



 *Bird In The Hand Health Care Staffing*

 *614 State Route 116, Metamora Il 61548*



**INTRODUCTION**

Use this manual as a ready-reference. You must refer to it as your assignments and work duties change.

In cases of serious emergencies such as a danger to life or property, the rules of this manual may be temporarily changed to facilitate proper handling of the emergency. Additionally, policies may change in keeping with standard business practices or state or federal law changes. Such changes are the sole discretion of Bird in Hand and may occur with or without notice.

**HEALTH & SAFETY POLICY**

Bird in Hand is committed to the prevention of occupational illness and injury within the workplace. We will take an active role in the implementation of a Health and Safety program that will maintain a safe and healthy work environment not only for our Employees but also for Assignees.

Supervisors and Managers will take responsibility to ensure that all company policies and procedures are followed as they relate to Employee / Assignee health and safety.

All Employees / Assignees are required to abide by all safety and health rules and policies to ensure that safe and healthy work conditions are maintained within their assigned areas.

Workers / Assignees are responsible for performing their jobs safely, following legislated standards and in accordance with our Health & Safety programs and to support these programs by reporting any unsafe acts and / or conditions.

**Conducting business safely is an attainable goal.**

The key to success lies in the willingness of every individual to recognize his/her responsibility and actively support the prevention of accidents or occupational illness and / or injuries including those that may involve visitors, contractors and their employees.

We trust that you will join us in a personal commitment to the protection of Health & Safety as a way of life.

**1) PROHIBITED ACTIVITIES**

Employees may only perform work that they were assigned to do at a customer location. Do not perform work that you have not been assigned to do or trained to do. Contact your Bird in Hand representative if this cannot be resolved while at a customer location. Never perform any work that is obviously dangerous or unsafe.

**2) INCIDENT REPORTING**

ALL injuries, regardless of how small, must be reported immediately (and no later than end of your shift) and given appropriate care as soon as possible. Also contact your Bird in Hand representative within the same time frame.

Failure to report injuries or to receive medical treatment may result in serious infections or complications to your health. Failure to report injuries is also grounds for disciplinary action and may result in denial of a Worker's Compensation claim.

**3) TRAINING AND EDUCATION**

All Bird in Hand employees will receive basic training related to the work they will be performing. Do not engage in work that you are not trained to do or do not understand. If you feel you have not been trained properly, contact your Bird in Hand representative.

**4) GENERAL SAFETY RULES**

Bird in Hand safety rules are the minimum standards for safe working conditions. Your client site supervisor will answer any specific safety questions you may have.

**Work Habits**

1. It is mandatory that you know and follow all safety regulations for your work assignment.
2. Before starting any task, make sure you know exactly what is to be done and how to do it safely.
3. Be sure you perform your tasks in a manner that protects you and others.
4. Let your supervisor know if you feel you do not have adequate safety protection/knowledge in any work activity.
5. Make sure all tools and equipment are in proper working order. Do not "fix" or repair anything yourself unless you are requested by your site supervisor, trained and authorized to do so.
6. Report unsafe equipment to your supervisor immediately. Do not take chances!
7. Do not remove or bypass guards on machines or equipment.
8. Absolutely NO horseplay is ever permitted. Keep your mind on your work. Do not distract others or allow your attention to wander from the task at hand.
9. Make your Bird in Hand Service Representative or Manager aware of any safety problems you encounter while at the work site.

**Work Area**

Work areas must be kept clean and orderly at all times. Keeping the jobsite clean is everyone's responsibility. Good housekeeping is fundamental to a safe workplace.

**Smoking**

Smoking is permitted in designated "Smoking Areas" at designated break times only. Smoking areas should be clearly marked throughout the work site. If they are not marked, ask your supervisor about their location. Smoking is prohibited in ALL other areas.

**Substance Abuse (Drug-Free Workplace)**

Bird in Hand is committed at all levels to providing a safe work place for our employees. The use of alcohol and drugs on the job negatively affects the productivity, the safety and the stability of the workplace. Bird in Hand will not tolerate any deviations from the corporate Drug-Free Workplace Program. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful, safe and secure work environment.

Bird in Hand prohibits on-the-job use of illegal drugs or alcohol, coming to work under the influence, and possessing or distributing drugs on company premises. Violations of this Policy will result in disciplinary action up to and including discharge. Employees are encouraged to seek assistance from community resources on a voluntary basis for substance abuse related problems.

**5) PERSONAL PROTECTIVE EQUIPMENT**

Healthcare professionals are required to wear personal protective equipment (PPE), i.e., gloves, goggles, protective clothing, and use respirators when working with hazardous materials or with patients suspected of having communicable diseases. Inspect all PPE before use and replace any item if damaged. Always notify your supervisor is any needed PPE is not available. When done using PPE, place in the designated area for proper storage, decontamination or disposal.

**ALL PPE MUST BE WORN AND USED AS INSTRUCTED!**

**6) MEDICAL EQUIPMENT MANAGEMENT**

SAFE MEDICAL DEVICE ACT

The Safe Medical Device Act of 1990 and the Medical Device Amendments of 1992 require that personnel report any incident in which a medical device may have “caused or contributed” to the death, serious illness or serious injury to a patient. The statute defines a serious illness or injury as:

* Life threatening
* Results in permanent impairment of a body function or structure, or
* Needs any immediate medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.

WHAT IS A MEDICAL DEVICE?

A medical device is anything used in the diagnosis, cure, treatment, or prevention of a disease, except a drug. Examples of a medical device are: catheters, syringes, suture materials, infusion pumps, defibrillators, hospital beds, wheelchairs, implants, and radiology equipment.

