



Lincoln-Lancaster County  
Health Department

## ***Blood and Body Fluid Clean Up Plan***

### ***for Early Childhood Programs***

Early Childhood Professionals may come in contact with blood and body fluids as part of their work with young children. This plan outlines protective measures to eliminate or minimize employee exposure to blood borne pathogens and potentially infectious body fluids. Employees can review this plan at any time during their work shifts.

Name of Center:	Phone Number:
Address:	
City/State/Zip:	
Director's Name:	Director's Emergency Phone Number:
Name of Nearest Hospital:	
Address:	

## Terms:

**Bleach Solutions** are made by adding 8.25% unscented sodium hypochlorite (household bleach) to water. Different concentrations of bleach to water are used for sanitizing, disinfecting, and special body fluid clean up.

**Bloodborne Pathogen Exposure** is when a person's blood or body fluids contaminated with visible blood comes in contact with another person's mucous membranes (eyes, nose, mouth), open sores or cuts (non-intact skin).

**Bloodborne Pathogens** are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. Examples of blood borne pathogens include Hepatitis B (HBV), Hepatitis C (HVC), and the Human Immunodeficiency Virus (HIV).

**Body Fluid Clean Up Kits** contain personal protective equipment (PPE) and supplies to effectively clean up a body fluid and/or blood incident. Items include:

disposable gloves	scraper
absorbent powder/cat litter	N95 face mask
disposable apron	disinfectant
safety glasses	paper towels
disposable shoe covers	garbage bags

**Body Fluids** include: urine, feces, vomit, eye and wound drainage with NO VISIBLE BLOOD present. All body fluids are considered to be potentially infectious.

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

**Disinfecting** kills virtually all germs that may be present on surfaces. Chemical disinfectants should be used on diapering stations and bathrooms. Disinfectants used in early childhood settings must be registered by the Environmental Protection Agency (EPA).

**Sanitizing** is the process of reducing the number of microorganisms on a surface to a safe level. Sanitizing may be done with either heat or chemicals in the early childhood setting. Items must be properly cleaned for the sanitizer to be effective. Surfaces that come into contact with food or mouths should be sanitized.

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

**Potentially Infectious Material** refers to all human body fluids that can spread blood borne 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 individual** is the person whose blood or other potentially infectious body fluids are involved in the exposure of another person.

**Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against infectious materials. PPE examples include gloves, aprons, masks and protective eyewear.

# **Body Fluid Clean-up Policy and Procedures**

**ALL BODY FLUIDS** are considered to be potentially infectious.

Staff will use the following procedure when cleaning surfaces contaminated with body fluids/substances. Body fluids include: urine, feces, vomit, eye and wound drainage with **NO VISIBLE BLOOD PRESENT**. If blood is present see **Bloodborne Pathogen Policy**.

Be careful not to get any body fluid from another person in your eyes, nose, mouth or open sores.

## **Procedures:**

1. Immediately cover the contaminated area with paper towels.
2. Move children to a different room and have them immediately wash their hands. *The child involved in the incident should be moved to an area away from the other children and their hands should be washed.*
3. Determine correct clean up procedure for the incident based on the surfaces and body fluids involved.

**Cleaning and disinfecting procedures** are based on location, type of surface, type of body fluid present, and activities being performed in the area. All staff must wear gloves while cleaning spills of body fluids. 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 skin and hands of everyone involved.

### **Spills on Smooth Surface**

- Immediately cover the contaminated area with paper towels.
- Keep children away from the contaminated area, move them to a different room immediately, and have them immediately wash their hands.
- Put on protective gloves.
- Use paper towels to pick up as much of the spill as possible.
- Use a "Special Clean Up" solution of diluted bleach designed for cleaning up vomit and/or diarrhea. Mix ¼ cup (4 tablespoons) of 8.25% unscented bleach with 1 quart (32 oz.) of water. Apply the bleach solution to the spill. Air dry if possible or allow at least a 2-minute contact time. Wipe up the area with clean paper towels.
- Double bag all soiled paper towels 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.
- NOTE: an EPA disinfectant registered for use on norovirus may be used instead of bleach solution. \*EPA list of disinfectants: <http://www.epa.gov/> Search: Norovirus disinfectant list

### **Spills on Carpets and Rugs**

- Immediately cover the contaminated area with paper towels.
- Keep children away from the contaminated area until the area, move them to a different room immediately, and have them immediately wash their hands.
- Put on protective gloves.
- Use paper towels to pick up as much of the spill as possible.
- Spot clean with a detergent-disinfectant.
- Additional steam cleaning may be necessary to assure disinfection and 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 contamination.

- 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.

### **Handling Contaminated Clothing**

- Put on protective gloves prior to removing or handling contaminated clothing.
- Contaminated clothing should be removed immediately or as soon as feasible.
- Contaminated clothing should be handled as little as possible.
- Place contaminated clothing in a leak-proof plastic bag before transporting anywhere. Contaminated clothing that will be sent home with a child must be double bagged and securely tied or sealed.
- 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 household bleach (per product guidelines) to the wash cycle. Dry items in a hot clothes dryer.
- Alternatively, contaminated clothing may be disposed of 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**

- Put on protective gloves.
- Clean brooms, mops, dustpans, and other used equipment with detergent and rinse with water.
- Dip equipment into a “Special Clean Up” disinfecting solution. (1 cup of 8.25% sodium hypochlorite bleach in 1 gallon of water)
- Wring mops out thoroughly.
- Hang items to air-dry in an area that is inaccessible to children.

