

# **Bloodborne Pathogens**

## **Exposure Control Plan**

For: \_\_\_\_\_

In Washington State, the Washington Industrial Safety and Health Act (WISHA), gives the Department of Labor and Industries primary responsibility for worker health and safety. The purpose of WISHA is to ensure that employers of Washington provide a safe and healthful workplace for their employees.

This Model Exposure Control Plan has been developed to meet the requirements of the Department of Labor and Industries (WISHA) Services Workplace Safety and Health Rules, WAC 296-823, Occupational Exposure to Bloodborne Pathogens.

This plan outlines the protective measures to eliminate or minimize employee exposure to bloodborne pathogens. Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan. Employees can review this plan at any time during their work shifts.

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## Explanation of Terms

**Body Substance Isolation** is a method of infection control that defines all body fluids and substances as infectious. Body Substance Isolation is an acceptable alternative to Universal Precautions.

**Exposure Incident** refers to an event where blood or potentially infectious bodily fluid may have come in contact with non-intact skin, dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), mucus membranes (eye, nose or mouth) or entered the body through a traumatic incident such as a bite or cut with a contaminated object.

**Other Potentially Infectious Materials (OPIM)** refers to all human body fluids that surround the joints, lungs and heart.

**Universal Precautions** is infection control that protects us from exposure to infectious disease. Universal Precautions apply to blood, other body fluids containing blood, semen, and vaginal secretions. Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, saliva and vomit, unless they contain visible blood or are likely to contain blood.

Universal precautions help protect getting diseases carried by blood and other body fluids (such as HIV, Hepatitis B, and Hepatitis C). Germs that spread through the blood and body fluids can come from any person at any time. Even the person who carries the disease may not be aware they are infected. This is why all staff must practice Universal Precautions in every situation that places them in contact with blood or body fluids.

Universal Precautions require workers who might come into contact with blood and other body fluids to practice proper and frequent handwashing. The use of barriers such as gloves, gowns, aprons, masks, or protective eyewear, environmental disinfection and the proper disposal of contaminated materials are essential.

**Standard Precautions** are guidelines that require one to assume that anyone's blood and OPIM may carry Hepatitis viruses, HIV or other bloodborne infections. The requirements are to always have a barrier between any potentially infectious substance and your skin, eyes, inside the mouth or inside the nose. Infectious substances include blood and all body fluids, secretions and excretions, except sweat, even if there is no visible blood. The *Centers for Disease Control and Prevention* (CDC) recommends wearing gloves if there is contact with feces, nasal secretions, saliva, tears, urine or vomit, unless the material can easily be contained by material. You should always wash hands thoroughly after these cleanups.

## Responsibility List

Bloodborne pathogens Exposure Control Plan (ECP) training must be provided to all employees who may have a reasonable likelihood of occupational exposure to blood or other potentially infectious material (OPIM) at the time they begin employment and at least annually thereafter. The content to be covered is outlined in the *Training* section of this plan. Employees who reasonably anticipate coming in contact with, exposure to blood or other potentially infectious materials (OPIM), as defined in WAC 296-823, are required to comply with the procedures and work practices outlined in this plan. All employees who are potentially exposed to blood or OPIM are encouraged to provide input for consideration to this Exposure Control Plan.

\_\_\_\_\_ is responsible for the implementation of the ECP, and reviewing the plan at least annually. This individual will ensure the following are completed:

- A. Written housekeeping protocols are developed and that an appropriate disinfectant is available and used.
- B. Documentation of training, and making the written ECP available to employees, WISHA, Child Care licenser and Health Specialist upon request.
- C. Annual review and update of the ECP. If necessary, more frequent review to reflect any new or modified tasks and procedures that affect occupational exposure, as well as to reflect new or revised employee positions with occupational exposure.
- D. Maintain ongoing controls including: biomedical waste containers, labels and biohazard bags; ensuring appropriate disinfecting solutions are available and labeled properly; ensuring all personal protective equipment (PPE) are available in the appropriate sizes and types; and ensuring other needed supplies, such as sharps containers are available and managed as per Center of Disease Control (CDC) recommendations.
- E. Ensuring that all medical actions required are provided, and appropriate employee medical records are maintained.
- F. Ensure the exposure determination list is up-to-date.

## Employee Exposure Determination

This is a list of the job titles or duties that might put an individual in contact with blood or OPIM. This exposure determination list has been made without regard to the use of personal protection (e.g. gloves).

