



### 3-31 POLICY ON BLOODBORN PATHOGENS/COMMUNICABLE DISEASE

SYCAMORE PARK DISTRICT's policy on blood borne pathogens and communicable disease is designed to create a safe, inclusive working environment in which staff can safely and respectfully address key health concerns.

#### **Introduction**

The possibility of infection from exposure to human blood or other infectious material is a risk that individuals face daily, whether at work or at play. It is the Park District's desire to exercise appropriate measures to assist in the prevention of the spread of communicable diseases and to minimize the exposure to such communicable diseases whether it is in a work or play environment. The existence of AIDS and other communicable diseases should not warrant panic, hysteria or unreasonable measures which could have the effect of unnecessarily diminishing the quality of the services provided by the park district to the public or the dignity of the people it serves. The Board of Commissioners acknowledges its desire and willingness to respond effectively to the genuine concerns of the public consistent with its obligation to discharge its duties in accordance with applicable laws.

#### **Participation in Programs by Infected Persons**

##### **General**

1. Persons shall not be asked whether they are infected with the HIV or HBV viruses or AIDS in registering for a program. In view of current evidence regarding HIV, AIDS or HBV transmission, infected persons should not be routinely excluded from or restricted with respect to any program. When it is otherwise known that a participant is infected, decisions regarding participation shall be considered on a case-by-case basis and be individualized to the person and setting as would be done with any participant with a special health problem. In making such determination, the following factors should be considered:
  - a. The nature of the risk (how the diseases are transmitted).
  - b. The duration of the risk (how long is the carrier infectious).
  - c. The severity of the risk (what is the potential harm to third parties); what is the affected person's physical condition, behavior, and ability to control how the disease may be transmitted.
  - d. The probabilities that the diseases will be transmitted and will cause varying degrees of harm.
  - e. The possibility of increased risk to the infected participant of contraction of opportunistic diseases as the result of a compromised immune system or the possibility of other health or safety risks to such person by virtue of diminished physical or mental capacity attributable directly or indirectly to such infection.
2. Decisions regarding participation shall, to the extent practicable, be made using the team approach including the infected person (unless a minor), the person's physician, public health personnel, appropriate Park District personnel and, in case of a minor, the minor's parents or legal guardian(s), District's legal counsel and, if requested by the infected person (or if same be a minor, by the infected person's parent or legal guardian) the infected person's legal counsel.



These persons shall comprise the “review team”. In each case the stage of infection and condition of the infected person will be assessed and the risks and benefits to both the infected person and to others participating in the program should be weighed. Administration will make the final decision after consideration of the review team’s recommendation.

3. Restrictions on or temporary exclusions from participation may be advisable or become necessary in the event the infected person has a condition which increases the risk of discharge of body fluids, including blood, or has open or weeping skin sores or rash that cannot be covered, or is incapable of controlling body functions, or exhibits any other conditions or behaviors which the review team determines may materially increase the health or safety risks for other participants or the infected person.
4. If Administration determines that no change is warranted in the person’s participation, he/she may continue in that program. The review team may recommend that the person’s condition and behavior be monitored. The review team may re-evaluate the person’s participation at any time and confirm or modify its recommendations to the Director.
5. If Administration determines that it is inadvisable for the person to continue participation, they will be removed from the program and return of the program fees shall be dealt with in compliance with the District’s refund policy.

#### **Children/Mentally Challenged**

The participation of known infected children and persons who are mentally challenged will be assessed as set forth above, with the following additional considerations. Infected children and mentally challenged persons who display such behavior as biting or who lack control of their body secretions, which increases risk of transmission of the virus, or who themselves may be at increased risk of contracting an opportunistic infection due to such behavior or lack of control by other program participants, may require a more restricted level of participation or may need to be excluded from certain programs until more is known about the transmission of the virus or the transmission of opportunistic infections associated with HIV or HBV infected child or mentally challenged person, under these conditions.

Even with the incorporation of additional precautions and safety measures, children and mentally challenged persons may at times bite people. Additionally, although the hygienic practices of infected children may improve as the child matures, on the other hand, they may deteriorate if the child’s condition worsens. Further, the child’s behavior may change for the worse. Accordingly, assessment of a child’s as well as a mentally challenged person’s participation should be performed regularly by the review team.

#### **Privacy Considerations**

- A. The infected person’s right to privacy shall be respected, including maintaining confidential records. These records are not subject to disclosure under the Freedom of Information Act. The number of persons affiliated with the Park District who know the identity of the infected person will be kept to a minimum.



Only the members of the review team and those personnel who the review team determines have a need to know of the infected person's condition to assure proper care and precaution may be told the identity of the person. Personnel should be reminded that no information regarding the identity or condition of the person is to be discussed with anyone including, without limitation, their spouses, other family members, or Park District personnel other than personnel specifically designated by Administration. The legal ramifications to the employee involved and the District of a breach of confidentiality should be clearly explained to employees.