IN THE EVENT OF MEDICAL DEVICE FAILURE:

1. Attend to the patient.
2. Immediately discontinue patient use. If the device is electrical, do not unplug unless it is shocking the patient.
3. If possible or potential patient injury, notify Risk Management immediately. DO NOT change any control settings, test or attempt repair of the equipment. Make a note of the device settings when the event occurred.

KEY POINTS: A device never acts alone. The components of a device-related system include:

* The device
* The family
* The patient
* The operator
* The environment

If a failure occurs in any of these components, it may be a device-related event and must be reported. When in doubt, it is best to consult with your Bird in Hand representative immediately.

**Do not** use equipment that has physical signs of damage. Equipment with a CURRENT preventative maintenance label AND NO RED DEFECTIVE TAG is safe for patient care.

**7) BODY MECHANICS / ENVIRONMENT SAFETY**

There are many types of equipment and devices designed to make lifting or moving residents easier. Mechanical assistive devices (lifts) help reduce injury by avoiding unnecessary manual transfers. These devices save staff time by reducing the number of employees needed on a given transfer.

General categories or mechanical lifts include:

* Total-body
* Sit-to-stand
* Ambulation
* Bath/shower

Total-Body Lift

These devices are designed to lift or move individuals who are totally dependent by supporting their entire weight during the transfer. The best devices are battery-operated. Typically, they can lift an individual from the floor to the highest bed. Some devices can lift individuals up to 500 pounds or more. 2 caregivers are required at all times utilizing a total body lift device.

Sit-To-Stand Lift

These lifts are for moving residents to and from chairs, toilets, beds or into and out of showers. It is appropriate for residents who are weight-bearing and have some upper body strength and control. The best devices are battery-operated. Check the individual patient/resident plan of care for a 1 or 2 assist of caregivers.

For help with ambulating and repositioning, you may use equipment and gait belts, transfer belts with handles, draw sheets, incontinence pads, etc. There are two types of gait belts:

* A gait belt with handles. This belt comes in four sizes-small, medium, large and extra-large. It is equipped with handles.
* A standard gait belt. This is “one size fits all” and is used to help transfer residents out of chairs or when ambulating a resident.

Shower-toilet combination chairs and height-adjustable bathtubs can be used when showering, bathing, toileting, and performing personal hygiene activities. Residents may be bathed using shower chairs with locking wheels or in special tubs where lifting is not necessary.

On all shower-toileting chairs, make sure the brakes hold tightly.

**Laundry Operations**

In the laundry, a great deal of lifting is done. Soiled linen is sorted and placed in the washers. After washing, the wet linen is transferred to a dryer and after drying it is folded and stored on shelves, or placed in carts to be transported. One way to reduce the amount of lifting is to use spring-loaded carts.

Spring-loaded carts automatically bring linen within easy reach and help reduce the amount of bending over and pulling on linen that the worker has to do.

Carts should have wheel locks and height-appropriate handles that can swing out of the way.

Watch Your Back!

Poor body mechanics result in more injuries to healthcare workers than any one single event. Prevention is the key to protecting yourself against a potential disabling and costly injury.

• ALWAYS seek help when moving a heavy or uncooperative patient.

• Stretch daily to stay flexible.

• Use good posture. It helps support your lower back.

Moving Patients

• Always use the two-person lifting rule.

• Use mechanical lifts.

• Use either the:

o Lumbar Belt

o Gait Belt

Bed to Gurney Transfer

* Adjust bed to the level of gurney.
* Lock bed and lock gurney in place by bed.
* Place a plastic sheet beneath draw-sheet to facilitate sliding the patient.
* Keep your knee on gurney when moving resident to edge.
* Transfer resident in two stages, first onto edge, then to middle of gurney.

Transfer from Bed to Wheelchair

* Adjust the bed height to that of the wheelchair and lock bed in place.
* Move the wheelchair into position and lock wheelchair into place.
* Reduce the lifting, by supporting patient's knee between your legs.
* Talk to patient and together move resident to a standing position. Keep your knees slightly bent and back balanced.
* Pivot and lower the patient into wheelchair by bending your knees.
* Allow the patient to hold on to you at your waist or shoulders, not the neck.

Moving Patient Up In Bed

* Lock bed into place to prevent movement.
* Adjust the bed height so it is below your waist.
* Work from the side of the bed, point your feet in the direction you are moving the patient.
* Use a draw sheet and adjust bed to flat position to move the resident.
* Do not try to lift patient; reach under the patient's back and shoulders and slide patient toward head of bed.
* Request patient to assist you in this movement by pushing with feet and elbows.
* When performing this task, keep your feet wide apart, and knees bent.

Turning Patient Over In Bed

* Lock the bed in place to prevent movement.
* Adjust the bed height to mid or upper thigh.
* Lower bed rails.
* Cross patient’s legs and cross arms on his or her chest.
* Place your knees against the bed for support.
* Keep your knees bent, your back balanced and use your body weight to help turn the patient.
* Do not lift, but turn the patient toward you.

A Falling Patient

* Do not try to prevent the fall once in progress. Bend your knees and help guide the patient safely to the floor.
* Do not try to lift the patient; get help to remove patient from floor. All falls are to be lifted with a total body lift device.

A Falling Object

* In the past we have had employees injured because they lunged for falling equipment, for example: a falling I/V stand.
* Do not try to prevent the fall once in progress if it is out of your reach.
* If the fall creates a new safety hazard, please let your supervisor know immediately.

