



Safety/Exposure Control Program- Self-Service Respite RCP

Management Safety Policy

Bay Respite Care, Inc. is a non-profit organization. Our mission is to provide meaningful support services to families with disabled children or adults living at home. This is carried out primarily through our in-home respite care program.

We recognize that in order to achieve the desired objectives of the in-home respite care program, it must be implemented in a manner that is safe and appropriate. Safety must play a most significant role in every aspect of our daily operations.

Bay Respite Care management pledges to all employees that every effort will be made and every consideration given to providing a safe work environment so that all employees can perform their jobs without fear of injury.

We expect you to meet your obligation as a Bay Respite Care employee head on, with a strong desire to work safely and that you will help your co-workers do the same.

Only then will we be able to truly help families and people with disabilities. Only then will we be able to operate a successful agency that will continue to improve, benefiting employees along with our clients. Your high regard for safety and our pledge to you for a safe working environment will benefit us all.

Director, Bay Respite Care

Establishment of Authority to Administer the Safety Program

The Safety Program of Bay Respite Care will be under the direction of the **Director**. He will be responsible for administering all phases of the program as outlined in the following Safety Program.

EMERGENCY SITUATIONS & WHAT TO DO

PREPARE FOR AN EMERGENCY

Before providing care for any client, check that a SIGNED Consent to Treatment form is available for the client under your care. Also, be sure you have phone numbers for the parent(s) and/or any other designated adult who can assist you if an emergency occurs.

EMERGENCY SITUATIONS

An emergency is if a client experiences a life-threatening emergency like the following:

- has an accident or is injured and first aid is not sufficient
- has a seizure over 2 ½ minutes
- has a seizure for the first time
- drinks or eats something poisonous
- becomes seriously ill
- experiences any other health related emergency where CPR and First Aid is not sufficient

Procedure

1. STAY CALM!!! If you remain calm in an emergency you will help reduce anxiety in the injured or ill person, prevent shock and respond better to the situation.
2. CALL 911
 - Inform the operator that you are providing care in someone's home,
 - what has occurred (the emergency),
 - the client's address and telephone number, and
 - Stay on the line until the operator tells you its okay to hang up.
3. CALL THE PARENT. If the parent is unavailable, CALL THE DESIGNATED ADULT/EMERGENCY CONTACT. Introduce yourself and inform them of what has occurred. Ask for assistance.
4. STAY WITH THE INJURED PERSON. Provide CPR/First Aid, as needed per the instructions learned in your certification course.
5. GIVE PARAMEDICS THE CONSENT TO TREATMENT FORMS.
6. RIDE WITH THE PARAMEDICS AND THE CLIENT (if possible). If there are siblings in your care and the designated adult is not able to care for them, stay at the client's home with them until you are relieved.
7. Call the BRC Office, as soon as possible. Explain the emergency situation to your supervisor.
8. FILL OUT AN INCIDENT REPORT FORM, describing the incident. Mail or deliver to BRC immediately.

EPILEPSY

DEFINITION OF EPILEPSY

According to the Epilepsy Foundation of America, epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works. When brain cells are not working properly, a person's consciousness, movement, or actions may be altered for a short time. These physical changes are called epileptic seizures. Epilepsy is therefore sometimes called a seizure disorder. Epilepsy affects people in all nations and of all races.

Some people can experience a seizure and not have epilepsy. For example, many young children have convulsions from fevers. These febrile convulsions are one type of seizure. Other types of seizures not classified as epilepsy include those caused by an imbalance of body fluids or chemicals or by alcohol or drug withdrawal. A single seizure does not mean the person has epilepsy.

INCIDENCE

About two million Americans have epilepsy; of the 125,000 new cases that develop each year, up to 50% are in children and adolescents.

CHARACTERISTICS

Although the symptoms listed below are not necessarily indicators of epilepsy, it is wise to consult a doctor if you or a member of your family experience one or more of them:

- "Blackouts" or periods of confused memory;
- Episodes of staring or unexplained periods of unresponsiveness;
- Involuntary movement of arms and legs
- "Fainting Spells" with incontinence or followed by excessive fatigue; or
- Odd sounds, distorted perceptions, episodic feeling of fear that cannot be explained.