- B. Unless the infected participant (or parent/legal guardian, if a minor) gives written permission, the District may not advise the public or program participants or their parents of the participation in its programs or the employment by the Park District of a person infected with the HIV or HBV virus, or AIDS. However, if the above noted permission is given and depending on the circumstances, the District may consider advising the public in whatever means it deems appropriate of the participation in its program or the employment of a person (no name or sex identification) infected with the HIV or HBV virus, or AIDS. The message should communicate current evidence concerning both the transmission of HIV or HBV and invite questions or comments. Depending on the circumstances the District may elect to hold one or more special meetings to address public concerns. The decision to inform the public or program participants or their parents should be made only after consultation with Park District's legal counsel.
- C. Apart from a public meeting, all inquiries from the public concerning the participation of persons with HIV, HBV, or AIDS in Park District programs should be directed to a single spokesperson, in the Park District Administration. No other person associated with the District should divulge any information concerning the participation in its programs of persons infected with the HIV, HBV, or AIDS, other than to point out that the Park District believes confidentiality for the person, family and staff directly involved is legally required and essential and further, that the District has received and is receiving expert medical and legal advice on this matter.

## **AGENCY COMPLIANCE SECTION**

### **Introduction**

In today's work environment, the possibility of infection resulting from exposure to human blood and other infectious material is real. The threat of infection as a result of occupational exposure to blood and blood by-products is so real that OSHA published its Blood borne Pathogens Standard (29 CFR 1910.1030), that first appeared in the Federal Register in 1991 and became effective in 1992. In Illinois, public employers are regulated by the Illinois Department of Labor which has adopted the OSHA Standard. The Illinois Department of Labor is the regulatory agency which enforces compliance with the OSHA



Standards in the state of Illinois. As a result of this standard, employers are required to establish and implement a written blood borne pathogens control program. Blood borne Pathogens are biological agents which may be present in human blood and can cause diseases.

### Scope

This standard covers all employees who could be “reasonably anticipated as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur. “Good Samaritan Acts” such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, or saliva. Also included is any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV) containing cell or tissue cultures, organ cultures, and HIV or Hepatitis B (HBV) containing culture medium or other solutions. This can include blood, organs, or other tissues from experimental animals infected with HIV or HBV.

### Exposure Control Plan

One of the primary elements of OSHA/IDOL’s blood borne pathogens standard, it is a requirement that employers prepare a written exposure control plan. The exposure control plan requires employers to identify in writing tasks and procedures as well as job classifications where occupational exposure to blood occurs- without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to IDOL upon request. Plans must be formally reviewed and updated at least annually or more often if necessary to accommodate workplace changes and afford equal protection for potential exposures.

Central to the written exposure control plan is the exposure determination. Exposure determination is a task to identify employees who may have exposure to blood and blood by-products. To accomplish this, you need to look at the various work classifications at your agency and determine the nature of possible exposure to blood. In completing the exposure determination, you need only consider the normal and customary job duties of workers in each job classification. The **Sample Exposure Control Plan**, located in Appendix 2, of this guide is for use in completing the exposure determination for your agency.

Most employees will have no anticipated exposure to blood and blood by-products. For this group of employees, a general understanding of your blood borne pathogens exposure control plan is needed. They should be trained in emergency response procedures and in the location and general use of personal protective equipment. They should also be aware of the steps you will take in the event of an exposure incident. *NOTE: according to the Illinois Department of Labor, Park District, Special Recreation Association or Forest Preserve Districts are not required to provide to their employees the pre-exposure Hepatitis B vaccination series.*



An additional group of employees that may have some potential for exposure to blood or blood by-products, when performing secondary or “collateral” duties (i.e., first aid, cleanup) of their job within the park or recreation setting. These personnel include but are not limited to:

- Fitness Center Supervisor
- Lifeguards
- Recreation Specialists (Special Recreation Agencies)
- Licensed Day Care Workers
- Day Camp Program Leaders
- Custodians
- Coaches for Contact Sports

These employees may require a more comprehensive understanding of your blood borne pathogens exposure control program. These employees should be provided information on the availability of Hepatitis B vaccinations.

The Agency’s policy regarding the use of personal protective equipment and post-exposure evaluation procedures in potential exposure incidents must be explicit with these employees. They need to be thoroughly familiar with personal protective equipment use and other aspects of your exposure control program. Training for these workers is as extensive as that provided to the class where all employees have a high likelihood of exposure.

### **Methods of Compliance**

The standard also requires the practice of “Universal Precautions” or the treatment of all bodily fluids/materials as if infectious and emphasizing engineering and work practice controls. Additional precautions must include regular handwashing. Employers must provide facilities and insure that employee use them following exposure to blood. Employers must provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, masks, eye protection, mouth pieces, and resuscitation bags, and must clean, repair, and replace these when necessary. The standard requires a written schedule for cleaning, identifying the method of decontamination to be used in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets standards for containers for these items and other related waste. Further, the standard includes provisions for handling contaminated laundry to minimizing exposure.