Transfer Patient from Wheelchair to Toilet

* Lock the wheelchair into place.
* Have the patient grasp the grab bar by the toilet and the arm of the wheelchair for support. Do not lift the patient.
* Have the patient pivot, helping to position his or her body. Do not lift the patient.
* Bend your knees and assist patient but do not position resident by trying to lift him/her.

Mechanical Apparatus

* Do not lift; use transfer belts for safely moving patients from beds, chairs, cars, and toilets.
* Do not lift; use a roller board to move patient between gurney and bed.
* Do not lift; have the patient use the trapeze to assist you during movement from or in bed.

Lifting Procedures

* Plan the move before lifting; remove obstructions from your chosen pathway.
* Test the weight of the load before lifting by pushing the load along its resting surface
* If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
* If assistance is required to perform a lift, coordinate and communicate your movements with those of your coworker.
* Position your feet 6 to 12 inches apart with one foot slightly in front of the other.
* Face the load.
* Bend at the knees, not at the back.
* Keep your back straight.
* Get a firm grip on the object with your hands and fingers. Use handles when present.
* Never lift anything if your hands are greasy or wet.
* Wear protective gloves when lifting objects with sharp corners or jagged edges.
* Hold objects as close to your body as possible.
* Perform lifting movements smoothly and gradually; do not jerk the load.
* If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
* Set down objects in the same manner as you picked them up, except in reverse.
* Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.
* Slide materials to the end of the tailgate before attempting to lift them off of a pick-up truck. Do not lift over the walls or tailgate of the truck bed.

**8) DISASTER PREPAREDNESS**

Disasters encompass internal events, such as bomb threats or fires, or external events like hurricanes or earthquakes. The purpose of disaster preparedness is to provide safety to the patients and staff in the facility and to prepare and potentially care for a large arrival of patients from outside the facility.

Each facility will have a disaster manual which you should be familiar with. This manual will address four phases of disaster preparedness, or emergency management – mitigation, preparedness, response, and recovery.

Mitigation includes activities that would lessen the impact of a disaster on the facility. Preparedness activities increase readiness and identify resources in case of a disaster. Response includes the activities and how they will be managed during an actual disaster, and recovery includes returning the hospital to its pre-disaster status.

Disaster preparedness includes how to handle an electrical failure, a method of overhead paging, evacuation procedure, security, and triage procedures. During your orientation, it will be important to familiarize yourself with the hospital’s disaster plan.

**9) ELECTRICAL SAFETY**

Potential Hazard

Employee exposure to electrical hazards including electric shock, electrocutions fires, and explosions. Damaged electrical cords can lead to possible shocks or electrocutions. A flexible electrical cord may be damaged by door or window edges, by staples and fastenings, by equipment rolling over it, or simply by aging.

*Possible electrocution or electric shock or contact with electrical hazards from:*

* Faulty electrical equipment/machinery or wiring.
* Damaged receptacles and connectors.
* Unsafe work practices.

Possible Solutions

Comply with OSHA Standard 1910 Subpart S-Electrical-General. The standard is comprehensive and includes the

following sections:

* Electrical equipment shall be free from recognized hazards [1910.303(b)(1)].
* Listed or labeled equipment shall be used or installed in accordance with any instructions included in the listing or labeling [1910.303(b)(2)].
* Sufficient access and working space shall be provided and maintained around all electric equipment to permit ready and safe operation and maintenance of such equipment [1910.303(g)(1)].
* Ensure that all electrical service near sources of water is properly grounded [1910.304(f)(5)(v)].
* Tag out and remove from service all damaged receptacles and portable electrical equipment [1910.334(a)(2)(ii)].
* Repair all damaged receptacles and portable electrical equipment before placing them back into service [1910.334(a)(2)(ii)].
* Ensure that employees are trained not to plug or unplug energized equipment when their hands are wet [1910.334(a)(5)(i)].
* Use safeguards for personnel protection and electrical protective equipment [1910.335].
* Select and use appropriate work practices [1910.333].
* Follow requirements for Hazardous Classified Locations [1910.307].

**10) LADDERS**

Bird in Hand employees are not allowed on ladders UNLESS prior approval is obtained from Bird in Hand.

Always use the correct ladder for the task. Check the weight rating for maximum load capacity prior to use.

Inspect ladders daily, do not use broken ladders. Report damaged ladders to a supervisor immediately.

**14) FIRE PROTECTION**

**Fire Safety**

During orientation, you need to learn the facility policy and procedure in case of a fire. This includes how to alert others of a fire, where the fire extinguishers and alarms are, evacuation plan, and how to identify emergency power outlets.

Use the R-A-C-E-E Principles for Fires

**R**escue

• Move patients and assist visitors or impaired co-workers away from immediate danger of fire or smoke.

• Put at least one closed door between you and the fire.

• Do not use the elevator

**A**lert Others

• Activate pull station alarm.

• Call in the alarm. Learn the telephone number or emergency code to call.

• Notify co-workers. Learn the facility’s signal system for fire.

**C**onfine/contain

• Close all doors and windows.

• Pack all sheets and towels under the doors to contain smoke.

**E**xtinguish

• Select the appropriate fire extinguisher.

• Use the P-A-S-S technique to extinguish the fire. (See Below)

**E**vacuate

• Follow the facility’s evacuation protocol.

• Move patients to a safe area outside of the building.

How to use a Fire Extinguisher

**P**ull the pin.

**A**im low, pointing the extinguisher at the base of the fire.

**S**queeze the handle to discharge the extinguisher.

**S**weep from side to side, aiming at the base of the fire, repeating as necessary.

**Fire Classifications**

Become familiar with the 4 classes of fire. Every fire extinguisher is marked for the fire it is designed to fight. You must use the right kind of extinguisher for the correct type of fire.

