



Child Development Center

Bloodborne Pathogen Exposure Control Plan

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I. Purpose

The Exposure Control Plan for Bloodborne Pathogens is a written document developed and implemented by the University of Northern Iowa's Child Development Center (CDC) to enhance the safety and health of employees in the workplace and establish compliance with the standards identified in the OSHA Bloodborne Pathogen standard, 29 CFR 1910.1030.

II. Definitions

Bloodborne Pathogens- Pathogens that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Exposure- A specific eye, mouth, other mucous membrane, non-intact skin or parental contact with blood or other potentially infectious materials (PIM).

PIM (Potentially Infectious Materials)- These include blood, blood fluids, semen, vaginal secretions, pleural (fluid from membrane around the lungs), cerebrospinal (brain fluid), synovial (fluid from spinal cord), pericardial (fluid from the heart), amniotic fluids (fluid from the uterus), saliva in dental procedures, any other fluids visibly contaminated with blood, tissues and organs, HIV and HBV cultures, cells and tissues.

Non-Infectious Materials- These include nasal secretions, sputum, sweat, tears, urine, feces and vomitus, unless they contain visible blood.

Universal Precautions- A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

III. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. For the sake of this program, these employees are designated "at risk".

In the Child Development Center (CDC), the following job classifications (including trainees in designated classification) are designated "at risk":

Job Classification

Tasks/Procedures

Director	normal duties
Child Development Specialists	normal duties
Childcare Assistant	normal duties

IV. Compliance Methods

All employees will receive Bloodborne Pathogen training annually. This training will be coordinated by the CDC.

Universal precautions will be observed at the University of Northern Iowa in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, PPE shall be utilized.

Handwashing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. At the University of Northern Iowa hand washing facilities are located:

Restrooms	located in each university building
Handwashing Sinks	located in each classroom in CDC

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. The employee's supervisor should be notified immediately. A determination needs to be made as to whether or not an exposure incident has occurred. If it is determined that an exposure incident has occurred, instructions listed under **Section IX – Post Exposure Evaluation and Follow-Up** should be followed.

V. Work Area Restrictions

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

VI. Contaminated Equipment

Tools/equipment (i.e. tables, chairs, toys) that have been exposed must also be considered potentially contaminated. Clean up procedures include wearing rubber gloves or a disposable alternative, spraying the tool/equipment with broad-spectrum disinfectant, wiping the tool/equipment with a disposable towel, disinfecting tool/equipment with broad band disinfectant, carefully removing gloves from hands, and washing hands and arms with soap and hot water immediately afterward.

3 step process - soap and water, spray with water for rinse and then spray with disinfectant, let sit per manufacturer recommendation.

Any work areas that become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary.

VII. Personal Protective Equipment

All personal protective equipment used to protect employees from potentially infectious materials will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.

Protective equipment available online distributor:

- Disposable gloves
- Face mask
- Red Biohazard Plastic bags

All contaminated PPE will be discarded into a red Biohazard Plastic bag. All other garments, which are penetrated by blood, shall be removed

immediately or as soon as feasible. Garments must be contained in a Red Biohazard plastic bag. Additional red biohazard bags are also available from custodial services.

Laundry: All laundry will be handled as little as possible and taken immediately or placed in a red biohazard bag. All employees who handle contaminated laundry will utilize ppe to prevent contact with blood or other potentially infectious materials.

VIII. Procedures for Any Incident

1. The employee will follow Child & Infant First Aid guidelines and form an initial assessment to determine if 911 is necessary.
2. Another employee will assist with communication and maintaining safety of the other individuals.
3. If the injury requires the cleaning of bodily fluid, follow the clean-up procedures.

IX. Clean-Up (refer to Appendix C for more instructions)

- a. Clean-up will be done by an Authorized Employee. If necessary a custodial employee will be contacted at 319-273-4400 to clean up. When possible proceed as follows:
 1. disposable gloves will be worn at all times and will be considered as hazardous material and disposed of accordingly
 2. if additional protective clothing is worn, it will be considered as hazardous material and disposed of accordingly
 3. apply the absorbing compound from the clean-up kit to the exposure area to soak up excess fluids. When the compound has absorbed the fluids, use the dustpan and scraper to collect. Dispose of contents in a red hazardous waste bag.
 4. the entire area will be treated with the broad-spectrum disinfectant from the clean-up kit
 5. absorbent disposable towels will be used to soak up excess fluids then disposed of as hazardous materials
 6. the entire area will be disinfected the broad-spectrum disinfectant from the clean-up kit
 7. the entire area will be washed and mopped with a general detergent
 8. all hazardous material will be placed a Red Biohazard bag; the bag will be sealed then placed in another similarly marked bag for transport

