

**KEEP**

**BURR RIDGE  
PARK DISTRICT  
SAFETY  
MANUAL**

# BURR RIDGE PARK DISTRICT SAFETY POLICY STATEMENT

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The Burr Ridge Park District acknowledges an obligation to provide safe working conditions for employees and a safe leisure environment for the public utilizing our programs, facilities, and parks.

It is the intention of the Burr Ridge Park District to develop, implement and administer a safety and comprehensive loss control program. In all of our assignments, the health and safety of all should be an important consideration.

Personnel at all levels are directed to make safety a matter of continuing concern. Each supervisor is to ensure that work is done in a safe manner, inspections are conducted on a regular basis, hazards are confronted and accidents are investigated.

We are confident that this program will be successful and expect your cooperation and support.

\_\_\_\_\_  
President,  
Board of Commissioners

\_\_\_\_\_  
Director/Safety Coordinator

\_\_\_\_\_  
Date Adopted/Revised

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## Safety Manual Signed Acknowledgment

I hereby acknowledge receipt of the Burr Ridge Park District Safety Manual and Appendices ("Manual"). I agree and represent that I have read this Manual thoroughly and in its entirety. I agree that if there is any policy or provision in the Manual that I do not understand, I will seek clarification from my supervisor or the Director of Parks and Recreation.

I understand and will comply with all policies within this Manual and any and all other Park District policies, rules and guidelines as promulgated periodically. I further understand that violating any policy within this Manual or any other Park District policy, rule or guideline may subject me to disciplinary action up to and including dismissal.

Please sign and date this acknowledgment and return it to the Superintendent of Finance.

Employee Signature: \_\_\_\_\_

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

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

# **Safety Responsibilities**

## **General Statement of Responsibility for All:**

Actively support the Safety Policy and related programs including following/enforcing safety rules, reporting accidents and injuries, and developing ideas for the prevention of future incidents.

## **Governing Board:**

1. Has the ultimate responsibility for safety and approves safety policies.
2. Authorizes necessary expenditures to provide safe work conditions.
3. Participates in safety program by making safety tours, reviewing safety reports and praising safety work methods.

## **Director of Parks and Recreation:**

1. Establishes and administers the safety and loss control programs.
2. Maintains a working knowledge of all general and departmental-specific safety rules.
3. Assumes the duties of Safety Coordinator to implement the loss control program for the agency.
4. Instills in each department head, a clear understanding of their duties and responsibilities in the areas of loss control and safety.
5. Participates in Safety Committee functions.
6. Evaluates the accident investigation policy and procedures to ensure that sufficient data is being gathered for review.

## **Safety Coordinator Responsibilities:**

- E.** Generally, the safety coordinator has the overall responsibility for formulating, directing, and coordinating all safety activities throughout the district. The Director of the Burr Ridge Park District will serve as Safety Coordinator.
2. Specifically, the Safety Coordinator may act as chairperson of the Safety Committee although this duty is optional. In any event, he/she provides a Safety Coordinator's report during the meeting and has input into the agenda development for each meeting.
3. Analyzes loss data from accident/incident reports, departmental correspondence, and the PDRMA Loss Control Department.

4. Receives and reviews all safety related departmental or staff memos, minutes, and training rosters and maintains files on loss control and safety program components.
5. Participates in the orientation and safety training of new supervisors and staff at all facilities or departments.
6. Schedules and participates in safety inspections of sites and facilities to identify unsafe conditions or practices. Brings concerns to site supervisors.
7. Provides coordination in preparing for the PDRMA Loss Control Program Evaluation meeting. Facilitates the meeting.
8. Attends Risk Management Institutes and other educational sessions sponsored by PDRMA.
9. Distributes PDRMA correspondence to staff and Safety Committee, including newsletters, LRN Alerts and meeting registration flyers.
10. Monitors compliance with agency and PDRMA claims reporting policies.

### **Department/Facility Heads:**

1. Work in harmony with the Safety Coordinator to organize Loss Control program aspects which are particular to his/her department (i.e., aquatics).
2. Maintain a working knowledge of all general and departmental-specific safety rules.
3. Enforce safety rules and improves employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions.
4. Make specific budget allocations for the purchase of safety equipment & training.
5. Review and updates inspection criteria. Performs a departmental inspection report (or have alternate deliver) at Safety Committee Meetings.
6. Provide proper orientation, job instruction training and in-service training to supervisors.
7. Prepare needed support information for the PDRMA Loss Control Program Review meeting.

### **Supervisory Personnel:**

1. Become thoroughly familiar with the Safety Manual contents.
2. Maintain a working knowledge of all general and departmental-specific safety rules.
3. Inspect work areas (use checklists) for compliance with safe work practices and rules.
4. Properly orient new employees. Provides good job instruction training and in-service training to current employees.

5. Enforce safety rules and improve employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions.
6. Report and investigate accidents. Provides medical authorization for injured employees to obtain medical care.
7. Make sure necessary safety equipment and protective devices for each job or program are available, used, and properly maintained.
8. Cooperate with the Safety Coordinator in making sure all memos, training records, material safety data sheets, and correspondence are sent for his/her review.
9. Enforce disciplinary policies.
10. Treat public complaints and concerns with the utmost attention. Is courteous in all cases.

### **Employees:**

1. Maintain a working knowledge of all general and departmental-specific safety rules.
2. Immediately report all accidents and unsafe conditions to the immediate supervisor.
3. Cooperate and assist in the investigation of accidents.
4. Attend all required safety program and in-service education meetings.
5. Treat public complaints and concerns with the utmost attention. Is courteous in all cases.
6. Pay strict attention to housekeeping of work area(s) and general facility.

### **Safety Committee**

The Park District Safety Committee is intended to assist Park District employees in providing safe and efficient operations and services for employees and patrons. The Safety Committee is comprised of one or more employees from each department. The Safety Committee makes safety inspections of Park District facilities, organizes employee-training sessions, manages Safety Awareness campaigns, reviews patron and employee accidents and makes recommendations where safety can be improved. Meetings are held monthly, and visitors are encouraged to attend. Please speak with your immediate supervisor if you would like to attend a meeting.

1. Establish and meet specific short-term and long-term safety and loss control program goals and objectives.
2. Review all District injuries, accidents and incidents (near misses) and develop countermeasures or prevention.
3. Discuss existing safety policies. Make recommendations for modification/upgrading and advertise or utilize policies in the preparation of educational materials.



4. Oversee the completion of, and reviews all inspections and coordinates a self-inspection program schedule.
5. Develop recommendations and target dates (time lines) for loss control program improvement.
6. Concentrate heavily upon needs and concerns which arise during the summer seasonal (busy) months.
7. Prepare for and participate in the PDRMA Loss Control Program Evaluation meeting.

## **Park District Risk Management Agency (PDRMA)**

The Park District is a member of the Park District Risk Management Agency (PDRMA). PDRMA is an organization of Illinois public park and recreation agencies formed as a contractual organization under the Illinois Intergovernmental Cooperation Act to administer a program of self-funding and commercial insurance in the areas of property, liability and worker's compensation. In addition, PDRMA provides support services such as claims and litigation administration and management, loss control services and training, legal services, risk management, and financial reporting services. All employees are expected to cooperate fully with PDRMA staff.

### **General Safety Policy And Rules**

Safety while on the job is the responsibility of every Park District employee. With proper precautions, most accidents on the job can be prevented. It is every employee's responsibility to know and comply with all health and safety policies, rules and regulations, and to act in a safe manner. Carelessness, inattention, neglect and disregard for safety rules cause accidents. Therefore, you must at all times be careful, attentive, alert, and follow proper safety procedures. The Park District will not condone any breach of safety rules or regulations by employees. You are expected to be alert for safety hazards that may exist and could affect the general public or employees of the Park District. You are also responsible for reporting any unsafe equipment or condition to your immediate supervisor immediately upon your discovery of such condition. We must all work together to achieve a safe and healthy working environment. You should make certain that you do not create safety hazards and that safety hazards are eliminated.

It is the intent of the Park District to provide a safe working environment for you and a safe leisure environment for the public using our programs, facilities and parks. It is also the intent of the Park District to develop, implement and administer a safety and comprehensive loss control program. In all assignments, the health and safety of all persons should be the first consideration.

You are directed to make safety a matter of continuing and mutual concern, equal in importance with all other operational considerations. You should use your best efforts to ensure that work is done in a safe manner, inspections are conducted on a regular basis, hazards are confronted and removed and accidents are investigated as appropriate. We are confident that with your help this program will be successful and we expect your cooperation and support. Accordingly, all employees shall adhere to the following rules:

1. Horseplay and fighting will not be tolerated in the work place.
2. Possession of unauthorized firearms, alcoholic beverages, illegal drugs or unauthorized medically prescribed drugs in violation of the District's Personnel Policy Manual will not be tolerated in the work place.
3. Your immediate supervisor must be informed if you are required to take medication during work hours which may cause drowsiness, alter judgment, perception or reaction time. Written medical evidence stating that the medication will not adversely affect your decision-making or physical ability may be required.

4. Your immediate supervisor must be notified of any permanent or temporary impairment that reduces your ability to perform in a safe manner or prevent or hinder your performance of the essential functions of your position.
5. Personal protective equipment must be used when potential hazards cannot be eliminated.
6. Equipment is to be operated only by trained and authorized personnel.
7. Periodic inspections of workstations may be conducted to identify potential hazards and to ensure that equipment or vehicles are in safe operating condition.
8. Any potentially unsafe conditions or acts are to be reported immediately to your immediate supervisor.
9. If there is any doubt about the safety of a work method, your immediate supervisor should be consulted before beginning work.
10. All accidents, near misses, injuries and property damage must be reported to your immediate supervisor, regardless of the severity of the injury or damage.
11. Failure to report an accident or known hazardous condition may be cause for disciplinary action up to and including dismissal.
12. All employees must follow recommended work procedures outlined for their job, department and/or facility.
13. Employees are responsible for maintaining an orderly environment. All tools and equipment must be stored in a designated place. Scrap and waste material are to be discarded in a designated refuse container.
14. Any smoke, fire or unusual odors must be reported promptly to your immediate supervisor.
15. If you create a potential slip or trip hazard, correct the hazard immediately or mark the area clearly before leaving it unattended.
16. Safety and restraint belts must be fastened before operating any motorized vehicle.
17. Employees who operate vehicles must obey all driver safety instructions and comply with traffic signs, signals and markers and all applicable laws.
18. Employees who are authorized to drive are responsible for having a valid driver's license for the class of vehicle they operate. You must report revocation or suspension of your driver's license to your immediate supervisor.
19. All employees must know departmental rules regarding accident reporting, evacuation routes and fire department notification.
20. Departmental and facility rules and procedures specific to departmental operations must be followed by each employee in the department.
21. Employees must assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as required.

