

## **Family & Children's Center**

### **Exposure Control Plan**

The following Exposure Control Plan has been developed by the Family & Children's Center, La Crosse, WI, to comply with OSHA regulations concerning Occupational Exposure to bloodborne pathogens, as published on December 6, 1991, in 29CFR 1910.1030, and which went into effect on March 6, 1992.

#### **Overview:**

The Family & Children's Center makes the Hepatitis B vaccination series available, at no cost, to employees who are at risk for occupational exposure to bloodborne pathogens. In addition, post-exposure evaluation and follow up by the Youth Services Nurse is available to any employee who experiences an exposure incident. Employees are expected to practice identified protocols in order to minimize risk to themselves and clients of the Family & Children's Center. These protocols include use of universal precautions, engineering and work practice controls, use of personal protective equipment, etc. The procedures for implementation outlined in this Exposure Control Plan are available from the program supervisor and/or Human Resources.

#### **Occupational Exposure Determination:**

1. Job classifications in which employees have risk for potential occupational exposure:
  - ◆ Residential Services: Residential Services Supervisor, Unit Supervisors, Therapist/Case Managers, Lead Core Staff, Direct Care Staff, Teaching/School staff, Facility Management Staff, MH Rehab Workers, Coordinators, Mental Health Practitioners/Lead Mental Health Practitioners and RN
  - ◆ Hope Academy: Coordinator, Social Worker, Teen Liaison, Teacher and Early Childhood Education Program Aides
  - ◆ Day Treatment: Clinical Supervisor, Case Managers, Therapists, Program Aides, Recreational Therapists, RN and Clinical Trainees
  - ◆ In-Home Services: Family Support Workers, Family Systems Specialists, Psychotherapists, CSP staff and Trackers
  - ◆ Treatment Foster Care: Coordinator, Respite Coordinator, Foster Care Parents, Case Managers and Independent Living Specialists
  - ◆ Outpatient Services: Therapists, Psychologists, Psychiatrists and Clinical Trainees
  - ◆ Facility Management: Supervisors, Housekeepers and Maintenance Staff
  - ◆ Child Advocacy Centers: Coordinator, Family Advocates, Supervisors and Visitation Monitors

2. All tasks, as specified by employee job descriptions in the program's staff manual, as well as other related tasks that may be required to be performed to provide care for the clients/youth in the above programs, may have potential for occupational exposure.

**New Employee Procedure:**

1. As individuals are hired by covered programs, they are informed of requirements to participate and/or decline in the Hepatitis B vaccination series.
2. At the time of hire, new employees need to be given an information fact sheet about Hepatitis B and the availability of the Hepatitis B vaccination series. The employee will be given time to review the sheet immediately and/or discuss the information with the hiring supervisor. The supervisor will present information concerning the process for obtaining the Hepatitis B vaccination if desired.

The employee will then be given the Hepatitis B Information/Vaccination Acknowledgement sheet (Appendix G) and be asked to sign the sheet as part of the hiring process.

The Program Supervisor will provide the employee with a Hepatitis B Vaccination Record (Appendix A). If the employee chooses to have the vaccination, the vaccination series must begin within 10 days of assignment to tasks where occupational exposure may take place.

Completion and return of vaccination records to the program supervisor is the responsibility of the employee. Following completion of the vaccination series, the form will be forwarded by the program supervisor to Human Resources for record keeping purposes. Each employee will also be given the opportunity to obtain a Hepatitis B titer eight weeks after completing the series.