9. double-bagged contents will be disposed of in the approved manner and then collected to be stored in SEC 128A
10. hands and arms will be washed immediately afterward with hot soapy water for 2 minutes

X. Hepatitis B Vaccine

All employees who have been identified as being "at risk" to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials. Employees who decide to take the Hepatitis B series of inoculations must complete the top portion of the Hepatitis B Immunization Form (Appendix A) Employees who decline the Hepatitis B vaccine must sign the bottom portion of the form.

Employees who initially decline the vaccine but who later wish to have it are still eligible to have the vaccine at no cost to them. Department managers/supervisors have the responsibility to assure that the vaccine is offered and Immunization Forms signed and kept until employee termination +30 years in a locked location.

- Any employee, who has an exposure to PIM, regardless of risk classification, will have the vaccine offered and receive appropriate follow up evaluations at no charge.
- The person administering the vaccine will be aware of the Bloodborne Disease Pathogen Standard. They will counsel the employee appropriately as to the risk/benefits of the vaccine.
- A record of the employee's decision and vaccine status will be kept in their personnel file. The employee must sign a declination form if they refuse the vaccine and know that they can receive the vaccine at any time in the future if they change their mind.

XI. Post-Exposure Evaluation and Follow-up

When an employee(s) incurs an exposure incident, it must be reported immediately to the employee's Director. The Director must then contact Environmental Health and Safety (EHS). EHS will help coordinate with Occupational Health (319-575-5600) immediately and will discuss the necessity of a post exposure evaluation. During evening or weekend hours MercyOne Cedar Falls emergency room can be called at 319-268-3000.

Have the employee or supervisor fill out a First Report of Incident (FROI).

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The POST EXPOSURE INCIDENT CONFIDENTIAL RECORD form (Appendix B) will be used to document post exposure activities.

The follow-up can include the following:

- a. Documentation of the route of exposure and the circumstances related to the incident
- b. If possible, the identification of the potential source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- c. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- d. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
- e. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Services.
- f. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- g. The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: UNI Environmental Health and Safety and Director.

XII. Interaction with Healthcare Professionals

A written recommendation shall be obtained from the health care professional that evaluates employees of the University of Northern Iowa. Written recommendations will be obtained in the following instances:

- a. When the employee is sent to obtain the Hepatitis B vaccine.
- b. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions.

- a. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident
- b. That the employee has been informed of the results of the evaluation,
- c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information)

XIII. Incident Reporting

All incident reports, involving a major spill of bodily fluids, will be maintained with EHS. The record will include the time, date, place of the incident, and the name of the employee(s) who participated in the emergency. It will also include a description of the clean-up efforts and confirmation of the disposal of the infected waste.

XIV. Training

Training for all employees will be conducted on initial assignment to tasks, assignment to new tasks, or when new tasks have been introduced where occupational exposure may occur and annually thereafter.

Training for employees will include the following:

- a. The OSHA Bloodborne Pathogen Standard.
- b. The epidemiology of Bloodborne diseases.
- c. Modes of transmission of bloodborne pathogens
- d. Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc)
- e. Procedures which might cause exposure to blood or other potentially infectious materials at this facility
- f. Control methods that will be used at the University of Northern Iowa to control exposure to blood or other potentially infectious materials.
- g. Actions to take in case of emergencies involving Bloodborne Pathogens
- h. Personal protective equipment available and who should be contacted concerning replacement
- i. Procedures for Post Exposure Evaluation and follow-up

- j. Signs and labels used at the University of Northern Iowa
- k. Hepatitis B vaccine program at the University of Northern Iowa

XV. Recordkeeping

The University of Northern Iowa will maintain all records required by the OSHA standard.

Records will be maintained by the department in the same location regarding employees who have been offered the inoculation program as to whether they elected to take the series of shots and when they were administered or, that the employee was offered the shots and refused.

- **Training records:**

Training records will be kept for three years from the date of training. The records will indicate the date, content, and names of employee attendance.

- **Medical Records:**

Records for all 'at risk' employees will be maintained as part of their credentials file. They will contain information on initial training at the time of employment, all exposures and the Hepatitis B vaccination status. They will be maintained in a confidential manner and not released without the employee's written consent.