What is a **Class A** fire?

* A fire involving common combustibles such as wood, paper, cloth, rubber, trash and plastics.

What is a **Class B** fire?

* A fire involving ordinary flammable or combustible liquids, flammable gases, greases and similar materials such as gasoline, oil, paint and natural and propane gases.

What is a **Class C** fire?

* A fire of this nature is usually a Class A or B fire, but also involves energized electrical equipment. Wiring and electrical appliances are in this class.

What is a **Class D** fire?

* A fire involving certain combustible metals such as magnesium, sodium, potassium, etc.

The thought of using a fire extinguisher seems easy and logical in an emergency. However, there is a required technique for proper use of an extinguisher. As such you MAY NOT USE A FIRE EXTINGUISHER IF YOU HAVE NOT HAD FIRE EXTINGUISHER TRAINING. Only trained and authorized employees may use fire extinguishers. Employees must inform their Bird in Hand Customer Service Representative of client requests to use fire extinguishers.

Learn the evacuation routes and gathering sites for each assignment facility.

**11) CHEMICALS AND HAZARDOUS MATERIALS**

The Hazardous Communication (HAZCOM or Employee Right to Know) regulations require all employers to advise their employees of the presence of any hazardous materials being used in the workplace.

Safety Data Sheets

All employees must have available to them Safety Data Sheets (SDS) on every chemical in the work area. It is important to know how to read a Safety Data Sheet because this document explains safety information about chemicals in the work environment. While each manufacturer may format the information as they see fit, each SDS must have the following information:

* Product name - material/trade name, product number and common names
* Product content - if the product is a mixture, the chemical components are generally identified
* Physical and chemical characteristics - what the product should look like and in some cases the consistency. This section should also give the vapor pressure, boiling point and flash point.
* Physical hazards - this is the potential for fire, explosion or reactivity.
* Health hazards - THIS IS ONE OF THE MOST IMPORTANT SECTIONS FOR YOU TO REVIEW. This section will explain the signs and symptoms of exposure and any medical conditions which may be aggravated by working around or with this chemical. First aid suggestions are commonly found in this area as well.
* Safety considerations - this section will discuss routes of entry. That means how this chemical is most likely to enter your body (i.e. breathing, contact with skin, swallowing). This section will usually discuss the suggested or in some cases required PPE when handling or working around this chemical.
* Emergency contact information - this information will give you direction for contacting the manufacturer or in some rare cases the distributor.

Understand where the SDS’ are located at your assignment facility.

**Chemicals**

Identifying labels and applicable precautionary measures are required on all chemicals and hazardous materials. The label will advise you if this chemical presents a hazard. Look for common identifications such as: DANGER, WARNING or CAUTION. If you see these words on a chemical in your area, it is a good idea to check the SDS to be sure you are knowledgeable of the hazards and safety measures needed in your work area. Many labels use the NFPA identification which is a combination of colors and numbers identifying hazards. In this case, the higher the number on a scale of 0 to 4, the greater the hazard. The colors identify the following:

* Blue - Health Hazards
* Red - Fire Hazards
* Yellow - Reactivity Hazards, this may relate to interaction with other chemicals OR to exposure to heat.
* White - Special or Other hazards important to note.

Labels MUST be present on all chemicals at the time you are using them. DO NOT remove or alter a label on any chemical container. If you are unclear how to read a label or cannot find the SDS for that chemical, ask your supervisor. Do not use a chemical that has no identifying label.

**Employee Right-To-Know**

Purpose To protect employees from overexposure to hazardous substances or harmful physical agents by providing them with the knowledge of the hazard so they can protect themselves and understand why protective measures are required. An inventory of hazardous substances must be maintained by the facility. All hazardous substances must be labeled with the substance name, manufacturer, and a warning statement so that it can be readily identified by the employees. Whenever feasible, less hazardous products or processes should be used in place of more hazardous products or processes. Employees have the right to refuse work in conditions that they believe may be imminently dangerous to their lives or health. If an employee believes a situation or condition is imminently dangerous the employee must notify the facility and Bird in Hand.

**12) HOUSEKEEPING AND SLIPS/TRIPS/FALLS**

Many injuries in hospitals, long-term care facilities, and residential care result from slips, trips and falls. Wet floors, clutter and items across hallways (such as electric cords) are common causes of slips, trips and falls. This

can also cause injuries to the residents.

All hallways, storerooms and service rooms must be kept clean, orderly and in a sanitary condition. In addition, every floor must be kept free from protruding nails, splinters, holes or loose tiles and must be kept in good repair.

Always be on the lookout for tripping hazards such as loose or torn carpeting, loose thresholds, broken tiles and electrical cords. Isolate the hazard with a chair temporarily and then a sign. Notify your supervisor. Describe the hazard, the exact location and the immediate action taken. Let your supervisor know if you were able to correct the hazard.

It is everyone’s responsibility to clean up spills. When a spill is discovered, regardless of what has been spilled, isolate the spill so employees and residents cannot walk through it. This can be accomplished by placing a chair over the spill or, if available, a “wet floor” sign. Placing paper towels over the spill so it does not spread will help identify that a spill has occurred.

To reduce slipping hazards, housekeeping will mop only one half of the corridor at a time and post “Wet floor” signs. Do not walk on the wet side.

**13) INFECTION CONTROL**

An infection is an illness caused by germs, such as viruses, bacteria, parasites, and fungi. An infection is contagious (infectious) when it can be passed from person to person. A common cold is an example of a contagious disease.

You must follow strict measures to prevent infections from spreading. These measures are called **Universal or Standard Precautions**.

