



## ***Keeping Safe When Touching Blood or Other Body Fluids***

A Self-Learning Module for Early Education and Child Care Providers

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(An updated and complete revision of previous materials *Controlling Bloodborne Disease In Child Care*, October 1995, June 30, 1995. Revision of previous material "Keeping Safe When Touching Blood or Other Body Fluids", February 2004.)

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## Using this Self-Learning Module

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

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

- 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

Even if you have no employees but yourself, your program needs a plan to protect yourself from contact with blood or other body fluids that may contain blood. This self-learning module contains useful information for you.

This self-learning module will assist you in developing an **OSHA Model Exposure Control Plan**, as well as provide introductory reading material that may be useful for conducting a Bloodborne Pathogens Training Program to meet OSHA requirements.

To earn 2 hours of PA Pathways Training Credit, each employee must follow the steps listed below:

1. **Director:** Please call ECELS to order the two-part PA Pathways Registration of Training form (ROT) for each employee who plans to complete this self-learning module.
2. Read all written material
3. Complete the OSHA Model Exposure Control Plan, tailoring it for your early education and child care facility.
4. Twelve (12) out of fifteen (15) test questions must be answered correctly to receive credit.
5. Each employee must complete and return the two-part PA Pathways Registration of Training form (ROT). (Please do not separate the two parts of the ROT form.)
6. Keep the original and send a copy of your customized OSHA Model Exposure Control Plan, completed Test and Implementation Questions:, to PA AAP / ECELS,

**Rose Tree Corporate Center II, 1400 North Providence Road, Suite 3007, Media, PA  
19063**

ECELS does not guarantee that through the completion of this self-learning module and Exposure Control Plan you will be in compliance with OSHA regulations. Compliance is related to the interpretation and implementation of this information. The self-learning module is not a substitute for the OSHA Act or any provisions of OSHA standards. If you have specific questions how OSHA requirements apply to your program, contact the OSHA Regional Office (telephone number listed in Appendix D- Resources) or an attorney. The PA AAP does not provide legal advice.

When you have successfully completed the module, ECELS will send you a signed copy of your PA Pathways Registration of Training (ROT) form to confirm that your training credit is approved. ECELS will also send this information to PA Pathways to be recorded.

If you need help with the module, please call ECELS at (484) 446-3003, (800) 243-2357 (PA only) or email us at [ecels@paaap.org](mailto:ecels@paaap.org).

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# Keeping Safe When Touching Blood Or Other Body Fluids

## Introduction

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

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

- Staff is educated regarding routine precautions to prevent transmission of bloodborne pathogens before beginning to work in the facility and at least annually thereafter.<sup>1</sup>
- Child care facilities adopt a modified version of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention. This modified version of the Standard Precautions must be used to handle potential exposure to blood, including the blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.<sup>2</sup>

Concern about disease spread through contact with blood or body fluids that contain blood has changed the way care is provided for people in a variety of settings. There is no reliable way to identify all individuals infected with the human immunodeficiency virus (HIV) that causes AIDS or other bloodborne viruses that cause hepatitis B (HBV), hepatitis C (HCV) or hepatitis D (HDV). Therefore, the Centers for Disease Control and Prevention (CDC) recommends that all blood, body fluids containing blood, and certain other body fluids be treated as if these body fluids are infected.

If you have specific questions about how the OSHA requirements apply to your program, contact the OSHA Regional Office (telephone number listed in **Appendix D, Resources**) or an attorney. The PA AAP's programs, including ECELS – Healthy Child Care PA do not provide legal advice.

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<sup>1</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition- 2002; Standard 3.026, page 101 <http://nrc.uchsc.edu/CFOC/index.html>

<sup>2</sup> Ibid.

## SECTION 1

### PROTECTING YOURSELF

#### UNIVERSAL AND STANDARD PRECUTIONS AS THEY APPLY TO EARLY EDUCATION AND CHILD CARE SETTINGS

The terms “**Universal Precautions**” and “**Standard Precautions**” describe procedures that were developed for medical and industrial settings. Some adjustment in the procedures is necessary when applying these concepts in early education and child care. Refer to [Section 3 - Helpful References](#) to read more about “**Universal Precautions**” and “**Standard Precautions**”.

**Universal Precautions** apply to blood, other body fluids likely to contain blood, 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 the use of protective barriers that reduce the risk of exposure of the worker's skin or mucous membranes that might come in contact with germs that are carried in blood.<sup>3</sup>

**Standard Precautions** apply to contact with non-intact skin, mucous membranes, and blood, all body fluids, and excretions except sweat, whether or not they contain visible blood. The methods of infection prevention described in Standard Precautions are intended to reduce the risk of transmission of germs from sources of infection. Standard precautions involve use of barriers as in Universal Precautions, as well as cleaning and sanitizing contaminated surfaces.<sup>4</sup>

#### BARRIERS

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

#### Handwashing

Proper handwashing is one of the best ways to prevent the spread of disease. Wet your hands under running water no less than 60 degrees F and no more than 120 degrees F, and then apply liquid soap. Rub all the surfaces of your hands vigorously until a soapy lather appears; continue rubbing for at least 10 seconds. Rub areas between fingers, around nailbeds, under fingernails, jewelry, and the back of your hands. Rinse your hands under running water. If the sink you are using doesn't have a hands-free faucet, leave the water running while you dry your hands with a clean disposable paper towel. Hands-free faucets (taps) are best because they do not require that you turn off the water with your clean bare hands. If you must turn off the taps, do so with the paper towel after you have dried your hands. A disposable paper towel can be a barrier between your clean hand and the soiled tap. The

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<sup>3</sup> Glossary of *Caring for Our Children*, page 493

<sup>4</sup> Glossary of *Caring for Our Children*, page 492

use of hand lotion on your freshly washed skin may prevent chapped hands.<sup>5</sup> Chapped hands are not only uncomfortable; they hold germs in the cracks of the dry skin.

Wash your hands anytime you may have come in contact with surfaces that have germs that can cause disease and before you handle anything that will enter the body, such as food or medicine. Be especially careful about washing your hands after removing gloves used in handling contaminated surfaces and whenever your hands have touched a body fluid. Help children learn the proper way to wash their hands too.