3. Within 10 days of initial assignment to tasks where occupational exposure may take place; all new employees will complete a course on bloodborne pathogen procedures. The training session will consist of a training course on the Relias Learning Management system. The employee will also have an opportunity to speak in person or by phone or email correspondence to the Family & Children's Center's Health Care Professional (typically the Nurse from the employee's program). The training program will contain the following format:
  - a) An accessible copy of the regulatory text of the standard and an explanation of its contents.
  - b) A general explanation of the epidemiology and symptoms of bloodborne diseases.
  - c) An explanation of the modes of transmission of bloodborne pathogens.
  - d) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
  - e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  - f) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
  - g) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

- h) An explanation of the basis for selection of personal protective equipment.
- i) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccination will be offered free of charge along with the titer if vaccination is completed through FCC.
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- l) Information on the post-exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
- m) An explanation of the signs and labels and/or color coding required by the regulations.
- n) An opportunity for interactive questions and answers with a Family & Children's Center Nurse.

**Bloodborne Pathogens (BBP) Training Session:**

The bloodborne pathogens training is offered through the Relias Learning Management System. Each new employee at risk for exposure is required to complete the BBP course offered after hire. Annual completion of this course is required by all staff at risk for occupational exposure.

Fully completing the course, passing the exam and completing the survey is necessary for proper documentation of training compliance.

**Record Keeping:**

1. See Appendix B. The Family & Children's Center shall establish and maintain a bloodborne pathogens record for each employee with occupational exposure. This record shall include:
  - a) The name and social security number of the employee.
  - b) A copy of the employee's Hepatitis B vaccination status, including the dates of all vaccinations and medical records relative to the employee's ability to receive vaccinations.
  - c) A copy of all results of examinations, medical testing, and follow-up procedures as required by the Exposure Control Plan.
  - d) The employer's copy of medical evaluations as provided by Occupational Health.

These records shall be maintained for at least the duration of employment plus 30 years.

The Family & Children's Center follows all applicable state and federal laws regarding record keeping, including HIPPA standards.

2. Training records shall include the following:
  - a) The date of the training session.
  - b) The title of the Relias Learning Course (EL-BBP-COMP-0).
  - c) The contents or a summary of the training session.

Training records shall be maintained for 3 years from the date on which training occurred. These records will be kept in each employee's personnel file, a computer database, and in a training binder located in Human Resources.

3. All records required to be maintained by this section shall be made available upon request to OSHA representatives for examination and copying.

Employee training records shall be provided upon request for examination and copying to employees, employee representatives, and OSHA representatives.

4. If the employer ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the OSHA Director, at least 3 months prior to business closing, for directions regarding the disposition of the records.

### **Methods of Compliance:**

1. *Universal Precautions:*

General precautions shall be used to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

2. *Engineering and Work Practice Controls:*

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Hand washing: Employers shall provide hand washing facilities which are readily accessible to employees. When provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Employees should wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employees should wash hands and any other skin that may have come in contact with any potentially infectious material, or flush mucous membranes with water immediately if contaminated with blood or other potentially infectious materials.

Applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. If employee position requires eating with clients/youth, reasonable precautions must be taken to avoid sharing tableware, etc.

3. *Personal Protective Equipment:*

- A) Provision: when there is exposure or risk for occupational exposure, the Family & Children's Center shall provide, at no cost to the employee, appropriate protective equipment such as, but not limited to, gloves and clothing.

Routinely, single use gloves will be provided in program transportation vehicles, in program areas, as well as other work sites for each program at risk.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, mucous membranes, non-intact skin, or other potentially infectious materials. Gloves shall also be worn when handling or touching contaminated items such as urine soaked sheets or clothing. Hands should be washed immediately when gloves are removed.

- B) Use: Employees are required to use appropriate personal protective equipment. If the employee declines to use personal protective equipment, it is the employee's judgment. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- C) Gloves, protective clothing and/or other personal protective equipment should be disposed of after use in an appropriately designated area or container. Disposable gloves are to be replaced as soon as feasible when contaminated if they are torn, punctured, or when their ability to function as a barrier is compromised.
- D) If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed as soon as feasible. If clothing becomes minimally contaminated, employees are trained to remove the material in such a way as to avoid contact with the outer surface of the garment. However, if the amount of blood exposure is such that the blood penetrates the clothing and contaminates the inner surface, it may be prudent to cut such contaminated clothing to aid removal and prevent exposure to the face. The Family & Children's Center will provide several sets of sweats to each program with potential risk of exposure for staff to use until personal clothing can be replaced.
- E) All personal protective equipment shall be removed prior to leaving the work area.

