

CIVITAN

FOUNDATION

HAZARDOUS COMMUNICATION

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Bloodborne Pathogens & Universal Precautions

I. Definitions

- a. Bloodborne Pathogens – means pathogenic microorganism that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- b. Contaminated – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
- c. Exposed Individual – means the employee experienced an occupational exposure incident.
- d. Exposure Incident – means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- e. Occupational Exposure - means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a worker's duties.
- f. Other Potentially Infectious Materials (OPIM) – means the following human body fluids. Semen, vaginal secretion, cerebrospinal fluids, synovial fluid (mucous membrane); pleural fluid (lungs); pericardial fluid (heart); amniotic fluid (umbilical cord); saliva in dental procedures; or any body fluid that is visibly contaminated with blood; and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.
- g. Parenteral – means piercing mucous membranes or the skin through such events as needle-sticks, human bites, cuts and abrasions.
- h. Sources Individual – means the individual whose blood or other potentially infectious body fluids were the source of the occupational exposure incident.
- i. Universal Precautions – is an approach to infection control, based on the concept that all human blood and certain human body fluids is to be treated as if known to be infectious for HIB, HBV, and other blood borne pathogens.
- j. PPE – means Personal Protective Equipment use to protect people from potentially harmful body fluids such as specialized clothing, gloves, face mask, etc.

II. Exposure Control Plan

a. Requirement:

1. The CIVITAN FOUNDATION Exposure Control Plan has been developed to ensure compliance with Occupational Safety and Health Administration (OSHA) Standard 1910.1030 to protect health care workers and workers in non –health care settings from occupational exposure to blood borne diseases, including Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV). This plan will be updated as OSHA Directives and supplementary compliance guidelines are modified in the future.

b. Purpose:

1. This exposure control plan is intended to provide employees with the greatest degree of protection while giving due consideration to the needs of each person supported for safe and non-threatening services. The primary objective of the plan is to eliminate or minimize occupational exposure to Hepatitis B (HBV) and Hepatitis C (HCV) and the AID virus (HIV), and other infections transmitted by body fluids.

While the risks posed by blood-borne pathogens are real, they can be minimized through universal precaution practices, employee training and vaccination against hepatitis B for employees at risk of occupational exposure, and post-exposure follow-up. All of these elements are contained in the CIVITAN FOUNDATION Exposure Control Plan.

c. Scope:

1. This plan covers all employees who, as a result of performing their job duties, could be “reasonably anticipated” to come in contact with blood or other potentially infectious materials.

d. Risk of Occupational Exposure and to what degree?

1. OSHA regulations require that a company make a determination of an employee’s potential for occupational exposure.

CIVITAN FOUNDATION employees who have “personal care” responsibilities for individuals are considered to have a potential risk of occupational exposure to blood-borne pathogens or other infectious materials. “Personal care” responsibilities refer to those direct care activities that may bring the employee into direct contact with bodily fluids or blood of the individual(s) for whom the employee is responsible.

e. Accountability for the Exposure Control Plan

1. The CIVITAN FOUNDATION Human Resource Manager or designee is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review/update is documented annually.

f. Plan Access

1. Copies of the complete Exposure Control Plan are available for review in the CIVITAN FOUNDATION office during the hours of 8 a.m. to 4 p.m., Monday through Friday. If requested the Human Resource Manager will supply the employee with a copy free of charge within 15 days of request.

g. Training Requirements

1. All employees who have direct care job duties are to be informed of the OSHA standard, the modes of transmission of HBV, HCV, and HIV, and are to be trained in accordance with the CIVITAN FOUNDATION policy and procedures pertaining to Universal Precaution. Which includes but not limited to procedure pertaining to hand-washing, proper handling and storage/disposal of needles/sharps, cleaning of contaminated items or surfaces, use of gloves and other personal protective equipment, disposal of contaminated materials, etc.
2. Universal precautions training for personnel shall be repeated at least annually.
3. Commencement of the training must be documented with the specific dates, identification of trainer and trainees.
4. Training will be provided at no cost to the trainee.