Seizures can be generalized, meaning that all brain cells are involved. One type of generalized seizure consists of a convulsion with a complete loss of consciousness. Another type looks like a brief period of fixed staring.

Seizures are partial when those brain cells not working properly are limited to one part of the brain. Such partial seizures may cause periods of "automatic behavior" and altered consciousness. This is typified by purposeful-looking behavior, such as buttoning or unbuttoning a shirt. Such behavior, however, is unconscious, may be repetitive, and is usually not recalled.

Childhood seizures are generally well controlled with appropriate antiepileptic drugs (AEDs). Many children will enter a sustained remission, and drugs can usually be stopped if the child has remained seizure free for at least 2 years. Children with significant developmental disabilities in addition to a seizure disorder, however, often require prolonged treatment. They tend to have complex seizure patterns, metabolic disturbances, or structural brain abnormalities - all of which make seizure control more difficult.

WHAT IS A SEIZURE?

A seizure is defined as any sudden attack of altered behavior, consciousness, sensation, or bodily movements that is produced by a self-limited disruption of brain activity due to electrical discharge in the brain.

WHAT CAUSES A SEIZURE?

Seizures can be caused by many factors. Some of the factors include;

- a time limited condition such as trauma, extremely high temperature, hypoglycemia, etc.
- a genetic condition such as congenital defect, family history of abnormal EEG's, mental retardation, cerebral palsy, etc.
- an acquired condition such as brain injury, infection, exposure to toxins, etc.
- factors that contribute to seizures such as fatigue, stress, viral infection, hormonal change

TYPES OF SEIZURES

The International League Against Epilepsy (ILEA) classifies seizures based on clinical observation and EEG findings. The two basic types of seizures are partial and generalized. A revised ILEA classification system was introduced in 1981, and new terms replaced the traditional grand mal and petit mal seizures.

Partial Seizures

Partial seizures are the most common type of seizure disorder, accounting for almost 60% of all cases. About $\frac{3}{4}$ of affected individuals have a structural brain abnormality, most commonly of prenatal origin. Signs and symptoms of partial seizures depend on the localization of the seizure focus in a restricted area of one brain hemisphere.

These seizures are further classified as simple partial seizures when the individual remains fully aware and complex partial seizures when consciousness is impaired.

Simple Partial Seizure

Simple partial seizures can occur at any age but are commonly first identified after 4 years of age. When the seizure focus involves the area of the brain that controls motor functioning, the result is usually motor activity of the face, arm or leg. Psychic symptoms such as visual hallucinations or illusions may occur with simple partial seizures originating in the part of the brain that controls vision (occipital or parietal lobes), while more auditory hallucinations or smell sensations include localization in the part of the brain that deals with smell and hearing (temporal lobe). Note, these symptoms are also seen in complex partial seizures.

Complex Partial Seizure

The complex partial seizure is the most common seizure type in older children and adolescents but may be seen at any age including infancy. These focal seizures resemble generalized absence seizures. Distinguishing characteristics of complex partial seizures include the presence of an aura preceding the staring spell, duration longer than 10 seconds, and postictal confusion or actual sleeping. The seizure itself often includes eye blinking, lip smacking, facial

grimaces, groaning, chewing, unbuttoning and buttoning clothing, or other motor movements. The individual may even wander aimlessly.

Generalized Seizure

Generalized seizures affect both hemispheres of the brain at the same time. They account for about 40% of all cases of epilepsy.