## **Lifting Safety**

Since the Park District contracts out park maintenance services, building custodial and other labor intensive activities, many of the concerns associated with proper lifting do not apply to the Park District's employment base. However, District employees still need to exercise care if and when they are involved in any sort of lifting.

Back injury occurs more often than any other type of injury. A large percentage of back injuries are caused by improper lifting. The following steps will help avoid muscle twisting or more serious back problems.

1. Employees should not attempt to lift or move an object which presents weight, bulk, or shape beyond their capabilities.
2. When lifting any object, feet should be planted firmly before the object, flat to the ground and a comfortable distance apart.
3. When lifting, the individual should squat down, grasp the load, keep back as straight as possible and lift with the legs.

## **Personal Protective Equipment**

OSHA's Personal Protective Equipment Standard (PPE) establishes a standard which requires park and recreation agencies to conduct hazard assessments within the work place to determine if any hazards exist which would require the use of personal protective equipment.

The Burr Ridge Park District is in a unique situation in which all maintenance functions and services are performed by independent contractors. As a result, the types of activities which might require personal protective equipment (i.e. trenching, overhead loading, power saws, welding, etc.) are under the domain of outside service providers and not subject to Park District compliance assurance. The one exception is the operation of Woods Pool which details personal protective equipment, including respirator usage, in a separate manual and training program.

In the unlikely event that a Park District employee needs to engage in official activities which would require protective equipment, specialized training and equipment will be issued at that time.

# **Behavior Management**

## **BEHAVIOR**

All participants are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make children's programs safe and enjoyable for all participants. Additional rules may be developed for specific programs as deemed necessary by staff.

The agency insists that all participants comply with a basic behavior code. All participants shall:

1. Show respect to all participants, staff, and volunteers. Participants should follow program rules and take direction from staff.
2. Refrain from using abusive or foul language.
3. Refrain from threatening or causing bodily harm to self, other participants, or staff.
4. Show respect for equipment, supplies, and facilities.
5. Not possess any weapons.

## **DISCIPLINE**

A positive approach will be used regarding discipline. Staff will periodically review rules with participants during the program session. If inappropriate behavior occurs, a prompt resolution will be sought specific to each individual's situation. The agency reserves the right to dismiss a participant whose behavior endangers his or her own safety or the safety of others. Specific programs may employ specific disciplinary procedures.

## **PROCEDURES**

Upon registration or entry into the program, the parent/guardian should be solicited for any information regarding special accommodations needed for the participant. If any of these special accommodations are behavior related, the parent/guardian should be contacted for information about any behavior modification programs in place at school or home. Attempts should be made to utilize these in the program. Documentation should be maintained regarding any problem behaviors, special accommodations, and behavior modification programs.

If the participant exhibits inappropriate actions, the following guidelines should be followed:

1. Program leaders should determine the severity of the action and immediately take steps to correct it. These may include but are not limited to:
  - A verbal warning.
  - A supervised time-out from the program. (Most experts agree that a minute a year is a good rule of thumb for time-outs). The type of time-out may vary according to the situation (observational: from sidelines of activity; exclusion: away from the group but within view of the activity; seclusion: time-out area with staff member present away from view of the activity). If physical restraint is used to protect against injury, the time-out should be documented on a conduct report. Any conduct report made should be given to the full-time supervisor.
  - A suspension from the program for a designated time period. When determining the timeframes of suspension, staff should consider the severity of the actions; the length of the program or activity; any past behavior issues with the individual; and willingness to improve their inappropriate behavior.
  - Dismissal from the program or activity. If inappropriate behavior persists or the behavior completely disrupts a program, removal from the program or activity may be necessary. Once again, the agency reserves the right to dismiss a participant whose behavior endangers his or her own safety or the safety of others.
2. If a participant receives a time-out or a suspension, the supervisor of the program should contact the parent/guardian. The supervisor should explain the inappropriate actions that were observed by the staff. The action taken by the supervisor shall be documented.
3. Communication between staff and parent should be ongoing regarding any further incidences of inappropriate behavior. Some other options may be discussed with the parent/guardian including:
  - Transfer to another program where inappropriate behavior may be less prone to occur.
  - Limited/reduced timeframe that participant is allowed to attend the program.
4. Appeals by the participant and/or participant's parent/guardian should be directed to the Executive Director or the Superintendent of Recreation.

### **WHEN TO CONTACT THE POLICE:**

- If a participant makes a direct threat of hurting himself, call the parent/guardian immediately. If a parent/guardian is not available, call the police.
- If a participant becomes overly aggressive and violent, call the police.

# Seizure Management Policy and First Aid Procedures

## Policy Overview:

In order to maximize a safe and healthy recreation environment for patrons and staff, the Burr Ridge Park District has established the following seizure management policy and procedures. This policy is intended to complement and supplement the agency's medical emergency and aquatics emergency response plans.

1. Registration forms should encourage patrons to volunteer any important health information such as seizure disorders and/or to identify any need for reasonable accommodation. When seizure conditions are disclosed, adult participants (or parents/guardians of minor patrons) should be asked to provide information such as:
  - nature and duration of the seizure
  - frequency
  - triggering mechanisms
  - symptoms
  - date(s) of most recent seizures
  - parental/patron instructions &/or recommendations
  - up-to-date medical protocol from the primary health care provider
2. Depending on the frequency and/or nature of the seizures, the feasibility and need to provide 1:1 supervision should be evaluated. In the interim, the member should consider the appropriateness of temporarily suspending participation pending an analysis of the ability of the patron to safely participate in any activity, with or without reasonable accommodation. Members should promptly contact PDRMA's legal counsel and/or their corporate counsel to assist in identifying and balancing the rights of both the member and patron.
3. Whenever participation involves aquatic activities, the agency's **seizure prone swimmer policy** should be followed. Please refer to this document prior to any participation in aquatic programs. Pre-program planning and communication between the aquatic staff and the participant's instructor/counselor/program supervisor is strongly recommended.
4. Staff should begin monitoring and responding to the seizure as soon as the symptoms are recognized – this includes implementing established seizure/emergency procedures; coordinating with other emergency medical providers; monitoring the duration of the seizure from the moment staff first

observed the symptoms (and when possible, from the time of onset) and; documenting the nature/character of the seizure.

5. As with any medical emergency, prepare a PDRMA incident report documenting all pertinent information about the event (when, where, how, responders, witnesses, victim condition, etc.).

**When to Activate the EMS (911) system:**

1. Anytime you are unaware of a pre-existing seizure disorder, summon EMS immediately.
2. Anytime you are uncomfortable with either the situation or the condition of the person, call EMS. Always err on the safe side, for the patrons' safety.
3. Anytime the seizure is different in nature or character than prior seizures, summon EMS immediately.
4. If you know the person is prone to seizures or is being medically treated **and you have written instructions from the patron or patron's parents/guardians not to summon EMS**, it may or may not be necessary to activate EMS unless:
  - The seizure lasts longer than 1-3 minutes
  - Another seizure begins within 1 hour after the first
  - The person does not regain consciousness after the convulsions or seizure have stopped
  - The person stops breathing for longer than 30 seconds
  - Seizure occurs after a known head injury or the person complains of a sudden severe headache
  - The person is pregnant
  - The person has a medical alert tag or diabetic alert tag
  - The person appears injured
  - The person has swallowed excess amounts of water
  - You are at all uncomfortable with the situation
5. If you are provided patron/parent instructions on how to manage a seizure and/or not to summon EMS in the event of the seizure, you should:
  - Require that the instructions be in writing and provided by or signed be off on by the primary care physician (the physician's recommendations/instructions as to managing the seizure, or approval of



the management instructions **must be dated and written within the past 6 months.**

- Make several copies of the instructions and provide copies to relevant staff (i.e. staff that need to know!)
- In the interim summon EMS in the event of a seizure or temporarily suspend participation until receipt and review of the requested documentation
- If, after receipt of the documentation, you are uncomfortable with the instructions (or despite the instructions, you are at all uncomfortable with the situation), summon EMS in the event of a seizure --- you are not necessarily legally required to comply with patron/parent/physician instructions!
- Do not hesitate to contact PDRMA's legal counsel or your corporate counsel for further guidance.

Definition and Description:

**Generalized Seizures** are caused by abnormal electrical activity over the entire brain simultaneously. This group of seizures affects the level of awareness and muscle movement of all extremities.

Seizure types: Absence seizures (Petit Mal), Myoclonic seizures, Atonic seizures, Tonic seizures, and Tonic-Clonic seizures (Grand Mal).

Seizure length: They range from 3 seconds to up to 5 minutes, depending on the type and severity.

Symptoms: a dazed look in the face, eye blinking, head bobbing, sudden brief jerks of a single muscle or group, unconsciousness, loss of body functions, and full body constriction.

**Partial (focal) Seizures** are seizures begin in one part of the brain instead of all over. Depending on which lobe of the brain that the seizure comes from will determine the physical symptoms of the seizure.

Seizure types: Simple partial seizures, Complex partial seizures. They can also be classified as Frontal Lobe, Temporal Lobe, Parietal Lobe, and Occipital Lobe.

Seizure Length: They range in length from seconds up to 2 minutes.

Symptoms: People, in the majority of cases, are completely aware and alert during these seizures. There can be tingling or shaking of a small body part, unusual smell, visual hallucinations or ill-defined feeling. They are also described as an altered consciousness, subtle, repetitive and stereotypical movements of the face or extremities.

