

Child Care Training and Resource Kit

Hepatitis B & C

Handouts

FREQUENTLY ASKED QUESTIONS ABOUT BLOODBORNE PATHOGENS IN A CHILD CARE SETTING

How do I dispose of trash contaminated with body fluids?

- Place soiled and bloodied band-aids, paper towels, and other soiled disposable articles in a leak proof plastic bag.
- Place that bag in a plastic lined container. It can then be put in the regular trash container for pickup.
- Always keep trash containers covered and away from children and pets.

How do I clean up a **body fluid spill or accident on a carpet?**

- Keep children and animals away until the area has been cleaned and thoroughly dried. Wear disposable gloves
- Use paper towels to blot up as much of the spill as possible.
- Place soiled paper towels in a leak proof sealed plastic bag and place in a plastic lined container. They can then be disposed with the regular trash.

Use one of the following methods to clean the carpet:

1. **Best method**-steam clean the carpet using an extraction method. Let the carpet dry thoroughly.
2. Apply a germicidal carpet shampoo and scrubbing it in with carpet cleaning machine or a brush. Vacuum and let the carpet dry. Sanitize the brushes used for cleaning by soaking them in a fresh chlorine bleach solution of 1-tablespoon bleach to 1 quart of cool water. Let the carpet air-dry.
3. Apply a sanitizing absorbent powder. Let dry. Vacuum the area. Remove vacuum cleaner bag and place it in a lined waste container.

How do I handle, wash, or dispose of laundry contaminated with body fluids?

- Laundry contaminated with body fluids should be handled as little as possible. Use disposable gloves.
- Place articles in a leak proof sealed plastic bag and send home with the owner to be laundered.
- Contaminated laundry belonging to the child care program should also be handled with disposable gloves. It should be laundered with soap and hot water (140°F) in a washing machine and dried separately from other laundry.
- Contaminated laundry may also be discarded in the regular trash container if it is placed in a sealed leak proof plastic bag inside a plastic lined waste container.

What First Aid supplies should I bring on a field trip to help handle any body fluid contamination?

- A complete first aid kit (check your first aid manual) is essential on a field trip along with medical information, parental permission slips, insurance information, and a cell phone or change for a pay phone. Disposable gloves and access to soap and water are most important.
- If soap and running water or a complete first aid kit is not available at a minimum, carry disposable gloves, paper towels, alcohol wipes or an alcohol based hand sanitizer, band-aids, and sealable, leak proof plastic bags. If first aid was provided during the field trip, wash your hands with soap and running water as soon as possible even though you used gloves and a hand sanitizer.