III. Hepatitis B (HBV) and Hepatitis C (HCV)

Hepatitis B

a. Signs & Symptoms

1. Jaundice
2. Fatigue
3. Abdominal Pain
4. Loss of appetite
5. Nausea, vomiting
6. Joint pain

b. Transmission

The Hepatitis B & C viruses live in the blood or other body fluids and are commonly transmitted in the following ways:

1. Unsafe Sex
2. Intravenous Drug use (sharing needles)
3. Mother to child before or during birth
4. Blood transfusion
5. Blood
6. Saliva
7. Semen
8. Vaginal fluid
9. Skin Tissue
10. Any bodily fluid contaminated with blood

The three most prevalent means of transmission through occupational exposure are:

1. Puncture wounds from sharps
2. Fluids entering an open cut or break in the skin, or splashing into mucous membranes
3. The touch of a contaminated hand to the eyes, nose, mouth, or other mucous membranes.

Ways you **cannot** contract the Hepatitis virus:

1. Drinking Foundation
2. Toilet Seat, swimming pools
3. Doorknobs
4. Insect Bites
5. Shaking hands
6. Telephones
7. Eating meals together
8. Being exposed to sneezing or coughing

However other viral and bacterial infections may be transmitted through these means.

c. Vaccination

CIVITAN FOUNDATION will make available to employees who may have occupational exposure (as specified in the exposure control plan) the Hepatitis B vaccination at no charge to the employee.

CIVITAN FOUNDATION will also recommend to contracting personnel and personnel not specified in the exposure control plan who have a high risk to exposure, that they inquire with their own physician and and/or a public health clinic for advice about receiving the vaccination for themselves and their family, as applicable. CIVITAN FOUNDATION is not responsible for the cost.

The Hepatitis vaccination is a three shot series. The first shot should be given within the first 10 days of employment. The second should be given 30 days after the initial shot and the third 6 months after the initial shot.

Employees have the right to decline the HBV vaccination and if so will be asked to sign a declination statement. The employee also has the option of changing their mind receiving the vaccination at a later date, still at no cost to the employee.

Vaccination is not indicated if the employee can provide verification that he/she previously received the complete hepatitis B series within the past 5 years, has already acquired immunity, or has medical contraindication to the vaccine as determined by a physician.

A vaccine can prevent HBV, but there's no cure if you have it. If you're infected, taking certain precautions can help prevent spreading HBV to others.

Hepatitis C

a. Signs & Symptoms

1. Jaundice
2. Fatigue
3. Abdominal pain
4. Loss of appetite
5. Nausea
6. Dark urine

b. Transmission

The Hepatitis C viruses live in the blood or other body fluids and are commonly transmitted in the following ways:

1. Unsafe sex
2. Intravenous drug use (sharing needles)
3. Mother to child before or during birth
4. Blood transfusion

The three most prevalent means of transmission through occupational exposure are:

4. Puncture wounds from sharps
5. Fluids entering an open cut or break in the skin, or splashing into mucous membranes
6. The touch of a contaminated hand to the eyes, nose, mouth, or other mucous membranes.

Ways you **cannot** contract the Hepatitis virus:

1. Drinking fountains
2. Toilet Seat, swimming pools
3. Doorknobs
4. Insect bites
5. Shaking hands
6. Telephones
7. Eating meals together
8. Being exposed to sneezing or coughing

However other viral and bacterial infections may be transmitted through these means.

There is no vaccine for or cure HCV. If you're infected, taking certain precautions can help prevent spreading HCV to others.

IV. Human Immunodeficiency Virus HIV

a. Facts

1. HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).
2. Once HIV becomes AIDS the body's immune system is depleted causing the body to lose its ability to fight off infections.
3. A person can be infected with the virus for years without it being detected.
4. Once the body succumbs to more and more of the infection, the person will become weaker and weaker.
5. Due to successful drug treatments people with HIV now live longer and healthier lives.
6. As of yet, there is no preventative vaccine against HIV or cure.

b. Acute symptoms of HIV/AIDS infection are similar to a case of the flu:

1. Fatigue
2. Sore Throat
3. Stomach pains
4. Nausea
5. Diarrhea
6. Headaches

c. Transmission

The Human Immunodeficiency virus lives in the blood or other body fluids and is commonly transmitted in the following ways:

1. Unsafe sex
2. Intravenous drug use (sharing needles)
3. Blood transfusion
4. From mother to child before or during birth

The three most prevalent means of transmission through occupational exposure are:

7. Puncture wounds from sharps
8. Fluids entering an open cut or break in the skin, or splashing into mucous membranes
9. The touch of a contaminated hand to the eyes, nose, mouth, or other mucous membranes.