Tonic-Clonic Seizures

The generalized tonic-clonic seizure (formerly called grand mal seizure) is the most common variant in childhood and the prototype of the epileptic seizure. This is the most nonspecific type of seizure that can occur at any age and may result from a fever, Central Nervous System (CNS) infection, metabolic disturbance, tumor, developmental brain abnormality or hereditary tendency. Primary generalized seizures appear to originate simultaneously in all areas of the brain, while secondary generalized seizures evolve from initially localized events. This localized event is often indicated by a brief, sometimes non-specific aura or warning preceding the overt portion of the seizure. The convulsive seizure itself generally starts with eye movements upward or to one side, sudden loss of consciousness, and rigidity. This tonic stage lasts for about 30 seconds to 1 minute, during which time the individual may stop breathing and bite the tongue. A clonic phase is usually followed by fatigue or sleep. Incontinence may occur during this post-seizure period. Upon recovery, the person typically has no memory of the seizure itself. Some individuals have purely tonic or clonic seizures.

Absence Seizures

Absence seizures (formerly called petit mal) are much less common than tonic-clonic seizures, accounting for less than 5% of all seizure disorders. Onset usually occurs between the 3rd and 7th year of life. During this type of seizure, the individual abruptly stops all activity, assumes a glazed look, stares, and remains unaware of surroundings for several seconds. The maintenance of normal muscle tone protects the individual from falling. Unlike simple daydreaming, absence seizures cannot be interrupted by talking to or touching them. It may be difficult to identify an absence seizure because of how short they are and once it is over the individual can almost immediately respond to outside stimulation.

Atypical Absence, Myoclonic, and Atonic Seizures

Atypical absence seizures involve complex staring spells and associated focal features. Compared with typical absence seizures, this type of seizure usually starts gradually, lasts longer, and terminates with post-seizure confusion. Furthermore, the underlying mechanism is very different from typical absence that is caused by a primary event originating in deep midline structures of the brain. Myoclonic seizures are characterized by sudden and powerful involuntary contractions of muscles. For example, a hand may fling out or spasms may involve the entire body and cause the individual to be thrown to the ground. Atonic seizures produce sudden loss of muscle tone without warning. In these seizures, head nods or crashing falls may be followed by tonic stiffening or unconsciousness.

STATUS EPILEPTICUS

A brief seizure is not usually dangerous unless the individual falls; is exposed to physical danger (e.g., a tonic-clonic seizure while swimming); or chokes on food. Status epilepticus, however, can become life threatening or result in brain damage. Status epilepticus is defined as a single seizure or cluster of seizures that is sufficiently prolonged or repeated at sufficiently brief intervals to produce an unvarying and enduring epileptic condition. Although this definition does not indicate a specific amount of time, most professionals consider 20-30 minutes of continuous seizures or repetitive seizures without a full return of consciousness to be "status epilepticus". Status epilepticus occurs most frequently during the first 3 years of life. Fortunately, death following status epilepticus has decreased with more advanced medical care in the emergency response system.

There are many other types of seizures besides the ones listed here. For a more complete list, you can call the office and request it.

BRC Seizure Policy: If a person has a seizure that lasts more than 2 ½ minutes, call 911. If they have a seizure for the first time call 911!

WORKMAN'S COMPENSATION PROCEDURE
(What to do if you get hurt on the job.)

****THIS PROCEDURE IS FOR ON-THE-JOB INJURIES FOR BAY RESPITE CARE, INC. EMPLOYEES ONLY****

PROCEDURE:

1. Call Bay Respite Care, Inc. (707) 644-4491 and speak directly the Director BEFORE going to the doctor. Be prepared to give all the pertinent information related to your injury.
 - In order to be covered by our insurance, for the first thirty days you MUST go to one of the doctor's offices designated by Bay Respite Care, Inc. Please telephone the office to obtain this information. If you go to a non-designated doctor within the first 30 days, it is quite likely that you may not receive worker's compensation benefits.
 - The Director will call the designated doctor's office nearest to you; tell them to expect you, confirm your employment with Bay Respite Care, and give them the necessary insurance information so that you will not incur any charges when you go. (If you need to go immediately and are unable to speak with the Director before going, BE SURE TO TELL THEM IT IS A WORK RELATED INJURY. Ask the doctor's office to call us to confirm your employment so that you will not be charged.) Afterwards, YOU still MUST call the Director to give him all of your information.
2. You must attain a complete EMPLOYEE WORK STATUS REPORT form from your attending doctor. This will state when you may return to work and restrictions if any. You MUST submit this to the Director AND YOU MUST HAVE THE DIRECTOR'S APPROVAL BEFORE YOU MAY RETURN TO WORK.
3. The Director will submit all of your information to our insurance company. The Doctor will send a report to our insurance company and send one to the Director as well. The insurance company will then contact you DIRECTLY to inform you of any further workman's compensation benefits you may be entitled to. The insurance company will also notify Bay Respite Care of your benefits.