4. *Housekeeping:*

- A) General: employers shall ensure that the worksite is maintained in a clean and sanitary condition. A schedule for routine cleaning and methods of decontamination based upon location within the facility, type of surface to be cleaned, type of soil present, and tasks being performed in the area can be found in Appendix F.
- B) All equipment and environmental and working surfaces are to be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- 1- Contaminated work surfaces will be wiped down with an appropriate disinfectant (1 part liquid bleach & 4 parts water may be used if a designated commercial product is not available) as soon as feasible after any spill of blood or other

potentially infectious materials. The commercial product FIGHT-BAC™ RTU can also be used as directed. This product can be obtained from your facility management supervisor. As with bleach, this product must be kept in a secure location away from clients/residents.

- C) Broken glassware which may be contaminated should not be picked up directly with the hands. It should be cleaned up using mechanical means, such as a brush/broom and dustpan.
- D) Other regulated waste products would include, but are not limited to, items such as blood or vomit soaked paper toweling or towels.

Toweling, etc. with limited soiling (such as from a bloody nose or cut not requiring stitches) should be placed in a leak proof trash bag, closed using a routine method of closure (twist tie, a knot), and placed in the dumpster. If there is any indication of leakage, or potential leakage, the waste products involved should be double bagged.

Towels, toweling, gloves, and so forth that are heavily saturated with blood should be placed in a red bio-hazard bag (found at each work site), sealed, and given to the Youth Services Nurse. She will transport the materials to La Crosse- Mayo Clinic Health System for disposal.

- E) Laundry (Residential Services Only):

Whenever possible, contaminated laundry (i.e. urine soaked sheets) should be stripped from the bed, carried to the laundry area, and placed in the washer by the youth involved.

Laundry that may be dripping should be transported in laundry tubs identified with the bio-hazard label. Mattress covers and the laundry tubs, as well as any other contaminated surfaces, should be wiped down with the disinfectant solution mentioned above.

### **Post-Exposure Evaluation and Follow-up:**

1. It is required that any employee with a possible exposure report the incident immediately to their supervisor. Confidential medical evaluation and follow-up will be provided.
2. In the event of a specific exposure incident, the **Bloodborne Pathogens Exposure Incident Report** (see Appendix D) will be available from each program supervisor and will be completed by:
  - a) The employee
  - b) The designated health care professional (typically the Youth Services Nurse if available) and if necessary,
  - c) A medical doctor

In addition, a **Family & Children's Center Special Incident Report** and **Employee Accident/Injury Report** must be completed immediately. These forms are available from the employee's program supervisor. The Special Incident Report will be turned in to the

program supervisor who will forward a copy to Human Resources for the employee record. The Injury Report also is forwarded to Human Resources.

3. The source individual's blood shall be tested as soon as feasible and after consent is obtained (consent will be obtained from parent or guardian if source individual is a minor) in order to determine HBV, Hepatitis C, and HIV infectivity if so directed by Occupational Health.

In the event that consent cannot be obtained, it will be documented that it is not legally possible to obtain this consent. In cases where the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

If the source individual is already known to be infected with Hepatitis B, Hepatitis C, or HIV, testing the source individual need not be repeated. Results of the source individual's testing shall be made available to the exposed employee from those who have done the testing. The employee and their medical provider shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual by the facility providing medical follow up.

4. As soon as feasible after an exposure and consent is obtained, the exposed employee's blood shall be collected and tested through Occupational Health. If the employee consents to baseline blood collection but does not give consent at that time for HIV testing, the sample shall be preserved for 90 days during which time the employee may elect to have the baseline sample tested.

