

# ***Bloodborne Pathogen Exposure Control Plan (ECP) For Child Care Providers***

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In Washington State, the Washington Industrial Safety and Health Act (WISHA), gives the Department of Labor and Industries (L&I) 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 document is downloadable from the Snohomish Health Districts website.

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 must follow the procedures and work practices in this plan. Child care providers, teachers, or managers may come in contact with blood as part of their work with young children. Employees can review this plan at any time during their work shifts.

Based on model policies by the Department of Early Learning and  
Public Health Seattle-King County Child Care Program

(Revised 1/2007)



**SNOHOMISH  
HEALTH  
DISTRICT**

***Child Care Health Program***

3020 Rucker Avenue

Everett, WA 98201

425-339-5230

**[www.snohd.org](http://www.snohd.org)**

**Bloodborne Pathogen Exposure Control Plan (ECP)  
for:**

Name of Center: Early Learning Center	Phone Number: 425 388-9121
Address: 820 Waverly	
City/State/Zip: Everett, WA 98201	

Director's Name: Kelly Davidson	Director's Emergency Phone Number: 425 388-9120
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Name of Nearest Hospital: Everett Providence Hospital
Address: 1321 Colby, Everett, WA
425 261-2000

Policy Adopted February 2008

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## ***Explanation of Terms***

**Bloodborne Pathogens** are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different bloodborne pathogens, but *Hepatitis B (HBV)*, *Hepatitis C (HVC)*, and the *Human Immunodeficiency Virus (HIV)* are the diseases specifically addressed by the WISHA Bloodborne Pathogen Standard.

- Hepatitis means "inflammation of the liver," and, as the names imply, hepatitis B (HBV) and hepatitis C are viruses that infect the liver. While there are several different types of hepatitis, hepatitis B and C can be transmitted through "blood to blood" contact. Hepatitis initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.
- The human immunodeficiency virus, or HIV, is a virus that attacks the immune system and can lead to the development of acquired immune deficiency syndrome (AIDS). Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

**Cleaning** is the physical removal of visible dirt, oils, feces, blood, etc. Simple soap and water solutions or commercial products are adequate cleaners.

**Disinfection** is the elimination of germs that may be present, but can't be seen.

**Exposed** is an individual who has contact with the blood or other body fluids of another person.

**Substantial 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. In select instances, gross exposure of intact skin to these materials may also be considered a substantial exposure.

**Potentially Infectious Material** refers to all human body fluids that can spread bloodborne pathogens. The term includes blood, semen, vaginal secretions, human tissue, or any body fluid that is visibly contaminated with blood or is likely to contain blood.

**Source** is an individual whose blood or other potentially infectious body fluids are involved in the exposure of another person.

**Universal Precautions** is infection control that protects from exposure to bloodborne pathogens. This is the term used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, *you treat it as if it is*. 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*** – continued

Germes that spread through the blood and body fluids can come from any person at any time. 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 to practice proper and frequent handwashing, use barriers (such as gloves, gowns, aprons, masks, protective eyewear), disinfect the area, and properly dispose of contaminated materials.

## **Overview**

**Purpose:** Pursuant to WAC 296-823, employers are required to develop and implement a plan to protect employees from exposure to bloodborne pathogens.

**Philosophy:** Occupational exposure to and acquisition of bloodborne pathogens is preventable. This policy outlines the prevention strategies for exposure to these pathogens among child care employees and describes steps for responding to an exposure incident when it occurs. All covered employees should have access to and be familiar with the contents of this policy.

**Exposure Control Plan:** Bloodborne Pathogens Exposure Control Plan (ECP) training must be provided to all employees who might be exposed to blood or other potentially infectious material while on the job. This training should occur at the beginning of 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, blood or other potentially infectious materials, 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 other potentially infectious materials are encouraged to provide input for consideration to this Exposure Control Plan.

The Director or designee 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.
- B. An appropriate disinfectant is available and used.
- C. Documentation of training for all staff who might be exposed to blood or other potentially infectious material while on the job is kept.
- D. The written ECP is available to employees, WISHA, child care licensor, and health specialist upon request.
- E. The ECP is reviewed and updated annually. If necessary, more frequent review is done 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.
- F. Ongoing controls are maintained including: available 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 following Center for Disease Control and Prevention (CDC) recommendations.
- G. All medical actions required are provided and appropriate employee medical records are maintained.
- H. The exposure determination list is up-to-date.