If permanently installed sinks are not available, several manufactures offer portable sinks. On the Internet, search under “portable sink” to locate manufacturers. The use of alcohol-based rubs should be limited to situations where the hands have no visible soil and where the use and control of containers of the chemical sanitizer prevents these potentially hazardous agents from causing harm.<sup>6</sup>

### Gloves

Because you cannot always make sure that your skin has no breaks, other barriers such as gloves offer protection. Wearing gloves does not prevent you from spreading contamination from one surface to another while you are wearing them. Also, wearing gloves does not take the place of washing your hands. You always need to wash your hands when you have removed the gloves. Gloves used as a barrier should be made of latex, vinyl or heavy-duty rubber. Wear disposable gloves one time only. Often, gloves have very tiny openings in them that can allow some germs to get inside, under the glove. Remember, when you wear gloves, always **WASH YOUR HANDS AS SOON AS YOU REMOVE THE GLOVES.**

Use gloves whenever you might touch blood, blood-containing body fluids, including blood-containing tissues or injury discharges. These fluids may contain the viruses that transmit HIV, hepatitis B, hepatitis C and hepatitis D. Human milk expressed from the breast can be contaminated with blood from a cracked nipple, but the risk of transmission of these viruses from human milk is very low. Wearing gloves is not necessary for feeding or cleaning up spills of expressed human milk. The stomach acid kills germs in human milk, so spit-up human milk does not transmit bloodborne infection. Caregivers with open cuts or sores on their hands should avoid getting expressed human milk on their hands.

Unless there is visible blood, gloves are optional when touching feces (stool), nasal secretions, sputum, vomit, sweat, tears, urine, breast milk or saliva.<sup>7</sup> Many educators are more comfortable wearing gloves when changing soiled diapers or wiping runny noses because less of these body fluids get on their skin, to be washed off. Gloves should be available for whoever wants to wear them for protection. **PROPER HANDWASHING IS THE MOST IMPORTANT WAY OF PROTECTING YOURSELF AND THE CHILDREN AGAINST INFECTION.**

Keep gloves in your pocket all the time so that, before helping a child who is bleeding, you’ll have your gloves available and be able to put them on first. Caregivers should wear gloves if there is to be any

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<sup>5</sup> Standard 3.021, page 98

<sup>6</sup> 2002 Update Hand Hygiene in Child (day) Care Settings by Susan S. Aronson, MD, FAAP <http://mail.ccie.com/library/5015058.pdf>

<sup>7</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition- 2002; Standard 3.026, page 101



contact with a wound.<sup>8</sup> An easy way to keep gloves clean and handy is to have each adult who works in the program carry a zipper lock bag in a pocket or fanny pack with a pair of gloves and gauze or tissue for immediate first aid use, while someone else is getting the first aid kit. If you do not have gloves available and the child is old enough to cooperate, have the child use the gauze or tissue to put pressure on the bleeding area until you can obtain and put on your gloves. If the child cannot help, use a large towel or other cloth as a barrier between you and the blood until you can get your gloves on.

Cuts and sores should be covered with a 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.<sup>9</sup>

Remember:

- **IF YOU ARE CLEANING UP A BLOOD SPILL, WEAR GLOVES**
- **ALWAYS WASH YOUR HANDS AFTER PROVIDING FIRST AID**
- **IF YOU ARE INVOLVED IN A SITUATION WHERE YOU WERE EXPOSED TO BLOOD (“AN EXPOSURE INCIDENT”), NOTIFY YOUR EMPLOYER IMMEDIATELY BEFORE THE END OF YOUR WORK SHIFT DURING WHICH THE INCIDENT OCCURS<sup>10</sup>.**

### **Personal Protective Equipment (PPE)**

In the **OSHA Model Exposure Control Plan Adapted for Early Education and Child Care Settings (Section 2)**, you will read about using other types of Personal Protective Equipment (PPE). In some circumstances, OSHA requires additional barriers such as gowns or aprons, mask 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 education and child care settings. If you have a situation in your program where spraying of blood or body fluids may occur, check with the child's physician, a local health professional or the state/local health department for advice about what barriers are “appropriate” Personal Protective Equipment (PPE) to meet the OSHA Standard.

### **Pocket Mask**

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

## **PREVENT INJURIES FROM NEEDLES AND 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 education and child care day, e.g., diabetic children or children who have a life threatening allergy that requires using an EpiPen® in case of a severe allergic reaction. If you are providing care for a child who needs injections or uses a finger stick test for blood glucose during the day, you must take additional precautions. For specific instructions in these circumstances, the facility shall receive a

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<sup>8</sup> Standard 3.025, page 100

<sup>9</sup> Ibid

<sup>10</sup> Standard 1.033, page 28

written report from the child's health care provider who prescribed the special treatment about the precautions you need to take in doing the procedure and disposing of the supplies you would use. The report shall include instructions for performing the procedure, and what to do and who to notify if complications occur. Training for the child care staff shall be provided by a qualified health care professional in accordance with state practice act.<sup>11</sup>

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.<sup>12</sup> Also find out how the parents are getting rid of the sharps container when it is full. **DO NOT THROW NEEDLES, SYRINGES, OR FINGERSTICK SUPPLIES INTO THE REGULAR TRASH.**

If you should stick yourself with a contaminated needle after giving the injection or using a finger-stick lancet to test for blood glucose, be sure to notify your employer right away, before the end of your work shift on the day which the incident occurred. OSHA requires that a Sharps Injury Log is kept for recording all contaminated sharps injuries in a calendar year. The Sharps Injury Log is located under **Appendix C - Helpful Forms** of this self-learning module. Any questions on how to use the form please have your Early Education and Child Care Director contact ECELS - Healthy Child Care PA at (800) 243-235 (PA 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. Talk with the child's parent to see if these safer supplies could be used while the child is in the early education and child care program.

## BITING

In groups of toddlers or preschool age children, biting happens. Parents are very concerned about biting. Both the parents of the bitten child and the biting child need information. Offer parents the ECELS FACT SHEET on BITING found in **Section 3 – Helpful References** of this module. You can print any of the large series of the Fact Sheets from [www.paaap.org](http://www.paaap.org). Open the PA AAP Home Page. In the upper left hand corner, under **Programs** click on **ECELS/Healthy Child Care PA**, Scroll down to **Fact Sheets** and click. Choose the Fact Sheet you want to view, click on it to open then print.

Here are some basic facts about biting:

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

Biting may bruise, but doesn't usually break the skin. If the skin is broken, the bite wound should be cleaned with water and pressure applied to stop any bleeding. If blood has been drawn into the mouth of the biting child, have the biting child rinse his/her mouth out with water. The biting incident should be noted in the program injury log and parents of each child (the biting and the bitten child) should be notified.

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<sup>11</sup> Standard 3.063, page 122

<sup>12</sup> Ibid

Blood exchange as a result of biting is rare. Even if the wound bleeds from a bite, usually the child who did the biting doesn't "hang on" long enough after biting for the wound to start bleeding and thus transfer blood into the biter's mouth. Contact of blood with the mucous membrane of the mouth or into broken skin could transfer bloodborne disease germs. If a biter draws blood into his/her mouth, the parents of the biter should notify their child's primary care physician that their child may have come in contact with a bloodborne pathogen. Notify the parents of both the biting and the bitten child that a bite occurred with the skin being broken. The parents of the biter and the victim of the biting each need to contact their child's doctor about health risks. If a bite results in blood exposure to either person involved, the US Public Health Service recommends post exposure follow-up, including consideration of post exposure prophylaxis.<sup>13</sup>

Do not tell the parent of the bitten child who did the biting. Do not tell either parent anything about the other child's health history. Often, this respect for privacy is frustrating to parents.

