

**SLIDE 1:**

Welcome, to the Workplace Safety Training Program. The objective of the program is to keep you, the employee, informed about our Exposure Control Plan, the Right to Know Law and Workplace Violence Prevention. This training program must be provided to all employees on an annual basis.

**SLIDE 2:**

If you have any questions related to this program, you can contact a live representative on our hotline at (646) 386-3093 at any time during this presentation. It is recommended that you wait until all the information is presented. The hotline will remain open for thirty minutes after the program ends.

**SLIDE 3:**

The objective of this training is to inform each employee of the details pertaining to the Bloodborne Pathogen Exposure Control, TB Exposure Control, Right To know Law as well as the Workplace Violence Prevention Policy, to ensure a healthy and safe work environment.

**SLIDE4:**

First, let's review the training objective associated with the Exposure Control Plan. We will cover regulatory requirements, how to increase awareness, the routes of exposure for blood borne and airborne pathogens, what risks are faced in the means of transmission, methods of prevention, and what to do if there is an exposure incident.

**SLIDE 5:**

Exposure Control Plan: The Federal Occupational Safety and Health Administration (OSHA) established a standard for occupational exposure to blood and other potentially infectious material back in 1992. This standard applies to all employees who, as part of the performance of their duties, may reasonably be anticipated to come into contact with blood and certain other potentially infectious bodily fluids and materials. Public Employees Safety and Health (PESH) a division of the New York State Department of Labor enforces this standard which applies to the New York State Unified Court System.

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The most common blood borne diseases are: Hepatitis B Virus, Hepatitis C Virus, Human Immunodeficiency Virus, commonly referred to as HIV and Acquired Immunodeficiency Syndrome, commonly known as AIDS.

**SLIDE 7:**

Hepatitis B is a virus that infects the liver. Most adults who get it have it for a short time and then recover. This is called acute hepatitis B. Sometimes the virus causes a long-term infection, called chronic hepatitis B. Over time, it can damage your liver. You can have hepatitis B and not know it. You may not have symptoms. If you do, they can make you feel like you have the flu.

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Symptoms may include jaundice (a condition that causes yellow eyes and skin, as well as dark urine), stomach pain, loss of appetite, nausea and fatigue.

**SLIDE 9:**

The hepatitis B vaccination is a series of three vaccines that can prevent contracting the disease if exposed. All court employees are offered the vaccination at time of appointment, if exposed to someone with Hepatitis B and upon request.

**SLIDE 10:**

Hepatitis C is an infection of the liver, caused by the hepatitis C virus. About 3.5 million people in the U.S. have the disease. It causes few symptoms and most don't even realize they have it.

**SLIDE 11:**

Symptoms may include jaundice (a condition that causes yellow eyes and skin, as well as dark urine), stomach pain, loss of appetite, nausea and fatigue.

**SLIDE 12:**

Human immunodeficiency virus, or HIV, is the virus that causes AIDS. HIV weakens a person's ability to fight infections. Medications may suppress the virus and delay the onset of AIDS. Most people don't know right away when they've been infected with HIV, but a short time later, they may have symptoms. It's called acute retroviral syndrome or primary HIV infection. The symptoms are similar to those of other viral illnesses, and they're often compared to the flu. They typically last a week or two and then completely go away.

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They include: Headache, diarrhea, nausea and vomiting, fatigue, aching muscles, sore throat, fever and a rash. This is when your body's immune system puts up a fight, typically within 2 to 6 weeks after you are infected. After your immune system loses the battle with HIV, the flu-like symptoms will go away. Doctors may call this the clinical latent period. Most people don't have symptoms you can see or feel. You may not realize you're infected and can pass HIV on to others.

**SLIDE 14:**

This stage can last 10 years or more. During this time, untreated HIV will be killing CD4 T-cells and destroying the immune system. As the number drops, you become vulnerable to other infections. Fortunately, a combination, or "cocktail," of medications can help fight HIV, rebuild your immune system, and prevent spreading the virus.

**SLIDE 15:**

AIDS is the advanced stage of HIV infection. This is usually when a person's CD4 T-cell number drops below 200. Once the HIV virus is classified as AIDS, some of the symptoms are ...

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...fatigue, swollen lymph nodes in the neck or groin, fevers, night sweats, weight loss, spots on the skin, shortness of breath, severe diarrhea, yeast infections in your mouth, throat, or genitals and unexplainable bruises or bleeding. Today, people with AIDS under a doctor's care and following a prescription drug plan may live a long and healthy life.

**SLIDE 17:**

The Exposure Control Plan specifically outlines that all bodily fluids should be treated as if they are potentially infectious. Those include: blood, semen, genital secretions, brain or spinal fluid, urine, feces or any bodily fluid where blood is visible.