Adapted from PHSKC CCHP materials, June 01

The ABC's of Hepatitis

	<u>Hepatitis A</u> (HAV)	<u>Hepatitis B</u> (HBV)	<u>Hepatitis C</u> (HCV)	<u>Hepatitis D</u> (HDV)	<u>Hepatitis E</u> (HEV)
What is it?	HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease.	HBV is a virus That causes inflammation of the liver. It can cause liver cell damage, leading to cirrhosis and cancer.	HCV is a virus that causes inflammation of the liver. It can cause liver cell damage, leading to cirrhosis and cancer.	HDV is a virus that causes inflammation of the liver. It only infects those persons with HBV.	HEV is a virus that causes inflammation of the liver. It is rare in the U.S. There is no chronic state.
Incubation Period	2 to 7 weeks. Average 4 weeks.	6 to 23 weeks. Average 17 weeks.	2 to 25 weeks. Average 7 to 9 wks.	2 to 8 weeks.	2 to 9 weeks. Average 40 days.
How is it Spread?	Transmitted by fecal/oral (anal/oral sex) route, through close person to person contact or ingestion of contaminated food and water. Hand to mouth after contact with feces, such as changing diapers.	Contact with infected blood, seminal fluid, vaginal secretions, contaminated needles, including tattoo and body-piercing tools. Infected mother to newborn. Human bite. Sexual contact.	Contact with infected blood, contaminated IV needles, razors, and tattoo or body-piercing tools. Infected mother to newborn. NOT easily spread through sex.	Contact with infected blood, contaminated needles. Sexual contact with HDV infected person.	Transmitted through fecal/oral route. Outbreaks associated with contaminated water supply in other countries.
Symptoms	May have none. Others may have light stools, dark urine, fatigue, fever, nausea, vomiting, abdominal pain, and jaundice.	May have none. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.	Same as HBV	Same as HBV	Same HBV
Treatment of Chronic Disease	Not applicable.	Interferon and Lamivudine with varying success.	Interferon and combination therapies with varying success.	Interferon with varying success.	Not Applicable.
Vaccine	Two doses of vaccine to anyone over 2 yrs of age.	Three doses may be given to persons of any age.	None	HBV vaccine prevents HDV infection.	None
Who is at Risk?	Household or sexual contact with an infected person or living in an area with HAV outbreak. Travelers to developing countries, persons engaging in anal/oral sex and injection drug users.	Infants born to infected mother, having sex with an infected person or multiple partners, injection drug users, emergency responders, healthcare workers, persons engaging in anal/oral sex, and hemodialysis patients.	Blood transfusion recipients before 1992, healthcare workers, injection drug users, hemodialysis patients, infants born to infected mother, multiple sex partners.	Injection drug users, persons engaging in anal/oral sex and those having sex with an HDV infected person.	Travelers to developing countries, especially pregnant women.
Prevention	Immune Globulin within 2 weeks of exposure. Vaccination. Washing hands with soap and water after going to the toilet. Use household bleach (10 parts water to 1 part bleach) to clean surfaces contaminated with feces, such as changing tables. Safe sex.	Immune Globulin within 2 weeks of exposure. Vaccination provides protection for 18 years or more. Clean up infected blood with household bleach and wear protective gloves. Do not share razors, toothbrushes, or needles. Safe sex.	Clean up spilled blood with household bleach. Wear gloves when touching blood. Do not share razors, toothbrushes, or needles with anyone. Safe sex.	Hepatitis B vaccine to prevent HBV infection. Safe sex.	Avoid drinking or using potentially contaminated water.

Grid 2001



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YOU CAN PROTECT CHILDREN FROM HAZARDOUS OBJECTS IN PLAYGROUNDS

Recent press reports have dramatized concerns about discarded syringes and condoms in parks and playgrounds. The Health Department stresses that the risk of disease transmission from contact with discarded syringes and condoms is low, and certain precautions and common sense procedures will reduce this low risk even further.

The Health Department therefore offers the following advice to parents; school employees, child care workers, and others on proper procedures to follow in case staff or children discover these discarded objects.

First there are three key points that parents and others in charge of children need to know:

1.

Teach children not to pick up or play with certain discarded object which they may find in a park, playground, or other place without first checking with an adult.

Children are naturally curious but can learn through games, pictures, and other consistent messages that some items are "ADULT ONLY." This can apply not only to used syringes and condoms but also to broken glass or other sharp objects, others' possessions, garbage, or strange animals. Children can learn to recognize "DON'T PICK UP" items, and to call an adult to come and properly discard the object.

To complement this teaching, examine any play doctor bags you may have and remove the syringes so children do not learn to think of these items as toys. These should be considered "ADULT ONLY" items. Do not frighten children about syringes and needles, however, because children must accept them as necessary medical tools when they receive immunizations or other injections.

2.

Supervising children is also a critical safety step. Proper supervision of children against risks and hazards is a key element for safety. Keep a good watch on your children!

3.

Check play areas regularly for unsafe or discarded objects and modify the play environment as necessary. Properly cleaning up unsafe items

before children are allowed to play will prevent contact with potential risks. Modifying the environment, such as adding fencing or trimming back plants with thorns or which may harbor discarded objects, is also recommended.

The Health Department emphasizes that the risk of disease transmission from a discarded syringe or condom is low especially when the following common sense precautions are take. If you have any question please contact the Health Department.

Used Condoms

- A used condom is very unlikely to spread any disease to anyone who merely touches it (particularly if it has dried), but for safety and for aesthetic reasons, washing with soap and water after direct contact with a used condom may be prudent.
- Children should be instructed not to pick up discarded condoms, but rather to tell an adult. Telling children not to pick up used "balloons" can be a way to caution children who are too young to understand about condoms.
- Used condoms should simply be discarded in the garbage. If found, a used condom may be picked up with a tool (tongs, shovel, rake, etc.) or by wrapping and picking up in paper, plastic, etc. The Health Department does not pick up discarded condoms from citizens because they pose virtually no risk.

