

Arrowhead Head Start Blood Borne Pathogen Exposure Control Plan



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I. Purpose and Policy

The purpose of the exposure control plan for Arrowhead Head Start is to implement the requirements of the OSHA Standard 29 CFR 1910.1030 Blood borne Pathogens, and to reduce the risk of employee infection with blood borne pathogens such as, but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HBC), and Human Immunodeficiency Virus (HIV) which can result in the disease commonly know as AIDS. The OSHA standard may be accessed at <http://www.osha.gov>.

Universal precautions are used by all employees having contact with blood or other potentially infectious body fluid. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and HBC. The exposure control plan offers guidelines for employees to prevent exposure and for follow-up action if exposure occurs.

A copy of this plan is maintained at each site and the Head Start Office.

II. Program Administration

1. Arrowhead Head Start's Health Manager is responsible for implementation of this plan and will maintain, review, and update the plan at least annually, with assistance from the Health Services Advisory Committee.
2. Employees determined to have occupational exposure to blood or other potentially infectious body fluids must comply with the policies and procedures outlined in this document.
3. The Head Start Office will provide necessary materials, including personal protective equipment, sharps containers, labels, and red disposal bags.
4. The Arrowhead Head Start Management Team is responsible for ensuring compliance with all components of this plan, including providing training and documenting all training dates, maintaining appropriate records, and ensuring a written copy of this plan is available to staff.

III. Definitions

- a. **Biological Waste:** Biological waste consists of blood, other body fluids, or disposable medical supplies that have come in contact with these substances, such as bandages, gauze, tissues, and any disposable items used in first aid care of students.
- b. **Blood:** Blood means human blood, human blood components and products made from human blood.
- c. **Blood borne Pathogens:** Pathogenic microorganisms that are present in human blood and can infect and cause disease in persons who are exposed to blood containing these pathogens.
- d. **Contaminated:** The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

- e. **Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface of the item is rendered safe for handling, use, or disposal.
- f. **Exposure Incident:** A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from the performance of an employee's duties.
- g. **Handwashing Facilities:** Access to an adequate supply of running water, soap and single-use towels.
- h. **Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's work duties.
- i. **Parenteral Exposure:** The piercing of the skin barrier, including mucous membranes, by such events as needlesticks, human bites, cuts and abrasions.
- j. **Personal Protective Equipment:** Specialized clothing or equipment worn by an individual to protect from a hazard. It does not permit blood or other potentially infectious materials to pass through it or reach the employee/s work clothes, street clothes, under garments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used.
- k. **Regulated Waste:** Any one of the following:
 1. liquid or semi-liquid blood or other potentially infectious materials;
 2. contaminated items that could release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
 3. items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
 4. contaminated sharps;
 5. pathological and microbiological wastes containing blood or other potentially infectious materials.
- l. **Universal Precautions:** A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other blood borne pathogens.
- m. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed

For definitions of other terms used in this Blood borne Pathogens Exposure Control Plan, see OSHA definitions [1910.1030(b)].

IV. Methods of Compliance

a. General

Blood borne pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, human bites, dermatitis, or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, broken glass, or any other contaminated object that can puncture or cut skin. Pathogens can also enter the body through mucous membranes of the eyes, nose, and mouth.

Therefore, universal precautions are observed to minimize contact with blood and other body fluids, as they are considered to be potentially infectious materials.

b. Work Practice Controls

- i. **Procedures:** All procedures potentially involving blood or other potentially infectious body fluids should be done in a way that minimizes splashing, splattering and generation of droplets.
- ii. **Gloves:** Employees should wear appropriate protective gloves.
- iii. **Handwashing:** Employees should wash hands immediately or as soon as possible after removal of gloves or other PPE and after contact with blood or other potentially infectious materials. If handwashing facilities are not immediately available, employees should use antiseptic hand cleaner or towelettes, and then wash hands with soap and water once accessible.

c. Personal Protective Equipment (PPE)

- i. **Disposable Gloves:** Staff should wear single-use gloves when contact with blood or other body fluids is possible. These disposable gloves should be replaced as soon as possible when contaminated, torn, punctured, or when their ability/function as a barrier is compromised. Disposable gloves should not be washed or disinfected for re-use.
- ii. **Utility Gloves:** Staff may wear this type of gloves if they can be decontaminated for re-use and the integrity of the glove is not compromised. If any glove is cracked, peeling, torn, punctured, or shows other signs of deterioration, it should be immediately thrown away.
- iii. **Disposable rescue barriers:** all first aid kits contain at least one rescue breathing barrier designed for one-time use.