**Standard Precautions.** Standard precautions are used at all times with all residents. To protect yourself and others, you must assume that every resident may have an infection. Standard precautions that include handwashing and wearing protective clothing, are good ways to prevent the spread of infections.

Handwashing

The most important thing that you can do to keep from getting sick is to wash your hands. By frequently washing your hands you wash away germs that you have picked up from other people, or from contaminated surfaces. Hands should be washed before and after visits with patients, after contact with blood or other potentially infectious materials, and after removing gloves or other protective barriers.

An alcohol-based sanitizer may be used instead of hand washing with soap and water. Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation. However,

this does not eliminate the need to wash with soap and water. When hands are visibly soiled, and after using the alcohol-based sanitizer approximately three times, soap and water should be used to clean hands.

Blood borne Pathogens

Blood borne pathogens are viruses or infectious agents carried by blood and bodily fluids. In March 1992, OSHA's Blood borne Pathogen Standard, 29 CFR 1910.1030 took effect. The goal is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of blood borne pathogens which could lead to disease or death. This standard was designed to prevent more than 200 deaths and 9,000 blood borne infections every year. Hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) are the most common examples of infections caused by blood borne pathogens found in the United States and will be reviewed below.

Hepatitis B (HBV)

Hepatitis B is transmitted by direct contact with the blood or body fluids of a person infected with hepatitis virus. HBV attacks the liver and may lead to lifelong liver disease. Healthcare workers who have received hepatitis B vaccine and have developed immunity to the virus are at virtually no risk for infection. For an unvaccinated person, the risk from a single needle stick or a cut exposure to HBV-infected blood ranges from 6% to 30%. Since the vaccine became available in 1982, there has been a 90% decrease in estimated cases of HBV. Nonetheless, over 8000 healthcare workers become infected annually. Therefore, it is highly recommended that healthcare workers receive the vaccine, unless contraindicated due to allergy, etc.

Hepatitis C Virus (HCV)

Hepatitis C, like HBV, is transmitted by direct contact with the blood or body fluids of a person infected with HCV. It is often transmitted through needle sticks or IV drug-users sharing of needles. HCV is the most common chronic blood borne infection in the United States and may result in serious liver damage. There is no vaccine against HCV and no treatment after an exposure that will prevent infection. Therefore, following recommended infection control practice is imperative.

Human Immunodeficiency Virus (HIV)

HIV is transmitted through infected body fluids and sexual contact. The average risk of HIV infection after a needle stick or cut exposure to HIV infected blood is approximately 0.3%. Although there is no vaccine against HIV, some studies suggest use of antiviral agents after an exposure may reduce the chance of HIV transmission. Most of the antiviral drugs have serious side effect, therefore the risks would have to be weighed.

Body Fluids and Infectious Material

Body fluids that carry viruses include semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, peritoneal fluid, saliva from dental procedures or any bodily fluid where blood is visible. They also include any unfixed tissue organs, other than intact skin, from a human (living or deceased), human immunodeficiency virus containing cell or tissue cultures, organ cultures and HIV or hepatitis B containing culture medium.

Body fluids which do not carry the viruses unless blood is visible include feces, saliva, urine, sputum, nasal secretions, tears, emesis, or sweat.

To cause infection, the blood borne pathogen must enter the body through a port. An example of a port is a break in the skin or mucous membrane punctured by a sharp object (I.e., needles, scalpels, and pacer wires). A port of entry could also be an open wound, skin abrasion, or skin ulceration.

**18) BLOODBORNE PATHOGENS STANDARD: SUMMARY OF KEY PROVISIONS**

Scope - The OSHA standard covers all caregivers and employees who could be reasonably anticipated to come into contact with blood or other infectious materials during the course of their job duties.

The OSHA 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 describe the plan for evaluating exposure incident. The exposure plan must be available for employee review and to OSHA. The employer must review the plan annually and update as applicable.

Methods of Compliance - Mandates following Universal Precautions or Standard Precautions (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls.

Engineering controls are methods to isolate blood borne pathogens, such as safe needle devices whereas work practice controls alter the practices of tasks that may lead to exposure. It has standards procedures to minimize needle sticks, splashing and spraying of blood and ensures that contaminated waste be labeled. The standard stresses hand washing and requires employers to provide facilities and ensure that employees use them following exposure to blood. The standard also addresses prohibiting food and drink in any workplace where blood and blood products are handled.

Hepatitis B Vaccination - To protect healthcare workers from HBV, OSHA has mandated that employers provide the HBV vaccine series (three injections with the second due one month after the first, and the third due five months after the second) free of charge to healthcare workers within 10 days of beginning work if they are “at risk” of exposure to hepatitis B in their work environment.

Post-Exposure Evaluation and Follow-Up - In the event Travelers are exposed to HBV and report the exposure to the facility and to the Company, they will be provided with a confidential medical evaluation and a copy of the evaluation.

The OSHA standard requires that the source individual’s blood be tested as soon as possible, and the result of the test made available to the Traveler. While on Company payroll, our worker’s compensation carrier provides these confidential services.

Hazard Communication - OSHA requires that an orange or orange-red biohazard symbol be affixed to containers that are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. Labeling is not required when universal precautions are followed when handling specimens and laundry, waste has been decontaminated or blood has been tested and found to be free of HIV and HBV.

Information and Training - OSHA mandates training initially upon assignment and annually to provide updated information on the standard. Training must include all of the above listed provisions. Quality management is available to answer any questions on safety issues.

