ThreeRivers
PARK DISTRICT

Bloodborne Pathogens
Exposure Control Plan

January 2014

Safety Management Program

Introduction and **Content**

Three Rivers Park District Bloodborne Pathogen (BBP) Program requires participation by all employees and volunteers who have occupational exposure to bloodborne pathogens. The Occupational Safety and Health Administration (OSHA) enacted the Bloodborne Pathogens Standard in 1991. Its purpose is to promote safe work practices, and to ensure that all workers are protected from exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and other disease causing pathogens in human blood, body fluids, and tissues.

It is the policy of Three Rivers Park District to maintain a safe and healthy workplace for all employees and volunteers who must work with a potential exposure to human blood and other potentially infectious materials. This Exposure Control Plan applies to all Three Rivers personnel with occupational exposure to blood, body fluids or tissues, or other potentially infectious materials as defined by OSHA. This Exposure Control Plan is designed to supplement and provide guidance to employees and volunteers from the Safety Management Program through the Bloodborne Pathogens Exposure policy.

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Plan **Definitions**

Accidental Exposure is defined as accidentally being exposed to blood/body fluids through needle stick, skin lesion or non-intact mucosal membrane, or mucosal splash to eyes, mouth and nose.

Acquired Immunosuppressive Deficiency Syndrome (AIDS) is a disabling or life-threatening illness caused by human immunodeficiency virus (HIV) characterized by HIV encephalopathy, HIV wasting syndrome, or certain diseases due to immunodeficiency in a person with laboratory evidence for HIV infection or without certain other causes of immunodeficiency.

Blood refers to human blood, human blood components, and products made from human blood.

Bloodborne Pathogens are 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), Hepatitis C Virus, and Human Immunodeficiency Virus (HIV).

Body Fluids are recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) or to which universal precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses.

Contamination is the presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated Laundry has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

Contaminated Sharps are any contaminated object that can penetrate the skin including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination is 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.

Employees are any person employed by the Park District, including full-time, part-time, seasonal, intermittent, student intern, and professional intern.

Engineering Controls are those controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's and volunteer's duties.

Hepatitis B (HBV) is an infections disease of the liver that is characterized by jaundice, fever and liver enlargement. Hepatitis B is caused by the Hepatitis B virus and is spread through blood

and body fluids. People, who are at higher risk, including people who live with someone with hepatitis B and healthcare workers, should get the hepatitis B vaccine.

Hepatitis C (HCV) Hepatitis C is an infectious disease which primarily affects the liver; it is caused by the Hepatitis C virus. It may cause jaundice, fever and cirrhosis. Persons who are most at risk for contracting and spreading hepatitis C are those who share needles for injecting drugs and health care workers or emergency workers who may be exposed to contaminated blood. Currently there is no vaccine available for Hepatitis C.

HIV (**Human Immunodeficiency Virus)**. HIV is a virus that takes over certain immune system cells to make many copies of itself. HIV causes slow but constant damage to the immune system. Normally, the human immune system is the body's protection against viruses; it is like a coat of armor. When HIV enters the body, it starts poking holes in the armor. Eventually, the armor becomes very weak and unable to protect the body. Once the armor is very weak or is gone, the person is said to have AIDS - Acquired Immunosuppressive Deficiency Syndrome.

Infection Control (IC) Program is the oral and written policy and implementation of procedures relating to the control of infectious disease hazards where employees and volunteers may be exposed to direct contact with body fluids.

Needle-Less Systems are devices that do not use needles for (A) the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is stabled, (B) the administration of medications or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's or volunteer's duties.

Other Potentially Infectious Materials (OPIM) are materials other than human blood are potentially infectious for bloodborne pathogens. These include 1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); 3) HIV or HBV-containing cell or tissue cultures, organ cultures, culture medium or other solutions; and 4) blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions.

Personal Protective Equipment [PPE] is specialized clothing or equipment worn by an employee and volunteers for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Seasonal Employees are non-regular employees hired to supplement the work force or to assist in the completion of a specific project; employment is of limited duration, no more than 11 months in any 12-month period, unless otherwise specified in the labor contract. Employment beyond any initially stated period does not in any way imply a change in employment status. Seasonal employees retain their status unless notified of a change. Seasonal employees receive all legally mandated benefits (such as workers' compensation insurance and Social Security), but are ineligible for most other benefit programs. Seasonal employees are subject to the Public

Employee Retirement Association pension plan after employment for 186 consecutive days, but may be exempt based on student status.