### **Hepatitis B Vaccination**

Vaccinations must be made available to all employees with occupational exposure to blood:

- Within ten working days of assignment
- At no cost
- At a reasonable time and place
- Under the supervision of licensed physicians/licensed health care professionals
- According to the latest recommendations of the US Public Health Service (USPHS)



Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated but may later opt to receive the vaccine at no cost to the employee. The declination form may be found in Appendix 1 of this guide. Should booster doses later be recommended by the USPHS, employees must have offered them.

### **Post-exposure Evaluation and Follow-up**

If any employee is exposed to blood or other potentially infectious materials, the Park District shall provide a confidential medical evaluation and follow-up, at no cost to the employee. Hepatitis B vaccinations and post-exposure evaluation and follow-up will be provided at a reasonable time and place, by or under the supervision of a licensed physician, and utilizing an accredited laboratory. Evaluation and follow-up will include at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred.
- Identification and documentation of the source of the blood or other potentially infectious material with which the employee came into contact, including the source individual, if possible.
- Prompt testing of the source material or individual's blood, (with their consent) to determine the existence of the HIV or HBV with the results being communicated in confidence to the exposed employee.
- Collection and testing of the exposed employee's blood with their consent, for HIV or HBV.
- Post-exposure preventive measures, when medically indicated, as recommended by the U.S. Public Health Service.
- Counseling
- Evaluation of reported illnesses.

The Park District will provide the healthcare professional who is responsible for an employee's Hepatitis B vaccination, or for an exposed employee's post-exposure evaluation, with a copy of the OSHA/IDOL regulations. The District will also provide the healthcare professional who is responsible for an exposed employee's post-exposure evaluation with:

- A description of the employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and the circumstances under which exposure occurred.
- Results of the source material or individual's blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee, including his or her HBV vaccination status, which are the Park District responsibility to maintain.



The Park District will obtain and provide to the employee, within 15 days of its completion a copy of the written opinion of the healthcare professional that performs a post-exposure evaluation. Regarding the Hepatitis B vaccination, the healthcare professional's written opinion shall be limited whether Hepatitis B vaccination is indicated for an employee, and if an employee has received such vaccination. Regarding post-exposure evaluation and follow-up, the written opinion shall be limited to the following information:

- 1.) The employee has been informed of the results of the evaluation; and
- 2.) The employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.



Hepatitis B Vaccination Declination Form  
SYCAMORE PARK DISTRICT

HEPATITIS B PRE-EXPOSURE VACCINATION DECLINATION FORM

I understand and acknowledge 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 which is known to be a serious disease. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine series, at no charge to myself. However, I decline the Hepatitis B vaccination series at this time. I understand and acknowledge that by declining this vaccine series, I continue to be at risk of acquiring Hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine series, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee's Signature

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_





Sample Exposure Control Plan

Agency Name: \_\_\_\_\_

Date of Preparation: \_\_\_\_\_

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

**A. Purpose**

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.
2. Comply with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030.

**B. Exposure Determination**

OSHA/IDOL requires employers to perform an exposure determination concerning those employees who may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. An occupational exposure is defined in CFR 1910.1030(b) as a "reasonably anticipated 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." At this facility the following job classifications are in this category:

List job classifications

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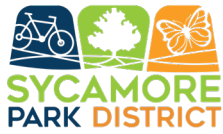
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In addition, OSHA/IDOL requires a listing of job classifications where some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure also are required to be listed to clearly understand which employees are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows (or place in appendix):

Job Classification	Task/Procedure

**C. Implementation Schedule and Methodology**

OSHA/IDOL also requires that this plan include a schedule and method of implementation of the various requirements of the standard. The following complies with this requirement:

**1. Compliance Methods**

Universal precautions will be observed at this facility to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be used to eliminate and minimize exposure to employees at this facility. Where occupational exposure remains after employing these controls, personal protective equipment shall also be used. At this facility the following engineering controls will be employed: (List controls, such as gloves, etc.)

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The above controls will be examined and maintained on a regular schedule. Hand washing facilities shall be made available to employees who incur exposure to blood and other potentially infectious materials. OSHA/IDOL requires that these facilities be readily accessible after exposure. (If hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.) When these alternatives are used, the hands are also to be washed with soap and running water as soon as feasible thereafter. Employers who must provide alternatives to readily accessible hand washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.

\_\_\_\_\_ (List name of position/person, e.g., supervisors) shall ensure that after the removal of personal protective gloves, employees wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.



They shall also ensure that if employees incur exposure to their skin or mucous membranes, those areas are washed or flushed with water as soon as feasible following contact.

## 2. Contaminated Equipment/Area

\_\_\_\_\_ (Insert name of position/person) is responsible for ensuring that equipment that is contaminated with blood or other potentially infectious materials is decontaminated as necessary unless the decontamination of the equipment is not feasible.