Record Keeping - Medical Records for each employee must be kept for 30 years plus the duration of employment. OSHA specifies that the records must be confidential. As a Traveler, your Company records are available to you, to anyone to whom you give written consent, to OHSA and to the National Institute of Occupational Safety and health (NIOSH).

OSHA Standard - As OSHA mandates, the Company maintains a copy of the complete OSHA standard for occupational exposure to blood borne pathogens and will make it available for your review upon request or you may find it at http://www.osha.gov.

**Tuberculosis Prevention**

Mycobacterium tuberculosis (TB) is an airborne bacterial disease. Though TB may attack any body part, it usually infects the lungs. TB was once the leading cause of death in the United States. While most people can fight off the disease, others are at a higher risk for infection. Those at high risk include persons with low immunity (such as HIV positive patients), foreign born persons who come from areas of high prevalence of TB, residents of long term facilities or correctional facilities, and the homeless.

TB may be either latent or active. If a person has latent TB they will not have symptoms and are not contagious. Those diagnosed with active TB will have symptoms (I.e., loss of appetite, chills, night sweats, hemoptysis and fatigue) and should be considered contagious. Skin testing is the standard method of screening for TB. If the purified protein derivative (PPD) is negative, then skin testing is usually required annually. If the skin test is positive or experience symptoms, then a chest x-ray will be required. A sputum specimen to test for Mycobacterium tuberculosis is usually required as well.

Treatment for TB is usually effective in curing the disease if started without delay. Unfortunately, there is a serious increase in multidrug-resistant TB (MDR-TB). Especially at high risk are individuals who have recently been exposed to MDR-TB, have failed to take their prescribed medications, or have been treated previously for TB. Those who are diagnosed with MDRTB are started on a four drug regimen of INH, rifampin, pyrazinamide, and ethambutol or streptomycin until the drug susceptibility results are known.

If active TB is diagnosed, then isolation will be required for a few weeks to allow the medication regime to work. In the hospital, respiratory isolation will need to be followed. Employees must use personal protective equipment when entering the room such as a facility approved respirator. TB reporting is required by law. All new TB cases and suspect cases should be reported to the health department. Follow your particular facility policies on how to report TB.

Infection Control Rules

* Do not bend, recap, remove, shear or purposely break any contaminated needle.
* Discard disposable needles or medical sharps into the containers labeled "Biohazard Sharps".
* Do not reach into containers when discarding the sharp items.
* Wash or flush areas with water if your skin surface, eye or mouth is splashed or spattered with blood or other bodily fluids.
* Wear non-permeable gloves when contact with blood, non-intact skin, mucous membranes or other infectious materials is possible.
* Do not use gloves which are torn, cut or punctured.
* When required to wear protective gloves do not use hand to face movements when handling materials that are visibly contaminated with human blood.
* Wash hands and other exposed skin surfaces on the arms and forearms with soap and water or the waterless cleaner immediately upon removal of protective gloves.
* Wear latex or vinyl gloves and full face and body protection whenever large amounts of blood or body fluids are present or anticipated.
* Place protective equipment contaminated with human blood in the red containers labeled "Biohazard"; these containers prevent leakage during collection, handling, storage and transport.
* When performing emergency medical care, wear latex or vinyl gloves. When finished using the gloves, discard them immediately into the "Biohazard" marked bag/container for disposal.
* Wear full face protection whenever administering care to patients who are vomiting, coughing, choking, sneezing or during intubation.
* Clean up any broken glass using a dust pan and broom. Do not pick up broken glass with your hands.
* Use bag-valve masks or pocket "mask to mouth" devices when performing CPR.

**Proper Blood Clean Up**

An alcohol-based sanitizer may be used instead of hand washing with soap and water. Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation. However,

this does not eliminate the need to wash with soap and water. When hands are visibly soiled, and after using the alcohol-based sanitizer approximately three times, soap and water should be used to clean hands.

Exposure to potentially hazardous blood is a very real concern for anyone working with residents. When a child gets a bloody nose or someone stubs their toe on the diving board you might be asked to clean it up. After all, we don’t want the public to be exposed to bloodborne pathogens.

NOTE: It is important to remember two things whenever you’re asked to clean up blood:

1. Always assume the blood is infected with a dangerous disease like HIV, Hepatitis B or C.
2. Have the right cleanup equipment and use it properly.

**Bloodborne Pathogen Cleanup Supplies Checklist**

Bodily fluid spills may require some specialized equipment depending on their location within the facility, the size of the spill and the type of spill, but most can be cleaned safely using the equipment recommended in OSHA’s Bloodborne Pathogen Cleanup Kit.

* Disposable gloves
* Absorbent materials (e.g., kitty litter, sand, etc.)
* Disinfecting towelettes
* Biohazard bag with zip tie
* Scoop
* Protective cap
* Eye protection
* Protective gown
* Mask

**How to Clean Up Blood in Different Types of Conditions**

Blood isn’t always going to cooperate. Sometimes it won’t be easy to simply block off an area and follow general blood cleanup guidelines. Read through the following descriptions to ensure you’re prepared for any blood cleanup experience.

**Blood Spills on Non-Carpeted Floors**

A hard, non-carpeted surface is the most common setting for blood spills. These surfaces include tile, ceramic, vinyl, linoleum, metal, wood, cement, and any other non-absorbent flooring such as a pool deck. Cleaning up blood and other bodily fluids off these surface types is easier than absorbent surfaces, but there are still important steps for you to consider.

