

Child Care Training and Resource Kit

Hepatitis B and C

Lesson Plan

HEPATITIS B AND C LESSON PLAN

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Course Length: 30-45 minutes (This should be presented in conjunction with an HIV/AIDS talk).

Objectives: Participant will:

- Understand how Hepatitis B and C are transmitted.
- Know how to protect themselves and the children in their care from exposure.
- Know how to clean up a blood or body fluid spill.

Public health staff in Washington State has provided all of the materials in the Child Care Training and Resource Kit. The only materials included are those where copyright could be located and permission to use was received. In all cases the copyright owner has requested to receive credit for the use of their materials. Please do not use these materials in any other way without getting your own copyright release.

How to use the Child Care Training and Resource Kits: Each lesson contains:

- **Lesson Plan** file, with the general directions for the lesson.
- **Overhead file** with the overhead materials. Those files on the CD are in color.
- **Teacher Notes** file which outlines the points of discussion for each overhead.
- **Handouts file** includes pages related to the overhead for those learners who like to take notes as well as other materials for the learner to take with them. Occasionally, some materials you must request yourself from the vendor. Instructions on how to get these materials are included in the lesson plan file. Some materials you must download from the Internet and the web address is included in the lesson plan file.
- **Teacher Enrichment** - In some cases the lesson developer may have included materials for teacher enrichment. Where possible, those materials are included here. If permission to print could not be obtained then the citation is included below for you to obtain.

Overheads: There are no Overheads for this lesson.

Teacher Notes: The Teacher notes are included in the Lesson Plan.

Handouts:

- The ABC's of Hepatitis: (frequently updated versions available from Hepatitis Foundation International) http://www.hepFI.org/pages/estore_start.html - print the download file marked grid. See the Handout file.
- Frequently Asked Questions About Bloodborne Pathogens in a Child Care Setting: See the Handout file.
- You Can Protect Children From Hazardous Objects in Playgrounds: See the Handout file.
- Procedure for blood contact: See the Handout file.
- Exposure Incident Procedure: See the Handout file.
- Exposure Policies: See the Handout file.
- Employer Responsibilities: See the Handout file.
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Materials Needed

- Flip chart paper, tripod, and markers
- Gloves
- Eye protection and mouth shield
- Ketchup
- Bleach, other cleaning supplies, and garbage bag