***Hypoxic convulsions*** are due to lack of oxygen in the brain. Persons may appear rigid or stiff, may jerk violently, and/or froth at the mouth. Unlike the seizure conditions described above, this is a life threatening condition.

### **Emergency Procedures:**

1. Prevent the person from injuring themselves. Place something soft under their head, loosen tight clothing, clear the area of hard and sharp objects, and remove eyeglasses if needed.
2. Place the person in a recovery position to allow saliva to drain from the mouth.
3. Start timing the seizure as soon as symptoms are recognized.
4. If uncomfortable with the situation, contact EMS immediately.
5. **Do not** restrain the person's movements.
6. **Do not** place any items in the person's mouth and **do not** attempt to give any liquids.
7. Be sensitive of the environment and the person's privacy.
8. If staff is unfamiliar with the person, unsure if previously diagnosed as seizure prone or medically treated, contact EMS immediately.
9. Maintain the person's airway.
10. After the seizure subsides, complete an initial assessment to determine the condition of the person (airway, breathing, circulation, physical condition).
11. If the person is not breathing, begin artificial respiration. If the person does not have a pulse, begin CPR. Make sure EMS is contacted.
12. Provide an area for the person to rest until fully coherent, where the person can be observed by a responsible adult. Consider a shaded area or an office.
13. The person involved in the episode should be restricted from any aquatic programs for the remainder of the day.
14. If a minor, the occurrence of a seizure should always be reported to the person's parents or guardians.

If the seizure occurs in the water; follow the agency's seizure prone swimmer policy and first-aid procedures

### **ACTIVITY/ENVIRONMENTAL CONSIDERATIONS**

Because of the loss of bodily control and/or cognitive function that typically accompanies a seizure and the potential need for prompt emergency medical services, program planners should carefully develop specific emergency response plans for seizure-prone persons enrolled in recreation programs and activities.

Program planners must first determine whether the patron can safely participate in any activity or program, with or without reasonable accommodation. This includes identifying how a seizure may affect the personal safety of the participant who experiences a seizure during any given activity (as well as the safety of responding staff and potential impact on the program). The planner should consider if the loss of bodily control might result, for example, in a fall from a height, a fall onto a hard surface, or a drowning situation. If these are possibilities, the planner and program supervisors/instructors should jointly assess, address, and coordinate participation in these activities and seizure management. In some instances, it may be prudent to temporarily suspend participation in any given program/activity pending assessment (i.e. taking the "proverbial step backwards"). In other situations, it may be feasible and prudent to provide a one-to-one companion (provided the nature of the seizure/activity does not create a safety risk for the companion). In any event, program supervisors should explore and address these issues with adult patrons or with parents and/or guardians of minor patrons **before participation** -- and if possible, include special recreation association staff as part of your assessment and seizure management team.

Program planners should also consider the potential challenges presented by program locations where access to EMS may be limited or substantially delayed. Because access to emergency medical services can be crucial in providing necessary care, planners should be aware of the proximity of these services at all times. Field trip locations as well as any remote sites, such as campgrounds, should be researched ahead of time to determine where emergency care can be found in the area and how long it will take for a response.

These situations are often emotionally-charged for all parties involved. Regretfully, at times patrons with seizure disorders engage in recreation activities neither well nor wisely. The patron (or parents of a minor patron) does not have the legal right to compromise his/her safety. There are often misperceptions as to the legal rights of the patron and/or of the provider. When in doubt, always err on the side of caution and contact PDRMA and/or legal counsel for prompt guidance, and temporarily suspend participation pending further evaluation and guidance.

### **References:**

*American Association of Neurologists website.*

*Pediatric Epilepsy Center website, article by Tracy Connell, RN, MSN, CPNP.*

*MSN Health website articles:*

*“What is the Cause of Epilepsy” – December 1998*

*“What is the Immediate Treatment for Epileptic Seizures?” – December 1998*

*“What is Epilepsy?” – December 1998*

*“First Aid for Seizures”*

*“Seizures - When to Call a Doctor” – November 2003*

# Dispensing of Medication

## Issue

The American's With Disabilities Act obligates park districts, special recreation associations, and forest preserve districts to make reasonable accommodations for persons with special needs who will be participating in our park and recreation programs. One of the most common and reasonable requests is to assist a participant in taking medication during a program session when they do not have the ability to do it on their own. This has been a standard practice in special recreation associations for some time. However, park districts are seeing many persons with special needs entering park district programs. Without special training and the necessary procedures to administer medication, there are potential liabilities that could arise at an agency if the dispensing of medication is not administered properly.

## Recommendation

It is recommended that all agencies who may have to dispense medication during agency programming should review the following medication dispensing guidelines and formulate specific policy to follow in the event this request is made by a patron. Comprehensive medication dispensing guidelines will better prepare your staff to dispense medication in a safe and efficient manner.

To minimize the administration of a medication dispensing program, parents or guardians should be asked if the person can be medicated prior to entering the program. The agency's medical dispensing program should only be used when it is absolutely necessary to administer medication to a child or patron during program hours.

### **I. Parental Procedures and Responsibilities**

The parent/guardian **must**:

1. Complete the *Permission To Dispense Medication/Waiver and Release of All Claims* form;
2. Complete and sign the *Medication Dispensing Information* form;
3. Deliver all medication to the agency office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given;
4. Verbally communicate with agency staff regarding specific instructions for medication.

## **II. Staff Medication Dispensing Procedures**

Agency program staff **must**:

1. Ensure that the Permission and Waiver to Dispense Medication Form and Medication and Dispensing Information Form are fully completed and signed by the parent/ guardian prior to the dispensing of any medication;
2. Ensure that only authorized staff accept medication which may include the executive director and supervisory personnel, including, but not limited to, the superintendent of recreation, safety coordinator, and program coordinator.
3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receive medication to properly store medication in a locking cabinet or in a refrigerator as needed. **It is extremely important that stored medication is out of the reach of other patrons and particularly children.**
4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.
5. Program coordinators responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.
7. Agency staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into the agency's office and kept in a permanent file for at least three years at the conclusion of the program.

# Medication Dispensing Information

*This form must be completed for each program session or when medication changes.*

## BACKGROUND INFORMATION:

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's  
Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---

## MEDICATION INFORMATION:

1. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.**

**In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.**

**I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**



# Burr Ridge Park District

## Permission To Dispense Medication *Waiver and Release of All Claims*

The Burr Ridge Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

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**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)

give permission to the staff of the Burr Ridge Park District **to administer to my child**

\_\_\_\_\_  
(Name of Medication)

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**I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Burr Ridge Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.**

## **WAIVER & RELEASE OF ALL CLAIMS**

**I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.**

**In consideration of the Burr Ridge Park District administering medication to my minor child, I do hereby fully release or discharge the Burr Ridge Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.**

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**Signature of Parent or Guardian**

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**Date**



# HAZARD COMMUNICATION PROGRAM

## I. Introduction

Burr Ridge Park District has developed a comprehensive Hazard Communication (Hazcom) program to ensure we communicate information about the hazards of chemicals used in our operations to our employees.

The Hazard Communication Standard requires Burr Ridge Park District to train its employees in the health and safety hazards of the chemicals in the workplace. A “hazardous chemical” is any chemical that is classified as a physical hazard or a health hazard, a simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified. A few examples of hazardous chemicals used in the Burr Ridge Park District operations include pool chemicals, custodial supplies, fuels, paints, pesticides, automotive products, compressed gases, and fertilizers.

The Burr Ridge Park District Hazcom program applies to all work areas where employees have the potential to be exposed to chemicals during routine operations, non-routine tasks, and chemical-spill emergencies. The Hazcom program consists of five basic elements listed below:

- Written Hazcom program.
- Inventory of hazardous chemical products.
- Inventory of Safety Data Sheets.
- Labeling procedure for hazardous material containers.
- Hazcom employee training program.

It is Burr Ridge Park District’s policy to provide employees a safe and healthy work environment. It is also a management objective to maintain an effective Hazcom program consistent with federal, state, and local health and safety regulations. To attain this objective, all Burr Ridge Park District employees must include Hazcom compliance as an essential consideration in all phases of their work. The Burr Ridge Park District Hazcom program is a cooperative effort between management and employees.

Jim Pacanowski  
Hazard Communication Program Coordinator

September 17, 2018  
Date

## II. Definitions

**Health Hazard** – A chemical classified as posing one of the following hazardous effects:

- Acute toxicity (any route of exposure).
- Skin corrosion or irritation.
- Serious eye damage or eye irritation.
- Respiratory or skin sensitization.
- Germ cell mutagenicity.
- Carcinogenicity.
- Reproductive toxicity.
- Specific-target organ toxicity (single or repeated exposure).
- Aspiration hazard.

*The criteria for determining whether a chemical is classified as a health hazard are listed in Appendix 1 of this document and in OSHA standard §1910.1200, Appendix A – Health Hazard Criteria.*

**Label** – An appropriate group of written, printed or graphic information elements (pictogram, hazard statement, signal word and precautionary statement) concerning a hazardous

chemical that is affixed to, printed on, or attached to the container that holds the hazardous chemical or to the outside packaging.

**Safety Data Sheet (SDS)** – Written or printed material concerning a hazardous chemical prepared in accordance with OSHA 1900.1200(g).

**Physical Hazard** – A chemical classified as posing one of the following hazardous effects:

- Explosive.
- Flammable (gases, aerosols, liquids, or solids).
- Oxidizer (liquid, solid or gas).
- Self-reactive.
- Pyrophoric (liquid or solid).
- Self-heating.
- Organic peroxide.
- Corrosive to metal.
- Gas under pressure.
- In contact with water, emits flammable gas.

*The criteria for determining whether a chemical is classified as a physical hazard are listed in Appendix 1 of this document and in OSHA standard §1910.1200, Appendix B—Physical Hazard Criteria.*

**Substance** – Chemical elements and their compounds in the natural state or obtained by any production process, including any additive necessary to preserve the stability of the product and any impurities deriving from the process used, but excluding any solvent that may be separated without affecting the stability of the substance or changing its composition.