Sharps are non-needle or needle devices used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with or without a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Sharps with Engineered Sharps Injury Protections are non-needle sharps or needle devices used for withdrawing body fluids, accessing a vein or artery, or administrating medications or other fluids, with a built-in safety or mechanism that effectively reduces the risk of an exposure incident.

Universal Precautions is a system of infectious disease control which assumes that every body fluid is infectious and requires every employee and volunteers exposed to direct contact with body fluids be protected as though such body fluids were infected. Universal precautions are intended to prevent employees and volunteers from percutaneous mucous membrane and non-intact skin exposures to bloodborne pathogens.

Volunteer is an individual providing services to the organization on a voluntary basis.

Work Practice Controls are those practices that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles).

Employees and **Volunteers** at Risk of Exposure

Jobs within the work environment will be evaluated by the Safety Management Program, and specific work tasks and procedures that may lead to occupational exposure to bloodborne pathogens will be identified. Occupational exposure means any reasonably anticipated eye, skin, mucous membrane, or potential contact (i.e., needlestick) with blood or other potentially infectious materials).

Occupational Exposure by Job Classification

Three Rivers Park District has determined that positions within the Department of Public Safety, the Department of Maintenance, the Facilities Services section, Alpine Services, as well as the Volunteer Resources section administering the work of various individuals working directly with human materials and subjects have occupational exposure.

Specifically, the following positions as at risk for exposure to bloodborne pathogens:

Department of Maintenance
1. Custodian
2. Seasonal Maintenance Worker

Faculties Services
1. Park Operation Supervisor
2. Facility Supervisor
3. Shift Leader
4. Play Area Monitor
5. Head Lifeguard
6. Lifeguard
7. Site Coordinator
8. Attendant
9. Park Patroller

Department of Public Safety
1. Chief of Police
2. Lieutenant
3. Sergeant
4. Police Officer
5. Police Investigator
6. Park Service Supervisor
7. Park Service Officer
8. Seasonal Nightwatch Park Service Officer
9. Seasonal Park Service Security
10. Equine Worker

Alpine Services
1. Seasonal Alpine Pro Patroller
2. Alpine Professional Patroller
3. Alpine Volunteer Patroller
4. Mountain Host
5. Park Patroller Volunteer
6. Alpine Patrol Supervisor

Controlling Exposures

Employees and volunteers are provided information about bloodborne pathogens via the Safety Policies Manual and this Exposure Control Plan, which is updated as needed and distributed through the Employee Resource Center and the Volunteer website. The Controlling Exposures section explains what steps should be taken to avoid BBP exposure and what to do if possible BBP exposure occurs. The Safety Management Program, Safety Committee Representatives, and the Department of Human Resources are available to any employee and volunteer where possible exposure to bloodborne pathogens is present.

Occupational exposure is the anticipated contact with blood or body fluids (that are potentially infectious) on your skin, in your eye, nose or mouth or anticipated parenteral contact (piercing of the skin e.g. needle sticks or human bites) with blood or body fluids that may result from the performance of job duties. Certain employees and volunteers may be at greater risk of exposure to contaminated blood and body fluids as a function of their employment than are other members of the general population.

Supervisor Responsibility

Supervisors and Managers of occupations at risk are responsible to ensure that individual departments and divisions are in compliance with the bloodborne pathogen standard. Supervisors are responsible to ensure that the requirements and procedures outlined in the Exposure Control Plan that are appropriate to the individual work areas are carried out.

Additionally, supervisors and managers are responsible to conduct and manage all training for occupations at risk identified by the Bloodborne Pathogens Program upon appointment to the position and annually thereafter.

Supervisors are responsible for providing Personal Protective Equipment to staff to control exposures and the hazards of bloodborne pathogens as identified. This PPE must be readily accessible to staff. Additionally, supervisors must provide all necessary information to staff regarding the appropriate use of all PPE.

Employee and Volunteer Responsibility

Employees and volunteers are responsible for reporting exposures to their supervisors and complying with all components of the Exposure Control Plan. Additionally, all effected employees and volunteers must use appropriate Personal Protective Equipment (PPE) when working with or around body fluids that may result in exposure to a bloodborne pathogen.

All employees and volunteers must attend required training seminars and complete online compliance courses upon appointment and annually thereafter.