GUIDELINES FOR THE OPERATION OF ADAPTIVE EQUIPMENT

1. Be sure you have been trained by the client's parent on the proper use of any client equipment, e.g., wheelchair, adaptive equipment, etc. BEFORE working with it.
2. All client equipment will be used as intended utilizing safety features as appropriate, e.g., wheelchair brakes.

OSHA, BLOODBORNE PATHOGENS, EXPOSURE, AND HOW TO PROTECT YOURSELF

OSHA STANDARDS

In December 1991, with an update in March of 1993, the Occupational Safety and Health Administration (OSHA) issued federal regulations regarding employee occupational exposure to “bloodborne pathogens” which cause disease. The OSHA regulations require that employers write an Exposure Control Plan, of which one important component is employee training.

A copy of the OSHA regulations, as written in the Federal Register, Section 5193, Title 8, is now presented in the Bay Respite Care training program for Respite Care Providers (copies available upon request).

This section of the BRC training program will provide you with:

1. An explanation of BRC’s Exposure Control Plan.
2. General explanation of bloodborne pathogens and modes of transmission
3. Respite Care provider job tasks and activities that may involve potential exposure and methods to prevent or reduce exposure.
4. What to do if an exposure incident occurs.

BAY RESPITE CARE EXPOSURE CONTROL PLAN

Bay Respite Care recognizes that, in order to achieve its desired objectives, our in-home respite care program must be implemented in a manner that is safe and appropriate. As changes in our society and environment occur, we must consider the impact of these changes on our employees. Providing information about potential employee exposure to infectious diseases is an integral part of our Respite Care Provider training program.

As required by the occupational health standard for bloodborne pathogens [5193 (c)(1)(A) March 1993, Occupational Safety and Health Administration (OSHA), U.S. Department of Labor] BRC has developed an Exposure Control Plan.

The term *exposure*, as used by OSHA to pertain to respite care providers, means *potential* exposure. This means that a person who may as a result of his/her job activities REASONABLY ANTICIPATE contact with non-intact skin, eye, mucus membrane, or other contact with blood or other bodily fluids (i.e. semen or vaginal fluid) is considered to be potentially exposed.

One section of the BRC Exposure Control Plan is devoted to Exposure Determination. This is a detailed analysis of tasks within our agency, which determines that Respite Care Providers are not occupationally exposed, but may have a potential for exposure. Our plan includes preventative measures, procedures to take in an emergency situation, and what to do if an exposure incident occurs. The Bay Respite Care Exposure Control Plan may be examined by employees of BRC during regular office hours (Monday - Friday, 8:30 a.m. - 5:00 p.m.) or at such other time as is reasonable.

The BRC Director is responsible for implementing the ECP and ensuring compliance with it and the OSHA Standard.

BLOODBORNE PATHOGENS

Bloodborne Pathogen- The definition, published by the Department of Labor - OSHA, 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens states:

“Bloodborne Pathogens means 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).”

Hepatitis B virus (HBV) - This virus can cause severe damage to the function of the liver. HBV can range from no symptoms to fatal liver disease. The most common symptoms are fatigue, mild fever, muscle aches, nausea, vomiting, and jaundice (yellowing of the skin). The incubation period is usually 60-90 days.

Human Immunodeficiency virus (HIV) - is the preliminary virus that can lead to AIDS. This virus can cause a defect in the immune system lowering the ability to fight off disease and opportunistic infections. HIV has an incubation period of 3 months to more than 5 years. The most common symptoms begin with swollen lymph glands, fever, fatigue, weight loss, night sweats, and diarrhea.