### III. Written Hazcom Program

#### Director

- Designates a Hazcom coordinator for Burr Ridge Park District operations.
- Approves the written Hazcom program.
- Ensures workplace compliance with the written Hazcom program.

#### Safety Coordinator (can also assume role as Hazcom Program Coordinator)

- Maintains an inventory of all hazardous substances used or stored in the workplace.
- Maintains an SDS file/binder for inventoried hazardous substances.
- Trains new employees on specific hazards and safety precautions for hazardous substances. Trains all employees on hazards of newly introduced chemical products. Examples of this specific training include:
  - Personal protective equipment to be worn.
  - Health and physical hazards of each chemical product.
  - Review of the Burr Ridge Park District written Hazcom program.
- Maintains Hazcom training documentation.
- Ensures all chemical containers have proper labeling.

#### Employees

- Follow all chemical safety procedures applicable to their job tasks. If unsure of proper procedures, request instructions from manager/supervisor.
- Report to manager or supervisor any unsafe or potentially unsafe chemical safety problems or issues. Chemical safety suggestions to management are encouraged.

#### Hazcom Program Coordinator

- Coordinates Hazcom Standard compliance activities.
- Maintains an up-to-date hazardous substance inventory for all departments.
- Requests current SDS directly from chemical manufacturers and suppliers.

- Posts in a conspicuous place a list of all hazardous substances present at that location and a notice of where additional information concerning those substances is available.
- Ensures area managers and supervisors are aware of their Hazcom program functional responsibilities.
- Ensures managers and supervisors are aware of hazardous chemical container labeling requirements.
- Maintains a copy of the OSHA Hazard Communication Standard.

The following sections briefly highlight the policies and regulatory compliance program of Burr Ridge Park District concerning hazardous chemicals in the workplace.

### **Labeling**

Burr Ridge Park District is responsible for maintaining the labels on the containers, including, but not limited to, tanks, totes, and drums. Each container of hazardous material in the work place must be labeled with the identity of the product and the appropriate hazard warnings. This means labels must be maintained on chemicals in a manner that continues to be legible and the pertinent information (such as the hazards and directions for use) does not get defaced (i.e., fade, get washed off) or removed in any way. The Burr Ridge Park District will re-label containers if labels are removed or defaced. As a general rule, the label provided by the supplier of the product is sufficient. Re-labeling becomes necessary if a product is transferred to an unlabeled container for intermediate or long-term storage. Containers holding 10 gallons or less, intended for the immediate use of the employee filling the container, are exempt from the labeling requirements.

Pipes, vats, and other fixed containers must also have their contents identified. Batch tickets, tags, placards, or other equally effective means of labeling may be used. Please see Appendix 1 for further information on labeling requirements.

### *Safety Data Sheets (SDS)*

Obtain SDS from suppliers for all chemicals used within the operations. All employees should be trained on what an SDS is and where they are located (usually in a file/binder). The SDS file/binder should be placed at locations for specific chemical use; i.e., pool chemicals are found at the pool facility; custodial supplies in or near the janitor's office; automotive products in the shop office; and so forth.

Employees have the right to obtain SDS for each hazardous material in the work place. SDS must be available to employees and former employees for at least 30 years after the material is no longer used, produced, or stored on the work site. Please see Appendix 2 for further information on how to read and understand a SDS.

### **Chemical Inventories**

An inventory of chemical products used or stored is maintained by each area manager and supervisor and posted in each work area. The Hazcom Coordinator maintains a master inventory of all chemical products used or stored within the facility. All inventories are updated as new chemicals are introduced or old chemicals phased out. Updated inventories are posted and copies provided to the Hazcom Coordinator, noting new chemical additions.

### **Employee Information and Training**

Employees are trained during orientation when first hired and annually thereafter. Employees are also trained whenever any new chemical hazard is introduced in the workplace because of process change or job transfer. The Burr Ridge Park District training focuses on the following subjects:

- Details of the written Hazard Communication program, including how employees can obtain copies of the plan and use detailed information on chemical hazards (physical and health effects of the substances, signs and symptoms of overexposure).

- Methods used to identify locations of hazardous chemicals in the workplace and how to detect their presence. Also, how to lessen or prevent overexposure to these hazardous substances.
- Steps employees should take to protect themselves from chemical hazards, including appropriate work practices, personal protective equipment, and emergency procedures for spills and leaks and possible exposures.
- Explanations of the labeling system and Safety Data Sheets.

*Documentation:* Training records for all employees trained is retained for review by outside regulatory agencies. The training records should be kept on file following the annual training and whenever a new chemical is introduced in the workplace. All training records should be retained for the length of employment. If an employee is exposed to a toxic chemical and receives medical treatment, the medical records should be kept on file for 30 years past employment.

*Non-routine Tasks and Emergencies:* Employees who may be involved with non-routine tasks and emergency situations will be trained regarding special chemical hazards. Records will document this training. Some examples of non-routine tasks include acid washing a pool, resurfacing a gym floor, and stripping/waxing a tile floor. Emergency situations refer primarily to response to accidental chemical spills and leaks.

#### **IV. Notification and Information**

##### *On-site Contractors*

On-site contractors shall be informed of chemical hazards to which their employees could possibly be exposed while working at Burr Ridge Park District. The Hazcom coordinator has the responsibility for making available to contractors and their subcontractors information normally available to Burr Ridge Park District employees. Contractors and subcontractors are responsible for training their own employees on Hazcom.

##### *Burr Ridge Park District Employee Information*

All employees, or their designated representatives, may obtain further information on the Hazcom program, chemical inventory lists, SDS, and the OSHA Hazard Communication Standard by contacting the Burr Ridge Park District Hazcom coordinator.

## Appendix 1 LABELING REQUIREMENTS










It is the policy of Burr Ridge Park District that no container of hazardous chemicals be released for use without the following label information:

- Product identifier – Name or number used for a hazardous chemical on a label or in the SDS. It provides a unique means by which the employee can identify the chemical.
- Signal word – Word used to indicate the relative level of severity of hazard and alert the employee to a potential hazard on the label. The signal words used in this section are "danger" and "warning." Danger is used for the more severe hazards, while warning is used for the less severe.
- Pictogram – Composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, intended to convey specific information about the hazards of a chemical. Eight pictograms are designated under the Hazcom standard for application to a hazard category.
- Hazard statement – Statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical including, where appropriate, the degree of hazard.
- Precautionary statement(s) – Phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.
- Name, address and phone number of the chemical manufacturer, distributor or importer.

**Hazard Communication Standard Pictogram**

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

**HCS Pictograms and Hazards**

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>▪ Carcinogen</li> <li>▪ Mutagenicity</li> <li>▪ Reproductive Toxicity</li> <li>▪ Respiratory Sensitizer</li> <li>▪ Target Organ Toxicity</li> <li>▪ Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>▪ Flammables</li> <li>▪ Pyrophorics</li> <li>▪ Self-Heating</li> <li>▪ Emits Flammable Gas</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>▪ Irritant (skin and eye)</li> <li>▪ Skin Sensitizer</li> <li>▪ Acute Toxicity</li> <li>▪ Narcotic Effects</li> <li>▪ Respiratory Tract Irritant</li> <li>▪ Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>▪ Gases Under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>▪ Skin Corrosion/Burns</li> <li>▪ Eye Damage</li> <li>▪ Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>▪ Explosives</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>
<p><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>▪ Oxidizers</li> </ul>	<p><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>▪ Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>▪ Acute Toxicity (fatal or toxic)</li> </ul>



## SAMPLE LABEL

### PRODUCT IDENTIFIER

CODE \_\_\_\_\_  
Product Name \_\_\_\_\_

### SUPPLIER IDENTIFICATION

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

### PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.  
Keep away from heat/sparks/open flame. No smoking.  
Only use non-sparking tools.  
Use explosion-proof electrical equipment.  
Take precautionary measure against static discharge.  
Ground and bond container and receiving equipment.  
Do not breathe vapors.  
Wear Protective gloves.  
Do not eat, drink or smoke when using this product.  
Wash hands thoroughly after handling.  
Dispose of in accordance with local, regional, national, international regulations as specified.

**In Case of Fire:** use dry chemical (BC) or Carbon dioxide (CO<sub>2</sub>) fire extinguisher to extinguish.

**First Aid**  
If exposed call Poison Center.  
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

### HAZARD PICTOGRAMS



### SIGNAL WORD

**Danger**

### HAZARD STATEMENT

**Highly flammable liquid and vapor.  
May cause liver and kidney damage.**

### SUPPLEMENTAL INFORMATION

#### Directions for use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill weight: \_\_\_\_\_ Lot Number \_\_\_\_\_

Gross weight: \_\_\_\_\_ Fill Date: \_\_\_\_\_

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

The Safety Coordinator has this responsibility. If at any time the hazardous material was not received with the above information, or the hazardous material is transferred to another carton/container/drum, the hazardous material will receive a warning label.

The warning label should be an extra copy of the original manufacturer's label or a generic label. If you use a generic label, the label should contain all graphic and information elements required by the Hazcom standard.

All agency employees need to be aware of the hazard classifications as defined by OSHA. The classifications are divided into Health and Physical Hazards. §1910.1200 (Appendix A & B)

## Health Hazards

*Acute toxicity* refers to those adverse effects that occur following oral or dermal administration of a single dose of a substance, or multiple doses given within 24 hours, or an inhalation exposure of four hours.

*Skin corrosion/irritation* is the production of irreversible damage to the skin; namely, visible necrosis through the epidermis and into the dermis. Corrosive reactions are typified by ulcers, bleeding, bloody scabs, discoloration due to blanching of the skin, complete areas of alopecia, and scars. *Skin irritation* is the production of reversible damage to the skin following contact with a substance.

*Serious eye damage/irritation* is the production of tissue damage in the eye, or serious physical decay of vision, following exposure to a substance to the anterior surface of the eye.

*Eye irritation* is the production of changes in the eye following exposure to a substance to the anterior surface of the eye.