**SLIDE 18:**

When referring to airborne diseases, the court system has designed a policy specifically addressing Tuberculosis. Tuberculosis, commonly referred to as TB, is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attacks the lungs but can also effect other parts of the body. TB spreads through the air when a person with TB of the lungs or throat coughs, sneezes, or talks.

**SLIDE 19:**

Symptoms of TB in the lungs may include a bad cough, which can last 3 weeks or longer, weight loss, loss of appetite, coughing up blood and or mucus, fatigue, fever, and night sweats.

**SLIDE 20:**

Occupational Exposure: Blood borne pathogens are spread when the blood of an infected person is introduced into the bloodstream of someone else. This can be via non-intact skin, through the eyes and mucous membrane. The mucous membrane consists of the mouth and nose where there is a viaduct to the bloodstream. Additionally, micro abrasions in the mouth and nose are also a pathway to the bloodstream. Parenteral is when the infected blood is introduced in the body beneath the skin, for example, by a needle stick.

**SLIDE 21:**

Means of Transmission: Blood borne diseases can be transmitted into the bloodstream in various ways. Infectious blood on a sharp object can penetrate the skin and be transmitted into a person's blood stream. Used needles and razor blades which contain blood may be infectious. Blood can be transmitted through non-intact skin such as cuts and abrasions. Although infected blood may be dried on a surface, some viruses may live outside the body for prolonged time and may still be infectious if the dried blood is introduced into someone's blood stream. Sexual contact is one of the most common ways of spreading blood borne diseases.

**SLIDE 22:**

There are many methods of prevention. If proper safety procedures are followed, you can reduce your risk of exposure. Training, such as this program, serve as a resource for prevention as well as being sure you follow court security procedures and policies when dealing with potentially infected court users. Avoid sharing food and cosmetics with your colleagues. Handwashing is the number one method of preventing the spread of blood borne diseases. In the event washing is unavailable, antibacterial hand sanitizer should be used. Personal protective equipment such as disposable gloves and gowns should be made accessible to any employee that is at risk of coming in contact with any blood borne disease. In the case of airborne exposure, respirators should be made available to any at risk employee.

**SLIDE 23:**

TB prevention consists of two main parts. The first part of TB prevention is to stop the transmission of TB from one adult to another. This is done through firstly, identifying people with active TB, and then curing them through the provision of drug treatment. With proper TB treatment someone with TB will very quickly not be infectious and so can no longer spread the disease to others.

**SLIDE 24:**

The second main part of TB prevention is to prevent people with latent TB from developing active, and infectious, TB disease. This is done with the use of certain drug treatments that can reduce the risk of a first episode of active TB for an exposed person and also reduce the risk of a recurrent episode in people with latent TB.

**SLIDE 25:**

The Hep B vaccine is the most effective way to prevent Hepatitis B infection. The vaccine is up to 95% effective against Hepatitis B if you receive all the shots in the series. The vaccine provides protection against infection for at least 20 years.

**SLIDE 26:**

PEP stands for post-exposure prophylaxis. It means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected. In the treatment of blood borne exposures, such as HIV, the efficacy of PEP, is time sensitive. The first dose should be given as soon as possible. Optimal time to start PEP is within hours of exposure, rather than days. Do not wait for the source person test results to proceed with a PEP decision and treatment, when indicated. PEP should be initiated as soon as possible: if additional information indicates PEP might not be needed, PEP can always be discontinued.

**SLIDE 27:**

The Work-Safe office offers TB testing and Hep B vaccinations upon request and also information and guidance if there is a possible exposure to blood borne or airborne disease.

**SLIDE 28:**

An essential part of prevention is keeping yourself protected by washing your hands and using personal protective equipment such as disposable gloves. In situations where you may be required to use disposable gloves, it is key that you follow procedures for removal and disposal. The following video will provide you with techniques for keeping yourself safe.

**SLIDE 29:**

In the event of an exposure incident, the employee should immediately notify the supervisor and contact the Work-Safe office. An Unusual Occurrence Report Form UF101 and/or an Aided Report Form UF100 need to be filed. A UF 136, Infectious Disease Case Report should also be filed.

**SLIDE 30:**

Medical evaluation and treatment should be sought immediately by a physician. Post exposure prophylaxis treatment may prevent contracting a blood borne disease. This treatment is most effective if sought immediately upon exposure. It is key that you follow up with your healthcare provider. Most exposure incidents at work are treated as a workers' compensation case and medical costs are covered by the workers' compensation benefit.

**SLIDE 31:**

TB is spread through the air from one person to another. TB germs are passed through the air when someone who is sick with TB disease of the lungs or throat coughs, speaks, laughs, sings, or sneezes. Anyone near the sick person with TB disease can breathe TB germs into their lungs. TB germs can live in your body without making you sick. This is called latent TB infection. This means you only have inactive TB germs in your body. The inactive germs cannot be passed to anyone else. However, if these germs wake up or become active in your body and multiply, you will get sick with TB disease.