## 3. Personal Protective Equipment (PPE)

### PPE Provision

\_\_\_\_\_ (Insert name of position/person) is responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the time the protective equipment is used. All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

### **Gloves**

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials or contaminated items or surfaces. Disposable gloves used at this facility are not to be washed or decontaminated for reuse. Contaminated gloves must be properly disposed of in leak-proof containers.

## 4. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up General

Recreation agencies should understand that the requirement of providing the pre-exposure Hepatitis B vaccine and vaccination series to its employees is voluntary. According to OSHA/IDOL, most Park District employees are not considered to have an occupational exposure hazard because these employees generally are not designated as being *responsible* for rendering medical assistance as part of their jobs. Also, according to OSHA/IDOL, the mere fact that "CPR or first aid training is provided to employees does not invoke coverage by this Standard." The Park District may decide to make available the Hepatitis B vaccine and vaccination series to all employees who may have occupational exposure and **must** conduct post-exposure follow-up to employees who have had an exposure incident.

The (insert position/person) \_\_\_\_\_ shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis, are:

- A) Made available at no cost to the employee;
- B) Made available to the employee at a reasonable time and place;

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- C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional; and



D) Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

### **Hepatitis B Vaccination**

Administration oversees the Hepatitis B vaccination program. (Where appropriate: We contract with a private company to provide this service.)

Hepatitis B vaccination shall be made available after an employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that an employee is immune, or the vaccine is contraindicated for medical reasons. Training should include information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date (while still covered under the standard) decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the offered Hepatitis B vaccination shall sign an OSHA-required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

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

All exposure incidents shall be reported, investigated, and documented. When any employee incurs an exposure incident, it shall be reported to (list who has responsibility for investigation of exposure incidents): \_\_\_\_\_

Following a report of an exposure incident, an exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- A) Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
- B) Identification and documentation of the source individual, unless it can be established that identification is unfeasible or prohibited by state or local law.



- C) The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV or HIV infectivity. If consent is not obtained, the (insert name of position/person) \_\_\_\_\_ shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- D) If a source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- E) Results of the source individual's testing shall be made available to an exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- A) After consent is obtained, an exposed employee's blood sample shall be collected (as soon as feasible) and tested.
- B) The employee will be offered the option of having his or her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA/IDOL standard. All post-exposure follow-up will be performed by (insert name of clinic, physician, and department).

#### **Information Provided to the Health Care Professional(s)**

The (insert employer) \_\_\_\_\_ shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The health care professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional's written opinion for post-exposure follow-up shall be limited to the following information:

- A) A statement that the employee has been informed of the results of the evaluation; and
- B) A statement 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.

**Note:** All other findings or diagnoses shall remain confidential and shall not be included in the written report.



## 5. Information and Training

\_\_\_\_\_ (Insert name of position/person) is assigned to ensure training upon initial assignment to tasks where occupational exposure may occur, and that training is repeated within 12 months. Training shall be tailored to the education and language level of an employee and offered during his/her work shift. The training will be interactive and cover the following:

- A) A copy of the standard and an explanation of its contents;
- B) A discussion of the epidemiology and symptoms of blood borne diseases;
- C) An explanation of the modes of transmission of blood borne pathogens;
- D) An explanation of the \_\_\_\_\_ (insert Agency name) Blood born Pathogen Exposure Control Plan (this program) and how to obtain a copy;
- E) The recognition of tasks that may involve exposure;
- F) An explanation of the use and limitations of methods to reduce exposure. For example, engineering controls, work practices and personal protective equipment (PPE);
- G) Information on the types, proper use, location, removal, handing, decontamination, and disposal of PPEs.
- H) An explanation of the basis of selection of PPEs.
- I) Information on the Hepatitis B vaccination, including efficacy, safety, method of administration and benefits and that it will be provided free of charge;
- J) Information on appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- L) Information on the evaluation and follow-up required after an employee exposure incident.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who received training on blood borne pathogens in the 12 months preceding the effective date of this policy need only receive training in provisions of the policy that were not covered previously.

Additional training will be provided to employees if there are any changes in tasks or procedures affecting the employee's occupational exposure.

Appendices 3 and 4 are provided to assist with the training process.

## 6. Recordkeeping

### Medical Records

\_\_\_\_\_ (insert name of position/person) is responsible for maintaining medical records (indicated below). These records will be kept (insert location).

(If you contract for post-exposure follow-up and Hepatitis B vaccination evaluation, make sure that your contract language includes provisions for recordkeeping that are consistent with the requirements of 1910.20)



Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records are confidential and must be maintained for at least the duration of employment plus 30 years. The records will include:

- A) The employees name and Social Security number
- B) His or her hepatitis B vaccination record, including any declination form signed by the employee
- C) A copy of the results of all examinations, medical testing and follow-up procedures following an actual contact with blood or other possibly infectious materials.