Ways you **cannot** contract the Human Immunodeficiency virus:

1. Drinking fountains
2. Toilet seat, swimming pools
3. Doorknobs
4. Insect Bites
5. Shaking hands
6. Telephones
7. Eating meals together
8. Being exposed to sneezing or coughing

However other viral and bacterial infections may be transmitted through these means.

V. Universal Precautions

Universal Precautions are the best means of protection against the spread of blood-borne pathogens. As part of the infection control program, CIVITAN FOUNDATION provides appropriate protective equipment to all employees and CIVITAN FOUNDATION, as needed. CIVITAN FOUNDATION in need of such protective supplies should request them from their CIVITAN FOUNDATION Supervisor/Director.

Proper Protective Equipment includes, but is not limited to:

1. Gloves (latex for personal care duties, utility for cleaning up potentially contaminated spills)
2. Gowns (when applicable for splashing)
3. Eye goggles (when applicable for splashing)

Some tasks require more PPE; some less and some none at all. Only wear as much equipment as necessary.

HOW TO AVOID

a. Hand-Washing

Hand washing is the single most important way to prevent the spread of an infectious organism. Immediately and thoroughly wash hands and other skin surfaces if they come in contact with blood, body fluids containing visible blood or potentially contaminated articles or surfaces. **WASH YOUR HANDS BEFORE AND AFTER EVERY BREAK.** Do not touch eyes or mouth before washing hands thoroughly. Wash hands or other skin surfaces with warm running water and a liquid soap, using friction for a minimum of 15-30 seconds. Hands should also be washed after removing gloves even if the gloves look to be intact. Staff and individuals receiving services in the following situations should practice hand washing:

1. Before eating or handling food (if cooking, always wash hands after handling meat and before touching vegetables, fruit, etc.).
2. After toileting or assisting in toileting and/or diapering.
3. After contact with any body fluid, whether or not blood is visible.
4. After cleaning are or surfaces contaminated with body fluids
5. After handling pets or pet equipment

Hand sanitizers should only be used as a temporary measure. You still must wash with soap and water as soon as you can.

b. Cleaning, Disinfecting, and Sterilizing

Commonly used surfaces in kitchens and bathrooms, infant and child toys, bedpans and urinals, and any surface or objet contaminated by body fluids should be sanitized with a standard bleach solution (1:10, 1 ounce bleach to 10 ounce water or an EPA-Approved germicide or 10%). Make solution daily and keep in a spray bottle out of reach of children or individuals that may harm themselves with the solution. Spray on surfaces and objects according to the following schedule, and let air dry.

1. Kitchen and Bathroom surfaces (eating tables, counter tops, sinks, bathtubs, toilet seats, highchairs, floors, etc.; daily/after each use, and always after any body fluid spill)
2. Diapering surfaces – after each use
3. Toys: weekly or after each use if shared with other children

Cleaning and Decontaminating Spills of Blood

All spills of blood and blood-contaminated fluids should be promptly cleaned up using absorbent materials and an EPA-approved germicide of the standard bleach solution prescribed in the section above. Hands should be washed following the removal of the gloves. Soiled cleaning equipment and gloves should be either cleaned and decontaminated with an EPA-approved germicide of the standard bleach solution, or placed in a lined, covered container or plastic bag and disposed of.

Changing Depends/Attends

Children and adults who require the use of attends/depends due to an inability to control their bowel and/or bladder may require the use of some special precautions. These individuals should be changed on a surface covered with a disposable cover. After each use, throw away the cover; wash any contamination you can see with soap and water, and spray the surface with the standard bleach solution. If attends/depends used, they should be kept separately from other trash in a diaper pail or other sealed container, although they may be disposed with other trash at a later time. The pail should be sterilized whenever emptied with the standard bleach solution. The changing area should be in close proximity to a sink for hand washing. The changing area should be in a space separate from areas used to prepare or eat food. It is necessary to wear gloves when changing. It is also necessary to wash hands after changing, and gloves are removed.

c. Laundry

Although soiled linens or clothing may be contaminated, the risk of actual disease transmission is insignificant. General guidelines to be followed include:

1. Clean linens and clothing should be stored in a hygienic manner, separate from soiled linens and clothing.
2. Linen and clothing soiled with blood or other body fluids to which universal precautions separately, using hot water and detergent and bleach.
3. When bagging or laundering linens or clothing soiled with blood or other body fluids to which universal precautions apply, use gloves.