*Respiratory sensitizer/Skin sensitizer* means a chemical leads to hypersensitivity of the airways following inhalation of the chemical. *Skin sensitizer* means a chemical leads to an allergic response following skin contact.

*Mutation/Genotoxic/Genotoxicity* is a permanent change in the amount or structure of the genetic material in a cell. This hazard class is primarily concerned with chemicals that may cause mutations in the germ cells of humans that can be transmitted to the progeny.

*Carcinogen* means a substance or a mixture of substances that induce cancer or increase its incidence.

*Reproductive toxicity* includes *adverse effects on sexual function and fertility* in adult males and females, as well as *adverse effects on development of the offspring*. *Adverse effects on sexual function and fertility* means any effect of chemicals that interferes with reproductive ability or sexual capacity.

*Specific target organ toxicity – single exposure, (STOT-SE)* means specific, non-lethal target organ toxicity arising from a single exposure to a chemical. Specific target organ toxicity can occur by any route relevant for humans, i.e., principally oral, dermal or inhalation.

*Specific target organ toxicity – repeated exposure (STOT-RE)* means specific target organ toxicity arising from repeated exposure to a substance or mixture. Specific target organ toxicity can occur by any route relevant for humans, e.g., principally oral, dermal or inhalation.

*Aspiration* means the entry of a liquid or solid chemical directly through the oral or nasal cavity, or indirectly from vomiting, into the trachea and lower respiratory system. Aspiration toxicity includes severe acute effects such as chemical pneumonia, varying degrees of pulmonary injury or death following aspiration.

## Physical Hazards

*Explosive/pyrotechnic chemicals* is a solid or liquid chemical that is, in itself, capable by chemical reaction of producing gas at such a temperature and pressure and at such a speed as to cause damage to the surroundings.

*Flammable gas* means a gas having a flammable range with air at 20°C (68°F) and a standard pressure of 101.3 kPa (14.7 psi).

*Flammable aerosol* means any non-refillable receptacle containing a gas compressed, liquefied or dissolved under pressure, and fitted with a release device allowing the contents to be ejected as particles in suspension in a gas, or as a foam, paste, powder, liquid or gas.

*Oxidizing gas* means any gas which may, generally by providing oxygen, cause or contribute to the combustion of other material more than air does.

*Gases under pressure* are gases which are contained in a receptacle at a pressure of 200 kPa (29 psi) (gauge) or more, or which are liquefied, or liquefied and refrigerated. They comprise compressed gases, liquefied gases, dissolved gases and refrigerated liquefied gases.

*Flammable liquid* means a liquid having a flash point of not more than 93°C (199.4°F).

*Flash point* means the minimum temperature at which a liquid gives off vapor in sufficient concentration to form an ignitable mixture with air near the surface of the liquid.

*Flammable solid* means a solid that is a readily combustible solid or that may cause or contribute to fire through friction.

*Readily combustible solids* are powdered, granular, or pasty chemicals that are dangerous if they can be easily ignited by brief contact with an ignition source, such as a burning match, and if the flame spreads rapidly.

*Self-reactive chemicals* are thermally unstable liquid or solid chemicals liable to undergo a strongly exothermic decomposition even without participation of oxygen (air). This definition excludes chemicals classified under this section as explosives, organic peroxides, oxidizing liquids or oxidizing solids. A self-reactive chemical possesses explosive properties when in laboratory testing the formulation is liable to detonate, to deflagrate rapidly or to show a violent effect when heated under confinement.

*Pyrophoric liquid/solid* means a liquid, which even in small quantities, is liable to ignite within five minutes after coming into contact with air. *Pyrophoric solid* means a solid, which even in small quantities, is liable to ignite within five minutes after coming into contact with air.

A *self-heating chemical* is a solid or liquid chemical, other than a pyrophoric liquid or solid, which, by reaction with air and without energy supply, is liable to self-heat; this chemical differs from a pyrophoric liquid or solid in that it will ignite only when in large amounts (kilograms) and after long periods of time (hours or days). Self-heating of a substance or mixture is a process where the gradual reaction of that substance or mixture with oxygen (in air) generates heat. If the rate of heat production exceeds the rate of heat loss, then the temperature of the substance or mixture will rise and which, after an induction time, may lead to self-ignition and combustion.

*Chemicals, which in contact with water, emit flammable gases* are solid or liquid chemicals, which by interaction with water, are liable to become spontaneously flammable or to give off flammable gases in dangerous quantities.

*Oxidizing liquid/solid* means a liquid, which in itself is not necessarily combustible, can, generally by yielding oxygen, cause, or contribute to, the combustion of other material.

*Oxidizing solid* means a solid, which in itself is not necessarily combustible, can, generally by yielding oxygen, cause, or contribute to, the combustion of other material.

*Organic peroxides* are thermally unstable chemicals, which may undergo exothermic self-accelerating decomposition and may have one or more of the following properties: be liable to explosive decomposition; burn rapidly; be sensitive to impact or friction; or react dangerously with other substances.

*A chemical that is corrosive to metals* means a chemical that by chemical action materially damages, or even destroys, metals.

## **Appendix 2**

### ***How to Read a Safety Data Sheet***

The SDS is the primary document by which health and safety information is provided by the manufacturer to the distributor and ultimately to the worker using the product. The SDS may be in any format and may vary greatly in length, but all must contain the following information:

#### **Section 1: Identification**

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier. The required information consists of the product identifier used on the label and any other common names or synonyms by which the substance is known; name, address, phone number of the manufacturer, importer, or other responsible party, and an emergency phone number; recommended use of the chemical (e.g., a brief description of what it actually does, such as flame retardant); and any restrictions on use (including recommendations given by the supplier).

#### **Section 2: Hazard(s) Identification**

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards. The required information consists of:

- The hazard classification of the chemical (e.g., flammable liquid).
- Signal word.
- Hazard statement(s).
- Pictograms (the pictograms or hazard symbols may be presented as graphical reproductions of the symbols in black and white or be a description of the name of the symbol (e.g., skull and crossbones, flame).
- Precautionary statement(s).
- Description of any hazards not otherwise classified.
- For a mixture that contains an ingredient(s) with unknown toxicity, a statement describing how much (percentage) of the mixture consists of ingredient(s) with unknown acute toxicity. Please note this is a total percentage of the mixture and not tied to the individual ingredient(s).

#### **Section 3: Composition/Information on Ingredients**

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. It also includes information on substances, mixtures, and all chemicals where a trade secret is claimed. The required information consists of:

##### Substances

- Chemical name.
- Common name and synonyms.
- Chemical Abstracts Service (CAS) number and other unique identifiers.
- Impurities and stabilizing additives, which are classified and contribute to the classification of the chemical.

##### Mixtures

Same information required for substances.

- The chemical name and concentration (i.e., exact percentage) of all ingredients classified as health hazards and that are:
  - Present above their cut-off/concentration limits.
  - Present a health risk below the cut-off/concentration limits.
- The concentration (exact percentages) of each ingredient must be specified except concentration ranges may be used in the following situations:
  - Trade secret claim is made,

- There is batch-to-batch variation.
- SDS used for a group of substantially similar mixtures.

Chemicals where a trade secret is claimed:

A statement that the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret is required.

#### **Section 4: First-aid Measures**

This section describes the initial care to be given by untrained responders to an individual who has been exposed to the chemical. The required information consists of:

- Necessary first-aid instructions by relevant routes of exposure (inhalation, skin and eye contact, and ingestion).
- Description of the most important symptoms, or effects, and any acute or delayed symptoms.
- Recommendations for immediate medical care and special treatment needed, when necessary.

#### **Section 5: Fire-fighting Measures**

This section provides recommendations for fighting a fire caused by the chemical. The required information consists of:

- Recommendations of suitable extinguishing equipment and information about extinguishing equipment that is not appropriate for a particular situation.
- Advice on specific hazards that develop from the chemical during the fire, such as any hazardous combustion products created when the chemical burns.
- Recommendations on special protective equipment or precautions for firefighters.

#### **Section 6: Accidental Release Measures**

This section provides recommendations on the appropriate response to spills, leaks or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard. The required information may consist of recommendations for:

- Use of personal precautions (such as removal of ignition sources or providing sufficient ventilation) and protective equipment to prevent the contamination of skin, eyes and clothing.
- Emergency procedures, including instructions for evacuations, consulting experts when needed, and appropriate protective clothing.
- Methods and materials used for containment (e.g., covering the drains and capping procedures).
- Cleanup procedures (e.g., appropriate techniques for neutralization, decontamination, cleaning or vacuuming; adsorbent materials; and/or equipment required for containment/clean up)

#### **Section 7: Handling and Storage**

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals. The required information consists of:

- Precautions for safe handling, including recommendations for handling incompatible chemicals, minimizing the release of the chemical into the environment, and providing advice on general hygiene practices (e.g., eating, drinking, and smoking in work areas is prohibited).
- Recommendations on the conditions for safe storage, including any incompatibilities. Provide advice on specific storage requirements (e.g., ventilation requirements)

## **Section 8: Exposure Controls/Personal Protection**

This section indicates the exposure limits, engineering controls, and personal protective measures to us to minimize worker exposure. The required information consists of:

- OSHA Permissible Exposure Limits (PELs), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs), and any other exposure limit used or recommended by the chemical manufacturer, importer or employer preparing the safety data sheet, where available.
- Appropriate engineering controls (e.g., use local exhaust ventilation, or use only in an enclosed system).
- Recommendations for personal protective measures to prevent illness or injury from exposure to chemicals, such as personal protective equipment (PPE) (e.g., appropriate types of eye, face, skin or respiratory protection needed based on hazards and potential exposure).
- Any special requirements for PPE, protective clothing or respirators (e.g., type of glove material, such as PVC or nitrile rubber gloves, and breakthrough time of the glove material).