Safety Management Program Responsibility

The Safety Management Program under the direction of the Department of Human Resources is responsible for reviewing and overseeing the Exposure Control Plan. This includes coordinating compliance efforts, acting as a consultant for departments regarding implementation and

enforcement, evaluating work practices and personal protective equipment, providing educational materials to departments, tracking employee training, and tracking medical monitoring.

In collaboration, the Safety Management Program and the Department of Human Resources will coordinate all necessary testing, shots, and retesting for employees and volunteers affected under the Bloodborne Pathogens Program and this Exposure Control Plan. Additionally, all records pertaining to this plan and program will be maintained by the Department of Human Resources.

Universal Precautions

Universal Precautions will be practiced to prevent employee and volunteer exposure to blood and other potentially infectious materials. This system of infectious disease control requires that all employees and volunteers treat every body fluid as if it is infectious. Every employee and volunteer exposed to direct contact with body fluids will be protected as though such body fluids were infected. Universal precautions are intended to prevent employees and volunteers from all bloodborne pathogens.

Exception to the Rule for Universal Precautions: In an unexpected medical emergency where the use of protective equipment is not possible due to the equipment not being available or where the use of the equipment would create a greater hazard to the victim's personal safety.

Bystander Protocol

A bystander (park guest or off-duty employee or volunteer) who acts as a Good Samaritan, by his or her own choice, and as a result suffers a possible exposure to bloodborne pathogens, should be cared for through the park guest emergency care and accident reporting process. An on-duty employee or volunteer should be treated according to the Bloodborne Pathogens Exposure Policy and Work-Related Injury and Illness Policy.

A bystander who suffers a possible exposure to bloodborne pathogens needs follow-up care once the critically injured patient has been transported or as soon as additional first responders (patroller, police, PSO) are available.

Follow-up care for bystanders should include:

- Instruction to bystander to stay for follow-up assessment and care
- Examination of bystander to determine if an exposure vs. a contact has occurred
- Cleaning of bystander according to accepted standards (with hand wipes, then directed to a Three Rivers facility for more thorough cleaning, inspection of clothing, etc. Be sure to caution bystander regarding such things as rubbing eyes, etc. until thorough cleaning can be done.)
- Preparation of an accident report form for bystander
- If an exposure rather than a contact may have occurred: Inform bystander of the possible "injury" they may have suffered and direct him or her to seek medical treatment immediately, if possible at the same facility as the source patient. Any costs associated would be the responsibility of bystander's health insurance and not the Park District.

It is the responsibility of the first responder to appropriately manage the use of untrained bystanders and minimize their risk of exposure to bloodborne pathogens.

- A Park District representative (volunteer or staff) should never ask another person (volunteer, staff or bystander) to perform an unsafe function likely to cause an exposure (such as to stop bleeding with an ungloved hand).

- An untrained person needs to be instructed on how to help without endangering themselves to an exposure. An individual without bloodborne pathogen exposure control training does not have knowledge of the hazards or the procedures required to control exposure. Therefore, the untrained bystander should instead be directed to help in a capacity with low or limited risk of exposure and all necessary precautions taken including but not limited to providing personal protective equipment.

Engineering and Work Practice Controls

Engineering controls, those controls that isolate or remove the bloodborne pathogens hazard from the workplace, will be used to eliminate or minimize employee and volunteer exposure. Personal protective equipment must be used when occupational exposure may occur even though the engineering and work practice controls are in place. Additionally, engineering controls will be examined and maintained or replaced on a regular schedule.

1. Hand washing facilities shall be provided and maintained with adequate supplies.

2. Contaminated sharps and needles shall be disposed of in puncture resistant, color-coded, or labeled, leak-proof containers that are provided.

3. Resuscitation devices including mouthpieces or resuscitation bags shall be available for use in areas where the need for resuscitation is predictable.

4. Eye wash stations shall be easily accessible and functional.

Work Practices

Work practice controls include general and site specific safety practices. Supervisors and Managers are responsible to work with the Safety Management Program and the Department of Human Resources to identify and document specific operational work practices related to this Exposure Control Plan. Organizational work practices include:

1. Hand washing will be performed after removal of gloves and after contact with blood or OPIM.

2. Employees and volunteers who have lesions or any open sore shall refrain from handling blood or OPIM until the condition resolves.

3. Eating, drinking, smoking, handling contact lenses, and applying cosmetics are prohibited in work areas where there is a potential for blood or OPIM exposure.