**SLIDE 32:**

People at risk are those who have 1: repeated or prolonged contact with people with Active TB 2. People in close proximity or in a poorly ventilated room with someone who has Active TB. 3. People with compromised immune systems, for example: people with serious illnesses such as cancer or HIV and the elderly.

**SLIDE 33:**

The tuberculin skin test (also known as Mantoux test or PPD) is used to detect TB in individuals at risk for new infection.

**SLIDE 34:**

A small amount of PPD (purified protein derivative) from the TB bacteria is injected just under the top layer of skin on your arm. After 48 to 72 hours, a health care professional will evaluate the site to see if the test is positive.

**SLIDE 35:**

If it is, you will have a hard, red welt at the injection site. A positive result means you've been exposed to TB, even if the infection is not active. Further testing is required to determine whether the disease is active.

**SLIDE 36:**

Your health care provider will do a thorough physical exam and order a chest x-ray. A sputum test may also be performed. Whether or not your TB is active, you should be regularly monitored by your doctor. If you think that you have been exposed, you can request the skin test. If your test delivers a negative result, you will be retested 12 weeks after your initial test to make sure that you did not contract the bacteria. All court employees are offered the test at time of appointment, if there is an exposure incident or annually upon request. If declined, a signed declination form must be submitted to the Work-Safe office.

**SLIDE 37:**

Treatment for TB depends on whether it is active or latent. If you are infected with latent TB, you may be prescribed antibiotics which help prevent the dormant infection from becoming active. This is to ensure that all TB bacterium have been killed and to eliminate the risk of the disease becoming active. If you have active TB, you will be prescribed several antibiotics to treat the infection and to help prevent resistant bacteria from emerging in your body. This treatment usually lasts six to nine months. Active TB left untreated can be fatal. Multi-drug resistant TB is caused by strains of the TB bacteria that have mutated and can resist the common TB drugs. This type of TB is common in patients who develop TB disease after being treated in the past and in patients who do not take their TB medicines regularly. Worldwide, 5% of TB cases are estimated to be multi-drug resistant.

**SLIDE 38:**

All employees must participate in the annual Exposure Control Training Program. Tuberculosis testing is offered every year; however, the test is not mandatory. Declination forms can be found on the Work-Safe website. Testing is offered free of charge by our participating medical providers. If you require a hepatitis B titre, have your levels checked with your Primary Care Physician. If you require the hepatitis B vaccination, you may have it administered by a court system medical provider. If you want to request TB testing or the Hepatitis B Vaccination, contact the Work Safe Office via e-mail at: [work-safe@nycourts.gov](mailto:work-safe@nycourts.gov)

**SLIDE 39:**

Next, we will watch a brief video detailing what the Right to Know Law is and how it ensures workplace safety.

The video will:

State the responsibilities regarding compliance with the OSHA Hazard Communication Standard and NYS Right To Know Law.

Describe information provided by a Safety Data Sheet (SDS).

List the information provided by the primary labeling of hazardous chemicals as well as help you to identify hazardous chemicals in your workplace and ways you can prevent exposure to those chemicals.

**SLIDE 40:**

Right to Know video

**SLIDE 41:**

There are steps you can take immediately if you are exposed to hazardous materials. First aid is important in these situations.

If your eyes are involved you should flush with water for 15 minutes.

If skin is involved you need to wash with soap and water

If inhalation is an issue you should move to an area with fresh air.

In the case of swallowing you will need immediate medical assistance.

In the event of a spill or leak you should evacuate the area and contact your Work-Safe liaison.

**SLIDE 42:**

The Right to Know Law is very important for the health and safety of all employees. Specific information on the hazardous chemicals in your workplace are available in the SDS provided by your Work-Safe liaison. The Work-Safe liaison will identify the specific toxic substances in the court site and provide the SDS for each of the substances.

**SLIDE 43:**

Now, we will present the Workplace Violence Prevention Program which explains what workplace violence is and what to do if you are confronted with a workplace violence incident. It will detail how to provide a safe work environment for all court employees.

This following program will:

Define Workplace violence.

Present key facts about workplace violence.

List risk factors for potential violence in the workplace.

Prioritize post-incident reporting and response procedures.

**SLIDE 44:**

Welcome to the New York State Unified Court System's Workplace Violence Prevention Training Program. This program should be watched annually by all employees. It also is part of the New Employee Orientation Program, so new employees will learn about this issue when beginning their career in the courts.



**SLIDE 45:**

So, why are you watching this?

