

Exposure Control Plan/Blood borne Pathogens

Performance Standard 45 CFR Section 1304.40

BEHS has prepared the following exposure determination identifying which staff may incur occupational exposure of blood or other potentially infectious material (PIM). The exposure determination will be made without regard to the use of personal protective equipment.

All job classifications in which some staff may have occupational exposure will be determined by BEHS. Not all staff in these categories would be expected to incur exposure to blood and other potentially infectious materials. Job classifications and associated tasks and procedures in which some staff may have occupational exposure will be identified as follows:

Job Classification	Possible Occupational Exposure
All direct service staff, including bus drivers who are trained in First Aid/CPR and are required to provide first aid to children will be offered post exposure HIV and HIBV screening, Hepatitis “B” vaccination, and follow-up within twenty four (24) hours of a reported exposure incident.	Procedures involving blood or other potentially infectious body fluids. Biting incidents, diapering, toileting, clean-up of any bodily fluids, rendering of first aid.
Staff who are assigned to a child or children who regularly require personal care that involves a potential for exposure will be offered – at no cost – the Hepatitis “B” vaccine (series of three) and information regarding its effectiveness, safety, availability, and benefits.	Same as above.

BEHS will ensure that all staff with potential occupational exposure to blood borne pathogens participates in training program at no cost to the staff person. The training will follow these guidelines:

1. During regular work hours.
2. Additional training as appropriate when new job responsibilities affects his/her occupational exposure.
3. Annually
4. Include a discussion of the etiology and symptoms of blood borne diseases.
5. Include a discussion of the modes of transmission of blood borne pathogens.
6. Explanation of BEHS’s Exposure Control Plan and the means by which an employee may obtain a copy of the plan (each classroom will have a copy of the plan).
7. Explanation of the duties that may involve exposure.
8. Explanation of the use and limitations of methods to reduce exposure.
9. Information on the types, use, location, removal, handling, decontamination and disposal of personal protective equipment.

10. Information on Hepatitis B screening and Hepatitis B immune globulin (HBIG) including effectiveness, safety, methods of administration, availability, benefits, and that it will be offered at no cost following an exposure incident.
11. Procedures to follow if an exposure occurs including reporting and medical follow-up.
12. Opportunity for interactive questions.

Work Practice Control Procedures

BEHS will implement necessary work practice controls to eliminate or minimize staff exposure. Controls will be examined and maintained or replaced as appropriate on a regular schedule to ensure their effectiveness. Control effectiveness will be reviewed by the Health Safety Advisory Committee as needed.

Controls will include but not limited to the following:

1. *Universal Precautions will be used by all staff.* All blood or other potentially infectious materials will be presumed to be a source of infectious agents, regardless of the perceived status of the person. All staff should avoid direct skin contact with body fluids. Whenever, possible, a child should be encouraged to care for his/her own bleeding injury.
2. Handwashing facilities will be readily accessible to staff. In event that such facilities are not available (field trips, etc.), First Aid Kits will be available with antiseptic cleaner or antiseptic towelettes included. Staff will wash their hands or any other potentially contaminated skin area or clothing immediately or as soon as feasible after removal of gloves or other protective equipment. Skin or mucous membranes that have been exposed should be washed or flushed with warm water and antiseptic soap as possible.
3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses will be prohibited in all work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

Personal Protective Equipment and Use Requirement

1. The agency will ensure that personal protective equipment is issued or readily accessible in appropriate sizes to staff with occupational exposure. The direct service staff will notify with Health Manager or Site Manager/Lead Teacher whenever additional supplies are needed.
2. PPE may include vinyl or latex gloves and pocket masks for rescue breathing/CPR.
3. PPE will not permit blood or other potentially infectious material to pass through the work clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use.
4. All staff who may come in contact with blood or other potentially infectious materials will have ready access to appropriately stocked First Aid Kits.
5. All staff are expected to use appropriate PPE when an exposure is possible.
6. The HSAC will investigate and document any such circumstances in which a staff member temporarily declines the use of PPE. Declining to use PPE will be permitted

only when, in the staff member's professional judgement, its use would have prevented the delivery of health care or posed an increased hazard to the safety of staff members. The Committee will determine whether changes can be instituted to prevent such occurrences in the future.