4. Food and drink are prohibited in work areas where there is a potential for blood or OPIM exposure.

5. All procedures involving blood and OPIM shall be performed in such a manner to minimize splashing, spraying, spattering, generation of droplets, or aerosolization of these substances.

6. Personal protective equipment, including gloves, gowns, laboratory coats, face shields, face masks, eye protection, foot coverings and other items will be provided to employees

and volunteers must be used, as appropriate, to prevent exposure to blood or OPIM. These items will be worn selectively, as needed for the task involved. PPE shall be considered "appropriate" if it does not permit the passage of blood or OPIM through to employee's or volunteer's skin, mucous membranes or street clothes.

First Aid

It is the policy and practice of Three Rivers Park District for only trained and qualified employees and volunteers to deliver first aid services. Qualified employees include employees and volunteers in the Department of Public Safety and Alpine Services. Department of Facilities Services employees and volunteers will not administer or provide first aid services.

During the administration of first aid, use a barrier between yourself and the victim's blood or other body fluids (e.g., gloves; several layers of dressings). When performing CPR, place a barrier between own mouth and that of the victim (e.g., one-way valve resuscitation devices, face shield). Do not handle sharp items with the hands. Any contaminated sharp items must be handled in a way to prevent punctures or cuts.

Equipment used to Minimize Occupational Exposure

First Aid Kits are available in each work location. These kits include latex-free and vinyl gloves to help prevent exposure to BBPs while administering basic first aid.

Personal Protection Equipment to be used by staff includes: latex-free and vinyl gloves, goggles, pick-up tongs, biohazard disposal bags, sharps containers, and biohazard disposal containers.

Sharps Disposal Containers are inspected and maintained or replaced by the Department of Maintenance through Park Maintenance Supervisors.

Regular evaluation of new equipment is conducted by the Safety Management Program in consultation with the various supervisors, specific to their program needs. Both front line workers and management officials are involved in this process improvement by:

- Frequent employee supervisor communication of Bloodborne Pathogen incidents
- Frequent safety meetings between supervisors and incumbents in occupations at risk
- Regular Bloodborne Pathogens training.

Personal Protective Equipment

Personal Protective Equipment [PPE] is provided to employees and volunteers at no cost. The types of PPE available to employees and volunteers include: latex-free and vinyl gloves, goggles, pick-up tongs, biohazard disposal bags and sharps containers and biohazard disposal containers.

Gloves
Supervisors will provide disposable gloves of an appropriate material, usually intact latex-free or intact vinyl, and of appropriate quality and size for the procedures performed for each employee and volunteer at risk where blood, blood products, or body fluids will be handled. Gloves must be discarded after use.

Disposable use gloves shall be worn when it is reasonably anticipated that the employee and volunteer will have hand contact with blood or OPIM. The gloves shall be replaced when worn, torn or contaminated. They shall not be washed or decontaminated for re-use. Latex free gloves

will be provided as necessary. Additionally, utility gloves may be decontaminated and re-used if not punctured.

Employees and volunteers will examine protective gloves prior to use, and any gloves that show any evidence of peeling, cracking, discoloration, punctures, tears, or other evidence of deterioration will be discarded and replaced with appropriate supplies of new protective equipment.

All employees and volunteers will wash hands thoroughly after removing gloves and immediately after contact with blood or body fluids. Use of a waterless hand wash is permissible when no hand washing facility is immediately available. Washing with soap and water as soon as possible is essential.

Masks, Eye Protection and Face Shields
Masks in combination with eye protection devices (with side shields) or a chin-length face shield with a mask shall be worn when there is a reasonably anticipated chance of exposure to blood or OPIM through splashes, sprays, spatters or droplets.

Supervisors will provide protective eyewear or face shields where contamination of mucosal membranes (eyes, mouth, or nose) with body fluids is likely to occur. First aid and first responder employees and volunteers will be provided with pocket masks, resuscitation bags or other ventilation devices to resuscitate a patient to minimize exposure that may occur during emergency mouth-to-mouth resuscitation

Gowns, Coats, Aprons and Other Protective Coverings
Protective coverings shall be worn depending upon the task and the degree of exposure anticipated.

Designated by the workgroup supervisor or manager, a designated area in each work setting will be identified for the dispensing, storage, cleaning and disposal of PPE. Contaminated PPE that is not immediately decontaminated shall be clearly designated and treated as biohazardous material. All PPE must be removed before leaving the work area.