## **Section 9: Physical and Chemical Properties**

This section identifies physical and chemical properties associated with the substance or mixture. The minimum required information consists of:

- Appearance (physical state, color, etc.).
- Upper/lower flammability or explosive limits.
- Odor.
- Vapor pressure.
- Odor threshold.
- Vapor density.
- pH.
- Relative density.
- Melting point/freezing point.
- Solubility(ies).
- Initial boiling point and boiling range.
- Flash point.
- Evaporation rate.
- Flammability (solid, gas).
- Upper/lower flammability or explosive limits.
- Vapor pressure.
- Vapor density.
- Relative density.
- Solubility(ies).
- Partition coefficient: n-octanol/water.
- Auto-ignition temperature.
- Decomposition temperature.
- Viscosity.

The SDS may not contain every item on the above list because information may not be relevant or is not available. When this occurs, a notation to that effect must be made for that chemical property. Manufacturers may also add other relevant properties, such as the dust deflagration index (Kst) for combustible dust, used to evaluate a dust's explosive potential.

## **Section 10: Stability and Reactivity**

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other. The required information consists of:

### Reactivity

- Description of the specific test data for the chemical(s). This data can be for a class or family of the chemical if such data adequately represent the anticipated hazard of the chemical(s), where available.

### Chemical stability

- Indication of whether the chemical is stable or unstable under normal ambient temperature and conditions while in storage and being handled.
- Description of any stabilizers needed to maintain chemical stability.
- Indication of any safety issues that may arise should the product change in physical appearance.

### Other

- Indication of the possibility of hazardous reactions, including a statement about whether the chemical will react or polymerize, which could release excess pressure or heat, or create other hazardous conditions. Also, a description of the conditions under which hazardous reactions may occur.
- List of all conditions to avoid (e.g., static discharge, shock, vibrations, or environmental conditions that may lead to hazardous conditions).
- List of all classes of incompatible materials (e.g., classes of chemicals or specific substances) with which the chemical could react to produce a hazardous situation.
- List of any known or anticipated hazardous decomposition products produced because of use, storage or heating. (Include hazardous combustion products in Section 5 (Fire-Fighting Measures) of the SDS.)

## **Section 11: Toxicological Information**

This section identifies toxicological and health effects information or indicates such data is not available. The required information consists of:

- Information on likely routes of exposure (inhalation, ingestion, skin and eye contact). The SDS should indicate if the information is unknown.
- Description of the delayed, immediate or chronic effects from short- and long-term exposure.
- Numerical measures of toxicity (e.g., acute toxicity estimates such as the LD50 (median lethal dose). Estimated amount [of a substance] expected to kill 50 percent of test animals in a single dose.
- Description of the symptoms. This description includes the symptoms associated with exposure to the chemical from the least to the most severe exposure.
- Indication of whether the chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions) or found to be a potential carcinogen by OSHA.

## **Section 12: Ecological Information (non-mandatory)**

This section provides information to evaluate the environmental impact of the chemical(s) if released in the environment. The information may include:

- Data from toxicity tests performed on aquatic and/or terrestrial organisms, where available (e.g., acute or chronic aquatic toxicity data for fish, algae, crustaceans, and other plants; toxicity data on birds, bees, plants).
- Whether there is a potential for the chemical to persist and degrade in the environment either through biodegradation or other processes, such as oxidation or hydrolysis.
- Results of tests of bioaccumulation potential, making reference to the octanol-water partition coefficient ( $K_{ow}$ ) and the bioconcentration factor (BCF), where available.
- The potential for a substance to move from the soil to the groundwater (indicate results from adsorption studies or leaching studies).



- Other adverse effects (e.g., environmental fate, ozone layer depletion potential, photochemical ozone creation potential, endocrine disrupting potential, and/or global warming potential).

### **Section 13: Disposal Considerations (non-mandatory)**

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:

- Description of appropriate disposal containers to use.
- Recommendations of appropriate disposal methods to employ.
- Description of the physical and chemical properties that may affect disposal activities.
- Language discouraging sewage disposal.
- Any special precautions for landfills or incineration activities

### **Section 14: Transport Information (non-mandatory)**

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail or sea. The information may include:

- UN number (i.e., four-figure identification number of the substance)<sup>1</sup>.
- UN proper shipping name.
- Transport hazard class(es).
- Packing group number, if applicable, based on the degree of hazard.
- Environmental hazards (e.g., identify if it is a marine pollutant according to the International Maritime Dangerous Goods Code (IMDG Code)).
- Guidance on transport in bulk (according to Annex II of MARPOL 73/783 and the International Code for the Construction and Equipment of Ships Carrying Dangerous Chemicals in Bulk (International Bulk Chemical Code (IBC Code))).

Any special precautions that employees should be aware of or need to comply with, in connection with transport or conveyance either within or outside their premises (indicate when information is not available).

### **Section 15: Regulatory Information (non-mandatory)**

This section identifies the safety, health and environmental regulations specific for the product that are not indicated anywhere else on the SDS. The information may include:

- Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations).

### **Section 16: Other Information**

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state what changes were made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

**APPENDIX 3**  
**EFFECTIVE DATES**

The table below summarizes the phase-in dates required under the revised Hazard Communication Standard (HCS):

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and safety data sheet (SDS) format.	Employers (agencies)
June 1, 2015 December 1, 2015	Compliance with all modified provisions of this final rule, except: The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label	Chemical manufacturers, importers, distributors and employers
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers (agencies)
Transition period to the effective completion dates noted above	May comply with either 29 CFR 1910.1200 (the final standard), the current standard, or both	Chemical manufacturers, importers, distributors, and employers (agencies)

# Your Right To Know

The Park District is committed to protecting you against the dangers of hazardous materials on the job. Safety training and the proper handling and storage of hazardous substances are just a few of the things we do to keep you safe. In addition, the Occupational Safety and Health Administration (OSHA) has issued a regulation that states that you have a right to know what hazards you face on the job and how you can protect yourself against them. This is your RIGHT-TO-KNOW. OSHA's hazard Communication Standard affects everyone in the workplace who comes into contact with hazardous materials.

Chemical manufacturers must determine the physical and health hazards of each product they make, and they have to let users know about those hazards by providing information on the container label and on a Material Safety Data Sheet (MSDS) for every product.

- Employers must develop a written hazard communication program that:
- Tells employees about the Hazard Communication Standard.
- Explains how the standard is in effect in the workplace.

Provides information and training on hazardous chemicals in the workplace, which includes how to recognize, understand and use labels and MSDS sheets, and the correct safety procedures for working with hazardous substances.

## What Information is on the Label?

Although labels differ from company to company, all labels will contain similar types of information. The label will use words and/or symbols to tell you:

1. The common name of the substance.
2. The name, address, and emergency phone number of the company that made or imported the substance.
3. A signal word that outlines the seriousness of the substance. Signal words, ranked from the most serious to the least serious, are **Danger**, **Warning**, and **Caution**.
4. The physical hazards (Will it explode or catch fire? Is it reactive?) and the health hazards (Is it toxic? Could it cause cancer? Is it an irritant?) of the substance.
5. The precautionary measures to be taken, including basic protective clothing, equipment, and procedures that are recommended when working with this substance.
6. First aid instructions, in case of exposure.
7. Proper handling and storing instructions.
8. Special instructions concerning children.

While a lot of valuable information can be found on the label, refer to the MSDS sheet if you don't find all of the information you need.

## What Information is on MSDS Sheets?

The MSDS sheet is your guide to working safely with hazardous substances. This sheet provides information on everything that is known about the substance, including chemical and physical dangers, safety procedures, and emergency response techniques. Specifically, MSDS sheets cover:

**Identity**, including the manufacturer's name, address and phone number, and the date the substance was produced.

**Hazardous ingredients**, including the substance's hazardous components, its chemical ID, and common names. Worker exposure limits to the substance and other recommended limits are also included.

**Physical and chemical characteristics**, such as boiling point, vapor pressure, vapor density, melting point, evaporation rate, water solubility, and appearance and odor under normal conditions.

**Physical hazards**, including fire and explosion, and ways to handle those hazards (such as firefighting equipment and procedures).

**Reactivity**, including whether or not the substance is stable, and which substances and situation to keep it away from so it won't react.

**Health hazards**, including how the substance can enter the body and the possible health hazards that could arise from exposure. This section also covers signs and symptoms of exposure, such as eye irritation, nausea, dizziness, etc., and whether or not the substance is carcinogenic. Emergency and first aid procedures are also outlined.

**Precautions for safe handling and use**, including what to do if the substance spills or leaks; how to dispose of the substance; equipment needed for cleaning up spills and leaks; proper storage and handling; and any other necessary precautions.

**Control measures** will lessen your exposure to the materials. This section outlines the personal protective equipment, clothing, respirators, and ventilation that should be used when handling the substance. Special work or hygiene practices are also outlined. OSHA's Right-to-Know regulation was developed to protect you on the job.

**For the Right-to-Know Standard to be effective, you must:**

- Respect all warnings and precautions – don't take any chances!
- Read all substance labels and MSDS sheets
- Follow warning and instructions
- Use the correct personal protective equipment when handling hazardous substances
- Know in advance what could go wrong and what to do about it
- Practice sensible, safe work habits
- Ask your supervisor, when in doubt

# Communicable Disease Guidelines

## INTRODUCTION

In today's work environment, the possibility of infection resulting from exposure to human blood and other infectious material is real. The threat of infection as a result of occupational exposure to blood and blood by-products is so real that OSHA published its Bloodborne Pathogens Standard (29 CFR 1910.1030), that first appeared in the Federal Register in 1991 and became effective in 1992. In Illinois, public employers are regulated by the Illinois Department of Labor which has adopted the OSHA Standard. The Illinois Department of Labor is the regulatory agency which enforces compliance with the OSHA Standards in the state of Illinois. As a result of this standard, the Burr Ridge Park District is required to establish and implement a written bloodborne pathogens control program. Bloodborne Pathogens are biological agents which may be present in human blood and can cause diseases.

## Policy

This policy covers all employees who could be "reasonably anticipated as the result of performing their job duties to face contact with blood and other potentially infectious materials. "Good Samaritan Acts" such as assisting a co-worker with a nose bleed would not be considered occupational exposure.