Spills on hard surfaces often spread over larger areas so it will be necessary to contain the spill quickly. The procedures for cleaning up spills on these surfaces are:

1. Block off the area until cleanup and disinfection is complete. No visitors or unprotected staff members should be able to access the area.
2. Put on disposable gloves.
3. Wipe up the spill as much as possible with paper towel or other absorbent material.
4. Gently pour bleach solution – 1 part bleach to 9 parts water – onto all contaminated areas.
5. Let bleach solution remain on contaminated area for 20 minutes and then wipe up remaining bleach solution.
6. All non-disposable cleaning materials such as mops, brushes and rags need to be disinfected by saturating with a bleach solution and then allowed to air dry.
7. Remove gloves and place in a garbage bag with all other soiled cleaning materials.
8. Double bag and securely tie up garbage bags and discard.
9. Thoroughly wash hands with soap and water.

**Blood Spills on Carpeted Floors**

Blood spills on carpeted floors are some of the most difficult to clean up due its absorbent nature. The majority of buildings contain at least some amount of carpeting, which is why it is important to know how to respond to spills in these areas. Many of the procedures for cleaning up blood on carpet will be the same as any other area, but there are a few additional concerns. In addition, there is no way to disinfect carpet completely so the best option is to sanitize as thoroughly as possible.

* **Work Quickly**: Blood or other bodily fluids can harden or set up quickly on carpeting, making it much more difficult to clean. Respond quickly, but make sure to follow all safety precautions like wearing appropriate PPE, securing the area, and ensuring the injured individual is safe.
* **Use Appropriate Products**: Bleach and other decontamination products can damage or destroy carpet. The best way to clean these areas is to use manufacturer approved carpet shampoos and cleaners. Make sure you select a product with some anti-microbial properties to help sanitize the area as thoroughly as possible. Another recommendation is that after the area is cleaned and dried repeat the process once or twice more since the absorbent nature of carpet can still conceal some pathogens.
* **Steam Clean**: Depending on the nature and size of the spill, it is advisable to perform a steam clean of the carpet. Steam cleaners will clean, remove debris, and sanitize carpeting more completely than conventional washing. Although there is some additional cost to steam cleaning, it is the best way to protect against bloodborne pathogens.
* **Change Carpet Tiles**: Removable carpet tiles are a great way to protect against exposure to bloodborne pathogens. Carpet tiles are often less expensive than traditional carpet, and if a certain area becomes heavily soiled with blood they can easily be removed and replaced. If your organization is equipped with carpet tiles be sure to dispose of them properly after being saturated with blood or any other potentially infectious bodily fluid.

The basic protocol for cleaning carpets and removing the threat of bloodborne pathogens is listed below. Please note that even when these steps are followed there is no guarantee that the threat of bloodborne pathogen exposure is 100% eliminated.

1. **Put on Disposable Gloves**: No matter what type of surface you’re cleaning, always put gloves on first.
2. **Contain the Spill**: After a spill, it is important to keep it as contained as possible to avoid allowing the affected area to spread. Create a barrier around the spill with an absorbent material.
3. **Initial Disinfect**: Once the area is contained, spray the affected area with an appropriate carpet detergent to help kill some of the surviving pathogens. After spraying the area, allow it to sit for 10 minutes so the disinfectant has time to work.
4. **Blot up Excess Fluids**: Use disposable towels or rags to blot as much excess fluid as you can and then carefully dispose of the soiled rags in a sealable bag.
5. **Extract Absorbed Fluids**: The carpet will absorb some of the fluid so removing them will be the next step. Use a wet-vacuum to thoroughly wet and remove any fluids. Repeat the process of wetting and suctioning several times. While wetting the affected area be sure to prevent any water from spreading beyond the initial boundary.
6. **Re-disinfect**: After vacuuming, thoroughly re-saturate the area with an appropriate disinfectant. Follow your carpet manufacturer’s recommendations since certain products can damage carpet fibers and dyes.
7. **Let Sit**: After completely disinfecting the area, allow the disinfectant to set and work for up to 20 minutes to make sure it has the full effect.
8. **Third Disinfect**: Repeat the previous two steps of disinfecting and then allowing to sit for 10-20 minutes.
9. **Rinse**: Once the final round of disinfecting is complete, rinse the area one last time to remove any remaining detergent or disinfecting solution. After rinsing, wet-vacuum the area.
10. **Dry**: Next, dry the area thoroughly with rags to draw out any remaining moisture and then place fans near the area to completely dry it,
11. **Wrap up**: After the area is clean, properly dispose of all rags and PPE contaminated by the spill. In addition, thoroughly clean all other equipment used during the spill cleanup.

**Blood Spills on Furniture**

Like bodily fluid spills on carpet, spills on furniture are difficult to clean as well. There are, however, certain steps you can take to make sure it is as clean and safe as possible. As is the case with blood spills on carpet, it is important to contain the spill as quickly as possible.

Cleaning blood off of furniture depends on what type of furniture is contaminated. Cloth furniture needs more treatment than wood or metal furniture. Depending on the type of cloth furniture and the degree of the spill, the best cleaning method is to remove the cloth covering, if possible, and launder it by itself on a warm wash cycle. If the cloth furniture does not have a removable cover, then it is best to treat the spot as you would a [blood spill on carpet](#carpet) and disinfect, let sit, and repeat several times.

There are also professional services that can clean furniture much more effectively and thoroughly if the spill is severe enough. Blood spills on metal and wood furniture are not as laborious as those on cloth furniture, but it is important to point out that bloodborne pathogens are still a threat. Metal, wood and any other non-porous furniture should be cleaned just like a [blood spill on a non-carpeted surface](#hard).

**Blood Spills in Pools**

For blood in the pool, there is no action required other than attending to the injured individual and making sure the blood does not contaminate anywhere else. A properly maintained pool contains enough chlorine to kill any bloodborne pathogens.