MODES OF TRANSMISSION

Information published by the U.S. Department of Health and Human Services, Public Health Services Centers for Disease Control “Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers” February 1989, states that HBV and HIV can be transmitted by:

1. blood transfusion
2. an infected pregnant woman can infect her baby
3. sexual contact
4. direct inoculation (injections/shots)
5. direct contact with an open wound or non-intact (e.g. chapped, scraped, weeping, or inflamed) skin

However, additional information published by the Centers for Disease Control, MMWR, June 24, 1988, Vol. 37, No. 24, pp. 337-382, 387-388, states that Universal Precaution to prevent transmission of bloodborne pathogens do NOT apply to the following bodily fluids:

- feces, nasal secretions, sputum, sweat, tears, urine and vomit unless they contain visible signs of blood
- it goes on to say that the “risk of transmission of HIV and HBV from these fluids and materials is extremely low or nonexistent.”
- HIV transmission failed to occur after bites or contamination of cuts and open wounds with saliva from HIV infected clients. The potential for salivary transmission of HIV is remote.

RCP JOB TASKS AND ACTIVITIES THAT MAY INVOLVE POTENTIAL EXPOSURE

Respite Care Providers provide direct care to disabled children and adults. The job description notes the following tasks: Providing assistance as needed in activities of daily living (such as dressing, toileting, changing diapers, feeding, bathing, etc.), preparing meals as provided by the client's family, implementing recreational activities, assisting clients taking oral medication, written paperwork, and attendance at in-service training's and required meetings. These job tasks do NOT require contact with blood or bodily fluids that require precautions (refer to section C2 regarding body fluids which do NOT involve potential exposure). **THEREFORE, RESPITE CARE PROVIDERS ARE NOT CONSIDERED POTENTIALLY EXPOSED EMPLOYEES.**

To further clarify this, note that BRC policy strictly restricts all Respite Care Providers from performing any invasive or nursing procedures that could put you at risk of exposure to blood or potentially infectious body fluids. Nursing procedures, such things as inserting suppositories, performing needle injections, etc. are prohibited in BRC respite care.

At any time, at any job site, in any job, there is the possibility that an individual may be ill, or an emergency may occur where First Aid or CPR may be needed, or an exposure to blood or infectious bodily fluids may occur. However, an employee would NOT be considered a potentially exposed employee if these circumstances were NOT reasonably anticipated to occur during the employee's job activities. Since it is BRC policy NOT to provide service to any client who will likely need First Aid or CPR, or who is known to be ill, or uncontrollably violent, or whose body fluids are known to have visible signs of blood, Respite Care Provider exposure to blood or infectious body fluids is not reasonably anticipated. It should be noted that Respite Care Providers receive First Aid and CPR training only in order to appropriately respond to emergencies if they occur, and NOT because it is anticipated that CPR and First Aid will be needed.

However, for some (but not all) Respite Care Providers, there are 2 job tasks that may involve the possibility of an occupational exposure to blood or other potentially infectious body fluids:

- Assisting an adult female client with changing her menstrual pad.
- Assisting a client with brushing his or her teeth.

However, the risk of transmission of bloodborne pathogens while performing these tasks is, again, extremely low or nonexistent and that risk is eliminated by the preventative measures described in this training program.

METHODS TO PREVENT EXPOSURE

Universal Precautions are work practices that prevent contact with blood and certain other body fluids. Respite Care Providers are to treat all human blood and certain human bodily fluids as if known to be infectious for HIV, HBV and other bloodborne pathogens. This approach is known as Universal Infection Control Precautions. It is your best protection against HIV, HBV and other infectious diseases.

UNIVERSAL PRECAUTIONS MUST BE PRACTICED AT EVERY BOOKING THROUGH THE FOLLOWING METHODS:

1. Hand washing – Hand washing is of extreme importance to the Respite Care Provider. Hand washing BEFORE giving direct care protects your client from an infection you may be carrying (flu, for example). Hand washing AFTER direct care obviously protects you.

