

Prevention of Exposure to Blood and Body Fluids

Insert in Health/Hygiene section after Cleaning, Sanitizing, and Disinfecting Procedures

Why is it Important?

- Blood and body fluids containing blood (such as watery discharges from injuries) pose a potential risk. Bloody body fluids contain the highest concentration of virus which can cause disease in humans.
- It is important to treat all body fluids (except human milk) as if they were infectious. By practicing Standard Precautions, an approach to infection control, in every situation that may place an individual in contact with blood or body fluids protects a person from exposure to bloodborne pathogens.

Procedures:

PREVENTION:

1. All adults should receive information and training on bloodborne pathogens when they begin caring for the child and annually thereafter. This training should include OSHA's guidelines to protect individuals against exposure to bloodborne pathogens.
(<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>)
2. Have a written *Exposure Control Plan (ECP)* in place, which outlines the steps taken to protect individuals from exposure to bloodborne pathogens; including: who may be at risk, how to reduce the risk, and what to do if exposure occurs. The following details should be included in the plan:
 - a list of tasks identified as having a potential for exposure to bloodborne pathogens
 - methods to protect individuals
 - dates and procedures for providing hepatitis B vaccinations
 - procedures for post-evaluation follow-up in case of exposure
 - content and methods for training
 - procedures for maintaining records
3. Use Protective Barriers to minimize potential contact of mucous membranes (eye, nose, or mouth) or opening in skin -- to blood or other potentially infectious body fluids and tissue discharges. Barriers include:
 - eye protection
 - masks
 - disposable gloves (see Gloving Procedures)
4. All surfaces that could potentially be exposed to infectious bodily fluids must be disposable or made of material that can be disinfected, such as:
 - Non-porous materials: materials that are not penetrable to water, air, dirt, or other fluids.

- Smooth materials: materials containing no holes, tears, cracks, chipping paint, seams, indentations, crevices, etc.
 - Example: smooth, plastic covered diaper changing pad with no quilted design, no indentations, no seams, etc.
5. Practice proper hand-washing procedures. Thoroughly wash hands and other areas immediately after providing care, even if gloves were used (see Hand-washing Procedures).

IN THE EVENT OF CONTACT:

1. Use Protective Barriers.
2. Seek immediate first-aid and wound care, if necessary.
3. Flush by cleaning exposed area with soap and water. In the event of mucous membrane exposure to bloodborne pathogens, flush the affected area with water for approximately 15-20 minutes. (This is the same standard practice for managing exposure to toxic substances.)
4. Clean and disinfect any surface with potentially contaminated materials before contact with individuals or objects (see Cleaning, Sanitizing, and Disinfecting Procedures).
5. Practice proper hand-washing procedures. Thoroughly wash hands and other areas immediately after providing care, even if gloves were used (see Hand-washing Procedures).
6. Notify immediate supervisor and follow any requirements, including documentation of incident.
7. If needed, follow up with a health care professional for confidential medical evaluation.

CLEAN-UP AND DISPOSAL:

1. Use Protective Barriers.
2. Clean and disinfect spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, injury or tissue discharges occur. These spills should be cleaned up immediately and properly disinfected using an EPA approved disinfectant (see Cleaning, Sanitizing, and Disinfecting Procedures).

3. Clean and disinfect all equipment used during clean-up to prevent infection and cross-contamination. Items that may be contaminated should only be picked up using mechanical means (for example, using a brush and dustpan, or tongs).
4. Dispose of diapers or other blood contaminated materials in a plastic bag with a secure tie and place in a plastic lined, covered trash container.
5. Remove and bag clothing (yours and those worn by children) soiled by body fluids to be cleaned and laundered.
6. Practice proper hand-washing procedures. Thoroughly wash hands and other areas immediately after providing care, even if gloves were used (*see Hand-washing Procedures*).

HAR §17-798.3-62, §17-798.3-64, §17-798.3-86(e), §17-800-21, §17-800-23, §17-800-45(e), §17-891.2-61, §17-891.2-62, §17-891.2-62(4), §17-892.2-62(4), §17-892.2-75, §17-892.2-76(a), §17-895.1-61, §17-895.1-62, §17-895.1-72(4), §17-896.1-62(2), §17-896.1-69

References:

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- Occupational Safety and Health Administration. (2011). *OSHA's Bloodborne Pathogens Standard* Fact sheet]. U.S. Department of Labor. https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf
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- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start Early Childhood Learning and Knowledge Center (last updated 2020). *Blood-Borne Pathogens* [Video]. <https://eclkc.ohs.acf.hhs.gov/video/blood-borne-pathogens>

Child Abuse and Neglect

Additions to pages 43-45

Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn't have to be shaken hard for trauma to occur. The brain of the young child may bounce inside of the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the age of three.

REPORTING SUSPECTED CHILD ABUSE AND/OR NEGLECT

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawai'i Department of Human Services:
 - 808-832-5300 or (toll free) 1-888-380-3088
3. In cases of emergency or immediate threat or harm, call 911.

PREVENTING SHAKEN BABY SYNDROME/ABUSIVE HEAD TRAUMA

Why is it Important?

