of the modes of transmission of bloodborne pathogens,
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan,
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident
- An explanation of the use and limitations of methods that will prevent or reduce exposure (use of personal protective equipment),
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment,
- An explanation of the basis for selection of personal protective equipment,
- Information on the Hepatitis B vaccine, (including information on its efficacy, safety, method of administration), the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge WITHIN 24 HOURS FOLLOWING ADMINISTERING OF FIRST AID WHERE BLOOD IS PRESENT,
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials,
- 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 employee following an exposure incident,

- An explanation of the signs and labels and/or color coding which will be used to identify regulated waste, used protective equipment, etc.; and
- An opportunity for interactive questions and answers with the person conducting the training session. The RN Consultant is available via pager to answer any questions.
- Staff access to review OSHA blood borne pathogen standards.

Recordkeeping

TRAINING RECORDS are completed for each employee upon completion of training. These documents will be kept for at least 3 years in the School, Center Director Office or _____. The training records include:

- a. The dates of the training sessions;
- b. The contents or summary of the training sessions;
- c. The names and qualifications of the persons conducting the training sessions;
- d. The names and job titles of all persons attending the training sessions.

MEDICAL RECORDKEEPING: _____(Name of Program) will establish and maintain an accurate record for each employee with occupational exposure in accordance with this standard and 29 CFR 1910.20.

The Program or Center Director is responsible for the maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the School or Center Director.

Medical Records will include the following elements:

- The name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive such vaccination, (if the employee has declined to accept the vaccination, include a copy of the declination form signed by the employee)
- A copy of all results of examinations, medical testing, and follow-up procedures,
- The employer's copy of the healthcare professional's written opinion; and
- A copy of the information provided to the healthcare professional.

OSHA RECORDKEEPING: An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements, (29 CFR 1904). This determination and recordkeeping activities are done by the School or Center Director

Include a sample Exposure Incident Form, a Hepatitis B declination form and roster.

References:

OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030

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

Refer to "Cleaning, Sanitizing, Disinfecting Center Items, Children's Hospital Colorado, 2017

Summary Exposure Control Plan For _____

Family Child Care Homes:

OSHA does not have a rule specific for Family Child care homes. However, if there is an employee /employer relationship and there is potential workplace exposure to blood or OPIM, the employer is required to have a bloodborne pathogens program and implement OSHA Rule 1019.1030. In the event of an exposure to a bloodborne pathogen, it is Best Practice for Family Child Care Homes to follow the instructions in the Standard Precautions Training regarding cleaning the affected area and to promptly document what happened. The FCCH provider should then call their health care provider right away for evaluation and treatment if required. Remember to keep the incident confidential. Please refer to the plan below for more information.

In accordance with the Occupational Health and Safety Administration (OSHA), Bloodborne Pathogens standard 29 CFR 1910.1030, the following exposure control plan has been developed by_____.

Exposure Determination

At _____, specified child care staff and director are designated first aid providers and carry a valid First Aid and CPR card. Provision of first aid is a collateral duty. A complete list of designated first aid providers is kept _____.

Incidents where exposure may occur:

- ❖ direct pressure to a bleeding wound, cleaning or bandaging a wound
- ❖ assisting someone who is bleeding
- ❖ cleaning spills of blood or other potentially infectious materials
- ❖ rescue breathing or CPR
- ❖ skin puncture due to a human bite

Compliance: _____ *requires the use of Standard Precautions*

Standard Precautions An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, Hepatitis B, Hepatitis C and other bloodborne pathogens.

head

Work Practice Controls

- Handwashing: Use running water and soap. The use of an appropriate hand cleanser (such as Purell) is acceptable if running water is not available. Wash hands after removing gloves.
- No eating, drinking, smoking, applying makeup, or handling contact lenses in areas where first aid is provided.
- First Aid kits are available in the _____
- Disposable gloves will be available in _____. Gloves will be used as needed to prevent contact with employee skin, mucous membranes, etc. Gloves *must* be worn when providing first aid or whenever blood is present. Gloves are also to be worn when changing soiled clothing. Non-latex gloves will be provided to any staff member or for children with a latex allergy.
- CPR resuscitation masks are available _____.
- Spill control kits are available and are kept _____.
- Contaminated laundry will be cleaned at no cost to the employee. Laundry will be properly handled at the location of use, sent to a commercial laundry or safely discarded and replaced. The commercial laundry facility will be informed of the presence of blood.
- Contaminated sharps (needles, glass) are placed in appropriate labeled containers and disposed of properly.

- Based on Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards. Retrieved January 23, 2017 from <https://www.osha.gov/Publications/osh3186.pdf>

- Cleaning and disinfecting (always wear gloves)
 - ❖ Clean using water to remove contamination; followed by a general cleaning using soap and water. When appropriate flush this solution down the drain.

Summary Exposure Plan for _____

- ❖ Disinfect surface using a solution of 1 part bleach to 10-100 parts water. (a solution of ¼ cup of bleach to a gallon is sufficient). This solution must be made daily.
- ❖ Dispose of all towels/tissues and gloves properly.

Hepatitis B Vaccination and Post Exposure Follow-up

- Hepatitis B vaccination will be offered to an employee within 24 hours following a first aid incident in which blood or other body fluids were present.
Note: If an employee refuses the vaccination, then the employee will sign a form declining the offer of the Hepatitis B vaccination.
- All first aid incidents involving the presence of blood or other body fluids must be reported and documented immediately to the person in charge. *Refer to the Accident or Incident Report.*
- Post exposure follow-up will be made available to all employees who have had an exposure incident. Situations will be evaluated after every first aid incident to determine if an exposure has occurred.

An exposure incident means a specific eye, mouth, other mucous membrane, nonintact skin, or parental (needle or other sharp object) with blood or other potentially infectious material that results from the performance of an employee's duties.

- All medical evals/procedures, vaccine series, post exposure evaluation and follow-up will be made available to the employee at no cost at a reasonable time and place.

Document and report any first aid incidents or exposures to the Center Director or Designated Person in Charge.

Post Exposure Evaluation and Follow-up

- Following a report of an exposure incident, the exposed employee will have a confidential medical evaluation and follow-up made available immediately.
 - ❖ Documentation of the route of exposure & evaluation of circumstances
 - ❖ Identify and document the source individual
 - ❖ Post exposure prophylaxis
 - ❖ Provide the healthcare professional with information
 - ❖ Health care professional's written opinion
- The employee who has an exposure incident will document the circumstances, including an evaluation of the policies being followed and "failures of controls" at the time of the incident. The written evaluation will be reviewed by the Center Director and passed onto the center's registered nurse (RN) consultant for a second review.
- Confidentiality will be maintained; Medical Records will be kept confidential.
- A training program will be provided to all employees who are assigned any responsibility for providing first aid and at least annually.

For more information, please refer to the detailed Exposure Control Plan kept _____.

Employee Signature _____

Date: _____

• Based on Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards. Retrieved January 23, 2017 from <https://www.osha.gov/Publications/OSHA3186.pdf>