Employees are **not** and shall not be required to provide the employer signed medical authorizations pertaining to medical care and treatment prior to the date of exposure. However, if voluntary and upon express written consent of the employee, the employer may obtain medical records pertaining to medical care and treatment rendered the employee prior to the date of the exposure. These records shall be kept confidential and otherwise maintained in accordance with the above-noted guidelines.

### **Training Records**

\_\_\_\_\_ (Insert name of position/person) is responsible for maintaining the following training records. These records will be kept (insert location)

\_\_\_\_\_.  
Training records must be maintained for three years from the date of training. The following information will be documented:

- A) The dates of the training sessions.
- B) An outline describing the material presented.
- C) The names and qualifications of persons conducting the training; and
- D) The names and job titles of all persons attending the training sessions.

### **Availability**

All an employee's records are available to the employee in accordance with 29 CFR 1910.1020.

All an employee's records are available to the Director of the Illinois Department of Labor and the Director of the National Institute for Occupational Safety and Health upon request.

### **Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

## **7. Evaluation and Review**

\_\_\_\_\_ (Insert name of position/person) is responsible for annually reviewing this program, its effectiveness and for updating this program as needed.



## 8. Dates

All provisions required by this standard will be implemented by:  
\_\_\_\_\_ (inset date for implementation of the provisions of this standard).

## 9. Outside Contractors

While the written exposure control plan does not have to address information obtained from and provided to outside contractors, you may wish to establish standard operating procedures for these situations and append them to this document.

Appendix 3

## TRAINING GUIDELINES

### A. General Precautions and Procedures

1. Hand washing is the most important technique for preventing the spread of disease. Hand washing should be done frequently by staff, volunteers, and participants and is required before and after food preparation, after toileting, after contact with any body fluids, etc. The PD will provide single-use towels or hot air-drying machines for such hand washing. Where soap and water are not available, antiseptic towelettes or handwipes may be used, followed as soon as possible by washing with soap and water.
2. Disposable gloves which are impervious to blood must be worn. Be aware some employees may be allergic to latex gloves. Therefore, an alternative selection needs to be made available such as: glove liners, vinyl, or nitrile gloves. Such gloves should be immediately available for use in areas where need is most predictable (first aid kits, near changing tables in day-care facilities, etc.). Care should be taken to avoid any bodily contact with blood or other body fluids of other persons. Exposure of open skin lesions or weeping dermatitis or mucous membranes to blood or body fluids should be avoided. Even though gloves are used, hands must be washed with soap and water immediately and thoroughly after the gloves are removed.
3. Soiled surfaces and recreational materials of any kind (including i.e., van/bus seats, exercise mats, changing tables, etc.) should be promptly cleaned with disinfectants such as household bleach (diluted 1 part bleach to 10 parts water). Bleach should not be placed directly on large amounts of protein matter (urine, stool, blood, sputum, etc.) to protect the employee from noxious fumes. If a mop is used, it should be rinsed in the disinfectant. These surfaces should be routinely cleaned and disinfected at the end of each work shift.
4. Disposable towels or tissues should be used whenever possible. After use they should be saturated with the disinfectant and disposed of in plastic bags rather than unlined containers.
5. When wiping up, emptying regular trash or washroom waste or sanitary napkin containers, or cleaning up sharp objects (i.e., broken glass) employees must wear non-sterile, puncture-resistant gloves.
6. Employees should avoid placing their hands in trash or waste containers to “pack down” the trash and should otherwise handle trash with care. Puncture-proof or puncture-resistant gloves should be worn when emptying trash or garbage receptacles.





7. All cuts and open wounds should be covered following basic First Aid procedures. Protective coverings, band aids, bandage, etc. should be worn by all staff, volunteers or participants and provided by the PD. Staff and volunteers are responsible for providing protective coverings to participants who have open lesions.
8. Sharing of personal items, such as combs, brushes, toothbrushes, lipstick, etc. should be avoided. Whenever possible, disposable items i.e., cups and utensils should be provided and not be shared by others.
9. Disinfectant should be stored in a safe area that is inaccessible to participants. Note: Material Safety Data Sheets (MSDS) should be maintained for each disinfectant.
10. Documentation of incidences of contact with blood or other body fluids should be made whether or not a participant or employee is known to have a communicable disease.
11. Hand soap and disposable towels or tissues and gloves should be available at all facilities.