Following an exposure, the medical provider will be given a description of the exposed employee's duties as they relate to the exposure incident, a description of the exposure incident, the results of the source individual's blood testing, if applicable, and all pertinent medical records (including vaccination status), which are the employer's responsibility to maintain.

5. The exposed employee will be offered post-exposure prophylaxis as medically indicated and as recommended by the U.S. Public Health Service. He/she will also be offered counseling and evaluation of any potentially related reported illness.
6. The Family & Children's Center shall obtain and provide the employee with a copy of the medical professional's written opinion within 15 days of the completion of the evaluation.

The written opinion for Hepatitis B vaccination shall be limited to whether the Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- a) That the employee has been informed of the results of the evaluation
- b) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment

All other findings or diagnoses shall remain confidential and shall not be included in a written report.

7. If the affected employee is employed outside of Residential Services, the program supervisor for that employee will be responsible for assuring employee follow through on all phases of the Exposure Control Plan.



## Key Definitions

- ◆ Blood: human blood, human blood components, and products made from human blood.
- ◆ Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- ◆ Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- ◆ Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials such as urine or semen.
- ◆ Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- ◆ Engineering Controls: controls that isolate or remove the bloodborne pathogens hazard from the workplace.
- ◆ Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of any employee's duties.
- ◆ Hand washing Facilities: a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- ◆ HBV: hepatitis B virus.
- ◆ HIV: human immunodeficiency virus.
- ◆ Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities required by this Bloodborne Pathogens Exposure Control Plan.
- ◆ Occupational Exposure: reasonably anticipating skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- ◆ Other Potentially Infectious Materials: means semen, vaginal secretions, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- ◆ Parenteral: piercing mucous membranes or the skin barrier through such events as needle sticks human bits, cuts, and abrasions.
- ◆ Personal Protective Equipment: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- ◆ Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood (i.e. blood soaked towels) or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
- ◆ Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Appendix A

**FAMILY & CHILDREN'S CENTER  
Hepatitis B Vaccination Record**

EMPLOYEE NAME: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

FAMILY & CHILDREN'S  
CENTER PROGRAM: \_\_\_\_\_

DATE OF COMPLETION OF EL COURSE EL-BBP-COMP-0: \_\_\_\_\_

DATE BLOODBORNE PATHOGEN FACTS SHEET AND TIMELINE SCHEDULE OBTAINED:  
\_\_\_\_\_

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**PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS (A, B, OR C):**

A. Dates of Hepatitis B Vaccinations:

\_\_\_\_\_

Clinic/Physician where obtained: \_\_\_\_\_

*In order to be eligible for the FCC sponsored Hepatitis B titer, employees must receive all 3 shots on schedule and all 3 while employed at FCC. Approval from HR is required for the titer.*

B. If Hepatitis B Vaccination is contraindicated due to medical reasons, attach medical report to this form.

C. If you have NOT already received your Hepatitis B Vaccination and do not plan to do at this time, read and sign the following declination statement.

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**If you choose to not complete the Hepatitis B Vaccination series at any point, sign below:**

**Declination 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 (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Appendix G**

**FAMILY & CHILDREN'S CENTER**  
**Hepatitis B Information/Vaccination Acknowledgement**  
(to be completed at time of hire)

EMPLOYEE NAME: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

\*\*\*\*\*

I have received written information concerning Hepatitis B and the availability of the Hepatitis B vaccination at no cost to myself for employees of (program)\_\_\_\_\_ of the Family & Children's Center.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

EMPLOYEE SIGNATURE

DATE

\*\*\*\*\*

\_\_\_\_\_ At this time, I expect to participate in receiving the series of Hepatitis B vaccinations. I understand I must start the vaccinations within 10 days following initial contact with clients. I will inform my supervisor of specific dates vaccinations were received.

\_\_\_\_\_ I have already received the full series of Hepatitis B vaccinations at (location):  
\_\_\_\_\_.