First Aid: 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, teachers 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 may help. Then, teachers can use redirection in situations where the child seems to be losing control before the biting happens, offering an alternative acceptable outlet for aggressive behavior. In more verbal children, teachers can talk with the child when aggression seems likely or at a calmer moment about alternative aggressive outlets, such as hitting a punching bag, pillow, or a pounding board, or biting a biting toy.

## **TYPES OF DISEASES SPREAD FROM CONTACT WITH BLOOD**

Many diseases can be spread through contact with blood, but the risk of spread of these diseases in early education and child care settings is very low. Human Immunodeficiency virus infection (HIV), the cause of acquired immunodeficiency syndrome (AIDS) is one of these, but several types of hepatitis are spread through contact with blood too. An HIV infected child can be admitted into child care as long as the child's health care provider evaluates the health risks of enrollment to the child and to others.<sup>14</sup>

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. Transmission of hepatitis C by way of mucous membranes or broken skin probably has an intermediate risk between HIV and hepatitis B.<sup>15</sup> Hepatitis D virus (HDV) can only occur in people who have the hepatitis B virus infection. HDV can be

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<sup>13</sup> Standard 6.035, page 305

<sup>14</sup> Standard 6.033, page 303

<sup>15</sup> Standard 6.032, page 303

transmitted by blood, but it is uncommon to transmit HDV from mother to baby. The hepatitis B immunization protects against hepatitis D infection.<sup>16</sup>

## PROTECTING YOURSELF WITH IMMUNIZATION

Adults should be immunized against hepatitis B. Employees who are expected to provide first aid will have that fact included in their job description. The Occupational Health and Safety Administration (OSHA) requires that employers make available, free of charge, the three injection series of hepatitis B immunizations to employees who are at risk of coming in contact with blood or other body fluids that may contain the hepatitis B virus. Under the regulations from OSHA regarding Bloodborne Pathogens Exposure, employers must offer employees who have occupational exposure: hepatitis B vaccines, post exposure evaluations, and follow-up. Your program's Exposure Control Plan must have sections related to care of unvaccinated employees exposed to blood or other body fluids that may contain harmful viruses. OSHA regulations require: Each at risk employee must receive training information about the benefits of hepatitis B vaccine and vaccination within 10 working days of the employee's initial assignment. If an employee initially declines to accept the hepatitis B vaccine but at a later date decides to accept the vaccination, the employer must make available the hepatitis B vaccination at no cost to the employee. The employee who declined the vaccination must sign the HEPATITIS B VACCINE DECLINATION form located in Appendix C. If in the future, the U.S. Public Health Service recommends a routine booster dose (s) of hepatitis B vaccine, the employer must make the vaccine available at no cost to the employee at a reasonable time and place. The hepatitis B vaccine does not need to be given to the employee if the employer documents that **(a)** employee is not at risk in coming in contact with blood or other body fluids that may contain the hepatitis B virus **(b)** employee shows written proof that they have completed the 3 dose series **(c)** antibody testing shows employee is immune **(d)** vaccine can not be given because of medical reasons.

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.<sup>17</sup>

## ADULTS AND CHILDREN WITH OPEN SKIN SORES

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 that prevents contact of other surfaces with the drainage from the wound. 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.<sup>18</sup>

## CONFIDENTIALITY

Remember that if you know about someone who has a bloodborne disease, this information is confidential and cannot be shared without the written permission of the individual or if a child, the legal guardian.

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<sup>16</sup> Committee on Infectious Disease, American Academy of Pediatrics. 2003 Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics: Elk Grove village, IL, pages 340-341.

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

<sup>18</sup> Standard 3.025, page 100

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

<http://webcampus.med.drexel.edu/handbook/148of1990.pdf>

## CLEANING

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 or soapy water is OK) and bleach solution (Use conventional strength domestic bleach 5.25% hypochlorite or "Ultra" bleach 6% hypochlorite solution. The recommended 1:64 dilution is 1 Tablespoon of bleach to a quart of water or ¼ cup of bleach to 1 gallon of water. Bleach solution must be made fresh daily so that the diluted solution does not become too weak through evaporation of chlorine.)<sup>19</sup> Be cautious about industrial products that advertise themselves as "disinfectants", having "germicidal action" or "kills germs". While they may have some effect on germs, they may not have the same effectiveness as bleach and water, or Environmental Protection Agency's (EPA) approved hospital grade germicides.<sup>20</sup> You can use non-bleach sanitizers as long as the product is non-toxic for children and is used according to the manufacturer's instructions exactly.

The use of special "Red Bags" for infectious waste are not needed as stated by the PA Department of Environmental Protection, Bureau of Land Recycling and Waste Management under "Clarification on the Identification of an Infectious Waste Generator, Emergency First Aid: Emergency First Aid administered during accidental injuries by non-health care professionals does not constitute treatment, as defined within the definition of infectious waste. Therefore, the resultant waste is not required to be managed as infectious waste."<sup>21</sup> If a professional health care provider is involved in Emergency First Aid, the situation is different.

2. Put on disposable gloves to protect your hands.
3. Use paper towels or other absorbent material to soak up the liquid part of the blood or body fluids. Make sure the absorbent material is not dripping or saturated to the point of releasing blood. Place the absorbent material and disposable gloves in a separate plastic bag; close and tie the bag; then place in the regular plastic lined trash can.
4. WASH YOUR HANDS and put on fresh disposable or utility gloves.
5. Cleaning the surface: Wash the area with soap and water or detergent solution and rinse well with water. You can use commercially labeled "detergent-sanitizer" solutions or any detergent for cleaning. All of these products should be used according to the manufacturer's label, followed by thorough rinsing.