Hands should be washed:

- upon arrival at a client's home
- before handling or preparing food
- before eating
- after using the toilet
- after assisting client in toileting
- after changing a client's diapers
- after handling any articles or cleaning any surfaces soiled by body secretions
- before and after assisting a client with brushing his/her teeth
- before and after assisting an adult female client changing her menstrual pad
- immediately after removing gloves and/or other protective equipment
- handling potentially contaminated items
- before leaving the client's home at the end of the booking

Hand washing procedure:

1. Rinse your hands in warm water
2. Soap thoroughly, rubbing lather over the tops of the hands and wrists, as well as over the palms
3. Clean under fingernails
4. Rinse thoroughly
5. Repeat the lathering
6. Rinse thoroughly
7. Dry with your own towel/or disposable paper towel
8. Hang your towel up separately from others.

After washing your hands, use lotion in order to prevent getting dry, chapped hands that could become infected.

In case of an emergency, if a client is cut or if for any reason there occurs unavoidable contact with blood, wearing disposable gloves and/or strict adherence to hand washing procedures should be followed.

2. Personal Protective Equipment

- Bay Respite Care will provide appropriate personal protective equipment, i.e., single use, latex or vinyl disposable gloves, to Respite Care Providers at no cost.
- Disposable gloves will be kept at the Bay Respite Care' office. Gloves will be mailed to Respite Care Providers upon request or can be picked up at the BRC office during business hours (M-F 8:30 a.m. – 5:00 p.m.)

- Respite Care Providers will ALWAYS wear gloves when assisting a client with brushing his or her teeth and when assisting an adult female client change her menstrual pad.
- If a Respite Care Provider has any open wound, non-intact (e.g. chapped, scrapped, weeping, or inflamed) skin, primarily on the hands, disposable gloves MUST be worn. A bandage must also be worn to cover and protect the wound.
- Use of gloves as described above is mandatory. The fact that gloves might alarm the client or make routine procedures more difficult is not adequate reason not to wear them.
- Gloves must be replaced after each use. They will not be washed or decontaminated for reuse. After use, disposable gloves must be placed in an appropriate designated container (garbage pail) for disposal.
- If a client soils bed linen or clothing while under Respite Care Provider's care, it is recommended that the Respite Care Provider wear gloves and carefully remove the soiled item and place it in an appropriate container designated by the family (e.g. washing machine or laundry basket).
- If bodily fluids (i.e. excrement or vomit) get on household surfaces, these should be cleaned first by using a standard household cleaning agent (detergent, scouring powder, etc.) Following cleaning, rinse surface to remove all of the cleanser. Then apply bleach solution of ¼ Cup bleach to one gallon of water. DO NOT USE MORE BLEACH THAN THIS AMOUNT AND NEVER COMBINE BLEACH WITH OTHER CLEANING AGENTS. It is recommended that the Respite Care Provider wear gloves when doing this task.
- Broken glassware, which may or may not be contaminated, must be cleaned up using mechanical means such as a broom and dustpan.

3. Safe Work Practices

- Assisting a client with brushing his/her teeth: If at all feasible, the client should brush his/her own teeth. If he or she needs assistance, Respite Care Providers should do so in such a manner as to minimize splashing, spraying, splattering, and generation of droplets. If possible, the Respite Care Provider should stand behind the individual, hold on to the chin and brush the teeth starting from the top of the teeth, brushing down, and repeating as needed. Brushing in a down and up manner should be avoided. THE RESPITE CARE PROVIDER MUST WEAR DISPOSABLE GLOVES DURING THIS TASK.
- If at all possible, a female client should change and dispose of their menstrual pads independently. If a client needs assistance, the Respite Care Provider will wear disposable (single use) gloves.
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in client bedrooms and bathrooms. Otherwise, Respite Care Providers may eat in any reasonable area as instructed by the client family.
- Use separate eating utensils, glasses, cups, etc. DO NOT share food or drinks.
- Application of hand cream is permitted in all work areas provided the hands are thoroughly washed prior to application.
- Change diapers away from food preparation area.