- Shaken Baby Syndrome (SBS) / Abusive Head Trauma (AHT) is a PREVENTABLE form of physical child abuse.
- Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.

HAR §17-798.3-51(c)(13), §17-798.3-82, §17-800-10(c), §17-800-41, §17-891.2-11(13), §17-891.2-3(E), §17-892.2-11(a)(20), §17-892.2-25(4)(E), §17-895.1-11(a)(20), §17-895.1-25(b)(2)(F), §17-896.1-11(21), §17-896.1-25(2)(E)

References:

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. CFOC Standards Online Database. Aurora, CO; National Resource Center for Health and Safety in Child Care and Early Education; 2020. [https://nrckids.org/cfoc/].
- Arkansas Department of Human Services, Division of Child Care and Early Childhood Education. (2016). Training Module 6: Prevention of Shaken Baby Syndrome and Abusive Head Trauma. <https://humanservices.arkansas.gov/wp-content/uploads/Training-Module-6.pdf>
- Narang, S.K., Fingarson, A., & Lukefahr, J. (2020). Abusive Head Trauma in Infants and Children, Pediatrics, 145 (4) <https://pediatrics.aappublications.org/content/145/4/e20200203>

Emergency Procedures

Addition to page 52

As a child care provider, you know that your most important job is to protect the children in your care. However, even when you take all the steps necessary to create a safe environment, emergencies, such as accidental injury or human-made disasters, can occur. In an emergency, it is important to use the skills obtained in your **Pediatric** First Aid and **Child** CPR training to assess and/or treat the child. Additionally, children may not understand what is happening and may be physically or developmentally unable to protect themselves. In these situations, personal preparedness and planning can reduce the impact of a disaster and help to maintain a calm and safe environment for the children.

HAR §17-798.3-51(c)(7), §17-800-10(b)(4)(C), §17-800-46(a)(5), §17-891.2-43, §17-892.2-43, §17-895.1-43, §17-896.1-43

Evacuation, Shelter-in-Place, and Lock-down

Additions to pages 52, 55-56

Why is it Important?

- To keep children safe, child care settings can develop plans to reduce the risk of hazards.
- Creating an emergency plan gives child care providers an opportunity to think of how to respond to various scenarios before they happen.

Procedures:

1. Consider how to prepare for and respond to emergency situations that may require **evacuation, shelter-in-place, or lock-down**.
 - Evacuation: when emergency conditions require that you seek immediate protection at another location.
 - Designate evacuation routes/exits.
 - Have a method to evacuate multiple children at once, including infants and children with special needs.
 - Have emergency supplies prepared and readily available (see Appendix H).
 - Shelter-in-Place: when emergency conditions require that you seek immediate protection in the building you are in.
 - Bring everyone inside the facility.
 - Close and lock all windows and exterior doors.
 - Close the drapes, curtains or shades for additional protection.
 - Gather emergency supply kit (see Appendix H).
 - Go to an interior room, away from windows.
 - Do not leave your building until you receive official notification that the danger has passed.
 - Lockdown: a shelter-in-place procedure that requires children and adults to shelter in a safe room, lock doors, and remain quiet until the event is over.
 - Bring everyone into one room and move children out of sight.
 - Gather emergency supply kit (see Appendix H).
 - Lock interior doors. If a door can't be locked, attempt to quickly block the door with heavy items.
 - Turn off the lights and close the blinds or curtains.
 - Keep everyone quiet.
 - Wait until the "all clear" from emergency personnel.

2. Have a written emergency plan (see Appendix G). The purpose of an emergency plan is to specify how you will protect children during a disaster or emergency. It should describe the steps that will be taken for different events that may threaten the safety of children and adults in the program. The plan should include:
 - How to move children to a safe location. Designate a primary and alternate evacuation route and meeting area.
 - Emergency telephone numbers
 - Procedures for notifying and updating parents during and after an emergency
 - Use of the daily class roster(s) to check attendance of children and adults
 - Continuity of operations during and after an emergency
 - Accommodations of children, including infants and children with special needs (including children with chronic medical conditions)
 - Regularly scheduled practice drills
3. Inform families about your plan in your parent handbook and/or in a letter or informational flyer. Be sure that every family receives a copy of your plan.
4. Keep a copy of your Emergency Plan in your file for reference and post a copy where the child's family can easily see and read it.
5. Practice the plan regularly, approximately once a month with the children in your care to familiarize them with the process. Record the dates of the practice drills on a log.
6. Update the plan as changes occur, at a minimum annually.

HAR §17-798.3-84, §17-800-43, §17-891.2-17(a)(4), §17-891.2-66, §17-892.2-17(a)(7), §17-892.2-61, §17-895.1-17(a)(7), §17-895.1-71, §17-896.1-17(a)(7), §17-896.1-61

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- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2019). *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 4th ed. Itasca, IL: American Academy of Pediatrics. Child Care Aware (n.d.). *Child care emergency preparedness*. Retrieved from <https://www.childcareaware.org/our-issues/crisis-and-disaster-resources/child-care-emergency-preparedness/>
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