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<sup>19</sup> Standard 3.026, page 102

<sup>20</sup> Appendix I Selecting an Appropriate Sanitizer, page 418

<sup>21</sup> 254-2167-702 / September, 7, 1993 / Page i PA DEPARTMENT OF ENVIRONMENTAL PROTECTION, Bureau of Land Recycling and Waste Management, Clarification On The Identification Of An Infectious Waste Generator/ Emergency First Aid <http://www.dep.state.pa.us/eps/docs/cab200149b1126000/fldr200149e0051190/fldr200149e05141a5/doc20026183451057/254-2167-702.pdf>

6. Sanitizing **non-porous surfaces**: If the contaminated area is a hard, non-porous surface, spray the area with bleach sanitizing solution until glistening wet. Allow the sanitizing solution to sit for at least 2 minutes before wiping dry. The area may air dry, since chlorine evaporates when the solution dries. Use detergent to clean the surface and rinse with water before applying the bleach solution. The bleach solution by itself is not a good cleaning agent. If you use an EPA-approved industrial product as a sanitizer, read the label and always follow the manufacture's instructions exactly.<sup>22</sup>

The use of commercially pre-saturated bleach wipes to sanitize surfaces is not recommended for two reasons: First, this product has not been tested for effectiveness in sanitizing diaper changing surfaces found in child care. Second, the contamination of the wipe during use may not be sufficiently controlled by the bleach solution in the wipe. The spray application of a 1:64 solution of domestic bleach puts the same concentration of bleach on each part of the surface that is wet with the spray without spreading the contamination over the surface. Tests done by the largest manufacturer of domestic bleach in the United States showed that with a 1:64 dilution used as a spray application left in contact with the surface for at least two minutes, the level of remaining viable germs is unlikely to cause disease.

For **porous surfaces** such as rugs or other fabrics: Cleaning and sanitizing rugs, carpeting and fabrics that have been contaminated by body fluids can be challenging. Use paper towels or other absorbent material to soak up the liquid part of the blood or body fluids before it penetrates the surface to lower layers. Steam cleaning or special cleaning agents are available to use to clean and sanitize the rug surface without damage.<sup>23</sup> Either discard or launder other fabrics. If you launder other fabrics, run the fabric in the machine alone with laundry detergent as usual and then run the machine again using the diluted bleach solution to soak the fabric and the laundry equipment for at least 2 minutes.

7. If utility gloves are used, they should be cleaned after every use with soap and water and then dipped in bleach solution up to the wrist. The gloves should then be taken off and hung to dry. The utility gloves should be worn, not handled, during this cleaning and sanitizing procedure.<sup>24</sup>
8. When finished cleaning WASH YOUR HANDS.

## CONCLUSION

To protect yourself from blood-borne infection both at work and in other out-of-work situations, use the procedures outlined in this self-learning module to reduce your contact with blood or body fluids that contain blood. By treating all blood as a possible source of infection, you do not have to worry about which person may have an infection and which person does not. Everyone is treated the same.

If you would like more information on this topic, ECELS has video tapes available to borrow from the A-V library.

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<sup>22</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition- 2002; Appendix I Selecting an Appropriate Sanitizer, page 418

<sup>23</sup> Standard 3.026, page 102

<sup>24</sup> Ibid. page 103

## SECTION 2

### OSHA Model Exposure Control Plan Adapted for Early Education and Child Care Settings

This section includes an example of an **OSHA Model Exposure Control Plan** adapted for Early Education and Child Care providers. OSHA retains the final say in determining compliance with the Standard.

**Appendix A** of this self-learning module is the **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](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) which explains in more detail information found in the **OSHA Model Exposure Control Plan** below.

**Appendix A** when downloaded or printed has its own page numbers and special identifying numbers for each code reference. The identifying numbers and corresponding page numbers have been added to the **OSHA Model Exposure Control Plan** to help you locate the correct statements for further clarification. Here is an example:

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

Adaptations for Early Education and Child Care Settings of the OSHA Model Exposure Control Plan are documented in *bold italic* print under **ECELS Suggestions**.

**CENTER DIRECTORS AND FAMILY / GROUP CHILD CARE PROVIDERS:** You may create your own Bloodborne Pathogens Exposure Control Plan or use the sample provided by OSHA.

**CENTER-BASED CAREGIVERS:** Read your facility's Exposure Control Plan and read these self-learning modules Appendices. Does your facility's plan have all the elements that are required? If your facility does not have an Exposure Control Plan, suggest this sample to your employer. Submit your center's Exposure Control Plan with your notations about any changes you think are needed.

#### **OSHA MODEL EXPOSURE CONTROL PLAN Adapted for Early Education and Child Care Settings**

The OSHA Model Exposure Control Plan is intended to serve employers as an example of an exposure control plan, which is required by the Bloodborne Pathogens Standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

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

The information contained in this publication is not considered a substitute for the OSHA Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

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

The \_\_\_\_\_ is committed to providing a safe and healthful work 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 employee exposure
- \* Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- \* Hepatitis B vaccination
- \* Post-exposure evaluation and follow-up
- \* Communication of hazards to 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 maintain  
(Name of responsible person or department)  
and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.  
\_\_\_\_\_  
(Name of responsible person or department)  
will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: \_\_\_\_\_.



\*

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*(Name of responsible person or department)*

will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: \_\_\_\_\_.

\*

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*(Name of responsible person or department)*

will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: \_\_\_\_\_.

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

The following is a list of all job classifications at our establishment in which **all** 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.*

**ECELS Suggestions:**

*Providing first aid is an example of an assigned duty that would place an employee 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 staff that has been assigned tasks such as first aid or cleans up of spills containing blood as collateral duties. If only the Director and Teachers certified in First Aid 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

(Engineering Controls) [1910.1030 (d) (1) - 1910.1030 (d) (2) (xi), pages 5 - 7]

### 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 \_\_\_\_\_.

*(Name of responsible person or department)*

If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

\_\_\_\_\_  
*(Name of responsible person or department)*

is responsible for reviewing and 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 employee positions with occupational exposure.

### Engineering Controls and Work Practices [1910.1030 (d) (2) (i) - 1910.1030 (d) (2) (iv), page 6]

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":**

*Child Care facilities 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 soap, in accordance with posted handwashing techniques.*
  - *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 (PPD), 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 soap and disposable paper towels for handwashing are readily available to all employees and are located throughout the facility.*
- d. *When immediate handwashing is not feasible; employees will use antiseptic wipes, followed by handwashing as soon thereafter as possible. Use of alcohol-based hand rubs should be limited to situations where the hands have no visible soil and where the use and control of containers of the alcohol-based hand rubs is out of reach of children.*
- e. *Employees will flush mucous membranes with water immediately or as soon as possible after contact with blood or other potentially infectious materials.*
- g. *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.*
- h. *Food and drink will be kept away from areas that might be exposed to blood or potentially infectious materials.*
- i. *First aid and care will be performed in a manner to minimize splashing, spraying, or splattering of blood or potentially infectious materials.*
- j. *A guide is posted at each handwashing sink for proper handwashing procedures including wetting the hands with running water, at least 10 second lather with liquid soap, rinsing off the soap with running water, drying hands with a disposable single use towel, and turning off the taps with the disposable towel.*

Sharps disposal containers are inspected and maintained or replaced by

\_\_\_\_\_ (Name of responsible person or department)  
 every \_\_\_\_\_ (List frequency) or whenever necessary to prevent overfilling.