**B. Cleaning Up Blood or Other Body Fluid Spills**

1. In situations where bleeding due to lacerations, cuts, etc. must immediately be controlled, first aiders should provide patients with compress material and encourage them to administer self-help through direct pressure on their wound(s).
2. Wear disposable gloves which should be discarded following cleanup. When disposable gloves are not available or unanticipated contact occurs, wash hands and other affected areas with soap and water immediately after contact.
3. Clean and disinfect soiled area immediately using paper towels, soap, and water.
4. Disinfect area with 70%-90% isopropyl alcohol solution, or 1 to 10 chlorine bleach solution.
5. Rinse clothing soaked with body fluids and place in a plastic bag to be sent home.
6. Place soiled sanitary napkins in plastic bags, secure and dispose.
7. Place paper towels and disposable gloves in plastic bags and dispose of same.
8. Wash hands and other skin that may have come in contact with body fluids thoroughly with soap and water or other antiseptic hand cleaner or flush eyes or other mucous membranes with water, immediately or as soon as feasible following contact of such body fluids or other potentially infectious materials.

**C. Food Handling**

1. Maintain a clean area in the kitchen for serving food.
2. Utensils should be washed, rinsed, and sanitized prior to food preparation.
3. Maintain a separate area of the kitchen for cleanups.
4. All leftover food, dishes, and utensils should be treated as if they were contaminated.
5. Pour liquids into sink drains.
6. Place disposable dishes in plastic-lined, covered waste receptacles.
7. Rinse dishes and utensils with warm water before placing them into dishwashers.
8. Rinse recyclables (cans, bottles, etc.) prior to placing in recycle bins.
9. Clean sinks, counter tops, tables, chairs, trays and other areas; follow up by applying an approved disinfectant.
10. Wash hands prior to removing clean dishes from the dishwasher or from cabinets.



**D. Laundry**

1. Use latex gloves when handling soiled items.
2. Launder diapers or other items soaked with body fluids separately.
3. Pre-soak heavily soiled items.
4. Follow manufacturer's directions for detergent use.
5. If the material is bleachable, add ½ cup of household bleach to the wash cycle.
6. If the material is not colorfast, add ½ cup non-chlorine bleach to wash cycle.
7. Use hot cycle on washer and dryer.
8. Clean laundry carts when soiled linen is washing before using for clean linen.

**E. Diapering**

1. Use preferred equipment for diapering such as a changing table, hand washing facility, disposable baby wipes, plastic bags, covered receptacle (especially for cloth diapers), disinfectant, and personal protective equipment.
2. Wash hands in all cases of diapering.
3. Put on latex gloves.
4. Remove soiled diaper and place in appropriate receptacle. Disposable plastic bag should be removed once per day.
5. If other clothing is soiled, remove, rinse, and place it directly in a plastic bag that is marked with child's name, secured, and sent home at the end of the day.
6. Cleanse the genitals, perineum and buttocks with disposable baby wipes or soap and water.
7. Rinse well and dry skin prior to applying a clean diaper.
8. Wash the child's hands and then your own hands.
9. Wear disposable latex gloves to rinse and wring out cloth diapers in the toilet.
10. Report abnormal conditions (blood, etc.) to administration so that parents and Health Professionals can be properly notified.

**F. Cleaning of Equipment**

1. Wash all toys with soap and water and rinse thoroughly as needed. Toys that participants put into their mouths should be washed after each use and should not be shared.
2. Clean all equipment such as mats, wedges, feeding chairs, etc., with soap and water as needed.
3. Use disinfectant solution to clean equipment when contact with blood or other body fluids has been made.
4. Clean cooking equipment thoroughly using soap and hot water.

**G. Use of Micro shield or Respirators for CPR**

The micro shield or respirator is designed to prevent direct physical contact between the rescuer and victim. This equipment shall be provided by the PD under conditions where staff/volunteers may be required to administer CPR or artificial respiration.

1. Follow instructions for use that are provided with the mouthpiece.
2. Instructions will be in the package or within the confines of the first aid kit.
3. Discard micro shields or respirators after use.
4. Wash hands immediately or as soon as possible after removal and disposal of equipment for CPR or artificial respiration.



#### H. **First Aid Training**

Unless first aid is specific to a job description (i.e., Park Police, lifeguard) park and recreation employees should understand that the care which they provide is purely from a moral standpoint, and that they are regarded as "Good Samaritans" in doing so.

1. First aid/CPR training should be preceded by an introduction to communicable disease protection.
2. First aid students should be provided with disposable latex gloves to promote their use (i.e., bleeding, and bandaging segments). All practice sessions should take place with the disposable gloves being worn.
3. Instructors should explain sanitary mannequin practice. Each student should be provided their own micro shield, respirator, mannequin face/airway, or manikin depending upon the type of equipment used for practice.
4. mannequin Practice:
  - a. Mannequin should be sanitized prior to the practice session.
  - b. New disposable head bags, airways, etc. should be inserted.
  - c. Face pieces (dental inserts) should be disinfected by placing the items in a sodium hypochlorite solution with minimum 500 ppm freely accessible chlorine (1/4 cup of domestic liquid bleach to approximately 1 gallon of clean water for 10-15 minutes.)
  - d. Always rinse the items in clean water after disinfection and allow to dry before storing.
  - e. Instructor trainees should be encouraged to immediately clean manikins following a First Aid/CPR class they may teach.
  - f. Mannequin clothing, accessories and carrying bag should be cleaned and disinfected as well.