Used syringes and needles

The Health Department does not come out to pick up discarded syringes. If you find discarded syringes on your property, it is your responsibility as a property owner to properly dispose of them. If you find discarded syringes in a public place, such as a park or playground, we encourage you to dispose of them properly or to promptly notify the person in charge to properly dispose of them.

In order to best protect private citizens and employees who work around garbage, these guide-lines should be followed:

1. Children should be instructed to not pick up discarded syringes, but rather tell an adult.
2. Discarded syringes should not be touched with bare hands. A glove or tool should be used. Tongs or garden equipment (e.g., shovel, trowel) are examples of tools which may be used to pick up used syringes.
3. Syringes should only be handled (with glove or tool) by the plunger or barrel, not by the needle.
4. Syringes with needles should be placed into a wide-mouth hard plastic container or metal can (such as coffee can), and capped or sealed. Put in container with the needle pointing down.
5. Properly contained needles can then be brought into any Health Department Clinic and deposited into one of our hard plastic

containers for disposal. As a last resort, the properly contained syringe and needle may be placed into the garbage. (Do not use glass containers as these may break in the garbage and place employees who work at transfer stations at risk of needle puncture injuries.)

6. If you or a child is stuck by a discarded needle or other sharp object, be assured that the risk of catching a disease is very low. Provide any appropriate first aid, such as washing the injury site with soap and water. Contact your health care provider if any signs of local bacterial infection occur, such as redness or tenderness at the injury site, or a temperature. A bacterial infection can be easily treated. It is unlikely, however, that a virus (such as Hepatitis B or HIV/AIDS) would be transmitted this way. If you have any questions, call the Communicable Disease Control Office.
7. If you see that discarded needles are a recurring problem in any area, please notify the local police department about this problem.

Public Health Centers for needle disposal:

Adapted with Permission from Public Health Seattle King County



Employer Responsibilities

Child care providers have the following responsibilities to protect employees from exposure to blood borne illness:

1. Be sure all staff are trained as part of their orientation and annually thereafter on how to protect themselves against bloodborne diseases.
2. Provide a supply of:
 - a. Disposable single-use latex gloves for first aid and in situations when blood is present.
 - b. Mouth barriers for situations when CPR is needed.
3. Assure that utility rubber gloves are available for employees whose job it is to clean bathrooms or potty chairs or to do any of the laundry for the program. Disinfect these gloves after each use. Replace gloves before they begin to show signs of wear to prevent contamination.
4. Make sure handwashing facilities are always in working order with sufficient warm running water, adequate soap and single-use towels.
5. Provide training (see Training Policy, page 7 and Sample Training Packet, page 12) for your employees. Determine which employee categories may have occupational exposure to blood or other blood containing body fluids. Employees in these identified categories must receive training.
6. Maintain training records for 3 years. Keep records of incidents of blood contact and exposure for 30 years after the employee terminates employment. Records are to be available for L&I to review upon request.
7. Keep a copy of your program's exposure policies and the WISHA regulations available for review by employees and volunteers at all times.
8. Review exposure policies at least annually to be sure the information is current.

EXPOSURE POLICIES

For the purpose of these policies, "**employee**" also includes volunteers.

At this center, the following job classifications are considered designated first aid providers. Employees in these jobs will be offered hepatitis B vaccine at no expense to the employee See sample form, page 10).

(Name of employee and job title)

(Name of employee and job title)

(Name of employee and job title)

(Name of employee and job title)

EXPOSURE PREVENTION PLAN

1. All blood and body fluids will be considered to be potentially infectious.
2. Employees will use gloves when there is the potential of contact with blood or blood containing body substances.
3. Employees will wash their hands immediately, or as soon as possible, after removing the gloves (gloves do NOT provide complete protection against infection).
4. Employees and volunteers will wash their hands:
 - before and after eating
 - after changing a diaper
 - after cleaning up spills of body fluids
 - after providing first aid to any child, other employee or volunteer
 - after going to the toilet
 - after assisting a child in the bathroom
 - after wiping a nose or mouth
5. Soap, warm water, and disposable towels are used to wash hands. On field trips, antiseptic hand cleaners will be carried to be used for emergency hand cleaning. Hands will then be washed with soap and warm running water as soon as possible!
6. If a surface is soiled with blood, the employee will:
 - Put on gloves before cleaning the surface
 - Clean and disinfect area immediately
 - Blot up the spill as much as possible with paper towels
 - Dispose of the paper towels in a plastic-lined trash can
 - Use a solution of 1/4 cup of bleach per gallon of water to disinfect the area OR if area is carpeted, use an absorbent disinfectant powder (*as directed by the product's manufacturer*)
 - Remove gloves and dispose of in a plastic-lined trash can
 - Wash hands after area is cleaned and all trash disposed.
7. When an employee's laundry is contaminated with blood, it will be removed immediately, placed in a plastic bag and laundered at employer's expense.