- The same sponges should not be used to wash dishes and clean other surfaces. DO NOT rinse sponges and mops used to clean up spills on the floor in the food sink.
- Cover any broken skin with a bandage
- If a glove tears, remove glove, wash hands and replace glove
- If soap & water are not immediately available, use antiseptic towelettes, alcohol or peroxide.

4. REPORT ANY POSSIBLE EXPOSURE

WHAT TO DO IF AN EXPOSURE INCIDENT OCCURS

Office Hours: M - F 8:30 a.m. - 5:00 p.m.
 Office Number: Within County (707) 644-4491
 Toll Free 1-888-644-4491

An exposure incident is defined as specific eye, mouth, or other mucous membrane, non-intact skin, or contact with blood or other potential infectious materials that occurs as a result of occupational duties.

Bay Respite Care has determined that Respite Care Provider exposure to bloodborne pathogens is not reasonably anticipated and therefore, provision of Hepatitis B vaccinations prior to providing respite care is not required.

However, if under emergency or other unanticipated circumstances an exposure incident does occur, Hepatitis B vaccines and/or Hepatitis B immunoglobulin (HBIG), a preparation of immunoglobulin with high levels of antibody to HBV, will be made available to the employee, if medically appropriate, within one week of exposure. This will be provided at no cost to the employee.

BRC will also provide, at no cost to the employee, a post-exposure evaluation and follow up in conjunction with a licensed physician or health care professional and follow all U.S. Public Health Service recommendations. An accredited laboratory will do any testing.

POST EXPOSURE AND FOLLOW-UP

1. If any employee has an exposure incident, s/he should immediately report this event to the Director. BRC will document the route of exposure and circumstances under which the exposure incident occurred.
2. The blood of the source individual with respect to an exposure incident will be tested if consent is given.
3. The employee of BRC who experiences the exposure incident will be informed by the evaluating licensed health care professional of the infectious status for bloodborne pathogens of the source individual's blood to the extent that the law permits. The employee will also be informed that the information provided to him/her about the infectious nature of the source individual may be protected from any disclosure by law and any disclosure made by the licensed health care

4. The employee who experienced an exposure incident may have their blood tested for HBV and HIV serologic status if they desire to do so and give their consent. In the event the licensed health care professional recommends testing the employee's blood for seropositivity and the employee declines or refuses to be tested, s/he will be required to sign a declination form provided by BRC.
5. If the employee consents to baseline blood collection but does not consent to HIV serologic testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
6. If the source individual is HBV or HIV positive or has refused testing, the employee must be re-tested if sero-negative at 6 weeks, 12 weeks and at 6 months post exposure, as recommended by the U.S. Public Health Service.
7. Employees who have experienced an exposure incident will be advised to seek medical attention for any high fever that occurs within 12 weeks of exposure.
8. The attending health care professional must submit Employee Work Status Report before the employee can return to work.

HANDLING DIFFICULT BEHAVIORS

Behaviors, and approaches to handling them, are as numerous and unique as there are people. These guidelines are meant to be useful; if they do not apply to the situation you encounter, please call your service coordinator at the office. Also, do not do any limit setting which does not fall within these guidelines even if requested by a parent or an involved professional. If this occurs, please call your Service Coordinator for advice. We are here to help and support you!

You May:

- ★ Verbally insist that the behavior stop
- ★ Stop the game, art, music or activity in which the client is involved
- ★ Redirect the client into another activity
- ★ Insist that the client clean up his/her mess (within reason)
- ★ Seat the client on a couch or chair or in any unenclosed area within sight for a period of no longer that 10 minutes (with parent permission)
- ★ Defend oneself from attack by a client
- ★ Ignore the behavior (only if its appropriate for the particular situation)

You May Not:

- ★ Scream, should, or become verbally abusive
- ★ Punish the client with unpleasant experiences
- ★ Insist that the client perform hard chores
- ★ Lock the client in any small enclosed area like a closet
- ★ Hit or in any way retaliate for a physical attack.

Revised 10/29/07
All previous versions are void