1. Job classification in which all employees have occupational exposure to blood or OPIM:

**Job Title:** \_\_\_\_\_

2. Job classifications in which only some employees have occupational exposure to blood or OPIM. Included are a list of tasks and procedures in which occupational exposure may occur. This includes persons trained in first aid and whose job requires rendering first aid as a **part** of their job duties.

**Job Title:** \_\_\_\_\_

**Task/Procedure:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Task/Procedure:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Task/Procedure:** \_\_\_\_\_

## Methods of Control

Universal precautions is an approach to infection control where one assumes all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, Hepatitis B Virus, Hepatitis C virus and other bloodborne pathogens. All employees are required to use Universal Precautions when performing their duties. In addition, we use the following methods to control employee exposure:

- A. **Personal protective equipment** will be supplied at no cost to the employee and used by employees who may become exposed to blood or other potentially infectious materials. There will be an adequate supply of single-use non-porous protective gloves, plastic disposable bags, and mouthpieces for resuscitation (CPR). "Spill kit", intended for managing larger spills are optional and may include:
- o disposable medical gloves
  - o rubber household utility gloves
  - o aprons
  - o eye protection
  - o disposable shoe covers
  - o scoop/scrapper, absorbent product
  - o CPR barrier
  - o disinfectant
  - o disposable towels
  - o red/biohazard bags or labels

These PPE items are located: \_\_\_\_\_

All employees must wear appropriate gloves when they can reasonably anticipate hand contact with blood or OPIM or when they handle or touch contaminated items or surfaces. Gloves are encouraged, but not required, for diaper changes. Employees who have openings in the skin of their hands (i.e. dermatitis, or hangnails) are encouraged to wear gloves as a precaution in cleaning up any body fluids.

Gloves must be properly discarded and replaced if torn, punctured, contaminated, or otherwise damaged. Only reusable household gloves, if they do not show signs of cracking, peeling, tearing, puncturing or other deterioration may be decontaminated.

Sharps containers, when needed, will be supplied by the individual requiring them and they will be located and handled in a manner consistent with WAC 296-823-1400.

- B. **Handwashing** facilities are readily accessible to employees. Hands shall be washed with soap and water:
- o Upon arrival each day
  - o After diapering or toileting children
  - o After personal use of the bathroom
  - o After handling body fluids of any kind
  - o Before and after giving first aid (such as cleaning cuts, scratches or a bloody nose)
  - o Before and after feeding a child or personal meal time

- After outdoor activities
- After handling pets
- After cleaning up spills or objects contaminated with body fluids (e.g. Kleenex)
- After taking off disposable gloves or other PPE

## Work Practice Controls

Work practice controls are those everyday things done to prevent or minimize exposure to bloodborne pathogens. The specific work practice controls used at this child care facility include:

- A. Follow proper use of PPE, including gloves and proper handling of potentially contaminated garbage or laundry.
- B. Following proper handwashing protocols as outlined in WAC 388-295-3020.
- C. No eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where blood or OPIM may be present.
- D. No food or drink shall be placed in areas, (such as on countertops on or around the diaper changing table) where blood or OPIM may be present.
- E. All surfaces contaminated with blood will be isolated, cleaned and decontaminated according to the spill procedure outlined in this plan.
- F. Most items used in cleaning blood/OPIM will be placed in a lined trash receptacle unless saturated with blood. Items saturated with blood to the point that blood is released when compressed will be placed in a puncture proof bag labeled with the biohazard symbol.

**Housekeeping** — All employees are responsible for participating in maintaining a clean and sanitary worksite. Cleaning and decontamination procedures are based on location, type of surface, type of soil present, and tasks or procedures being performed in the area. Written procedures and schedules for cleaning and decontamination can be found in our health care plan.

Items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections) require a special container to dispose of safely. This container must be easily accessible and as close as feasible to the immediate area where sharps are used. They must be out of reach of children at all times. Parents will be expected to provide and maintain, "sharps containers" when necessary.

Regulated waste (i.e. sharps or saturated bandages) will be placed in containers that contain all contents, do not leak and are appropriately labeled or color-coded. Regulated waste containers will be closed prior to removal to prevent contact, spilling or protruding during handling.



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

**Laundry** — Contaminated laundry will be handled as little as possible, with minimal agitation. Employees are to wear protective gloves whenever working with contaminated laundry. Employees are to place wet, contaminated laundry in a leak-proof labeled or color-coded container before transporting anywhere. Bloodstained laundry that will be sent home with a child will be double bagged and securely tied.