\_\_\_\_\_ At this time, I decline the opportunity to receive the Hepatitis B vaccination series by my signature below.

I understand that I am responsible to review the Exposure Control Plan prior to contact with clients and complete the Relias Learning course EL-BBP-COMP-0 within 10 days following initial contact with clients. I also understand that I may contact a FCC nurse at any time with questions and/or concerns.

\_\_\_\_\_

**Declination 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 (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; 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.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**FAMILY & CHILDREN'S CENTER  
TIMELINE SCHEDULE FOR COMPONENTS  
OF BLOODBORNE PATHOGENS MATERIALS AND PROCEDURES**

<u>PERSON RESPONSIBLE</u>	<u>ITEM OR PROCEDURE</u>	<u>COMPLETION DATE</u>
Supervisor	Provide for review: FACTS Sheet, BBP Timeline Schedule, & Exposure Control Plan	At time of hire
Supervisor	Give specifics re: obtaining vaccination; employee completes Appendix A	At time of hire
Supervisor	Employee signs Information/Vaccination Acknowledgement Form (Appendix G)	At time of hire
Employee & Supervisor	Discuss Relias Learning BBP course (EL-BBP-COMP-0) and completion process/due date	At time of hire
Employee	Begin series of Hepatitis B vaccinations (if applicable)	Within 10 days of assignment
Supervisor	Turn in Appendices G and A with the other required hiring paperwork	At time of hire
Human Resources	Record HBV on Appendix A via statements from provider File BBP information in separate file (not personnel file)	ASAP
Employee	Follow-up on vaccinations. VACCINATIONS MUST BE ON SCHEDULE FOR ORIENTATION PERIOD TO END	As scheduled
Employee	Complete Relias Learning course EL-BBP-COMP-0 within required time frame	Within 10 days following initial contact with clients
Human Resources	Verify employee completion of Relias Learning Course EL-BBP-COMP-0 within designated timeframe	Ongoing
Employee	Follow Universal Precaution procedures as outlined	Ongoing
<b><u>IN CASE OF EXPOSURE INCIDENT</u></b>		
Employee	Obtain and complete BBP Exposure Incident Report (Appendix D), Special Incident Report, Employee Accident Report	IMMEDIATELY
Employee	Obtain opinion of Health Care Professional and, if indicated, obtain medical attention	IMMEDIATELY
Supervisor/Employer	Refer to Exposure Control Plan for details	AT ONCE
Supervisor	Forward all copies of medical information to Human Resources	AS COMPLETED
Human Resources	Attach Appendix D, other records, to employee's record	AS RECEIVED

***If you make a personal choice to NOT follow Universal Precautions, NOT complete an Exposure Incident Report as indicated via in-service training, and/or NOT have a health care professional review incidents of potential concern, any liability incurred will be the EMPLOYEE'S RESPONSIBILITY.***

Individual employee records will be maintained for the duration of employment plus 30 years. FCC training records will be maintained for 3 years from the date which training occurred.

**Appendix D**

**FAMILY & CHILDREN'S CENTER**  
**Bloodborne Pathogen Exposure Incident Report - EMPLOYEE**

EMPLOYEE NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_

SOURCE INDIVIDUAL: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

FAMILY & CHILDREN'S  
CENTER PROGRAM: \_\_\_\_\_

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DESCRIPTION OF HOW INJURY OCCURRED. List protective equipment used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

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EVALUATION BY HEALTHCARE PROFESSIONAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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Follow-up medical evaluations if required: (Attach all copies of medical reports to this form).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_, M.D. DATE: \_\_\_\_\_

I authorize the Family & Children's Center to release all information or records needed for any required diagnosis or ongoing treatment as needed as a result from this Exposure Incident to :

Agency Name/Address /PhoneNumber \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN FORM TO :** \_\_\_\_\_ **Human Resources Personnel,**  
**FAMILY AND CHILDREN'S CENTER, 1707 MAIN, LA CROSSE, WI 54601**