d. Cleaning Up and Decontamination

- i. **Cleaning and Disinfection:** All Head Start classrooms maintain a supply of bleach. A disinfecting solution of 1 part bleach to 9 parts water is mixed fresh to appropriately decontaminate the area. Staff are instructed to wear appropriate personal protective equipment prior to cleaning the spill. The germicide is applied to the contaminated area first, then soaked up with paper towels, and decontaminated again with a germicide.
- ii. **Specialty medical equipment:** Manufacturer instructions are followed to disinfect specialty equipment, such as blood glucose monitors.
- iii. **Waste Disposal:** Biological waste and disposable materials soiled with blood or other body fluids are placed in trash containers lined with plastic bags that can be

easily removed, sealed, and discarded. A red biohazard should be used if the blood or body fluid cannot be contained in the regular plastic bags.

- iv. **Trash containers:** All receptacles intended for reuse that could be contaminated with blood or other potentially infectious materials are disinfected on a regular basis and decontaminated immediately upon notice of infectious materials being present.
- v. **Contaminated clothing:** If an employee's clothing is soiled with potentially infectious materials, the clothing is removed and sealed in a plastic bag so no other person is exposed. The employee is responsible for properly laundering the clothing items.

e. Handling Sharps

- i. All contaminated sharp objects, including needles, lancets, syringes, and broken glassware are discarded in puncture-resistant, leak-proof containers that are clearly marked. These containers are kept away from food storage or preparation areas and out of child reach.
- ii. Broken glass is not picked up by hand. Appropriate equipment, such as a broom and dustpan, are used.
- iii. Containers are replaced when they are 50% full to reduce exposure by forcing contaminated objects into the container. Disposal of the sharps containers complies with current guidelines put forth by the Minnesota Department of Health. Collection programs offered by a local clinic or hospital are utilized first. If not available, the used sharps are placed in an empty laundry detergent bottle with the cap securely fastened and outside of container clearly labeled "Do not recycle: household sharps."

V. Hepatitis B Vaccination

Arrowhead Head Start offers the Hepatitis B vaccination at no charge to the following staff:

- 1. designated as being at a daily risk of exposure (responsible for blood glucose monitoring or injections)
- 2. assigned to work with a student or fellow staff who is a known carrier of Hepatitis B
- 3. occupational exposure incident (post-exposure)

VI. Exposure Determination

The first attachment at the end of this plan lists job classifications for which employees have been identified as having occupational exposure risk. The list was determined according to the potential exposure and subsequent transmission risk of certain blood borne pathogens that employees might come in contact with in the course of their work. These pathogens, which can transmit certain diseases, may be present in blood and other body fluids.

VII. Exposure Incident and Post-Exposure Evaluation/Follow-Up

- a. **An exposure incident is define as any of the following:**
 - i. blood or other potentially infectious materials are splashed on skin not fully intact or a mucous membrane
 - ii. skin is broken by a human bite
 - iii. cut by a contaminated object
 - iv. accidental needle stick

- b. **The employee experiencing the exposure should:**
 1. Immediately wash the contaminated area with soap and water and wipe with an antiseptic wipe (can be found in site first aid kits).
 2. Cover the wound if needed.
 3. Call AEOA Work Injury Hotline as soon as self-care is complete.
 4. Report the incident to your supervisor the same day as it happened. If the supervisor is not available, the Head Start Health Manager or Director should be contacted.
 5. Complete the written AEOA Accident Report and submit to your supervisor within 24 hours.

- c. **The supervisor of the employee should:**
 1. Complete the AEOA Supervisor Accident Report.
 2. Contact the Head Start Health Manager, who serves as the program's Exposure Control Officer, within 24 hours of receiving the employee report.