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

## Exposure Control Plan

Most employees will have no anticipated exposure to blood and blood by-products. They will be trained in emergency response procedures and in the location and general use of personal protective equipment. They should also be aware of the steps you will take in the event of an exposure incident.

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

- Health Club Supervisors
- Lifeguards
- Recreation Specialists (Special Recreation Agencies)
- Licensed Day Care Workers
- Day Camp Program Leaders
- Custodians
- Coaches for Contact Sports

These employees may require a more comprehensive understanding of your bloodborne pathogens exposure control program, and if so, will receive this training in staff in-service sessions designed specifically for that position.

Since the Park District does not employ individuals classified as having occupational exposure to blood, Illinois Department of Labor Law does not require the Park District to provide the pre-exposure Hepatitis B vaccination series. Any employee interested in receiving further information on this vaccination series should direct their inquiry to the Safety Coordinator.

The Park District requires the practice of "Universal Precautions", or the treatment of all bodily fluids/materials as if infectious and emphasizing engineering and work practice controls. Additional precautions must include regular hand-washing. The Park District will provide facilities and insure that employees use them following exposure to blood.

The Park District will provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, masks, eye protection, mouth pieces, and resuscitation bags, and will clean, repair, and replace these when necessary.

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

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

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

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

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

The Burr Ridge Park District will obtain and provide to the employee, within 15 days of its completion a copy of the written opinion of the healthcare professional who performs a post-

exposure evaluation. In regards to the Hepatitis B vaccination, the healthcare professional's written opinion shall be limited whether Hepatitis B vaccination is indicated for an employee, and if an employee has received such vaccination. In regards to post-exposure evaluation and follow-up, the written opinion shall be limited to the following information: 1.) The employee has been informed of the results of the evaluation; and 2.) The employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

## **COMMUNICABLE DISEASES-BLOODBORNE**

### **Hepatitis A**

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

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

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

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

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

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

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

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

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

## **Hepatitis B**

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

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

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

Symptoms for HBV are the same as for HAV.

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

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

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

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

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

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

## **Hepatitis C**

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

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



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

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

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

The outcome of HCV infection varies widely:

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

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

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

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

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

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

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

- fever,
- sore throat,
- headache,
- muscle aches and joint pain,

- enlarged lymph nodes in the neck, armpits and groin,
- skin rash,
- abdominal cramps, nausea or vomiting, and/or
- diarrhea.

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

Treatment of HIV infection focuses on:

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

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

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

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

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

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

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

Nearly all reported cases of AIDS in the United States can be attributed to:

- Men who have sex with men (homosexual men);
- people who inject illegal drugs (IV drug users);
- people who have multiple heterosexual partners, especially if one or both partners inject illegal drugs.

### **Impetigo**

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

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

Sounds or symptoms include:

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

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

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

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

## **PARTICIPATION IN PROGRAMS BY INFECTED PERSONS**

### **A. General**

1. Persons shall not be asked whether they are infected with the HIV or HBV viruses or AIDS in registering for a program. In view of current evidence regarding HIV, AIDS or HBV transmission, infected persons should not be routinely excluded from or restricted with respect to any program. When it is otherwise known that a participant is infected, decisions regarding participation shall be considered on a case-by-case basis and be individualized to the person and setting as would be done with any participant with a special health problem. In making such determination, the following factors should be considered:
  - a. The nature of the risk (how the diseases are transmitted);
  - b. The duration of the risk (how long is the carrier infectious);
  - c. The severity of the risk (what is the potential harm to third parties); what is the affected person's physical condition, behavior and ability to control the means by which the disease may be transmitted;
  - d. The probabilities that the diseases will be transmitted and will cause varying degrees of harm;
  - e. The possibility of increased risk to the infected participant of contraction of opportunistic diseases as the result of a compromised immune

system or the possibility of other health or safety risks to such person by virtue of diminished physical or mental capacity attributable directly or indirectly to such infection.

2. Decisions regarding participation shall, to the extent practicable, be made using the team approach including the infected person (unless a minor), the person's physician, public health personnel, appropriate Park District personnel and, in the case of a minor, the minor's parents or legal guardian(s), Park District's legal counsel and, if requested by the infected person (or if same be a minor, by the infected person's parent or legal guardian) the infected person's legal counsel. These persons shall comprise the "review team". In each case the stage of infection and condition of the infected person will be assessed and the risks and benefits to both the infected person and to others participating in the particular program should be weighed. The Director will make the final decision after consideration of the review team's recommendation.
3. Restrictions on or temporary exclusions from participation may be advisable or become necessary in the event the infected person has a condition which increases the risk of discharge of body fluids, including blood, or has open or weeping skin sores or rash that cannot be covered, or is incapable of controlling body functions, or exhibits any other conditions or behaviors which the review team determines may materially increase the health or safety risks for other participants or the infected person.
4. If the Director determines that no change is warranted in the person's participation, he/she may continue in that program. The review team may recommend that the person's condition and behavior be monitored. The review team may re-evaluate the person's participation at any time and confirm or modify its recommendations to the Director.
5. If the Director determines that it is inadvisable for the person to continue participation, he/she will be removed from the program and return of the program fees shall be dealt with in compliance with the Park District's refund policy.

## **B. Children/Mentally Challenged**

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

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

## **PRIVACY CONSIDERATIONS**

- A.** The infected person's right to privacy shall be respected, including maintaining confidential records. These records are not subject to disclosure under the Freedom of Information Act. The number of persons affiliated with the Park District who know the identity of the infected person will be kept to a minimum. Only the members of the review team and those personnel who the review team determines have a need to know of the infected person's condition to assure proper care and precaution may be told the identity of the person.

Personnel should be reminded that no information regarding the identity or condition of the person is to be discussed with anyone including, without limitation, their spouses, other family members, or Park District personnel other than personnel specifically designated by the Director of the Park District. The legal ramifications to both the employee involved and the Park District of a breach of confidentiality should be clearly explained to employees.

- B.** Unless the infected participant (or parent/legal guardian, if a minor) gives written permission, the Park District may not advise the public or program participants or their parents of the participation in its programs or the employment by the Park District of a person infected with the HIV or HBV virus, or AIDS. However, if the above noted permission is given and depending on the circumstances, the Park District may consider advising the public in whatever means it deems appropriate of the participation in its program or the employment of a person (no name or sex identification) infected with the HIV or HBV virus, or AIDS.

The message should communicate current evidence concerning both the transmission of HIV or HBV and invite questions or comments. Depending on the circumstances the Park District may elect to hold one or more special meetings to address public concerns. The decision to inform the public or program participants or their parents should be made only after consultation with the Park District's legal counsel.

- C.** Apart from a public meeting, all inquiries from the public concerning the participation of persons with HIV, HBV, or AIDS in Park District programs should be directed to a single spokesperson, the Director of the Park District. No other person associated with the District should divulge any information concerning the participation in its programs of persons infected with HIV, HBV, or AIDS, other than to point out that the Park District believes that confidentiality for the person, family, and staff directly involved is legally required and absolutely essential and further, that the Park District has received and is receiving expert medical and legal advice on this matter.

## EMPLOYEES

- A. Neither prospective nor current employees shall be asked or required to respond to the question of whether they are infected with the HIV or HBV virus, or AIDS, or with any other specific disability. The Park District may uniformly ask whether a prospective employee is willing and able to perform without qualification all the essential functions of the job for which he is applying.
- B. Testing for HIV, HBV, or AIDS shall not be routinely conducted or required.
- C. As provided in the Park District personnel policies and consistent with the Park District's uniformly applied practices and procedures for infectious disease control, as a condition of return to work or continued employment the Park District may uniformly require an employee who has been absent from work for three or more consecutive days or in other circumstances deemed appropriate by the Board, to provide a statement from his attending physician that such employee's return to or continued presence at work will not pose any substantial threat of transmission of an infectious disease to the employee's co-workers or to users of Park District property, when such employee is acting in the ordinary course of his duties or in the course of duties which he may reasonably be called upon to perform given the nature of the Park District's activities.
- D. An employee infected with the HIV or HBV virus, AIDS, or any other disabling disease shall be dealt with as any other employee with a chronic illness or disability. As long as the employee is able to perform the essential functions of his job and does not pose a demonstrable risk of communicating a contagious disease to other employees or the public, the should be considered otherwise qualified for his job. If the infected person is unable to perform the essential functions of his job or there is a demonstrable risk of communicating a contagious disease to others, the Park District should also consider whether any "reasonable accommodation" will enable the person to perform those functions. The determination of what constitutes "reasonable accommodation" in the particular instance shall be made by the Park District in consultation with the review team.

Recommendations regarding employment or continued employment of an infected person shall, to the extent practicable, be made by the review team. In making such recommendation, the same factors will be considered as set forth in paragraph A.1., above, with respect to program participants. The Park District shall make the final decision after consideration of the review team's recommendation.

Any employee who poses a significant risk of communication of a disease to others will not be considered otherwise qualified to continue in their position if reasonable accommodation will not eliminate that risk.

- E. As in the case of an infected program participant, and as earlier noted, an infected employee's right to privacy shall be respected including maintaining confidential records.
- F. The Park District shall designate a health officer, health agency or department. Employees should be encouraged to seek information from the District health officer or department if they have any concerns about the possible contagious nature of another employee's or a program participant's illness.

- G. Employees should be assured that they can confide with appropriate Park District personnel to facilitate the exchange of information and discuss other illness-related concerns.

## **EDUCATION AND TRAINING**

In order to minimize workplace exposure to, and prevent the spread of infectious diseases while avoiding unnecessary panic, discrimination, or inappropriate reaction to the Park District's implementation of preventative measures, the Park District believes education and training of Park District personnel is essential. Training sessions and materials shall be made available to all employees annually, to new employees as soon as they are hired, and to current employees as soon as a change in job tasks may result in exposure to blood borne pathogens, at no cost to the employees. The educational sessions and materials should include current information about what the HIV virus, the HBV virus and AIDS are how they are spread, how to avoid contact with these viruses, and what to do when a possible contact occurs. The materials should also explain and stress the need for confidentiality.