**FAMILY & CHILDREN'S CENTER  
EMPLOYEE ACCIDENT/INJURY REPORT**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
                    First                    M.I.                    Last

**ADDRESS:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
                    \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

\*\*\*\*\*

**DATE OF INCIDENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ AM / PM

**DATE EMPLOYER NOTIFIED:** \_\_\_\_\_

**WORK TIME LOST?** NO \_\_\_ YES \_\_\_ **IF YES, HOW MUCH:** \_\_\_\_\_ HRS / DAYS

**HAVE YOU OR WILL YOU BE TREATED BY A PHYSICIAN?**

NO \_\_\_ YES \_\_\_ **DATE:** \_\_\_\_\_

**NAME OF WITNESS:** \_\_\_\_\_

**INJURY/ILLNESS DESCRIPTION (STATE EXACTLY THE PART OF THE BODY AFFECTED AND THE NATURE OF THE INJURY/ILLNESS)**

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**WHAT HAPPENED TO CAUSE THIS INJURY OR ILLNESS? (DESCRIBE THE INCIDENT IN DETAIL)**

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**This form must be submitted within 3 days of the incident to Human Resources.**

Appendix E

**FAMILY & CHILDREN'S CENTER**  
**Bloodborne Pathogen Exposure Incident Report - SOURCE INDIVIDUAL**

EMPLOYEE NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

SOURCE INDIVIDUAL: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

FAMILY & CHILDREN'S  
CENTER PROGRAM: \_\_\_\_\_ DIRECTOR: \_\_\_\_\_

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See "Employee Report" for description of incident, evaluation by health care professional, and follow-up medical evaluation.

PROGRAM SUPERVISOR: Please be sure the following information is completed and returned to the program Nurse/BBP Contact Person within 10 days following the exposure incident.

To the best of your knowledge, has the source individual received the Hepatitis B vaccination series? \_\_\_\_\_ If so, when? \_\_\_\_\_

Is the source individual a minor? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The parent or guardian of the source individual who is a minor was notified of the incident on \_\_\_\_\_ (date) by \_\_\_\_\_.

CONSENT FORM FOR SOURCE INDIVIDUAL SHALL BE OBTAINED FROM THE HEALTH CARE PROVIDER.

Appendix F

**FAMILY & CHILDREN’S CENTER – RESIDENTIAL SERVICES  
CLEANING SCHEDULE**

<u>AREA TO BE CLEANED</u>	<u>METHOD</u>	<u>FREQUENCY OF CLEANING</u>
<b><u>Bathrooms:</u></b>	Tile and cement walls - washed with BETCO Quat-stat (airless sprayer)	Bi-weekly
	Fixtures – BETCO Quat-stat	Daily
	Fixtures (inside of toilets and urinals) – BETCO Stixs and Quat-stat	Daily
	Showers and tubs – BETCO Peroxide, soft scrub	Daily
	Floors – BETCO Peroxide, Bleach water and BETCO Push	Daily
<b><u>Kitchen:</u></b>	Floors – Swept, mopped with BETCO Peroxide and PUSH	Daily
	Cabinets – Outsides wiped down with BETCO Peroxide	Weekly
	Counter tops – Cleaned with BETCO Sanibet sanitizer	Daily
	Sinks – Cleaned with BETCO Sanibet sanitizer	Daily
	Outside of Refrigerators and Freezers – (stainless steel) BETCO Steel Polish	Weekly
	Outside of Refrigerators and Freezers – (hard surface) BETCO Sanibet sanitizer	Weekly
<b><u>Laundry:</u></b>	Washer – Cycle ran with bleach	Weekly
<b><u>Bedrooms:</u></b>	Floors – swept and damp mopped with BETCO Peroxide	Weekly
	Beds – Make sure that all mattresses have good vinyl cover	Weekly
<b><u>Carpeted areas:</u></b>	Vacuumed	Daily
	Cleaned with BETCO Peroxide	As needed
<b><u>Time out rooms:</u></b>	Walls and floors – Cleaned with BETCO Sanibet sanitizer	Weekly
<b><u>All areas having potential for specific incident exposure</u></b>	Wiped down with 5 to 1 Bleach solution	As needed