- d. **The Exposure Control Officer should:**
 1. Contact the employee to complete the Hepatitis B Immunization Consent/Refusal Form with the employee. The employee has 3 options:
 - i. elect to receive the complete series at no charge
 - ii. decline the vaccine series
 - iii. attest that the series was previously completed, **or** the employee has a medically-confirmed history of the disease.
 2. Offer a timely and confidential medical evaluation by a licensed physician at no charge.
 3. If the employee declines the medical exam, the Employee Medical Exam Declination Form must be signed.
 4. If the employee chooses to accept the medical evaluation, the following information will be provided to the licensed physician if requested:
 - i. AEOA Accident Report (only with written employee consent).
 - ii. Information about the source individual, specifically whether that person is infected with HBV or HIV, unless legally prohibited. This is provided by the source individual or the parent/guardian or legal physician of a minor child.
 - iii. Other relevant information pertinent to a thorough medical evaluation.

A written copy of the medical professional's evaluation must be submitted to the Head Start Office within 15 days of the examination.
 5. Complete an Exposure Incident Form with the employee.

VIII. Record Keeping

Arrowhead Head Start maintains a record of an employee's occupational exposure incident in the personnel file. The following forms are included for each exposure incident:

- i. Employee Accident Report
- ii. Supervisor Accident Report
- iii. Employee Hepatitis B Vaccination offer
- iv. Medical Professional's Report **or** Employee Medical Exam Declination Form
- v. Documentation of blood borne pathogens exposure training
- vi. Exposure Incident Form
- vii. Other pertinent follow-up information or documentation

The employer shall maintain this record for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1030(h).

IX. Communication of Hazards to Employees

a. Labels and Signs

Warning labels should be affixed to containers of regulated waste containing blood or other potentially infectious material. Red biohazard bags or containers may be substituted for labels.



b. Employee Information and Training

- i. Arrowhead Head Start provides training to all staff about blood borne pathogens, biohazard disposal, and how to prevent and control the transmission of infectious diseases during new employee orientation and annually thereafter, regardless of their occupational exposure risk.
- ii. The training is provided at no cost to the employee, during work hours, and includes elements required by OSHA regulations.
- iii. Training records are maintained in each employee's personnel file.

X. Appendices

- a. Exposure Classifications
- b. AEOA Employee Accident Report
- c. AEOA Supervisor Accident Report
- d. Employee Acceptance/Declination of Hepatitis B Vaccination
- e. Employee Medical Exam Declination
- f. Medical Professional Exam Report
- g. Exposure Incident Form

EXPOSURE CLASSIFICATIONS

All Head Start employees have been placed in the following job classifications according to their anticipated occupational exposure risk to blood borne pathogens.

1. Daily Risk of Exposure

Any staff person responsible for blood glucose monitoring or administering injections, such as insulin.

2. Occasional Risk of Exposure Due to Job Duties

- a. Lead Teachers
- b. Teacher Assistants
- c. Classroom Assistants

3. Minimal Risk of Exposure

- a. Home Based Educators
- b. Family Support Specialists
- c. Administrative and Office Staff

AEOA ACCIDENT REPORT

Supervisor and injured employee to complete within 24 hours of accident/injury. Please print clearly.

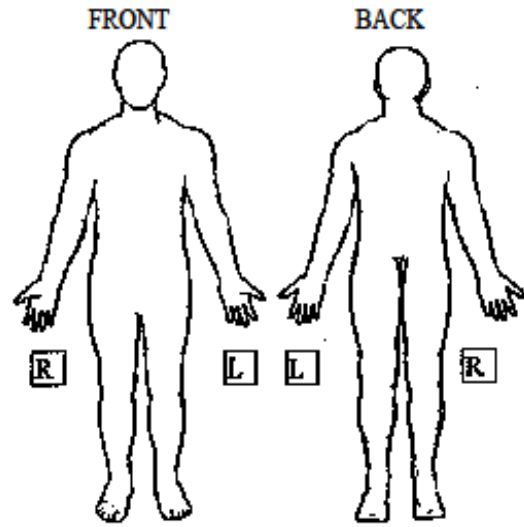
Program Name & Location: _____
 Employee Last name: _____ First name: _____ Middle initial: _____
 Address: _____
 City: _____ State: _____ Zip code: _____ Phone#: () _____
 Injury date: _____ Time: a.m. p.m. Left work: _____ Returned: _____
 Lost time: Yes No Time Employee began work: _____ a.m. _____ p.m.
 Date injury reported/To Whom: _____
 Place of occurrence: _____ On Employers premises: yes no
 Address: _____
 City: _____ State: _____ Zip Code: _____
 What tools, equipment, machines, objects, or substances were involved in injury/illness?