Housekeeping

Cleaning, Disinfection, and Sterilization Practices
All environmental and work surfaces shall be properly cleaned and disinfected on a regular schedule and after contamination with blood or OPIM. Cleaning, disinfection, and sterilization of equipment shall be performed, as appropriate, after contamination with blood and OPIM. When cleaning, appropriate personal protective equipment (e.g. gloves) must be worn to clean and disinfect blood and OPIM spills. Disinfectants must be EPA listed "tuberculocidal."

Waste
Gloves shall be worn by employees and volunteers who have direct contact with contaminated waste. All biohazardous or biomedical waste designated for removal off-site must be properly labeled.

Labels
Warning labels as specified by the bloodborne pathogen standard must be used. The labels must include the biohazard symbol and be fluorescent orange or orange red. Red bags or red containers may be substituted for labels. Warning labels shall be placed on containers of waste, blood or other potentially infectious materials.

Laundry

In the event clothing needs to be laundered, the clothing should be sealed in a plastic bag and the supervisor should contact the Human Resources Representative to determine the proper procedure for replacement or laundering of soiled items.

Any clothing soiled with body fluids will be handled as little as possible and with minimum agitation, to prevent contamination of the person handling the linen. Gloves must be worn when handling soiled linens. All soiled linen will be bagged at the location where it was used. It will not be sorted or rinsed and will be transported in a leak proof package for appropriate cleaning. Any blood or body fluid spills will be cleaned immediately with detergent and water followed by a solution of 5.25% sodium hypochloride (household bleach) diluted to 1 oz. of bleach to 10 oz. of water for disinfection.

If Exposure Occurs

If you, a colleague, an employee or volunteer comes in direct contact with blood or body fluids, take immediate action, including the following depending on the location and type of exposure:

- Cleanse skin with soap and running water.
- Flush eyes for 15 minutes
- Rinse the mouth thoroughly
- Blow nose and wipe inside of nostrils.
- Report the exposure immediately to your supervisor.

If exposure occurs, refer to the exposure control flow chart for further information.

Hepatitis B Vaccination

Supervisors and Managers are responsible for making the Hepatitis B Vaccination Series available to all employees and volunteers who have occupational exposure. Vaccination, and all medical evaluations and procedures, will be made available at no cost to the employee or volunteer at a reasonable time and place and be performed by or under the supervision of a licensed physician or other licensed healthcare professional.

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B can be either acute or chronic. Acute Hepatitis B Virus Infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B Virus. Acute infection can — but does not always — lead to chronic infection. Chronic Hepatitis B Virus Infection is a long-term illness that occurs when the Hepatitis B Virus remains in a person's body. Chronic Hepatitis B is a serious disease that can result in long-term health problems, and even death.

The best way to prevent Hepatitis B is by getting vaccinated. The Hepatitis B vaccination series is available at no cost to employees and volunteers who are at risk for exposure to bloodborne pathogens. Vaccination is encouraged unless:

- There is documentation that the employee or volunteer has previously received the series.
- Antibody testing reveals that the employee or volunteer is immune.
- Medical evaluation shows that vaccination is contraindicated.

In order for the inoculations to be effective, it is necessary that you receive all three inoculations according to the following schedule. Failure to receive all three inoculations in accordance with this schedule renders all inoculations ineffective.

1. First inoculation

2. 30 Days later, the second inoculation

3. Six months following the first inoculation, the third inoculation

Employees or volunteers who choose to decline vaccination must sign a Hepatitis B Declination form. They may request and obtain the vaccination at a later date at no cost.

Pre-exposure vaccine is a 3-shot series taken at 0 months, 1 month, and 6 months given at clinic that is affiliated with Three Rivers Park District. The following procedures have been established to provide the shots:

1. Call **HealthPartnets Occupational Medicine** and let them know you are with Three Rivers Park District and wish to begin the Hepatitis B inoculations or receive a titer. This allows you to obtain the injection at a time convenient to you. The bill will be sent to the Park District.