### ***Employee Exposure Determination***

The persons occupying the positions listed below have job responsibilities that might put that individual in contact with blood or other potentially infectious materials. 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:** Program Specialists  
**Task/Procedure:** daily child care activities

**Job Title:** Director  
**Task/Procedure:** oversee child care

**Job Title:** Family Support Specialist  
**Task/Procedure:** assist with child care if necessary

**Job Title:** Cook  
**Task/Procedure:** assist with child care if necessary

**Job Title:** Program Coordinators  
**Task/Procedure:** assist with child care if necessary

## ***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 (PPE)** will be supplied at no cost to the employee. Appropriate PPE must be used by employees when performing duties that might lead to exposure 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).

***These PPE items are located in every classroom .***

**“Spill kits”, intended for managing large spills, are optional and may include:**

- |  |                                     |
|--|-------------------------------------|
| ▪ disposable medical gloves                | ▪ scoop/scrapper, absorbent product |
| ▪ rubber household utility gloves          | ▪ CPR barrier                       |
| ▪ aprons                                   | ▪ disinfectant                      |
| ▪ eye protection and mask (or face shield) | ▪ disposable towels                 |
| ▪ disposable shoe covers                   | ▪ red/biohazard bags or labels      |

***Spill kits are located in the Laundry Room .***

All personal protective equipment (PPE) shall be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Sharps containers, when needed, will be supplied and maintained by the parents/guardians of the child requiring them and they will be located and handled in a manner consistent with WAC 296-823-1400. These containers 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.

- B. **Glove Use** is required for all employees when performing tasks where exposure to blood or other potentially infectious materials is reasonably anticipated to occur or when they handle or touch contaminated items or surfaces. After contact with body fluids, gloves, or personal protection equipment shall be removed and hands washed as soon as possible.

Gloves are encouraged, but not required, for diaper changes.

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

- C. **Handwashing** facilities are readily accessible to employees. Handwashing is the single most important means of preventing the spread of infection. Steps for proper and effective handwashing are:

- Get hands wet with warm water and apply liquid soap to hands.
- Lather hands thoroughly. It is the friction from rubbing hands together that removes potentially infectious organisms from the skin. A 15-second vigorous hand washing will adequately remove most pathogens.
- Rinse hands well under running water.
- Dry hands with a paper towel.
- Use the paper towel to turn off the water faucet.



**Methods of Control-continued**

When hand washing facilities are not available, hands shall be cleansed with an antiseptic 60-95% alcohol solution (isopropanol or ethanol) cleanser and washed with soap and water as soon as possible.

- D. **Personal Activities** are strictly prohibited in areas where there is a potential for exposure to blood or other infectious materials.

No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where blood may be present. No food or drink shall be placed in areas where blood or other infectious material may be present (such as on countertops or on diaper changing tables).

- E. **Cleaning and Disinfection Procedures** are based on location, type of surface, type of soil present, and activities being performed in the area. All staff are to wear gloves while cleaning spills of potentially infectious materials. The area must be made inaccessible to children and should be cleaned and disinfected immediately. 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.

**Spills on Smooth Surface**

- Keep children away from the contaminated area until the area has been cleaned and disinfected.
- Wear protective gloves.
- Use paper towels to blot up as much of the spill as possible.
- Apply a solution of diluted household bleach (1:10 dilution) made by mixing a solution of 1 1/2 cup of household bleach with 1 gallon of water. Pour the bleach solution around and on the spill, *do not spray*. Allow at least a 2-minute contact time. Wipe up the area with paper towels.
- Double bag all soiled paper towels, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children and pets.
- NOTE: an EPA registered tuberculocidal or HIV/HBV effective product may be used instead of bleach solution.

**Spills on Carpets and Rugs**

- Keep children away from the contaminated area until the area has been cleaned and disinfected.
- Wear protective gloves.
- Use paper towels to blot up as much of the spill as possible.
- Spot clean with a detergent-disinfectant.
- Additional steam cleaning may be necessary to avoid discoloring the surface. When steam-cleaning carpets, sanitizing is accomplished with an industrial sanitizer, according to the manufacturer's instructions, until there is no visible soil. Allow to air-dry.
- Alternatively, a sanitizing absorbent powder can be applied to the carpet. Allow it to air-dry and then vacuum up the powder. Remove vacuum bag.
- Double bag all soiled paper towels, vacuum bags, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children and pets.