Needles

[1910.1030 (d) (2) (vii) - 1910.1030 (d) (2) (viii) (D) (x), pages 6-7]

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

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

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

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

\_\_\_\_\_  
*(Examples: Review of OSHA records, employee interviews, committee activities, etc.)*

We evaluate new procedures or new products regularly by \_\_\_\_\_

\_\_\_\_\_  
*(Describe the process, literature reviewed, supplier info, products considered)*

Both front line workers and management officials are involved in this process: *(Describe how employees will be involved.)* \_\_\_\_\_

\_\_\_\_\_  
*(Name of responsible person or department)* will ensure effective implementation of these recommendations. \_\_\_\_\_

Personal Protective Equipment (PPE)

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

PPE is provided to our employees at no cost to them. Training is provided by

\_\_\_\_\_  
*(Name of responsible person or department)*

in the use of the appropriate PPE for the tasks or procedures employees will perform.

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 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)*

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*(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 chapped.*

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

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

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

**Regulated waste** [1910.1030 (d) (4) (iii) (A) - 1910.1030 (d) (4) (iii) (C) pages 12 - 15]  
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)*

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**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 getting rid of the container when it is full.*

**DO NOT THROW NEEDLES AND SYRINGES INTO THE REGULAR TRASH.**

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

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**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).*

**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, 2<sup>nd</sup> ed:**

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

- a. For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area shall be cleaned and sanitized. Avoid splashing any contaminated material into any mucous membrane (eyes, nose, mouth).<sup>25</sup>*
- b. Floors, rugs and carpeting that have been contaminated by body fluids shall be cleaned by blotting to remove the fluid as quickly as possible, then sanitized by spot cleaning with a detergent-*

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<sup>25</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, Maternal Child Health Bureau Health Resources and Services Administration *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition- 2002; Standard 3.026, page 101

*disinfectant, and shampooed or steam-cleaning the contaminated surface.*

Laundry

[1910.1030 (d) (3) (vi), page 9]

[1910.1030 (d) (4) (iv) (A) - 1910.1030 (d) (4) (iv) (C), pages 15 - 16]

The following contaminated articles will be laundered by this company:

\_\_\_\_\_

Laundering will be performed by \_\_\_\_\_  
*(Name of responsible person)*

at \_\_\_\_\_  
*(Time and/or location)*

The following laundering requirements must be met:

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

\_\_\_\_\_  
*(List appropriate PPE)*

**ECELS Suggestions:**

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

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

*Staff should always have an extra change of clothing available to change into immediately or as soon as feasible, if their clothing becomes contaminated with blood or body fluids with visible blood. Wearing gloves, remove blood contaminated clothing. Place articles in a separate tied plastic bag to send home for the staff member to launder.*

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

Labels

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

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

EQUIPMENT TO BE LABELED  
*(e.g., specimens, contaminated laundry, etc.)*

LABEL TYPE (size, color, etc.)  
*(red bag, biohazard label, etc.)*

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

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

\_\_\_\_\_ will provide  
(Name of responsible person or department)  
training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

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

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at \_\_\_\_\_

(List location or person responsible for this record keeping).

Vaccination will be provided by \_\_\_\_\_ at  
(List Health care Professional who is responsible for this part of the plan)

(Location)

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

**ECELS Suggestions:**

*At this child care center, 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 employee. The vaccine will be offered to employees 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 employee has previously had the vaccine or declines vaccination*

*Employees who decline the Hepatitis B vaccine will sign the mandatory Hepatitis B Vaccine Declination Form (Appendix C- 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 employee.*



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

#### POST-EXPOSURE EVALUATION AND FOLLOW-UP

[1910.1030 (f) (3) – 1910.1030 (f) (5) (iii), pages 21-24]

Should an exposure incident occur, contact \_\_\_\_\_ at the following number: \_\_\_\_\_  
*(Name of responsible person)*

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 employee'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 employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- \* After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- \* If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

#### ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

[1910.1030 (f) (3) – 1910.1030 (g), pages 21-24]

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

\_\_\_\_\_ ensures that health care professional(s) evaluating an employee after an exposure incident receive the following:  
*(Name of responsible person or department)*

- \* a description of the employee'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 employee medical records, including vaccination status

\_\_\_\_\_ provides the employee  
*(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 Child Care Staff will give employee necessary forms to take to primary health provider. Forms are located in Appendix C - Helpful Forms:*

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

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

\_\_\_\_\_ will review the  
*(Name of responsible person or department)*  
 circumstances of all exposure incidents to determine:

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

\_\_\_\_\_ will record all percutaneous injuries  
*(Name of Responsible Person)*  
 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 an employee incurs an exposure incident, it will be reported immediately to the employer. First aid should immediate be given as follows:***

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

**Mucous membrane (eyes, nose, mouth) exposure: Flush the exposed area well with water.**

**Follow-up and documentation of exposure incidents will be in compliance with "Pennsylvania Act 148: The Confidentiality of HIV-Related Information Act".**

<http://webcampus.med.drexel.edu/handbook/148of1990.pdf>

**Designated Child Care Staff will give employee necessary form to take to primary health provider. Forms are located in Appendix C - Helpful Forms:**

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

**Designated Child Care Staff will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log located in Appendix C – Helpful Forms.**

## EMPLOYEE TRAINING

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

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

Training Records [1910.1030 (h) (2) – 1910.1030 (h) (3) (ii), pages 30-31]

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

The training records include:

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

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

\_\_\_\_\_  
*(Name of responsible person or location of records)*

**ECELS Suggestions:**

**Appendix C - Helpful Forms, contains the BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING LOG for child care providers to use to document trainings.**

Medical Records [1910.1030 (h) (1) – 1910.1030 (h) (1) (iv), pages 29-30]

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee 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**.