Appendix F

**FAMILY & CHILDREN’S CENTER – 1707 MAIN STREET BUILDING  
CLEANING SCHEDULE**

<b><u>AREA TO BE CLEANED</u></b>	<b><u>METHOD</u></b>	<b><u>FREQUENCY OF CLEANING</u></b>
<b><u>Lobby Bathrooms:</u></b>	Mirrors and walls - washed with BETCO Quat-stat	Daily
	Fixtures (sinks) – BETCO Quat-stat Disinfectant	Daily
	Fixtures (inside of toilets and urinals) – The Works Bowl Cleaner	Daily
	Floors – BETCO Quat-stat Disinfectant	Twice a day
<b><u>All Other Bathrooms:</u></b>	Fixtures (toilets)-The Works Bathroom Bowl Cleaner	Daily
	Fixtures (sinks)-Quat-stat	Daily
	Floors-Quat-stat	Daily
<b><u>School Kitchen:</u></b>	Floors – Swept, mopped with BETCO Quat-stat	Daily
	Counter tops – Clorox Clean Up with Bleach	3 times a day
	Sinks – Clorox Clean Up with Bleach	3 times a day
<b><u>School:</u></b>	Vacuumed	3 times a week
	Desks and tables-Quat-stat	Daily
<b><u>Carpeted areas:</u></b>	Vacuumed	Daily
	Cleaned with BETCO Peroxide	As needed
<b><u>Garbage Cans:</u></b>	Emptied	Daily
<b><u>Time out rooms:</u></b>	Walls and floors – Cleaned with BETCO Sanibet sanitizer	Weekly
<b><u>All areas having potential for specific incident exposure</u></b>	Wiped down with 5 to 1 Bleach solution	As needed

Appendix F

**FAMILY & CHILDREN'S CENTER – 601 FRANKLIN STREET BUILDING**  
**CLEANING SCHEDULE**

<b><u>AREA TO BE CLEANED</u></b>	<b><u>METHOD</u></b>	<b><u>FREQUENCY OF CLEANING</u></b>
<b><u>Bathrooms:</u></b>	Fixtures (toilets)-The Works Bathroom Bowl Cleaner	Daily
	Fixtures (sinks)-Quat-stat	Daily
	Floors-Quat-stat	Daily
<b><u>Kitchen:</u></b>	Floors – Swept, mopped with BETCO Quat-stat	Daily
	Counter tops – Clorox Clean Up with Bleach	3 times a Day
	Sinks – Clorox Clean Up with Bleach	3 times a Day
<b><u>Carpeted areas:</u></b>	Vacuumed	Daily
	Cleaned with BETCO Peroxide	As needed
<b><u>Garbage Cans:</u></b>	Emptied	Daily
<b><u>Time out rooms:</u></b>	Walls and floors – Cleaned with BETCO Sanibet sanitizer	Weekly
<b><u>All areas having potential for specific incident exposure</u></b>	Wiped down with 5 to 1 Bleach solution	As needed