d. Personal Items

Personal items, such as toothbrushes, razors, combs, objects that have been put in the mouth, etc., should not be shared, and should be store in a manner that prevents contact with the personal items of other individuals. Towels, washcloth, should be laundered before other use them.

e. Eating Utensils

Wash all eating utensils with hot, soapy water. The use of an automatic dishwasher is recommended due to the higher water temperature it utilizes. Otherwise, water that is hot enough to require the use of lined utility gloves is recommended. Air-drying is recommended.

f. Disposal

Double plastic bag all trash that contains blood or body fluids to which universal precaution apply, such as depends/attends, bandages, sanitary pads, disposable gloves, etc. Do not reuse bags. Close them tightly, tie securely and discard. Dispose of needles or other sharp objects in puncture resistive containers. If the outside of the bag or container is obviously contaminated, it should be wiped clean with the disinfectant standard bleach solution.

g. Kitchen/Food Preparation

When assisting an individual in food preparation, the following guidelines are recommended:

1. Hands should always be washed prior to preparing food
2. "Tasting" food during cooking should be done with a clean utensil each time.
3. Observe the appearance or general freshness of the food and check the expiration date prior to preparation. Do not use cracked eggs due to the possibility of salmonella contamination.
4. Open packages of food should be stored in covered containers to prevent infestation.
5. Pork, poultry, and eggs should be cooked thoroughly before eating.
6. Kitchen counter sinks and floors should be free from food particles and cleaned regularly.
7. Inside the refrigerator should be cleaned regularly with soap and warm water to control molds.

What to do if you are exposed

Should an exposure incident occur, contact your immediate supervisor immediately.

An immediately available, confidential, medical evaluation and follow-up will be conducted by The CIVITAN FOUNDATION selected health care professional. Following the initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the following activities will be performed.

- Document the routes of exposure and how the exposure occurred (incident report)
- Identify and testing the source individual (unless the employer cannot establish the identification or it is not feasible or prohibited by state or local law).
- If consent can be obtained, make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, HBV infection; document that the source individual's test results were conveyed to the employee's health care provider.
- If consent can be obtained by the source individual (or parent/guardian), assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality). Note: document if consent can't be obtained.

If you are exposed, don't panic! However, you should treat all blood as though it contains pathogens. Get tested immediately.

VI. Tuberculosis Awareness

Tuberculosis is an infectious disease, which spreads through the air from person to person when droplet nuclei become airborne. Tuberculosis spreads through the air when a person infected with active TB coughs, speaks, sings, sneezes or spits. Generally, it takes more than one exposure to something with active TB for infection to occur. Most often a person must have repeated and prolonged indoor exposure to tuberculosis.

Covering the mouth and nose when coughing or sneezing is an important method of preventing the spread of TB because this helps keep droplets from becoming airborne.

Once the tuberculosis bacteria are inhaled, they reach the alveoli (air sacs) of the lungs. If the infection is not treated, it can become active and affect the liver, skin and other organs of the body.

Between two and ten weeks after exposure to TB, the immune system will usually limit the spread of bacteria and keep the infection from becoming active. However, if the immune system has been weakened for any reason, the bacilli can multiply and spread from the lungs to other part of the body.

People who are frequently in comparatively crowded, poorly ventilated places are more at risk of contracting TB because these are ideal environments for the spread of TB bacilli. Some examples of such places are:

1. Homeless Shelters
2. Nursing Homes
3. Correctional Facilities
4. Factories
5. Substance Abuse Centers
6. Schools
7. Hospitals

Latent TB Infection vs. Active TB

A tuberculosis infection can be either latent (inactive) or active. If it is latent, the bacilli are present in the body, but the individual will not be contagious and will have no symptoms. Taking a series of preventive drugs can aid the immune system in curing the latent infection once it has been identified.

Persons with a latent TB infection have about a 10% chance of developing active TB in their lifetime. Latent TB risk is highest in the first two years after contracting the infection, but some risks may remain for decades.

Without treatment, a latent TB infection can become active, which means individuals could become contagious and may show symptoms of TB. These symptoms include:

1. Coughing
2. Fever
3. Fatigue

4. Night sweats
5. Weight loss

An active TB infection can seem like a regular cold, the flu or pneumonia. Because TB affects the lungs, anyone who exhibits a cough for more than three weeks, or coughs up bloody sputum, should be evaluated.

Latent TB infections can become active when the immune system becomes weakened. Factors, which can weaken the immune system, are:

1. Stress
2. Poor nutrition
3. Substance Abuse
4. Sickness
5. HIV (AIDS)

Do you have TB?