In accordance with New York State Labor Law 27-b and Part 800.6 of the Department of Labor Regulations, the New York State Unified Court System has developed a Workplace Violence Prevention Policy. A copy of this policy should have been given to you. If not, it can be accessed via the Intranet at the link on the current slide.

The policy clearly states that the court system will not tolerate violence, threats of violence, or intimidating conduct in the workplace.

**SLIDE 46:**

What is Workplace Violence?

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting

.A workplace is any location, either permanent or temporary, where an employee performs any work-related duty.

**SLIDE 47:**

Workplace violence includes such conduct as:

- Assault
- Psychological traumas
- Threats or obscene phone calls, text messages or emails
- Intimidation and/or bullying
- Harassment of any nature
- Stalking, swearing or shouting

**SLIDE 48:**

**What is the extent of the problem?**

Job-related homicides are:

- The #1 cause of occupational death for all female workers.
- And the #2 cause of occupational death for male workers.

**SLIDE 49:**

There are indicators of possible violent behavior that include:

- Direct or veiled threats
- Intimidation and/or bullying
- Desperation and/or contemplations for suicide

- Drug and/or alcohol abuse
- Extreme changes in behavior

If you notice anyone exhibiting any of these behaviors, notify your supervisor or security personnel.

**SLIDE 50:**

In addition to indicators of possible violent behavior, inappropriate behavior may be exhibited, such as:

- Obscene language, name calling, or abusive behavior
- Intimidation through threats
- Throwing objects
- Inappropriate physical contact
- Obscene gestures or fist-shaking

**SLIDE 51:**

Some workplace violence is caused by a person with no legitimate relationship to the workplace, such as a person entering the workplace to commit a robbery or other criminal act.

Some workplace violence is caused by a litigant or other court user. For example, violence may occur in a matrimonial dispute that gets out of hand.

In other cases, violence may be caused by a present or former employee.

Finally, violence in the workplace can be caused by someone who does not work there, but has a personal relationship with an employee, such as an abusive spouse or domestic partner.

**SLIDE 52:**

If you feel threatened at work, contact a supervisor or security personnel. You also should know your emergency escape routes, and use them if necessary.

Report all incidents immediately, and complete an incident report while all details are fresh in your mind.

If appropriate, get an order of protection, and make sure your supervisor and security personnel are aware of the order.

**SLIDE 53:**

It's vital to report all incidents of workplace violence. Supervisors and managers, when faced with knowledge or any incident that conforms to the workplace violence issues outlined in this training video or the Workplace Violence Prevention Policy, have a responsibility to report it. This means contacting security personnel to complete an Unusual Occurrence Report.

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The report should include:

- Names of the victim or victims and any witnesses
- Relationship to the organization of all involved parties
- When and where the incident took place
- What happened prior to the incident?
- What was said?
- Was there physical contact?
- Names of supervisors
- History of parties involved
- How did the incident end?
- What happened to other employees involved?
- What events, if any, triggered the incident?

**SLIDE 55:**

An assessment of the risk of violence is a key component of the Workplace Violence Prevention Program. Workplace security assessments, in conjunction with employee representatives, have been performed at every workplace statewide.

Risk factors are a condition or circumstance that may increase the likelihood of violence occurring in a particular setting. Some prominent risk factors include:

- Having contact with the public
- Accepting or exchanging money
- Alcohol and/or drug abuse
- Working in a high crime area
- Working late at night or early morning hours
- Employees working alone or in small numbers
- Exposure to unstable or volatile people

It is important for all of us to be aware of our surroundings and report problems immediately

**SLIDE 56:**

Post-incident crisis counseling is available to employees and their families throughout the court system's Work Life Assistance Program

Any employee or employee's family member can call 1-800-833-8707, or

- Go to [www.corporatecounseling.com](http://www.corporatecounseling.com)
- Click on Member Log in
- Enter the company code- -UCS

**SLIDE 57:**

If you have any questions related to workplace violence, speak with your supervisor or security personnel

**SLIDE 58:**

As you can see workplace violence is a concern for everyone to be aware of. Your Work-Safe liaison will provide you with incident alert and notification procedures, work practices to minimize exposure, emergency procedures, information on the use of security alarms and other protective devices, the location where the written program is posted in the workplace and how to get a copy as well as the privacy-related requirements for exposure incidents.

**SLIDE 59:**

Resources for the Exposure Control Plan, Workplace Violence Prevention Policy and the Right to Know Law are all available on the court system's Work-Safe website, <http://www.nycourts.gov/ip/work-safe> and the CDC website, <https://www.cdc.gov/>. If you have any questions, e-mail the Work-Safe office directly at [work-safe@nycourts.gov](mailto:work-safe@nycourts.gov)

**SLIDE 60:**

Thank you for your participation and remember, be safe.