Appendix F

**FAMILY & CHILDREN'S CENTER – ROCHESTER BUILDING  
CLEANING SCHEDULE**

<b><u>AREA TO BE CLEANED</u></b>	<b><u>METHOD</u></b>	<b><u>FREQUENCY OF CLEANING</u></b>
<b><u>Bathrooms:</u></b>	Fixtures (toilets)-The Works Bathroom Bowl Cleaner Fixtures (sinks)-Quat-stat Floors-Quat-stat	Daily Daily Daily
<b><u>Kitchen:</u></b>	Floors – Swept, mopped with BETCO Quat-stat Counter tops – Clorox Clean Up with Bleach Sinks – Clorox Clean Up with Bleach	Daily 3 times a Day 3 times a Day
<b><u>Carpeted areas:</u></b>	Vacuumed Cleaned with BETCO Peroxide	Daily As needed
<b><u>Garbage Cans:</u></b>	Emptied	Daily
<b><u>Time out rooms:</u></b>	Walls and floors – Cleaned with BETCO Sanibet sanitizer	Weekly
<b><u>All areas having potential for specific incident exposure</u></b>	Wiped down with 5 to 1 Bleach solution	As needed

Appendix G

FAMILY & CHILDREN'S CENTER
Hepatitis B Information/Vaccination Acknowledgement
(to be completed at time of hire)

EMPLOYEE NAME: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

\*\*\*\*\*

I have received written information concerning Hepatitis B and the availability of the Hepatitis B vaccination at no cost to myself for employees of (program) \_\_\_\_\_ of the Family & Children's Center.

EMPLOYEE SIGNATURE

DATE

\*\*\*\*\*

EMPLOYEE SIGNATURE

DATE

\*\*\*\*\*

\_\_\_\_\_ At this time, I expect to participate in receiving the series of Hepatitis B vaccinations. I understand I must start the vaccinations within 10 days following initial contact with clients. I will inform my supervisor of specific dates vaccinations were received.

\_\_\_\_\_ I have already received the full series of Hepatitis B vaccinations at (location):

\_\_\_\_\_.

\_\_\_\_\_ At this time, I decline the opportunity to receive the Hepatitis B vaccination series by my signature below.

I understand that I am responsible to review the Exposure Control Plan prior to contact with clients and complete the Relias Learning course EL-BBP-COMP-0 within 10 days following initial contact with clients. I also understand that I may contact a FCC nurse at any time with questions and/or concerns.

\_\_\_\_\_

Declination 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 (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; 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.

EMPLOYEE SIGNATURE

DATE

## **Appendix H**

This Exposure Control Plan has been prepared by:

Spectrum Center; Innovation in Education  
Lorna Southall, R.N., Youth Services

A copy of this Exposure Control Plan is available through Family & Children's Center's Human Resource Office and/or by contacting the Youth Services Nurse.

This Exposure Control Plan shall be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The Exposure Control Plan shall be made available to the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative and/or to the Director of the National Institute for Occupational Safety and Health, or designated representative for examination or copying.

## **Bloodborne Pathogens Contact Person**

For more information, questions or to share your concerns regarding the Bloodborne Pathogens Training/procedures, please contact the following:

For Black River Falls Programs contact:

Kristin Berg at (715) 284-9477 or [kberg@fccnetwork.org](mailto:kberg@fccnetwork.org)

For Hiawatha Hall contact:

Nurse overseeing program

For the La Crosse CSP Program contact:

Amanda Freymiller at (608) 785-0001 extension 394 or [afreymiller@fccnetwork.org](mailto:afreymiller@fccnetwork.org)

Or

Lynette Wittenburg at (608) 785-0001 extension 298 or [lwittenburg@fccnetwork.org](mailto:lwittenburg@fccnetwork.org)

Or

Blaine Knutson at (608) 785-0001 ext. 298 or [bknutson@fccnetwork.org](mailto:bknutson@fccnetwork.org)

For La Crosse, Winona or Rochester Youth Programs contact:

Lorna Southall at (608) 785-0001 extension 253 or [lsouthall@fccnetwork.org](mailto:lsouthall@fccnetwork.org)

For Viroqua Programs CSP/Counseling Services contact:

Carol Adams-Underland at (608) 637-7052 ext. 222 or [cadamsunderland@fccnetwork.org](mailto:cadamsunderland@fccnetwork.org)

1/8/16 kkf