From the CDC: *Germs found in blood (for example, Hepatitis B virus or HIV) are spread when infected blood or certain body fluids get into the body and bloodstream (for example, by sharing needles or by sexual contact). Chlorine kills germs found in blood and CDC is not aware of any instances in which a person has become infected with these germs after being exposed to a blood spill in a pool.*

* ***Does chlorine kill the germs in blood?****Yes. These germs do not survive long when diluted into properly chlorinated pool water.*
* ***Swimmers want something to be done after a blood spill. Should the pool be closed for a short period of time?****There is no public health reason to recommend closing the pool after a blood spill. However, some pools choose to do so temporarily to satisfy patrons.*

**Blood Spills Outdoors**

Blood spills outdoors present a unique set of challenges. Cleaning bodily fluid spills from dirt or grass is difficult, but since there is still a potential for exposure there a few measures to take. The easiest step is to re-locate whatever outdoor activity caused the exposure and to block off the affected area.

The area should still be disinfected as completely as possible with some form of disinfectant (like bleach) and then thoroughly rinsed with water. Take care to keep the exposed area contained. As with all blood cleanup procedures make sure to wear appropriate PPE and to dispose of it properly after cleanup.

**18) HARASSMENT & VIOLENCE IN THE WORKPLACE**

Bird in Hand is committed to ensuring all employees/managers are aware of all actual and/or potential health and safety hazards associated with their area of responsibility, provide the necessary health and safety information to all employees with regard to actual and/or potential hazards, and have knowledge of all appropriate health and safety written instructions. It is expected that managers will play an exemplary role in promoting a workplace which is free from harassment and violence.

Every Worker/assignee/contractor at Bird in Hand should be able to work without fear of violence and harassment, in a safe and healthy workplace. Bird in Hand will not tolerate any form of violence, harassment or abuse in any workplace against or by any employees, directors, managers, supervisors, contractors, suppliers, clients, visitors or others.

Employees and assignees are expected to be mindful of actions or words which are, or may be construed as being, offensive or discriminatory in nature. These include, but are not Group to: ethnic, racial, religious, and sexual slurs and jokes; remarks which may humiliate or offend persons with disabilities; and unsolicited and unwelcome gestures or physical contacts of a sexual nature.

Although every effort will be made to resolve any incidents involving complaints of harassment or violence, Bird in Hand will not tolerate such behavior on the part of its managers, employees, assignees, or client companies. Any employee or assignee found to be engaging in such behavior will be disciplined accordingly. Disciplinary action may include a range of measures, up to and including dismissal. In the event that a client company fails to take the appropriate action to prevent or correct the harassment or violence of a Bird in Hand assignee, Bird in Hand will intervene on behalf of the assignee. If such intervention is not successful in stopping the harassment, Bird in Hand may terminate the assignment with the Client Company.

**14) EARLY AND SAFE RETURN TO WORK**

Accomodated Duties will be provided for all employees returning to work after extended periods of absence, or for employees with medical restrictions that would require them to remain off work. Every reasonable effort will be made to accommodate the individual restrictions and limitations of each employee during their rehabilitation and recovery period.

The employee will contact their Manager / Supervisor within 24 hours if an injury or illness occurs that may require medical attention, or results in the employee’s reduced ability to work.

Employees will be offered modified work (when available) to start on their next scheduled shift. In the absence of a completed form, standard medical restrictions will be assumed. A written modified work offer will be given to the employee and a copy will be faxed to the insurer organization (WCB, WSIB or insurance carrier).

In all situations, individualized accommodated work plans will be developed in consultation with the employee, treating practitioner and Manager / Supervisor as necessary to ensure a safe return to work at the earliest opportunity.

It should be noted that the confidentiality of employee’s diagnosis and other personal health information will be maintained at all times.

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| **CORPORATE AND CLIENT CONTACT PERSONNEL** |
| Bird in Hand Representative*Report all injuries/incidents to your supervisor* |
| Name |  |
| Telephone |  |
| Bird in Hand Health and Safety Representative |
| Name |  |
| Telephone |  |
| Site Health and Safety Representative |
| Name |  |
| Telephone |  |
| Site Health and Safety Representative |
| Name |  |
| Telephone |  |

**15) EMPLOYEE ORIENTATION / H&S ACKNOWLEDGEMENT FORM**

Employee’s name:

This contract/temporary employee health & safety handbook should be given to and discussed with all new temporary employees during the first week of employment.

Bird in Hand wants to take all practical steps to safeguard their employees and individuals, as well as to maintain a safe working environment at all times. Therefore, this Bird in Hand H&S Handbook provides important information about our shared safety responsibilities.

As all of the information is not presented in this document, I understand that the Bird in Hand Health & Safety Manual is available for my review, in its entirety, at any time. I also understand that I should consult my supervisor regarding any questions not answered in this Handbook.

Information, rules, and policies described in this Handbook may be subject to change. I acknowledge that revisions may occur; and all such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the management of Bird in Hand has the authority to adopt any revisions to the policies in the Handbook.

I acknowledge that:

* I have received a copy this Safety Acknowledgment & Agreement form.
* I understand that it is my responsibility to comply with the policies contained in this Handbook and any revisions made to it.
* The above items were discussed with me and I had the opportunity to ask questions.
* I understand the company policy and position on these items.
* I have read and reviewed the Bird in Hand Employee Health & Safety Handbook and its contents.

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Employee (Sign) HR Representative (Sign)

Employee (Print) HR Representative (Print)

Date Date

**A copy of this signed form shall be kept in the employee’s file.**