2. Upon arrival, check in at the front desk.

3. It is the employee's and volunteer's responsibility to make follow up appointments.

Training and Hazard Communication

All employees and volunteers who have occupational exposure to bloodborne pathogens will receive training. Training will be provided before initial assignment to tasks where occupational exposure may take place, annually, and when changes in tasks or procedures take place that affect occupational exposure. This training program will include:

1. Epidemiology, symptoms, and transmission of Bloodborne Pathogens
2. Explanation of our Exposure Control Plan and how to obtain a copy
3. Methods used to identify tasks and other activities that may involve exposure to blood and OPIM. What constitutes an exposure incident
4. The use and limitations of controls, work practices, and PPE
5. The basis for PPE selection and an use
6. Information on the Hepatitis B Vaccine Program
7. Actions to take and persons to contact in an emergency involving blood or OPIM
8. Procedures to follow if an exposure incident occurs
9. Signs, labels, and color coding used
10. Interactive questions and answers with the trainer

TRU Online Training Program

All employees in the Department of Maintenance, Department of Public Safety, and Facilities Services not otherwise trained or covered in this program will complete annual training for Bloodborne Pathogens through TRU Online. The following is a summary of the required course.

Bloodborne Patheogens
This one-hour course will provide you with a basic understanding of bloodborne pathogens, common modes of transmission, methods of prevention, and what to do if an exposure occurs. Information presented will help minimize serious health risks to persons who may have personal exposure to blood and other potentially infectious materials in the workplace. This course has been updated to reflect new legislation for needlesticks in OSHA regulations for Bloodborne Pathogens that went into effect on April 18, 2001. The content in this course is designed to comply with the intent of the applicable regulatory requirements.

The training requirements established under the Bloodborne Pathogen standard require an employer to allow for an opportunity for interactive questions and answers with the person conducting the training session. Employers may use a variety of methods to meet the intent of the standard. As an example, OSHA has previously stated that an employer can meet OSHA's requirement for trainees to have direct access to a qualified trainer by providing a telephone hotline. This course was developed with subject matter support provided by EnSafe Inc., a global

professional services company focusing on engineering, environment, health and safety, and information technology. Learner objectives for this course are to: specify the components of an Exposure Control Plan, identify bloodborne pathogens and symptoms of bloodborne diseases, identify modes of transition of bloodborne pathogens, and recognize activities in the workplace that may involve exposure to blood and other potentially infectious materials.

Target Audience
Anyone who performs job duties that could bring them into contact with blood or body fluids in the workplace including, but not limited to: healthcare workers, emergency medical/first aid responders, persons cleaning healthcare areas, equipment, or devices.

Operational Training Programs

Maintenance employees will be trained yearly on the proper handling of possible BBP substances encountered on the job, especially in restroom and public area maintenance. The Maintenance Supervisor is the contact regarding procedures and training for this department.

Department of Public Safety Staff, Department of Program and Facility Services, and Volunteer Section incumbents in identified occupations at risk will be provided their own specific trainings and procedures for prevention and post handling of BBP exposure including detailed information on First Aid and prevention and handling of needle-stick and sharps injury.

Training Program Outline

Introduction
1. Introduction of Instructor
2. Introduction of Employees or Volunteers
3. All employees and volunteers MUST sign-in on the Bloodborne Pathogen Training Record Sheet for compliance purposes. Instructors must ensure the sheet is completed and submitted to the Volunteer Program

Training Goals and Objectives
1. Promote safe work practices in accordance with OSHA (Occupational Safety and Health Administration) standards
2. Employees and volunteers must attend training each year
3. Identify epidemiology and symptoms of potential bloodborne diseases
4. Identify methods of exposure to bloodborne pathogens
5. Identify methods of preventing exposure to bloodborne pathogens
6. Describe post exposure plan

Epidemiology and Symptoms of Bloodborne Diseases
Aids
1. Caused by the Human Immunodeficiency Virus (HIV)
2. Symptoms: Causes a progressive depletion of the cells that help the body fight off certain infections and resist certain cancers (C)
3. Incubation period after exposure: 1 month to 10 years
4. Short lived outside of human host
5. 100% fatal
6. Modes of transportation: blood, contaminated needles, semen or vaginal secretions (C)

Hepatitis
1. Caused by the Hepatitis Virus
2. (HBV) Hepatitis B Virus is the most prevalent
3. More prevalent and easier to contract than HIV

4. Modes of transportation for Types B, C, and D: sexual relations, kissing, saliva, blood, sharing needles, toothbrushes, razor blades, nail clippers (C)
5. Modes of transportation for Types A and E: contaminated water and food (C)
6. Symptoms: abdominal pain and tenderness, nausea vomiting, dark urine, yellow jaundice(C)
7. Can last outside the body for more than a week
8. More than 12,000 US health care workers contract it each year (250 die)