If clothing becomes soiled with body fluids, protective gloves must be worn and the garments should be removed immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface. The procedure for an individual child's laundry will be to double bag the contents and notify the parent it will be sent home. The procedure for in-house laundry stained with blood or OPIM is to first soak the item or wash separately in cold, soapy water to remove any blood from fabric. Use hot soapy water for the next washing cycle. If the item is bleachable, add  $\frac{1}{2}$  cup of household bleach to the wash cycle. Dry items in the clothes dryer. Protective gloves are required when handling contaminated laundry items.

## Managing Spills

All staff are to wear gloves while cleaning spills of potentially infectious materials. Spills of body fluid such as urine, vomit, blood, and body fluids should be treated as potentially infectious and surfaces should be cleaned and disinfected immediately. The area must be made inaccessible to children. Employees shall wash their hands after completing the task. If clothing becomes soiled by body fluids they should be removed and bagged in a manner that minimizes contact, and fresh clothes should be put on after washing the soiled skin and hands of everyone involved.

### ***Breast Milk***

- o Gloves are not required for feeding breast milk.
- o Gloves are not required for cleaning up spills of breast milk.
- o Gowns and masks are not required.

### ***Small Spills***

- o Wear disposable, non-porous gloves.
- o Small amounts of urine and stool on smooth surfaces, such as the changing table, should be wiped off and cleaned with a detergent solution. Rinse the surface with clean water and apply a fresh solution of diluted household bleach (1:64 dilution) made by mixing a solution of  $\frac{1}{4}$  cup of household bleach with 1 gallon of tap water. Allow at least a 2-minute contact time.
- o Any EPA registered tuberculocidal or HIV/HBV effective product may be used

### ***Larger Spills***

- o Wear non-porous gloves.
- o Always carefully blot up as much of the potentially infectious material as possible with disposable paper towels and carefully place them into a leak-proof, plastic bag.
- o Securely tie or seal the bag.

### ***For Larger Spills on Floors with a smooth surface:***

- o Follow above steps, then immediately clean the surface with a detergent, rinse the area with clean water. Lastly, sanitize with a fresh solution of diluted household bleach (1:64 dilution) made by mixing a solution of  $\frac{1}{4}$  cup of household bleach with 1 gallon of tap water. Allow at least 2-minute contact time.

### ***For Larger Spills on Carpets and Rugs:***

- o Follow steps outlined above. Spot clean with a detergent-disinfectant. Additional steam cleaning may be necessary to avoid discoloring the surface. When steam-cleaning carpets, sanitizing is accomplished by continuing to apply and extract an industrial sanitizer, according to the manufacturer's instructions, until there is no visible soil.
- o Dry the surface.
- o If you have worn reusable household rubber gloves to complete the spill clean up, keep them on and clean and rinse them with soap and water, then treat them as a contaminated surface with the bleach solution. Remove, dry and store these gloves away from food or food surfaces.

***Mops and Other Equipment used to clean up body fluids should be:***

- o Clean with detergent and rinse with water.
- o Dip into a fresh disinfecting solution.
- o Wring out thoroughly.
- o Air-dry.

## **Training**

This facility provides training for all employees who have occupational exposure to bloodborne pathogen prior to starting employment, annually and when changes in tasks or procedures take place that affect occupational exposure. This training covers at a minimum, the following elements:

- A. Information about our bloodborne pathogen exposure control plan and where it can be reviewed. (This document is accessible to all employees at any time in accordance with WAC 296-823-11010.
- B. Epidemiology and symptoms of bloodborne pathogens.
- C. WAC 296-823, Occupational Exposure to Bloodborne Pathogens must be accessible to all employees.
- D. Modes of transmission of bloodborne pathogens.
- E. An explanation of the methods used to identify tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F. Use and limitations of methods of controls, work practices and PPE.
- G. The basis for PPE selection and an explanation of the types, use, location, removal, handling, decontamination, and disposal.
- H. Information on the hepatitis B vaccine including efficacy, safety, methods of administration, benefit and offered at no charge.
- I. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- J. 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.
- K. Explanation of the signs and labels and color-coding system for bloodborne pathogens.
- L. Questions and Answer session with the trainer.

## Hepatitis B Vaccine

This facility has decided to *(must check one)*:

offer **free of charge** post-exposure Hepatitis B vaccination series within 24 hours, to all employees who are exposed to blood or OPIM, regardless of whether or not a specific "exposure incident" occurred (i.e., after administering first aid, diapering a bloody stool, etc.).

offer **free of charge** pre-exposure vaccination to employees within 10 days of employment. If this option is chosen the employer must obtain a health care provider written opinion for Hepatitis B vaccination.