## COMMUNICABLE DISEASES-BLOOD BORN

### Hepatitis A

Hepatitis means inflammation of the liver. Most people have heard of the different types of hepatitis that are caused by viruses, such as hepatitis A, B, or C. However, hepatitis has many other causes, including certain medications, long term alcohol use, and exposure to certain industrial chemicals.

All types of hepatitis damage liver cells and can cause the liver to become swollen and tender. Some types of hepatitis can cause permanent liver damage. Viral hepatitis can be spread from one person to another, but the other types cannot.

Hepatitis A is one of several forms of viral hepatitis. It is one of the most widely reported diseases that is preventable by receiving a vaccine.

Worldwide, most people get hepatitis A by eating food or drinking water that is contaminated with the hepatitis A virus (HAV). In the United States most people become infected with HAV when they come in contact with stool (such as when changing a diaper) or having sex with someone who has the virus. Sometimes large groups of people become infected after eating in a restaurant. This usually happens when an employee with the virus does not wash his or her hands well after using the bathroom and then prepares food.

Your doctor can diagnose hepatitis A infection by doing a blood test. In most cases, HAV infection goes away on its own and usually does not cause long term illness or liver damage. However, in rare cases, a severe rapidly progressing liver infection called fulminant hepatitis can occur, leading to the need for urgent liver transplantation. In some cases, people die from fulminant hepatitis.

Symptoms of HAV infection include “fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). Symptoms usually last less than two months; a few persons are ill for as long as six months. The average incubation period for hepatitis A is 28 days (range 15-50 days).”<sup>1</sup>

You can only be infected with HAV once. You then have developed immunity to the virus which keeps you from ever becoming infected again.

HAV infection can be prevented by vaccination with a series of two shots. The vaccine usually is 100% effective in preventing infection if you receive both shots before you are exposed to HAV.

### Hepatitis B

Hepatitis is inflammation of the liver. Most people have heard of the different types of hepatitis that are caused by viruses, such as hepatitis A, B, or C. However, hepatitis has many other causes, including certain medications, long term alcohol use, and exposure to certain industrial chemicals.

All types of hepatitis damage liver cells and can cause the liver to become swollen and tender. Some types can cause permanent liver damage. Viral hepatitis can be spread from one person to another, but the other types cannot.

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<sup>1</sup> CDC.gov-National Center for Infectious Diseases-Hepatitis A-faqa



Hepatitis B is one of several forms of viral hepatitis. Your doctor can diagnose infection with hepatitis B virus (HBV) by doing a blood test.

Symptoms for HBV are the same as for HAV.

The hepatitis B virus is spread from one person to another through body fluids, including blood, semen, and vaginal fluids (including menstrual blood). The virus can be passed from a mother to her newborn baby during deliver (prenatal transmission). However, most people in the United States acquire HBV infection as adolescents or adults.

HBV is a heartier virus than HIV. According to the Center for Disease Control, it can survive for at least one week in dried blood on environmental surfaces or contaminated needles and other sharp objects.

Short term (acute) infection usually goes away on its own without treatment. Some people have no symptoms. Most people who develop symptoms feel better in 2-3 weeks and recover completely after 4-8 weeks. Other people may take longer to recover.

Long term (chronic) infection occurs when the hepatitis B virus continues to be present in a person's liver and blood for six months or more. Chronic infection can lead to serious liver diseases such as cirrhosis and liver cancer. "Hepatitis B carrier is a term that is sometimes used to indicate people who have chronic (long-term) infection with HBV. If infected, two percent to 6% of persons over 5 years of age; 30% of children 1-5 years of age; and up to 90% of infants develop chronic infection."<sup>2</sup>

Two medications are used to treat chronic HBV: Interferon alfa-2b (an injection) and Lamivudine (a pill). Each medication has advantages and disadvantages. Each is effective over the long term in less than half of the people who take them. Increasingly, hepatitis specialists are prescribing Lamivudine rather than Interferon because it is cheaper and has almost no side effects.

Vaccination can prevent hepatitis infection; the vaccine is up to 95% effective. Although the vaccine is not widely used among adults, those at risk for infection should be vaccinated. Currently 42 states require childhood immunization against HBV.

### **Hepatitis C**

Hepatitis means inflammation of the liver. Most people have heard of the different types of hepatitis that are caused by viruses, such as hepatitis A, B, or C. However, hepatitis has many other causes, including certain medications, long term alcohol use, and exposure to certain industrial chemicals.

All types of hepatitis damage liver cells and can cause the liver to become swollen and tender. Some types of hepatitis can cause permanent liver damage. Viral hepatitis can be spread from one person to another, but the other types cannot. Hepatitis C can be diagnosed with a blood test.

Symptoms of hepatitis C are the same as HAV and HBV.