Methods of Prevention

1. Definition: Isolate yourself from all moist body substances
2. Washing and Flushing
   - Wash hands with soap after touching patient (even if you wore gloves)
   - Identify location of soap and water
   - If mucus membranes (eyes, nose, mouth) are splashed, immediately flush area with clean water
   - Identify eyewash and shower stations
3. Personal Protective Equipment (supplied by the Safety Management Program and Three Rivers Park District) (H)
   Discuss selection and limitations of each
   Gloves: Identify location
   - Demonstrate proper procedure for removing gloves
   - Have Employees and volunteers remove soiled and/or clean gloves

   Eye Shields: Identify location
   - Demonstrate proper use
   - Mention ski goggles as eye protection

   Surgical Masks: Identify location
   - Demonstrate proper use

   Surgical Gowns: Identify location
   - Demonstrate proper use

   CPR Masks:
   - Identify location of Bag valve masks

Regulations

1. No consumption of food or beverages as per OSHA regulations
2. No storage of food or beverages (identify food storage areas in employees break room)
3. No smoking
4. No application of contacts or lip balm
5. Keep patient visitors to a minimum for safety reasons

Disposal and Cleanup

1. Bio-hazardous waste:
   - Identify Bio-hazard warning label and locate waste container
   - "Drip potential": If an item has the potential to drip potentially infectious body fluids, the item must be disposed of by a licensed bio-hazardous waste disposal service.
   - Identify location of bio-hazard bags (in supply cabinet and in toboggan bags)
   - Identify location of bio-hazard waste container
2. Cleanup
   - Surfaces that have been infected by body substances must be cleaned.
   - Spray-wipe-spray technique: 10 minute contact time to kill substances
   - Identify location for cleaning materials and instructions
3. Laundry
   - Blanket, sheets, or uniforms that have been potentially infected and have "Drip Potential" should be placed in a plastic bag, labeled as infected laundry, and brought to management.
   - Identify location of plastic bags

Hepatitis B Immunizations

1. Vaccine and vaccination are offered by the Safety Management Program of Three Rivers Park District at no cost
2. Pre-exposure vaccine is a 3-shot series taken at 0 months, 1 month, and 6 months given at clinic that is affiliated with Three Rivers Park District.
3. Benefits: best defense against Hepatitis B
4. Safety: non-infectious, yeast-based vaccine
   - Prepared from yeast cultures rather than human blood or plasma
   - No risk of contamination form other bloodborne pathogens
   - No risk of developing HBV from the vaccine
5. People at higher risk for failing to convert:
   - Men
   - Smokers
   - People over the age of 50
   - Large body massed (fat or muscle)
4. Duration of protection: 7-9 years
5. Titer: Test given to determine if you are protected/converted
6. The Safety Management Program will consider requests for the Titer test for individuals who indicate an interest in and are qualified for the exam on the Hepatitis B Declaration Form. Employees and volunteers can complete if they fall into the 7-9 years and would like a titer test.

Exposure

1. Identify tasks and activities that may involve exposure and/or contact to blood and other potentially infectious materials (E)
2. Appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials will be identified, discussed and practiced
3. Contact:
   - Body fluids that come in contact with intact skin, clothing, or Personal Protective Equipment
   - Use decontamination procedures such as washing or laundering
4. Exposure:
   - the internalization of body fluid through injection, open wounds, or mucus membranes (mouth, eyes, nose)
   - Flush as necessary and use Post Exposure Procedure

Post Exposure

1. Identify location of "Safety Polices Manual - Bloodborne Pathogens Exposure section"
2. Explain "Bloodborne Pathogens Exposure Control Flow Chart" and means by which employees/volunteers can obtain a copy of the plan
3. Explain post exposure evaluation and follow-up which is provided at no cost to the employee/volunteer by the Safety Management Program of Three Rivers Park District
4. Identify location of all forms referenced in the flowchart and the "Safety Polices Manual - Bloodborne Pathogens Exposure section."