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:

\_\_\_\_\_  
*(Name of responsible person or department and address)*

OSHA Record keeping [1910.1030 (h) (3) (iii) - 1910.1030 (h) (4) (ii), (page31 -32)

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

---

*(Name of responsible person or department and address)*

Sharps Injury Log [1910.1030 (h) (5) - 1910.1030 (h) (5) (iii), (page 32)

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

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

**ECELS Suggestions:**

***Designated Child Care Staff will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log located under Appendix C – Helpful Forms.***

## SECTION 3

### Helpful References

(Not provided in printed version of this Self-Learning Module)

#### **ECELS Fact Sheets, 2001 Edition**

- Biting <http://paaap.org/pdf/ecels/factsheets/biting.pdf>
- Hepatitis B <http://paaap.org/pdf/ecels/factsheets/hep-b.pdf>
- HIV / AIDS <http://paaap.org/pdf/ecels/factsheets/hiv.pdf>
- Universal, Standard & Transmission Based Precautions as They Apply to Child Care Settings  
<http://paaap.org/pdf/ecels/factsheets/precautions.pdf>

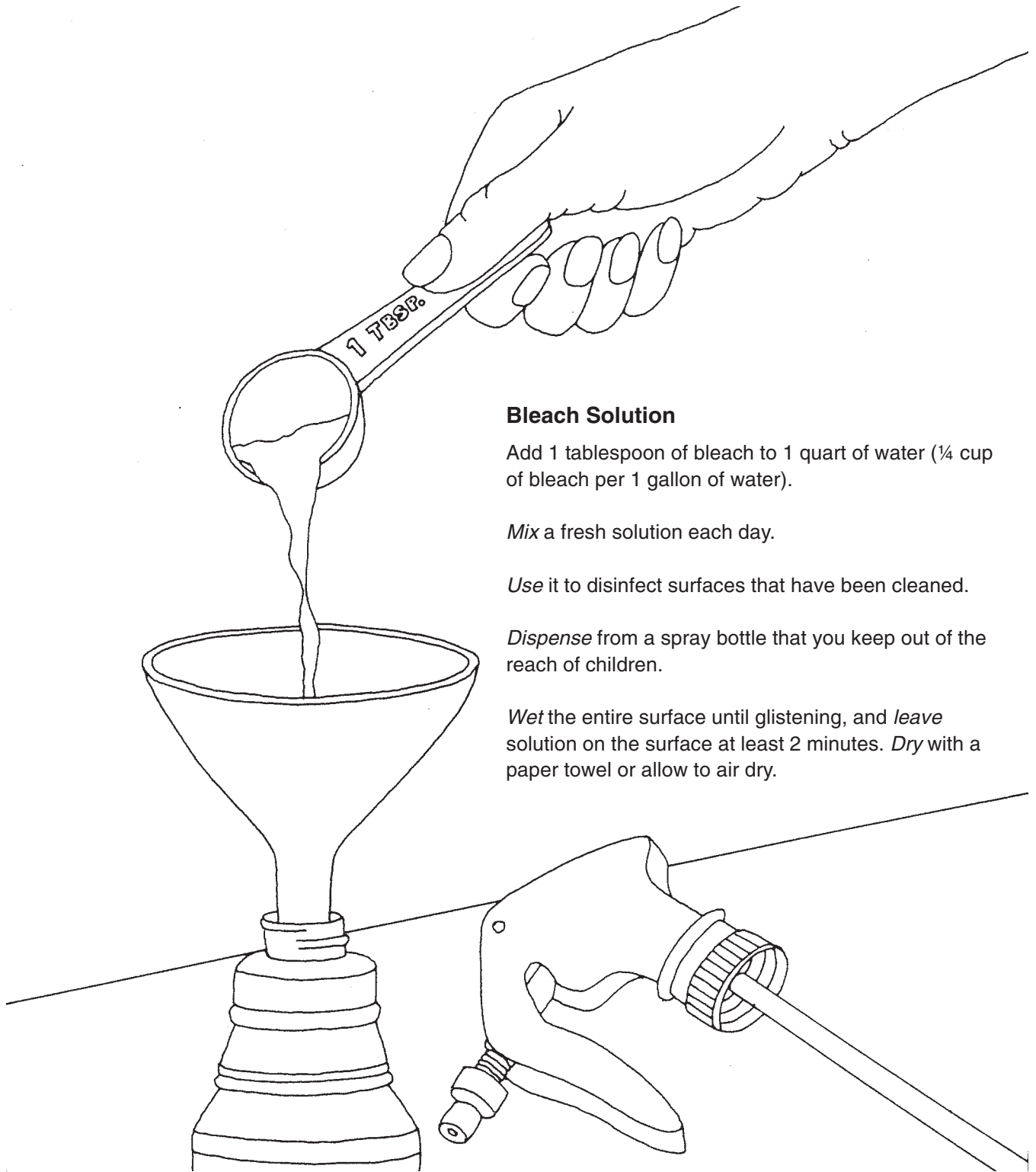
#### **Healthy Young Children, 2002 Edition, NAEYC**

- Bleach Solution for Disinfecting Surfaces
- Handwashing Poster

#### **Caring For Our Children, 2<sup>nd</sup> Edition, AAP, APHA, HERSA**

- Appendix B - Major Occupational Health Hazards  
<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20B.pdf>
- Appendix D – Gloving  
<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20D.pdf>
- Appendix I - Selecting an Appropriate Sanitizer  
<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20I.pdf>
- Appendix J - Cleaning Up Body Fluids  
<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20J.pdf>

**Figure 2.2. Bleach Solution for Disinfecting Surfaces**



**Bleach Solution**

Add 1 tablespoon of bleach to 1 quart of water ( $\frac{1}{4}$  cup of bleach per 1 gallon of water).

*Mix* a fresh solution each day.

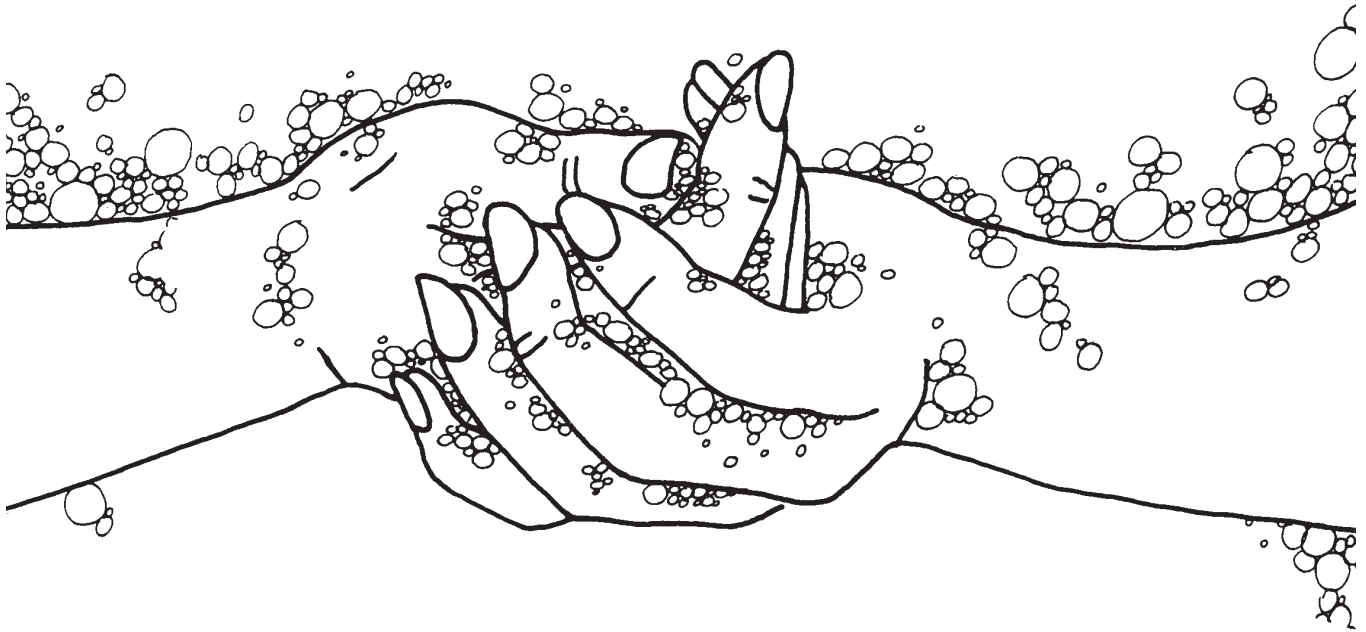
*Use* it to disinfect surfaces that have been cleaned.