Employee's explanation for injury: _____

Accident investigation conducted: Yes No
 Date supervisor notified: _____ Date report completed: _____
 Supervisor's name: _____
 Names and telephone numbers of witnesses to accident: _____
 Was there a: safety violation machine malfunction motor vehicle accident
 Supervisor's comments: _____
 What actions have been taken to prevent recurrence?: _____

- Case**
- Slip and fall
 - Struck by equipment
 - Lifting or moving
 - Caught (in, on or between)
 - Needle puncture
 - Object in eye (Right Left)
 - Repetitive/overuse
 - Other:
- Type of injury**
- Scrape/bruise
 - Sprain/strain
 - Puncture wound
 - Cut/laceration
 - Concussion
 - Bite
 - Chemical burn/rash/breathing difficulties
 - Other:
 - No apparent injury

CIRCLE INJURED AREAS BELOW



Employee referred to: Clinic Hospital ER Refused to see MD
 Dr./Clinic: _____ Phone number: _____
 Supervisor's signature: _____ Date: _____
 Employee's signature: _____ Date: _____

SUPERVISOR'S REPORT OF ACCIDENT
 (PLEASE READ AND FOLLOW INSTRUCTIONS ON BACK)

EVERY ACCIDENT SHOULD BE INVESTIGATED AND THE CAUSES CORRECTED SO THAT MORE ACCIDENTS WILL NOT OCCUR. DO NOT OVERLOOK THE SO-CALLED "UNIMPORTANT" CASES, BECAUSE, EXCEPT FOR "CHANCE" THEY COULD ALSO HAVE BEEN SERIOUS. IT IS ONLY BY THOROUGH INVESTIGATION THAT MANY OF THE REAL CAUSES CAN BE DETERMINED AND CORRECTED.

NAME OF EMPLOYEE _____ COMPANY _____ DEPT. _____

DATE OF ACCIDENT _____ TIME _____ DID EMPLOYEE LOSE TIME FROM WORK? YES NO

HOURS LOST ON DATE OF ACCIDENT _____ HAS EMPLOYEE RETURNED TO WORK? YES NO

JOB TITLE _____ SERVICE WITH THE COMPANY _____ YEARS IN PRESENT JOB _____

**GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO
 BLAME ANYONE. YOUR OPINION MAY HELP US PREVENT ACCIDENT REPETITION.**

PLEASE ANSWER THE FOLLOWING:

- | | CHECK "YES" OR "NO" | |
|--|------------------------------|------------------------------|
| 1. WAS INJURED PERSON PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHODS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. DID INJURED PERSON VIOLATE ANY INSTRUCTIONS? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 3. WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. DID POOR HOUSEKEEPING CONTRIBUTE TO INJURY? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 5. DID HORSEPLAY CAUSE THE INJURY? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 6. WAS IT CAUSED BY SOMETHING WHICH NEEDED REPAIRS? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 7. SHOULD A GUARD BE PROVIDED? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 8. DID ANY BODILY DEFECT CONTRIBUTE TO INJURY? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 9. WAS IT CAUSED BY AN UNSAFE ACT? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 10. DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

ACCIDENT. (DESCRIBE WHAT INJURED WAS DOING AT TIME OF ACCIDENT, WHAT HAPPENED, WHO WAS INVOLVED, NATURE OF INJURY, PART OF BODY AFFECTED.) _____

WITNESSES' NAMES _____

UNSAFE ACTS. (WHAT DID THE EMPLOYEE OR ANOTHER PERSON DO INCORRECTLY?) _____

UNSAFE CONDITIONS. (WHAT UNGUARDED OR UNSAFE CONDITION OF MACHINERY, EQUIPMENT, BUILDING OR PREMISES WAS INVOLVED?) _____