***Methods of Control-continued***

***Laundry***

- Contaminated laundry will be handled as little as possible, with minimal agitation.
- Wear protective gloves.
- 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 or sealed.
- 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.
- For in-house laundry stained with blood, 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 ½ cup of household bleach to the wash cycle. Dry items in a hot clothes dryer.
- Employees may also choose to dispose of contaminated laundry by double-bagging the items using leak-proof, sealed, plastic bags and placing in the garbage.

***Breast Milk***

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

***Mops and Other Equipment used to clean up body fluids***

- Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan, or tongs.
- Clean brooms, mops, dustpans, and other used equipment with detergent and rinse with water.
- Dip equipment into a fresh disinfecting solution. ( 1 ½ cups of bleach in 1 gallon of water)
- Wring mops out thoroughly.
- Hang items to air-dry in an area that is inaccessible to children.
- If reusable household rubber gloves were worn 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, air-dry, and store these gloves away from food or food surfaces.

### **Exposure Incident 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 other potentially infectious materials are present, the employee must report to the Director or designee and complete an Exposure Report.
- If PPE (i.e. gloves) are used and blood or potentially infectious materials are not touched, no exposure occurred. **Steps F and G should be completed.**
  - Intact skin is an effective barrier against bloodborne pathogens. If blood or other potentially infectious materials was touched with intact skin, the contaminated intact skin should be immediately washed with soap and water. Generally, under this circumstance, no exposure occurred and **Steps F and G should be completed.** However, the supervisor can make a determination as to whether or not the incident constitutes an exposure incident and follow **Steps B through G.**
  - If gloves are *not* used and a true exposure incident occurred (blood or other potentially infectious materials gets inside the body by means such as blood touching broken skin such as skin with dermatitis hangnails, cuts, abrasions, chapping, chafing, open rashes, acne, or a puncture wound by a sharp object that has blood on it), immediately wash the affected area with soap and water. Then complete an incident report and **Steps B through G should be followed.**
  - If blood or other potentially infectious material contacts with the eyes, nose, or mouth, flush the area with clean water, saline, or sterile irrigants. Then complete an incident report and **Steps B through G should be followed.**
- B. If it is determined that contact with blood or other potentially infectious materials, on broken skin (see above) 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 personal health care provider or Providence Hospital at 425 261-2000.

The Director or designee will see that the following elements are performed:

- **Documentation** of the exposure situation including route of exposure and a description of how the exposure occurred
- **Identification** of the source individual (person whose blood or body fluid to which an employee was exposed)
- **Documentation** of request for consent to test source individual for HIV, hepatitis B antibody, and HCV testing as soon as possible
- **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
- 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.
- **Appropriate medical services must be available to employees during work hours**

- C. Source testing will be done by personal health care provider or Providence Hospital at 425 261-2000.

***Exposure Incident Procedures-continued***

- D. The Director or designee will ensure that the medical provider is given the following information:
- A description of the employee's job duties relevant to the exposure incident
  - Route and circumstances of the exposure
  - If possible, the results of the source antibody testing
  - Relevant employee medical records, including hepatitis B vaccination status
  - Copy of regulation WAC 296-823-160
- E. The medical provider will be requested to provide the facility with the following:
- Whether hepatitis B vaccine is indicated and if employee has received the vaccine
  - 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
  - All other findings or diagnosis shall remain confidential and shall not be included in the written report
- F. The Director or designee will document and review the circumstances of all exposure incidents to determine:
- Description of the event
  - What work practices were being followed
  - What housekeeping practices were being followed
  - Personal protective equipment (PPE) used at the time of exposure incident
  - Location of incident
- G. If it is determined that revisions need to be made the Director will ensure that appropriate changes are made to this Exposure Control Plan.

## ***Training***

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

- A. Information about the 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. Explanation about WAC 296-823, Occupational Exposure to Bloodborne Pathogens, and where it can be found. This document must be accessible to all employees.
- C. Explanation and symptoms of bloodborne pathogens.
- 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 Personal Protective Equipment (PPE).
- G. The basis for PPE selection and an explanation of the types, use, location, applying and 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*):**

- X 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 hepatitis B vaccination (whether it is indicated and if it was received); see WAC 296-823-13010.

## ***Recordkeeping***

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

- Date of training
- Content or summary of the training
- The name and qualification of the trainer
- 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. Keep these records for 30 years.

The Director or designee will make sure appropriate employee health and WISHA records are maintained as required.

*The medical 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  
Early Learning Center**

Employee name:	Date:
Exposure type: <input type="checkbox"/> Blood <input type="checkbox"/> 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's 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.

Print employee's name:	Employee's signature:	Date:
Center name:		
Director's signature:		Date: