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Occupational Exposure to Blood Borne Pathogens

- 1) Employees should handle all children as if they were contagious or carrying an infectious disease. All bodily fluids of unknown origin should be treated as though they contain infectious disease.
- 2) Centers should train employees annually as to the use of Universal Precautions in the workplace. Written policies should be developed regarding the use of Universal Precautions. Disciplinary actions should be taken when employees do not follow the Universal Precautions policy.
- 3) If used consistently and appropriately, Universal Precautions help to reduce the risk of spreading infection from one child to another child. They will also reduce the risk of becoming infected with Blood Borne diseases such as HIV, Hepatitis, etc.
- 4) The consistent and appropriate use of Universal Precautions protects the client's right of privacy with regard to their HIV status. If staff is consistently and appropriately using Universal Precautions they do not have a "need to know" the HIV status of the children they serve. Depending upon state law, individuals involved in an exposure incident may have a right to know the HBV and/or HIV status of the source individual.
- 5) Agencies must have a reporting procedure for employees to report exposure to blood or other potentially infectious material (OPIM). Exposure means direct contact with blood or OPIM by any part of the body not covered with a protective barrier. Protective barriers are typically, latex or vinyl gloves. Clothes, paper towels, napkins, and rags are not considered protective barriers because the bodily fluid can be absorbed into the material and then contact the skin.
- 6) Employees for whom it is reasonably anticipated that they will have contact with blood or OPIM are required to be given a pre-exposure Hepatitis B vaccination, at the expense of the employer. In the childcare setting, the employees covered by this regulation would be those who, as part of their job requirements are designated as a first-aider and/or any other job function which has the potential to contact blood or OPIM. Employees involved in an exposure incident, who have not been previously vaccinated, must receive the Hepatitis B vaccine within 24 hours of the exposure incident. The employee has the right to refuse the vaccination, however, the employer should obtain a signed waiver documenting that the vaccine was offered and the employee refused. Employees who initially decline the Hepatitis B vaccine are permitted to change their mind at a later date and receive the vaccine at the employers expense if they continue to be at risk for exposure.
- 7) Following exposure, the employee must be referred to a medical consultant at the expense of the employer. The employer must provide the medical consultant with a copy of the OSHA regulation, and the exposure report. The medical consultants written opinion will be forwarded to the employer, and the employer must provide the employee with a copy of the opinion within 15 days of the completed evaluation. It is the employer's responsibility to retain the medical records relevant to the exposure incident. These records must be maintained separate from the employee's personnel file, in a file that is has restricted access and is kept under lock and key.