The only way to know for certain if you have been infected with TB is to be tested by a medical professional. One test commonly used to detect TB is the PPD skin test.

The area of the arm where the test was administered should be checked within 48 – 72 hours by a healthcare professional. TB test results help to determine the presence of the TB bacteria in the body.

Someone who has the symptoms of TB or who has been exposed to active TB should have a skin test done immediately. If the test is positive, further testing will be necessary.

Diagnosis: Active TB

If the doctor diagnoses active TB, the individual will be placed on anti-tubercular drugs, usually some form of antibiotics. These medications will relieve the symptoms and make the individual noninfectious to others.

While infectious, the individual must be separated from other people to ensure that he or she will not expose others to TB. If properly treated, individuals with TB may become non-contagious in approximately four weeks.

What is Drug-Resistant TB?

If medications are not properly prescribed or are not taken regularly, the TB organisms can build up a resistance to the medication. Not only can tuberculosis then recur, but also these resistant organisms can be transferred to others, giving them a TB infection, which is harder to cure.

These drug-resistant TB organisms are multiplying at an alarming rate because so many people stop taking their medication too soon. Some strains of TB only resist one or two drugs, but others develop resistance to several.

Strains that resist two or more drugs are called multi-drug resistant TB (MDR-TB) . MDR-TB has a 50% – 80% mortality rate. Today it is estimated that up to 5.5% of new TB cases are MDR-TB. Multi-drug resistant TB cases are mostly concentrated in, though not limited to, large urban areas.

Work Restrictions:

If you are diagnosed with pulmonary or laryngeal TB, you should be restricted from work until:

1. You get treatment
2. Your cough is resolved
3. A physician certifies that you are no longer contagious

If you have the TB infection, but not active TB, you should take preventative medication and continue usual work activities.

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VII. Fire Safety

Five Classes of Fire:

Class A – fires involve wood, paper, cloth, rubber and certain plastics.

Class B – fires are caused by gases or flammable liquids such as grease, oil, paint and solvents

Class C – fires are electrical in nature

Class D – fires involve the burning of various metals. They are the least likely to occur in the home

Class K – fires involve cooking oils and animal fats.

Class A, B and C fires present the greatest risk in the home.

Evacuation Procedures:

- Know your evacuation plan
- Make sure the people you support know what to do in case of a fire
- Once out of the building, do not go back in.

Note: Have a get-a-way plan for your own family in your own home!

a. General causes of fire

1. Carelessness, such as unsafe smoking habits
2. Forgetfulness, such as leaving food unattended on the stove
3. Negligence, as in letting children play around matches, cooking flames or other fire hazards
4. Ignorance, such as not knowing space heaters must have the right fuel and adequate ventilation.

b. Things to take notice of:

1. Locate all exits
2. Know where fire extinguishers are located
3. Know how windows open for a second egress option
4. Know where the nearest phone is to summon help
5. Make sure everyone knows how to use a fire extinguisher
6. Keep escape routes such as hallways, stairways and doorways clear and free of clutter
7. Feel the door with the back of the hand before opening it. If a door is hot, don't open it. Instead use the alternate escape route.

c. How to Use Fire Extinguishers:

The type of fire they put out categorizes fire extinguishers.

Class ABC can be used to fight all three.

Can you P-A-S-S the test?

1. Pull the pin
2. Aim the nozzle at the base of the fire
3. Squeeze the trigger while holding the canister upright
4. Sweep side to side to cover the fire area with extinguishing agent.

Teach your families and person's supported to prevent fire hazards.

You can't insist on safety measures in someone else's home, but you can point out potential hazards. Here are some ideas to improve risky situations:

1. Carry a large spoon from the kitchen as a reminder that food is on the stove if the telephone or doorbell rings while cooking.
2. Avoid wearing loose, dangling sleeves that can catch fire when cooking and never put metal dishes in a microwave.
3. Never smoke in bed or near oxygen sources. Careless smoking habits are the leading cause of fire deaths. Smokers should use a large, wide-mouthed ashtray, and then douse its contents with water or empty it into the toilet before going to bed.
4. Be alert to and correct hazards such as dangerous use of space heaters, piled up trash, or flammables near heat sources.
5. Educate families and individuals supported about home safety checklists, seasonal heating tips or holiday fire prevention. Reinforce with printed materials.