7. The direct service staff will ensure that all PPE is either cleaned, laundered, and/or disposed of immediately or as soon as possible and placed in an appropriately designated container/area for storage, washing, decontamination or disposal.

Procedures for Clean-up, Handling, and Disposing of Potentially Infectious Materials

The following guidelines will be followed for clean-up, handling, and disposing of all potentially infectious materials:

1. Follow *Universal Precautions* at all times. That is, all staff, volunteers, parents and children approach infection control as if all direct contact with human body or other body fluids if infectious for HIV, Hepatitis B and/or other blood borne pathogens.
2. Whenever possible, a child should be directed to care for his/her own minor bleeding injury.
3. Gloves are required for all tasks in which a staff member may come into contact with blood or other body fluids.
4. Complete and effective handwashing with soap and warm water for at least twenty seconds duration should follow any first aid or health care given to a child or after any contact with potentially infectious materials.
5. If exposure to blood or other potentially infectious material occurs through coughing up or vomiting of blood or bodily fluids, first aid response, or through contact with open sore or break in the skin, thorough washing, preferably with soap and warm water is necessary.
6. In the event handwashing facilities are not readily available, thorough cleaning with an antiseptic towelettes is necessary. Then, hands must be washed with antiseptic soap and running warm water as soon as they are available.
7. Any surface contaminated with blood or other bodily fluids must be cleaned after each use and at the end of the day with soap water then sprayed with disinfectant.
8. A disinfectant must be used when cleaning bodily fluids from the floor or other surfaces. Hydrogen Peroxide will be used to clean carpet surfaces that have been contaminated with blood or other bodily fluids, then sprayed with disinfectant.
9. Contaminated laundry must be placed and transported in clearly labeled bags and containers.
10. Needles, syringes, broken glass and other sharp objects that may be contaminated with body fluids that are found on Head Start property must not be picked up by children at any time, nor by staff without appropriate puncture-proof gloves or mechanical devices such as sharps container, broom, brush, or dust pan. Any such items found must be disposed of in closable puncture resistant, leak proof container that is appropriately labeled.

11. Items that are only slightly soiled (bandages, paper towels, etc.) with infectious fluids must be placed in a sealed plastic bag and put in the trash can.
12. For blood soaked (bandages, paper towels, etc.) it is necessary to label bag as “Biohazard”.
13. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner and disposed of daily.
14. Plastic bags will be used for blood soaked clothing and picked up by parents.

Pre-Exposure Control Plan

1. The lead teacher and Health Manager will make determination if pre-exposure vaccination series is indicated.
2. Following pre-exposure identification, the Hepatitis B vaccination will be offered to determined staff.
3. **Waiver of Hepatitis B Vaccination (Form F)** will be filled out by staff member and sent to Human Resources Manager.
4. If staff member chooses to receive Hepatitis B vaccination series, they will be instructed by Health Manager (in consultation with Health Consultant) on when and where this will take place.
5. If staff member declines, and chooses at a future date to receive the vaccination series, it will be made available at no cost.

Post-Exposure Procedure

All exposure incidents shall be reported to Lead Teacher immediately following the incident. They will notify Health Manager and incident will be investigated and documented.