The Exposure Control Program for Bloodborne Pathogens is designed to comply with local, state, and federal regulations applicable to the University of Northern Iowa, Cedar Falls, Iowa. Annual review of the program shall be completed with the assistance and cooperation of all affected personnel and departments.

Last Revised October 31, 2023

Appendix A

HEPATITIS B IMMUNIZATION FORM

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Employee or Student Name (please print) Social Security Number Department

CONSENT TO HEPATITIS B VACCINE

I consent to take the Hepatitis B vaccinations. I have read the information about Hepatitis B and the Hepatitis B vaccine, which was given to me. I have had an opportunity to ask questions and I understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I also understand that the vaccine will be administered at no cost to me. If you have received the Hepatitis B Vaccine series in the past please sign the Consent and provide a Certificate of Immunization for your department file (see Note below).

Upon completion of the series, I will provide a copy of the Certificate of Immunization (see note); of the series to be filed in my employee file in accordance with OSHA 1910.1030(f)(2).

Signature of person receiving vaccine

Date Signed

Name of Clinic where vaccines will occur: _____

Note: If you have received your Hepatitis B Immunization series sign above, you can access this information 3 ways to obtain a Certificate of Immunization: you can go online to iris.iowa.gov and access the Public Immunization Record Access; or contact the Student Health Clinic to receive a Certificate of Immunization from IRIS; or contact the clinic which you received the series to gain a copy.

REFUSAL OF HEPATITIS B VACCINATION

“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.” (OSHA 29 CFR 1910.1030 App A.)

Date

Employee or Student Signature

Office Use ONLY: Date Certificate of Immunization Received and Filed: _____ By: _____

Appendix B

University of Northern Iowa
POST EXPOSURE INCIDENT CONFIDENTIAL RECORD

Employee Name (last, first, middle)

Job Title: _____

	Hepatitis B Vaccination Date	Lot Number	Site	Administered by
1.				
2.				
3.				

Additional Hepatitis B status information:

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

Identification and documentation of source individual:

Source blood-testing consent:

Description of employees duties as relate to exposure incident:

Copy of information provided to healthcare professional evaluating an employee after exposure incident:

Training Record: (date, time, instructor, location of training summary)

Attach a copy of all results of examinations, medical testing, follow-up procedures, and healthcare professional's written opinion.

Appendix C

Bodily Fluids Clean-Up Procedures – Handout

Encountering a spill of bodily fluids.

- See Procedures Any Incident Section

Once emergency aid is complete, clean-up will proceed as follows:

1. A clean-up will be brought to the scene from their designated location.
2. Disposable gloves will be put on by all employees participating in the clean-up and will be worn throughout; gloves will then be considered infectious and disposed of accordingly after clean up is completed.
3. Additional personal protective equipment (safety glasses, face mask and eye shield, foot coverings, and impervious gown) are not generally required, but if used must be treated as infectious material and disposed of in a red biohazard waste bag.
4. Apply the liquid absorbing compound, from the clean-up kit to the exposure area to soak up excess fluids; when the compound has absorbed the fluids, use the dustpan and scraper to collect; then dispose of the contents in a red biohazard waste bag.
5. If exposure is small enough to clean up with disposable towels, spray the fluid with broad-spectrum disinfectant. Allow spray to set for 10 minutes for germ killing time. Then wipe up the area with a disposable towel and dispose of it in a red biohazard waste bag. Disinfect surface area again by applying broad-spectrum disinfectant again, then let affected area air dry.
6. If exposure is large enough to require a mop and bucket, use broad-spectrum disinfectant per manufacturers specifications. Then mop the affected area leaving it damp to air dry.

7. If personal protective devices are used, dispose of face mask and eye shield, foot coverings, and impervious gown in red biohazard waste bag.
8. The mop and bucket contain disinfectant; rinse mop in hot water, wring out thoroughly, spray with disinfectant and place in normal dirty laundry; empty bucket and rinse both bucket and wringer with hot water and spray disinfectant.
9. Carefully remove gloves and dispose of them in the red biohazard bag to be stored in soiled utility room 057.
10. Immediately wash hands and arms for 2 minutes with soap and hot water.
11. Designated personnel will replace used items in clean up.
12. The designated person will make a report of the incident. The report should include date, time, location, names of employees participating in cleanup, names of victims if appropriate and available. A copy of the report will be sent to EHS.

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