*Dispense* from a spray bottle that you keep out of the reach of children.

*Wet* the entire surface until glistening, and *leave* solution on the surface at least 2 minutes. *Dry* with a paper towel or allow to air dry.

**Figure 2.4. Handwashing Poster**

**Wash your hands properly and frequently.**



**Use liquid soap and running water.**

**Rub your hands vigorously for at least 10 seconds.**

**Wash everywhere:**

- **backs of hands**
- **wrists**
- **between fingers**
- **under fingernails**

**Rinse well.**

**Dry hands with a paper towel.**

**Turn off water using a paper towel, not your clean hands.**

**Help children learn the proper way to wash their hands too.**





**SECTION 4**

**Keeping Safe When Touching Blood or Other Body Fluids**

Self Learning Module Test for Training Credit

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Needed for PA Pathways)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Facility Phone Number: (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

**DIRECTIONS:** Read the following questions. Please circle the correct answer(s). **Return the test and one copy per facility of your customized OSHA Model Exposure Control Plan to ECELS.**

1. As soon as possible after removing disposable gloves, I will:
  - a. Dispose of the gloves in a hands-free, plastic-lined trash receptacle. Wash my hands with soap and water.
  - b. Sanitize the gloves and return to the container where gloves are stored
  - c. Dispose of the gloves in a trash receptacle that has a swing-top lid
  - d. Put the gloves in a safe place so I can use them again, as long as they don't look dirty.
  
2. A staff member who has not been vaccinated against hepatitis B was providing first aide to a child without using gloves. The staff member notices that the child's blood is on his/her chapped hand that has a hangnail. What should the staff member do?
  - a. Wash hands, then spray hands with bleach solution, allow hands to air dry.
  - b. Wash hands, rinse and dry, and then apply hand lotion.
  - c. As soon as possible, and before leaving to go home, tell your employer about the exposure incident on the day it happened
  - d. b and c
  
3. A staff member notices blood on his/her slacks after caring for a child who fell. Which of the following is the best choice for the staff member?
  - a. Go home immediately to change clothes
  - b. Blot out and then wash blood spot with soap and water, saturate the spot with a sanitizer solution for the required time, rinse the sanitizer out of the fabric and let it air dry

- c. The staff member should always keep a change of clothing in his/her storage space at the facility or in his/her car to change contaminated clothing as soon as it is feasible
  - 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 staff should:
- a. Rinse out the blood from the sheet, and then allow the sheet to air dry in the sun
  - b. Spray the blood stain with a bleach solution, keeping the fabric wet for 2 minutes
  - c. Wearing gloves, remove sheets, place in a separate tied plastic bag for parents to launder
  - d. Phone the child's parents and ask them to come and remove the sheets
5. An employer has identified that his/her employee will be involved in caring for children with the potential of coming in contact with blood or body fluids containing blood. The employer must offer the hepatitis B vaccine (at no cost to the employee) within \_\_\_\_ working days following an employee signing an employment contract.
- a. 7
  - b. 10
  - c. 15
  - d. 28
6. Diseases such as HIV, hepatitis B, hepatitis C and hepatitis D are spread from person to person by contact with which of the following body fluids?
- a. Blood
  - b. Urine
  - c. Any body fluid containing blood
  - d. a and c
7. Children with HIV, HBV, HCV, and HDV should not be enrolled in child care programs.
- a. True
  - b. False
8. The best natural 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 barrier to protect against exposure to bloodborne diseases.
9. What is the most common barrier used in child care to protect staff from contact with blood or other potentially harmful body fluids?
- a. Masks
  - b. Gown
  - c. Gloves
  - d. Protective eyewear

10. Handwashing and immunizations are both important ways of protecting yourself against infection.
  - a. True
  - b. False
11. For which of the following situations do the Standard and Universal Precautions require use of gloves in Early Education and Child Care settings?
  - 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 C
  - b. AIDS
  - c. Hepatitis B
  - d. Hand, foot and mouth disease
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 who's skin was 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

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

Identify two changes in your child care operations that will occur as a result of reviewing *Keeping Safe When Touching Blood or Other Body Fluids*.

List two policies that have changed as a result of completing this self-learning module.

## APPENDIX A

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

[Pages are numbered by OSHA]

## APPENDIX B

Pennsylvania Act of 1990, Public Law (P.L.) 585, No. 148  
"Confidentiality of HIV-Related Information Act"  
<http://webcampus.med.drexel.edu/handbook/148of1990.pdf>

## APPENDIX C

### Helpful Forms

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

- BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING LOG
- REPORT OF BLOODBORNE PATHOGENS EXPOSURE INCIDENT
- REPORT OF POST-EXPOSURE EVALUATION BY PRIMARY CARE HEALTH PROVIDER
- POST-EXPOSURE REFERRAL TO PRIMARY CARE HEALTH PROVIDER
- OSHA HEPATITIS B VACCINE DECLINATION (MANDATORY)
- OSHA SHARPS INJURY LOG Adapted for Early Education and Child Care Settings



### BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING LOG

The individuals listed below have received training on Bloodborne Pathogens Exposure Control and have reviewed the Bloodborne Pathogens Exposure Control Plan of this facility. The contents or a summary of the training with the name and qualifications of the individual providing the training are attached. These documents will be kept for at least **three years** by/at (name of responsible person or location of records) \_\_\_\_\_

NAME (PRINT)	SIGNATURE	JOB TITLE	DATE



## REPORT OF BLOODBORNE PATHOGEN EXPOSURE INCIDENT

1. Name of individual exposed \_\_\_\_\_
2. Child Care Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_
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):  
Puncture or opening of skin \_\_\_\_\_  
Mucous membrane \_\_\_\_\_  
Non-intact skin \_\_\_\_\_  
Other (specify) \_\_\_\_\_
9. Type of contaminated material: \_\_\_\_\_
10. Task being performed at time of exposure: \_\_\_\_\_  
\_\_\_\_\_
11. Personal protective equipment 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 performed after incident (date and time when completed)  
(EXAMPLE: Washed affected area - 2/09/04 - 10:45 A.M.)