1. Exposed staff person with assistance of the Lead Teacher will fill out an Exposure Incident Report (Form A) and an Exposure History and Consent Form (Form C). Form C must be signed by the exposed staff person for permission to release confidential information to her/his health care provider and for the return to the health care provider written opinion.
2. The Health Manger will contact the exposure source individual or parent/guardian of the minor child to request consent to test the source individual’s blood as soon as feasible for Hepatitis B and HIV infectivity. There will be no cost to the source individual.
3. If verbal is obtained from the source individual or their parent/guardian, the Lead Teacher will ensure that **Source Individual History and Consent (Form B)** is filled out and sent with individual to take to health provider.
4. Health provider will then return **source individual history and consent (Form B)** to Health Manager to review and pass on to test to Administrative Manager.
5. Staff person’s physician will discuss test results/recommendations with exposed staff member.
6. The Health Manager will ensure that the following forms are sent to the exposed staff person’s health care provider:

- 1) Form B (Source Individual's History and Consent)
 - 2) Form C (Staff Exposure History and Consent)
 - 3) Form D (Health Care Provider's written opinion)
 - 4) Exposed staff person's previous hepatitis B vaccination (if any) record
7. The exposed staff person will be referred to her/his Health Care Provider for blood testing within 24 hrs. after consent is obtained.
 8. The Health Manager will obtain a copy of the **Health Care Provider's Written Opinion (Form D)** from the evaluating Health Care Provider within 15 days of the completion of the evaluation. A copy will be given to the staff member. A copy of the report will be kept in a confidential file along with the fully completed **Blood borne Pathogens Exposure Incident Report (Form A as indicated in step #1 above)** under the supervision of the Human Resources Manager.

Standards for Hepatitis B Vaccine Administration

The Hepatitis B screening and HBIG (series of three) will be made available to all staff who have an occupational exposure incident as determined by Health Manager & HR Manager. The vaccine will be offered in accordance with the following:

1. Determination of exposure to BBP.
2. Provided at no cost to the staff member.
3. Provided at a reasonable time and location.
4. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health professional.
5. Provided according to the most current recommendations of the U.S. Public Health Service.
6. All laboratory tests will be conducted by an accredited lab.
7. A staff member who initially declines the Hepatitis B Vaccine, as offered above, but who decides as a later date to accept the vaccination, will be offered the vaccine free of charge at that time.
8. A staff member who declines to accept the vaccination as offered will be required to sign the waiver indicating refusal.
9. If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, PCDC will incur the cost of the booster and arrangements to receive the booster will be made.
10. Copies of all forms will be given to the HR Manager for placement in staff personnel file (medical).

Occupational Record-Keeping Procedure

The HR Manager will establish and maintain in the Main Office an accurate medical record of each staff member with blood borne pathogens exposure and/or potential exposure to include the following:

1. Name and Social Security number of the employee.

2. **Pre-Exposure Waiver (Form F) or Post Exposure Waiver (Form E)**
3. A copy of all result of examinations, medical testing and follow-up procedures as allowed by law.
4. A copy of information provided to the Health Care Provider following any exposure incident.
5. A copy of the **Health Care Provider's written opinion**. All findings and diagnoses shall remain confidential and shall not be included in the written report. This written opinion will be limited to the following information:
 - a) Whether Hepatitis B Vaccination is indicated for a staff person and if the staff person has received the vaccination.
 - b) That the staff person has been informed of the results of the post-exposure evaluation and has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
6. All medical records will be kept confidential and maintained for at least the duration of employment, plus 30 years. Medical records will not be disclosed or reported without the staff member's expressed written consent to any person within or outside the work place except as required by law.

Exposure Training Record-Keeping Procedure

The HR Manager will maintain in the main office training records for a period of three years from the date on which the training took place including:

1. Dates of training session.
2. Content or Summary of material presented at the training session.
3. Names and qualifications of person conducting the training.
4. Names and job titles of all persons attending the training session.

Referenced Forms

- *Blood borne Pathogens Exposure Incident Report (Form A)*
- *Source Individual History and Consent (Form B)*
- *Staff Blood borne Pathogens Exposure History and Consent (Form C)*
- *Health Care Provider's Written Opinion (Form D)*
- *Waiver of Hepatitis B Vaccination (Form E)*
- *Acceptance of Hepatitis B Vaccination (Form F)*