Employees who are offered the Hepatitis B vaccine series and decline, must do so in writing using the Declination Statement located in this ECP. They may request and obtain the vaccination at a later date at no cost.

The Employer must also receive a health care professional's written opinion for HBV vaccination, see WAC 296-823-13010.

## Exposure Reporting Procedures

All exposure incidents shall be investigated and documented. All staff should do the following after initial first-aid is given:

- A. In the event of an incident where blood or OPIM are present, the employee must report to \_\_\_\_ and complete an Exposure Report.
- o If PPE (i.e. gloves) are used and blood or OPIM not touched, no exposure occurred. **Steps F and G should be completed.**
  - o If gloves are not used and a true exposure occurred (blood or OPIM gets inside the body by means such as blood touching an open sore or skin with dermatitis or a puncture wound by a sharp object that has blood on it), then an incident report should be completed and **Steps B through G should be followed.**
- B. If it is determined that contact with blood or OPIM on broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the eye, mouth or nose), has occurred, *immediate* medical evaluation and treatment will be provided, at no cost to the employee (WAC 296-823-160) by \_\_\_\_ (list medical provider or clinic name and phone number).
- \_\_\_\_ will see that the following elements are performed:
- o **Documentation** of the exposure situation including route of exposure and a description of how the exposure occurred
  - o **Identification** of the source individual (person's blood or body fluid that employee was exposed)
  - o **Documentation** of request for consent to test source individual for HIV, Hepatitis B antibody and HCV testing as soon as possible
  - o **Documentation** of whether or not the employee received a free medical exam, any required follow-up and that the employee was offered the hepatitis B vaccination if s/he has not had the series
  - o If source does not give consent, **document** that consent could not be obtained. The employee may petition the local health officer to require HIV testing.
  - o **Appropriate medical services must be available to employees during work hours**
- C. Source testing will be done by \_\_\_\_ (list medical provider or clinic, i.e. source's physician).
- D. \_\_\_\_ will ensure that the medical care provider is given the following information:
- o A description of the employee's job duties relevant to the exposure incident
  - o Route and circumstances of the exposure
  - o If possible, the results of the source antibody testing
  - o Relevant employee medical records, including Hepatitis B vaccination status

- o Copy of regulation WAC 296-823-160
- E. The medical provider will be requested to provide the facility with the following:
  - o If Hepatitis B is indicated and if employee has received the vaccine
  - o A statement that the employee has been informed of the results of medical evaluation and whether or not there is any medical condition that may require further evaluation and treatment
  - o All other findings or diagnosis shall remain confidential and shall not be included in the written report
- F. \_\_\_\_ will document and review the circumstances of all exposure incidents to determine:
  - o Description of the event
  - o What work practices were being followed
  - o What housekeeping practices were being followed
  - o PPE used at the time of exposure incident
  - o Location of incident
- G. If it is determined that revisions need to be made \_\_\_\_ will ensure that appropriate changes are made to this Exposure Control Plan.

## **Recordkeeping**

***Training*** records are required to be maintained for 3 years and should include:

- o Date of training
- o Content or summary of the training
- o The name and qualification of the trainer
- o The names and job titles of all persons attending the session

**Confidential Medical Records** are maintained for each employee with occupational exposure in accordance with WAC 296-62-052, Access to Records.

\_\_\_\_ will make sure appropriate employee health, and WISHA records are maintained as required.

The records shall include:

- A. Name and social security number of the employee.
- B. Copy of the employee's Hepatitis B Vaccination status, including the dates of vaccination.
- C. A copy of all results of exams, medical testing and follow-up.
- D. Employer's copy of the health care professional's written opinion.
- E. A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident.
- F. Documentation of the routes of exposure and circumstances of the exposure.

# Exposure Report for

\_\_\_\_\_ (business name)

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

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

Exposure Type:  Blood  Other (describe): \_\_\_\_\_

Description of exposure event:

\_\_\_\_\_

Description of the specific part(s) of your body exposed

\_\_\_\_\_

While on the job you have the right to receive a Hepatitis B vaccine series at no cost to you following exposure to blood or other potentially infectious materials. Do you wish to receive this?  Yes  No

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

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that if you decline you must complete the declination statement. You may reconsider your decision in the future and receive the vaccine series at no charge.



## Post Exposure Hepatitis B Vaccine Declination Statement

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 infection.

You have given me 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.

I have already received the hepatitis B vaccination series.

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Print Employee's Name

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Date

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Employee's Signature

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Center Name

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Director's Signature