<p>Activity: Mini-lecture</p>	<p>Process: Mini-lecture: Hepatitis B:</p> <ul style="list-style-type: none"> • Hepatitis B is a serious liver disease caused by a virus. • Each year in the US, 140,000-320,000 people of all ages get Hepatitis B. • 92-98% of these will recover in six months. • 25-90% of children who are <5 years old, and 2-10% of adults will never clear the disease and will become carriers. • It is estimated that there are 1-1.25 million chronically infected Americans. <p>How is Hepatitis B transmitted?</p> <ul style="list-style-type: none"> • Blood • Semen • Vaginal and Cervical secretions • Amniotic fluid <p>The big thing with Hepatitis B, however, is that it can live out of the body for 30 days. That makes it 100 times more infectious than HIV. So, if an IV drug abuser uses your playground one night to shoot up. The needle is left, 29 days later one of your kids steps on the needle and it punctures their foot, are they potentially exposed to Hepatitis B?</p> <p>Who is the most at risk of contracting Hepatitis B?</p> <ul style="list-style-type: none"> • IV drug users • Sexually active heterosexuals • Gay males • Infants born to infected mothers • Children born to parents where Hep. B is endemic: SE Asia, Africa, Amazon Basin, the Pacific Islands and the Middle East • Sexual/household contacts of infected persons • Health care workers • Hemodialysis patients <p>Prevention:</p> <ul style="list-style-type: none"> • Screening for the disease has been available since 1982. • There is now a routine vaccine. • There is catch vaccination of high-risk groups of all ages. • There is screening of blood/organ/tissue donors. <p>Treatment: There are some treatments available, but they are only about 35%</p>	<p>Time 20 minutes</p>	<p>Materials: Mini-lecture: Flip chart and markers Write bullet points on paper before presentation.</p>
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	<p>effective.</p> <p>Hepatitis C:</p> <ul style="list-style-type: none"> • Is also a viral liver disease that is spread by the blood of an infected person. • It is now estimated that the number of people with Hepatitis C exceeds the number of people with HIV. • First identified as a separate disease in the mid 1970's. Routine testing didn't start until 1989. • 80% of those infected are carriers of the disease, most of these people don't know they are positive because Hepatitis C can be dormant for a long period of time. <p>Who is at risk:</p> <ul style="list-style-type: none"> • IV drug users • Anyone who received blood or blood products or organ transplantation before July of 1992 • Dialysis patients • Healthcare workers • Infants born with woman with Hepatitis C (HCV) (The potential for transmission from infected mom to newborn is <5%. However, transmission may depend on presence of high virus in the mom's blood. Babies born to infected mom's should be tested at 1 year of age.) • Sexual intercourse with someone with HCV (rare to get the disease this way, but possible, particularly if another sexually transmitted disease is present.) • Sharing of razors, toothbrushes with someone with HCV • Tattooing, body piercing (research is showing a clear connection between tattooing and body piercing and HCV). <p>So what do you need at school to be prepared for bloodborne pathogens?</p> <ul style="list-style-type: none"> • Gloves • Eye protection • A mouth shield (for doing CPR) <p>What else can you do to prevent the spread of a bloodborne illness?</p> <ul style="list-style-type: none"> • Check your playground every day before you let the children go out. 		<p>Have these objects for demonstration.</p> <p>Refer to handout.</p>
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<p>Scenarios</p>	<ul style="list-style-type: none"> • Teach the children not to pick up any garbage from the ground. • Teach the children to always wear shoes when playing outside. <p>How to clean blood or body fluid spills:</p> <ul style="list-style-type: none"> • Wear gloves. • If sharp objects mixed in, sweep up first—do not pick up with your fingers • Blot blood/body fluid with a paper towel. • If floor is hard, use strong sanitizing solution to wash. • If carpet, steam clean using the extraction method. Or, apply a germicidal carpet shampoo and scrub it in with a carpet cleaning machine or brush. Or, apply a sanitizing absorbent powder. Let it dry and vacuum the remaining powder. • All paper towels, rags, gloves, and vacuum cleaner bag should be placed in a sealed, leak-proof plastic bag. Place in another plastic lined container and dispose of in the regular trash. Keep the trash covered and away from children and pets. • Sharp objects should be disposed of in a metal or glass container. • Always wash hands very thoroughly after cleaning up a spill. <p>Scenarios:</p> <ol style="list-style-type: none"> A. Squirt a small amount of ketchup on the table. With the students go through the process that you would go through to clean up a blood spill. Have one student volunteer to do the “clean”. Pretend to use the supplies that you have brought to clean up the spill. B. Before the person doing the demonstration cleaning takes off their gloves, encourage them to do it without touching any of the ketchup on the gloves. C. Story: Two teachers have brought 14 children to the community playground. Without the teachers noticing, the children have found a used syringe with the needle still in it. Three children walk up to one of the teachers and present the item to the teacher. The teacher tells the child to drop it and she kicks it under a bush. They gather the children and return to the program site. One of the teachers returns to the playground with a container and places the syringe in the container and brings it back to the center. <ul style="list-style-type: none"> • What kind of follow-up will be needed for the child who was 	<p>10-15 minutes</p>	<p>Refer to handout or write on flip-chart paper.</p> <p>Scenarios: Ketchup, bleach, hand soap, bar soap, gloves, paper towels, rags, garbage bag, old glass jar.</p>
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	<p>holding the syringe?</p> <ul style="list-style-type: none"> • Should the teacher have carried the syringe with her the first time she returned to the program site? • What kind of container should she use for the syringe? • Where can she dispose of the container? <p>D. Story: A teacher has a cut on his arm, which is not covered. A child falls on the playground and cuts herself. She is bleeding and needs immediate attention. The teacher opens the first aid kit and quickly puts gloves on. He applies several pieces of gauze to the wound to control the bleeding. Some of the blood from the girl has run down his arm and directly into his own cut. He gets the other teacher to finish administering first aid to the child and quickly washes his cut with soap and water.</p> <ul style="list-style-type: none"> • Did this teacher have a “contact” or “exposure” incident? • Does he need to report this to his supervisor? • What type of follow-up will he need? (refer to L&I handout) 		
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