PROCEDURE FOR BLOOD CONTACT

Hepatitis B vaccination will be offered to employees as soon as possible, but in no event later than 24 hours after the employee has had contact with blood or body fluid containing blood (see definition **Blood Contact**, page 9). The employer will document any exposure incident and the follow-up. (See sample form, page 9.)

EXPOSURE INCIDENT PROCEDURE

1. If an **exposure incident** (see definitions, page 2) occurs, the employee will report this immediately to the director. The employee will complete an exposure incident form (see sample form, page 9).
2. Any employee involved in an exposure incident will be referred for a confidential medical evaluation (see sample form, page 8). The following will be included:
 - A written description of the route of exposure and the circumstances under which the exposure incident occurred.
 - Name of person from whom the blood/body fluid containing blood originated unless identifying the person is infeasible or prohibited by law.
3. When an employee is referred to a health care provider for evaluation, the employer will provide the health care provider with:
 - Copy of the bloodborne pathogen standard (WAC 296-62-08001) on request.
 - Blood Exposure Referral and Report *Form* (see sample form page 8).
 - Record of the employee's hepatitis B vaccination (if employer has a copy).
4. The source individual will be *requested* to have his/her blood tested as soon as possible and the test results disclosed to the exposed employee(s). The source individual is not required by law to have the tests or to disclose test results. The exposed employee will be reminded the test results are not to be disclosed to anyone, except for the health care provider providing the employee's medical evaluation. *When the source individual is already known to be infected with hepatitis B virus or human immunodeficiency virus (virus that causes AIDS), blood testing for these viruses- need not be requested.*
5. As soon as possible the exposed employee will be requested to have his/her blood tested. The employee may refuse to have the blood testing done or decide to have blood drawn and preserved for at least 90 days. This allows the employee time to make a decision concerning the specific laboratory tests. The employee is not required to reveal the test results to the employer.

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EXPOSURE INCIDENT PROCEDURE, CONTINUED

6. As the employer we will provide the employee with a medical evaluation, hepatitis B vaccination series and laboratory testing at no expense to the employee. State industrial insurance may cover these expenses as the result of an exposure incident (see definition, page 3). The employee who has been vaccinated against hepatitis B may not need an additional vaccination unless it was known that the employee did not respond to the vaccination series.
7. We will ensure the employee receives a copy of the health care provider's written opinion about the exposure (see sample form, page 8), within 15 days after the evaluation was completed.

If the health care provider recommends the employee receive a hepatitis B vaccination series, a record will be kept to document the recommendation and vaccination series.

EXPOSURE INCIDENT RECORDS

For the employee(s) with occupational exposure to bloodborne pathogens, the following information will be kept:

- ▶ Exposure Incident Form (page 9)
- ▶ Blood Exposure Referral and Report Form (page 8)
- ▶ Hepatitis B Vaccination Consent/Waiver Form (page 10)
- ▶ Name and social security number of the employee
- ▶ Employee's hepatitis B vaccination status and dates of vaccinations

The specific results of any blood test for diseases or other specific medical information is confidential to the employee. Employers have no right to this information. Records will be kept for at least the duration of employment plus 30 years.

What to DO After Giving First AID

Determine if blood was present



YES

NO

STOP



1. REPORT "Blood Contact" to employer before end of work shift.
2. Employer makes written report (names, incident, description, time, and date.)
3. Employer offers unvaccinated employees hepatitis B vaccine.



Employer determines if there was and "Exposure Incident" (review definition on page 2.)



YES

NO

STOP



Follow steps in "Exposure Policies" and "Exposure Incident" Procedure."