4. Assign staff to clean and disinfect the area using the Body Fluid Clean Up kit located \_\_\_\_\_.
5. \_\_\_\_\_ will complete an INCIDENT/ACCIDENT REPORT form.
6. Restock the “Body Fluid Clean Up Kit” and return to proper location.

# **Bloodborne Pathogen Policy and Procedures**

*All information and individuals involved in a blood borne pathogen exposure will be kept confidential.*

Our facility has trained all staff to respond to possible blood borne pathogen incidents. \_\_\_\_\_ is responsible for training employees upon staff orientation and annually thereafter.

Employees who experience an exposure will be offered the Hepatitis B vaccine or will sign a Hepatitis B Vaccine Refusal statement. OSHA Bloodborne Pathogen Standard: ([29 CFR 1910.1030](#))

## **All employees of this facility will follow the procedure:**

*An Exposure is when a person's blood or body fluids contaminated with **visible blood** comes in contact with another person's eyes, nose, mouth, open sores or cuts (non-intact skin).*

1. Staff will report any exposure to blood to \_\_\_\_\_, immediately after the incident occurs.
2. A trained staff will assist the exposed person. Contaminated clothing will be placed in a plastic bag to be washed at home.
3. Flush any mucous membranes with running water for 15 minutes. (i.e. eyes, mouth).
4. \_\_\_\_\_ will send the exposed person to seek medical attention immediately. If exposed person is a child, \_\_\_\_\_ will notify parent/guardian to seek immediate medical attention.
5. \_\_\_\_\_ will give the exposed person a PHYSICIAN EVALUATION form for a physician to complete before they return to the facility.

*Any person who is exposed to blood must seek immediate medical care.*

6. \_\_\_\_\_ will complete an INCIDENT/ACCIDENT REPORT form.  
*Describe the actual event and care of the exposed person.*
7. \_\_\_\_\_ will notify parent/guardians of the child whose blood came in contact with the exposed person.

## **Exposed Individual**

*If a blood borne pathogen exposure occurs, and the exposed individual is not vaccinated at the time, the Hepatitis B vaccine will be offered to that staff member.*

## **Documentation and Filing**

1. A waiver will be signed if staff refuses to be vaccinated. See HEPATITIS B VACCINE REFUSAL STATEMENT.
2. \_\_\_\_\_ will file INCIDENT/ACCIDENT REPORTS, PHYSICIAN EVALUATION form and/or waiver in the staff/child's file and report file.
3. Contact DHHS Child Care Licensing at (402)471-9562 in Lancaster County or (800)600-1289 in Nebraska.

## **Confidentiality**

*Only the child's name is mentioned to their own parent/guardian. Names of persons involved are not disclosed because of confidentiality laws.*

**Physician Evaluation Form  
(Bloodborne Pathogen Exposure Incident)**

**Name of child care:**

To Be Completed by Director/ Program Staff	
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 the 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 Hepatitis B Vaccine Refusal Statement. You may reconsider your decision in the future and receive the vaccine series at no charge.

HEALTH CARE PROVIDER	
Please evaluate this person and complete the following:	
May return to work/care: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Treatment:	
Signature:	Date: ___/___/___

# Hepatitis B Vaccine Refusal 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:

# Incident/Accident Report

Fill in all blanks and boxes that apply

Name of Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_/\_\_\_/\_\_\_

Incident Date: \_\_\_/\_\_\_/\_\_\_ Time of Incident: \_\_\_:\_\_\_ am/pm

Witnesses: \_\_\_\_\_

Name of Legal Guardian/Parent Notified: \_\_\_\_\_

Notified by: \_\_\_\_\_ Time Notified: \_\_\_:\_\_\_ am/pm

EMS (911) or other medical professional  Not notified  Notified Time Notified: \_\_\_:\_\_\_ am/pm

Location where incident occurred:  playground  classroom  bathroom  hall  kitchen  doorway  
 large motor room or gym  office  dining room  unknown  other Specify: \_\_\_\_\_

Equipment/product involved:  climber  slide  swing  playground surface  sandbox  trike/bike  
 and toy  other equipment Specify: \_\_\_\_\_

Cause of injury: (describe) \_\_\_\_\_

fall to surface; estimated height of fall \_\_\_\_\_ feet; type of surface: \_\_\_\_\_

fall from running or tripping  bitten by child  motor vehicle  hit or pushed by child  injured by object   
eating or choking  insect sting/bite  animal bite  injury from exposure to cold  possible blood borne  
pathogen exposure  other Specify: \_\_\_\_\_

Parts of body injured:  eye  ear  nose  mouth  tooth  other part of face  other part of head  
 neck  arm/wrist/hand  leg/ankle/foot  trunk other Specify: \_\_\_\_\_

Type of injury:  cut  bruise or swelling  puncture  scrape  broken bone or dislocation  sprain  
 crushing injury  burn  loss of consciousness  unknown  other Specify: \_\_\_\_\_

First aid given at the facility: (e.g., comfort, pressure, elevation, cold pack, washing, bandage):  
\_\_\_\_\_

Treatment provided by: \_\_\_\_\_

no doctor's or dentist's treatment required  
 treated as an outpatient (e.g., office or emergency room)  
 hospitalized (overnight) # of days: \_\_\_\_\_

Number of days of limited activity from this incident: \_\_\_\_\_ Follow-up plan for care of the child:  
\_\_\_\_\_

Corrective action needed to prevent reoccurrence: \_\_\_\_\_

Name of official/agency notified: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of staff member: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Legal Guardian/Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_