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<sup>2</sup> CDC.gov-National Center for Infectious Diseases-Hepatitis B-faqa



Although there is no vaccine to prevent infection with the hepatitis C virus (HCV), research is under way to develop one. New strains of the original virus can develop that are not affected by a vaccine against the original strain. This complicates efforts to create an effective vaccine.

The outcome of HCV infection varies widely:

- The acute stage which occurs two weeks to six months after infection usually is so mild that most people don't know they are sick.
- 80% of people who become infected with HCV develop chronic infection, meaning they remain infected for many years, often for the rest of their lives. Most people with chronic HCV infection will not develop severe liver damage.
- Although it may take many years, up to 20% of people who have chronic HCV infection develop liver scarring (cirrhosis). Of these people, 1-4% also develop liver cancer.

People often don't know they have hepatitis C until they try to donate blood. All donated blood is screened for hepatitis C and other blood-borne diseases. Donors whose blood tests positive for hepatitis C are notified by the blood donation center.

Chronic hepatitis C may be treated with medications that fight viral infections. Standard treatment combines two antiviral medications: Interferon and Ribavirin. However, this treatment is not an option for everyone and only 30% to 40% of those who receive antivirals are cured of the infection. Early studies indicated that a new treatment using a longer-action form of Interferon (peginterferon) combined with Ribavirin probably will stop the virus more effectively than standard Interferon or Ribavirin.

### **Human Immunodeficiency Virus (HIV)**

The human immunodeficiency virus (HIV) attacks and gradually weakens your immune system. A weakened immune system makes you more susceptible to opportunistic infections and cancers.

HIV infects CD4+ cells, a type of white blood cell. White blood cells are an important part of the immune system which helps you fight infections. As HIV-infected cells CD4+ cells are destroyed or impaired, the immune system becomes less able to fight infection and disease.

HIV is spread from one person to another through contact with blood, semen, or vaginal fluids. Symptoms of early HIV (acute retroviral syndrome) which are often mistaken for symptoms of another viral infection such as influenza or mononucleosis include:

- fever,
- sore throat,
- headache,
- muscle aches and joint pain,
- enlarged lymph nodes in the neck, armpits, and groin,
- skin rash,
- abdominal cramps, nausea or vomiting, and/or
- diarrhea.

These early symptoms of HIV usually disappear on their own after 2-3 weeks. Exams and tests play an important role in the diagnosis and treatment of HIV infection. Early diagnosis and an understanding of HIV will help you get the treatment and support you need and improve your chances of staying healthy longer.



Treatment of HIV infection focuses on:

- Slowing the rate at which the virus makes copies of itself (replicates) in the body.
- preventing or controlling opportunistic diseases; and
- maintaining good overall health by eating well, reducing stress, and staying physically active.

Health professionals and scientists are constantly learning new things about HIV infection and its treatment. By working closely with your health professionals, you will learn:

- When you need to have checkups and blood tests.
- what the latest advances in treating HIV infection and opportunistic diseases are and whether they might be right for you; and
- where you and your family can get the emotional, social, and financial support you need.

### **Acquired Immunodeficiency Syndrome (AIDS)**

AIDS is the last of several stages of HIV infection. AIDS is diagnosed when you:

- Have a CD4+ cell count below 200 cells per micro liter of blood.
- develop an opportunistic disease or cancer.

More than half of the adults with HIV who do not receive treatment develop AIDS within 12 or 13 years. Once the HIV infection progresses to AIDS, death often occurs within 18 to 24 months or sooner in rapid progressors and young children.

### **Impetigo**

“Impetigo is a skin infection caused by bacteria it may affect skin anywhere on the body but usually attacks the area around the nose and mouth”.<sup>3</sup>

Sounds or symptoms include:

- Round crusted oozing spots on skin.
- Spots grow larger day by day.
- Spots appear on hands, face, and parts of the skin not covered by clothes.
- Spots are typically tan or yellowish-brown crust (honey-colored) in form; and
- Are very itchy

While this infection is not life threatening in most cases, it is very contagious. Scratching, wearing, or touching clothing, towels, or linens, or direct contact can spread impetigo. It is important to wash hands regularly with antibacterial soap and launder clothing, linens, and towels after each use. Do not share items with a person who is still contagious.

Impetigo is very contagious. It is important that as soon as the symptoms are noticed that the person be treated by a physician. However, there are some general practices that should be reinforced with both staff and patrons if symptoms are found.

1. Exclude person infected from program until 48 hours after the start of treatment.
2. Exclude person from handling or serving food until 48 hours after the start of treatment.
3. Wash hands frequently.
4. Launder towels, clothes, linens, or other items after each use and do not share.
5. Avoid contact with babies.
6. Lightly cover the affected area to avoid incidental contact with others.

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<sup>3</sup> *AMA Health Insight, Kids Health at the AMA—Infections & Immunizations, November 21, 2000.*