ACTIONS TAKEN. (WHAT DID YOU DO TO CORRECT THE CONDITIONS WHICH CAUSED THIS INJURY?) _____

REMEDIES. (WHAT SHOULD YOUR ORGANIZATION DO TO PREVENT OTHER INJURIES LIKE THIS?) _____

MEDICAL CARE. DID EMPLOYEE GO TO DOCTOR OR HOSPITAL? YES NO IF YES, COMPLETE THE FOLLOWING

NAME OF DOCTOR OR HOSPITAL _____ DATE OF INITIAL VISIT _____

ADDRESS _____ TELEPHONE NUMBER _____

AS SUPERVISOR, DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER WORKERS' COMPENSATION? YES NO

REASONS WHY _____

REPORT SUBMITTED BY _____ DATE _____

COMPLETION INSTRUCTIONS FOR SUPERVISORS' REPORT OF ACCIDENT (SRA)



Hepatitis B Immunization Consent/Refusal Form

Check one:

Yes, I want to receive the Hepatitis B vaccine.

I understand that a vaccine for Hepatitis B is available and is being offered by my employer at no charge to me. This vaccine, when administered in three doses over a six-month period has been shown to be highly effective in providing protection against Hepatitis B infection. It has rarely produced serious side effects. I agree to release my employer from any liability related to the administration of this vaccine.

No, I don't want to receive the Hepatitis B Vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

I have previously received the 3 required doses of Hepatitis B vaccine or have a history of the disease that was medically confirmed in _____ (year).

Employee Name

Social Security #

Address

Job Title

City, State, Zip

Signature

Date

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Arrowhead Head Start Employee Medical Exam Declination

I understand that because of a work related injury and/or possible exposure to blood or other potentially infectious materials, I may be at increased risk of acquiring a blood borne infection. I have been informed that I can be examined by a physician for evaluation at no charge. However, I choose to decline a doctor's exam.

Printed Employee's Name

Job Title

Employee Signature

Date

Exposure Control Officer Signature

Date

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Bloodborne Pathogen Post-Exposure Medical Evaluation

Please complete and return form to:
Arrowhead Head Start; Attn: Health Manager
702 3rd Avenue South, Virginia, MN 55792
Fax: 218-749-2944

Employee Name: _____

Due to a possible bloodborne pathogen exposure in the workplace and OSHA protocol, I allow this health information to be released to Arrowhead Head Start.

Employee Signature: _____ Date: _____

Dear Health Care Provider: This employee has been referred to you for a medical evaluation due to a potential bloodborne pathogen exposure. Please complete this form and return it to Arrowhead Head Start within 15 days of the exam. If you need further information for proper evaluation, contact the Head Start Health Manager at (218) 748-7317. Thank you!

Date and Time of Incident: _____

- Type of Exposure: cut with sharp object
 blood or other body fluid on skin/mucous membrane
 needle stick
 other (specify): _____

Date and Time Employee Was Evaluated: _____

- Based on my evaluation, this employee should receive the Hepatitis B vaccine:
 Yes; date the first injection was given: _____
 No
 Employee has previously received this vaccine or has medically-confirmed history of disease

Has the employee been informed about the results of this post-exposure evaluation? Yes No

Has the employee been informed about any potential medical conditions resulting from this exposure that may require further evaluation or treatment? Yes No

Other comments or relevant information: _____

Health Care Provider Signature: _____ Date: _____

Provider Name: _____

Facility Address: _____

Arrowhead Head Start
BLOOD BORNE EXPOSURE INCIDENT REVIEW

Name of Person: _____ Position: _____

Incident Date: _____ Time: _____

1. Did the exposure involve:
 Blood Saliva only Blood and Saliva
 Unknown Other (specify _____)
2. Was the employee:
 Self-Exposed Exposed by another person
3. Type of exposure:
 Needle Cut, Puncture, or Scrape (specify _____)
 Human Bite Other (specify _____)
 Splash (check all that apply):
 Eyes Mouth Nose
 To Existing Wound To Intact Skin
 To Non-Intact Skin (specify _____) Other (specify _____)
4. Amount of blood/body fluid person was exposed to:
 None Minor, less than a droplet
 Minor, more than a droplet Large amount Unknown
5. Wound or exposed area cleaned with:
 Washed with water only Soap and water Wound not cleaned
 Chemical cleanser (specify _____) Other (specify _____)
6. Personal protective equipment used:
 Gloves Rescue Barrier Other (specify _____)
7. Action taken:
 Clinic Visit Urgent Care/ER Employee declined medical evaluation.

Describe Incident:

What changes need to be taken to prevent recurrence?

Report completed by _____ Position _____ Date _____