Washed affected area \_\_\_\_\_

Flushed with water \_\_\_\_\_

Reported to employer \_\_\_\_\_

Evaluated by Primary Care Health Provider \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

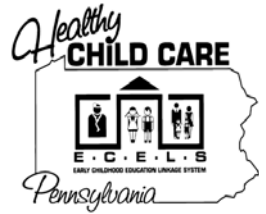
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date \_\_\_\_\_



REPORT OF POST EXPOSURE EVALUATION BY PRIMARY CARE HEALTH PROVIDER

Name of individual \_\_\_\_\_

Name of facility \_\_\_\_\_

Phone number of facility (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

1. Which blood test is indicated for this employee? HIV\_\_\_ HBV\_\_\_ HCV\_\_\_ HDV\_\_\_

2. Is Hepatitis B vaccine indicated for this employee? Yes \_\_\_ No \_\_\_

If yes: Basic series \_\_\_\_\_ Booster dose \_\_\_\_\_

3. Has the employee 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 employee 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 or CRNP \_\_\_\_\_ (Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Physician or CRNP License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Director's Name \_\_\_\_\_

Facility name/address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_





POST-EXPOSURE REFERRAL TO PRIMARY CARE HEALTH PROVIDER

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

1. Name of individual exposed \_\_\_\_\_

2. Name of child care facility \_\_\_\_\_

Address of facility \_\_\_\_\_

Telephone number of facility (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

3. Employee's duties, which relate to incident (CHECK ALL THAT APPLY)

First Aid \_\_\_\_\_ Cleaning / trash disposal \_\_\_\_\_

Other (specify) \_\_\_\_\_

4. Route of Exposure: Puncture wound \_\_\_\_\_ Bite \_\_\_\_\_

Non-intact skin exposure \_\_\_\_\_ Splash \_\_\_\_\_

Other (specify) \_\_\_\_\_

5. Circumstances under which exposure occurred: \_\_\_\_\_

\_\_\_\_\_

6. Type of body fluid involved: Blood \_\_\_\_\_ Other (specify) \_\_\_\_\_

7. Source individual, identified to the best of our ability and as allowed by law: \_\_\_\_\_

\_\_\_\_\_

8. Has the source individual consented to a blood test to determine HIV, HBV, HCV or HDV infectivity?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

9. Employee Hepatitis B Immunization Status

1st dose \_\_\_\_\_ 2nd dose \_\_\_\_\_ 3rd dose \_\_\_\_\_  
(Date) (Date) (Date)

Director/Assistant Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)



## 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.

Employee Name: \_\_\_\_\_  
(Print name)

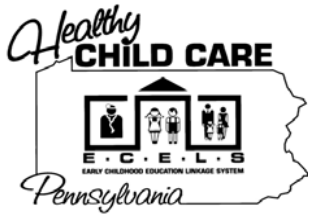
Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Print name)

Witness Signature \_\_\_\_\_

Date: \_\_\_\_\_



## OSHA Sharps Injury Log – Adapted for Early Education and Child Care Settings

Organization Name \_\_\_\_\_ Year \_\_\_\_\_

Date	Type of Device (e.g., syringe, finger-stick lancets)	Brand Name of Device	Work Area Where Injury Occurred	Brief description of how the incident occurred. [i.e.. body part injured, procedure being done, action being performed (giving an injection, etc)]

29 CFR 1910.1039, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

ECELS: - Healthy Child Care PA; PA Chapter, American Academy of Pediatrics 11-04

## Appendix D

### Resources

- American Liver Foundation and Hepatitis Help Line** (800) 2230179  
75 Maiden Lane, Suite 603  
New York, NY 1003-4810  
Website: <http://www.liverfoundation.org>
- Child Care Law Center** (415).394-7144  
221 Pine St., 3rd Floor Fax: (415).394-7140  
San Francisco, California 94104  
Email: [info@childcarelaw.org](mailto:info@childcarelaw.org)  
(Publications about caring for children with HIV infections, ADA and child care)
- ECELS (Early Childhood Education Linkage System)** 1-800-243-2357 (in PA)  
PA Chapter, American Academy of Pediatrics (484) 446-3003  
Rose Tree Corporate Center II Fax: (484) 446-3255  
1400 North Providence Road, Suite 3007  
Media, PA 19063  
Email: [ECELS@paaap.org](mailto:ECELS@paaap.org)  
Website: [www.paaap.org](http://www.paaap.org)
- National AIDS Hotline**  
English (800) 342-2437  
Spanish (800) 344-7432
- OSHA (Occupational Safety and Health Administration)**
- Regional Office** (215) 861-4900  
U.S. Department of Labor/OSHA Fax: (215) 861-4904  
The Curtis Center-Suite 740 West  
170 S. Independence Mall West  
Philadelphia, PA 19106-3309  
Website: <http://www.osha.gov/>
- Allentown Area Office** (610) 776-0592  
U.S. Department of Labor/OSHA Fax: (610) 776-1913  
850 North 5th Street  
Allentown, Pennsylvania 18102-1731
- Erie Area Office** (814) 833-5758  
U.S. Department of Labor/OSHA Fax: (814) 833-8919  
3939 West Ridge Road, Suite B12  
Erie, Pennsylvania 16506-1857

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

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

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

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

**Pennsylvania Department of Health** (877) PA HEALTH  
(This phone number will route your call to your local Health District)

**Pennsylvania Department of Health AIDS Fact line** (800) 662-6080

**Pennsylvania Department of Public Welfare Child Care Bureau**  
Central Region (800) 222-2117  
Northeast Region (800) 222-2108  
Southeast Region (800) 346-2929  
Western Region (800) 222-2149

**APPENDIX E**  
**OSHA Model Exposure Control Plan**  
<http://edcp.org/pdf/OSHAModelBBP.pdf>

**APPENDIX F**

**254-2167-702 / September, 7, 1993 / Page i PA DEPARTMENT OF ENVIRONMENTAL PROTECTION, Bureau of Land Recycling and Waste Management, Clarification On The Identification Of An Infectious Waste Generator/ Emergency First Aid**

<http://www.dep.state.pa.us/eps/docs/cab200149b1126000/fldr200149e0051190/fldr200149e05141a5/doc20026l83451057/254-2167-702.pdf>