Learning Activities

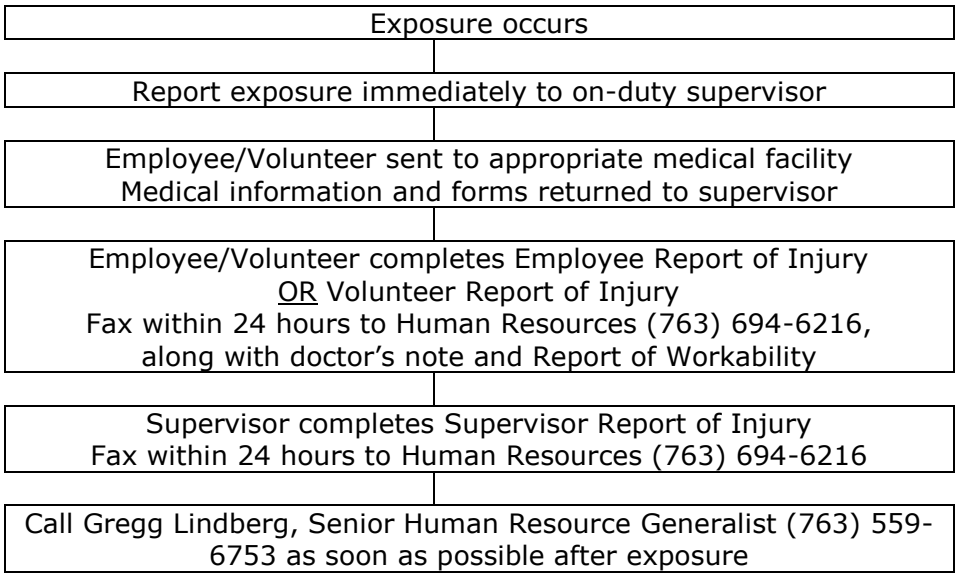
1. Interactive question and answer session between students and instructor(s) (N)
2. "Glove Removal": Students dip their gloved hands in a bowl of chocolate pudding or similar substance and demonstrate correct removal of soiled gloves without having substance come in contact with the skin.
3. "Blood Borne Pathogen Tour": point out the location of PPE storage, cleaning supplies, soap, water, etc.

Training Records

Training records are maintained for each employee or volunteer upon completion of training. Supervisors responsible for employees or volunteers determined to be at risk will maintain these records. Documents will be kept for at least 3 years.

Post Exposure Evaluation and Management

Bloodborne Pathogens Exposure Flow Chart



The Park District has established a relationship with **Health Partners Occupational Medicine** for work related injury care. Please utilize the HealthPartners West Clinic in St. Louis Park whenever possible. Supervisors should call for an appointment.

Exposure Management

Exposure management including post exposure management will be done according to Three Rivers' Safety Policies, in compliance with OSHA standard 1910.1030 and Minnesota Statutes.

Exposures must be immediately reported to a supervisor. The supervisor is responsible for notifying the Department of Human Resources and completing the appropriate paperwork as well as the required exposure evaluation elements below.

Exposed individuals must immediately seek medical attention for treatment information. The health care provider shall provide a confidential medical evaluation and follow-up of all exposure events to employees and volunteers.

Required Exposure Evaluation Elements

Following a report of an exposure incident, supervisors will ensure that a confidential medical evaluation and follow-up are made available to the exposed employee and volunteer. The evaluation shall include

- Documentation of the route of exposure and the circumstances under which the exposure incident occurred

- Identification and documentation of the source individual unless it is not feasible or prohibited by law

- Collection and testing of the exposed employee's or volunteer’s blood for HBV and HIV serological status

- Collection of an exposed employee's blood as soon as feasible and testing after consent is obtained: testing may take place at a later date if the employee or volunteer chooses, provided it is within 90 days of the exposure incident

- Postexposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service

- Counseling

- Evaluation of reported illnesses

Bloodborne Pathogens **Forms**

Forms for the administration of the Three Rivers' Bloodborne Pathogens Exposure Control Plan are found as appendices. The following resources are available in the appendix:

ThreeRivers PARK DISTRICT

Hepatitis B Declaration Form

EMPLOYEE or VOLUNTEER NAME _____

TITLE _____ ☐ EMPLOYEE ☐ VOLUNTEER

VACCINATION DECLINATION

I understand that due to my occupational exposure to blood and other potential 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 myself. However, I decline the 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 potential infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature _____ Date _____

Witness Signature _____ Date _____

VACCINATION ACCEPTANCE

I wish to begin the Hepatitis B inoculations. Further information will be mailed to me instructing me where I need to go to begin this series.

SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER or E-MAIL _____

TITER REQUEST

A Titer Test is given to determine if you a protected or covered from a previous series of vaccinations. You may request this test to determine protection if you have not been through a series of vaccinations for a period of no less than 7 years.

SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER or E-MAIL _____

Bloodborne Pathogen Training Record

Instructor: _____

Instructor Qualifications: _____

Date of Training: _____ Location: _____

Name	Position	Declaration Form