## **PERSONAL PROTECTIVE EQUIPMENT**

- A. The Park District recognizes that the use of personal protective equipment (PPE) helps prevent or reduce occupational exposure to infectious materials. PPE is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions or use and for the duration of time which the PPE will be used.
- B. The Park District will provide training on, make accessible, and require the use of PPE at no cost to the employee or volunteer. PPE will also be provided in appropriate sizes when necessary.
- C. The Park District has identified the following employee/positions which may have a need for PPE.
  - 1. Good Samaritan First Aiders
  - 2. Lifeguards
  - 3. Coaches for Contact Sports
- D. Personal Protective Equipment which will be made available and kept in first aid kits include:
  - 1. Disposable Latex Gloves
    - a. Gloves should be worn in any situation in which there is potential hand contact with blood.
    - b. Gloves should be checked for holes, tears, or punctures before wearing.
    - c. Hands should be washed immediately after removing gloves.
    - d. Disposable gloves should never be washed or decontaminated for reuse.

- e. Hypoallergenic gloves will be made available where needed.
  - f. Utility gloves may be decontaminated and used again. They should not be reused if they are cracked, torn, peeling, or punctured.
2. Goggles, glasses or protective shields
  3. CPR Micro shields/Respirators
- E. Other personal protective equipment such as smocks, coveralls, material removal apparatus, etc. will be purchased should a need arise (i.e., job description change.)

## HOUSEKEEPING

The Park District shall ensure that each worksite is maintained in a clean and sanitary condition and shall develop and implement an appropriate written schedule for cleaning and methods of decontamination based upon the location of the worksite, the type of surface to be cleaned, the type of soil present, and the tasks or procedures being performed in the area. In particular, all equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials. An appropriate disinfectant shall be used to decontaminate any work surface immediately or as soon as feasible after any known spill of blood, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

### General Precautions and Procedures

Because other infections in addition to the HIV Virus, the Hepatitis B Virus, and AIDS can be present in blood, non-intact skin, exposed body tissue, excrement or other body fluids, the following routine procedures are required when handling blood (e.g., cleansing of and applying first aid to open wounds, stopping a nose bleed), excrement or urine (cleaning up "potty accidents" of young children), or other body fluids. It is to be emphasized that these procedures are required for all persons, not just those who may be infected with the AIDS virus or other infectious diseases. Precautionary procedures for handling blood and body fluids should be predicated on the assumption that all blood/body fluids are infectious. These procedures should be followed and enforced routinely.

1. Hand washing is the most important technique for preventing the spread of disease. Hand washing should be done frequently by staff, volunteers, and participants and is required before and after food preparation, after toileting, after contact with any body fluids, etc. The Park District will provide single-use towels or hot air drying machines for such hand washing. Where soap and water is not available, antiseptic towelettes or handwipes may be used, followed as soon as possible by washing with soap and water.
2. Disposable gloves which are impervious to blood must be worn. Since **some employees may be allergic to latex gloves, an alternative selection will be made available such as: glove liners, vinyl or nitrile gloves.** Such gloves will be immediately available for use in areas where need is most predictable (first aid kits, near changing tables in day-care facilities, etc.). Care should be taken to avoid any bodily contact with blood or other body fluids of other persons. In particular, exposure of open skin lesions or weeping dermatitis or mucous membranes to blood or body fluids should be avoided. Even though gloves are used, hands must be washed with soap and water immediately and thoroughly after the gloves are removed.



3. Soiled surfaces and recreational materials of any kind (including i.e., van/bus seats, exercise mats, changing tables, etc.) should be promptly cleaned with disinfectants such as household bleach (diluted 1 part bleach to 10 parts water). Bleach should not be placed directly on large amounts of protein matter (urine, stool, blood, sputum, etc.) in order to protect the employee from noxious fumes. If a mop is used, it should be rinsed in the disinfectant. These surfaces should be routinely cleaned and disinfected at the end of each work shift.
4. Disposable towels or tissues should be used whenever possible. After use they should be saturated with the disinfectant and disposed of in plastic bags rather than unlined containers.
5. When wiping up, emptying regular trash or washroom waste or sanitary napkin containers, or cleaning up sharp objects (i.e., broken glass) employees must wear non-sterile, puncture-resistant gloves.
6. Employees should avoid placing their hands in trash or waste containers in order to "pack down" the trash and should otherwise handle trash with care. Puncture-proof or puncture-resistant gloves should be worn when emptying trash or garbage receptacles.
7. All cuts and open wounds should be covered following basic First Aid procedures. Protective coverings, band aids, bandage, etc. should be worn by all staff, volunteers or participants and provided by the Park District. Staff and volunteers are responsible for providing protective coverings to participants who have open lesions.
8. Sharing of personal items, such as combs, brushes, toothbrushes, lipstick, etc. should be avoided. Whenever possible, disposable items i.e. cups and utensils should be provided and not be shared by others.
9. Disinfectant should be stored in a safe area that is inaccessible to participants. Note: Material Safety Data Sheets (MSDS) should be maintained for each disinfectant.
10. Documentation of incidences of contact with blood or other body fluids should be made whether or not a participant or employee is known to have a communicable disease.
11. Hand soap and disposable towels or tissues and gloves should be available at all facilities.

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

1. In situations where bleeding due to lacerations, cuts, etc. must be immediately be immediately controlled, first aiders should provide patients with compress material and encourage them to administer self-help through direct pressure on their wound(s).
2. Wear disposable gloves which should be discarded following cleanup. When disposable gloves are not available or unanticipated contact occurs, wash hands and other affected areas with soap and water immediately after contact.
3. Clean and disinfect soiled area immediately using paper towels, soap, and water.
4. Disinfect area with 70%-90% isopropyl alcohol solution, or 1 to 10 chlorine bleach solution.

5. Rinse clothing soaked with body fluids and place in a plastic bag to be sent home.
6. Place soiled sanitary napkins in plastic bags, secure and dispose.
7. Place paper towels and disposable gloves in plastic bags and dispose of same.
8. Wash hands and other skin that may have come in contact with body fluids thoroughly with soap and water or other antiseptic hand cleaner or flush eyes or other mucous membranes with water, immediately or as soon as feasible following contact of such body fluids or other potentially infectious materials.

**C. Food Handling**

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

**D. Laundry**

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

## **E. Diapering**

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

## **F. Cleaning of Equipment**

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

## **G. Use of Microshield or Respirators for CPR**

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

1. Follow instructions for use that are provided with the mouthpiece.
2. Instructions will be in the package or within the confines of the first aid kit.
3. Discard microshields or respirators after use.

4. Wash hands immediately or as soon as possible after removal and disposal of equipment for CPR or artificial respiration.

## **H. First Aid Training**

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

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

## **INCIDENT RECORDS**

To the extent practicable, the Park District must keep records noting incidents of employee contact with blood or other potentially infectious materials, and of non-compliance with these guidelines by employees observed during routine monitoring of the workplace. To the extent monitoring reveals a failure to follow recommended precautions, further education of the employee involved should be provided, and if such non-compliance is of a nature that poses a threat to the health or safety of other employees or the public, disciplinary action should be taken.

In particular the Park District will maintain two categories of records:

- a. Medical records. The Park District shall establish and maintain an accurate record concerning each employee who may come into contact with blood or other possibly infectious materials, including the employee's name and Social Security number, his or her hepatitis B vaccination record, including any declination form signed by the employee, and a copy of the results of all examinations, medical testing and follow-up procedures following an actual contact with blood or other possibly infectious materials. These records shall be maintained during the duration of an employee's employment, plus an additional 30 years, and shall be kept confidential, except with the express written consent of the employee or as may be required by law.

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

- b. Training Records. The Park District shall maintain a record of the dates of all employee training sessions, the contents or a summary of these sessions, the names and qualifications of the persons conducting the sessions and the names and job titles of all persons attending the sessions. These records shall be maintained for a period of three years after the training occurs.

## **Abused And Neglected Children**

### **Definition of Abuse & Acknowledgment of Mandated Reporter Status Form**

As required by Illinois State Statute, recreation professionals are considered mandated reporters of child abuse and neglect. As mandated reporters, it is essential to understand what constitutes abuse and neglect. The *Manual for Mandated Reporters* issued by the Illinois Department of Children & Family Services and the Illinois Abused and Neglected Child Reporting Act (325 ILC5 5/1 et seq.) provide various guidelines and information regarding the reporting of child abuse and neglect. For easier detection of child abuse and for the reporting of abuse, the following two areas are highlighted below:

#### **Definition of abuse and neglect - What is abuse? What is neglect?**

**Physical Abuse** as defined by the Illinois Abused and Neglected Child Reporting Act (ANCRA), (Sec.3) occurs when a parent or a person responsible for the child's welfare:

- "inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function". Such common injuries include bruises, human bites, bone fractures, and burns.
- "creates a substantial risk of physical injury" likely to have the physical impacts listed above. Examples in DCFS allegation definitions include such incidents as choking or

smothering a child, shaking or throwing a small child, and violently pushing or shoving a child into fixed objects. Other circumstances include incidents of domestic violence in which the child was threatened, violations of orders for the perpetrator to remain apart from the child, and a history of past sexual abuse which may place other children at risk.

- “acts of torture” which is defined by DCFS as “deliberately and/or systematically inflicting cruel or unusual treatment which results in physical or mental suffering”.
- “inflicts excessive corporal punishment” is included in ANCRA, but is not specifically further defined by DCFS. However, bruises inflicted on a child, especially a young child, are usually considered as meeting this definition.
- “commits or allows to be committed the offense of female genital mutilation”.
- “causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance” (i.e. illegal drugs) except when prescribed by a physician.

**Sexual abuse** occurs when a person responsible for the child’s welfare commits any of the following acts:

- sexually transmitted diseases are by DCFS definition “diseases which were acquired originally as a result of sexual penetration or conduct with an individual who was afflicted”.
- sexual penetration includes any contact between the sex organ of one person and the sex organ, mouth, or anus of another person. Typical acts include vaginal, oral and anal sex.
- sexual exploitation is defined by DCFS as “sexual use of a child for sexual arousal gratification, advantage, or profit”. This includes such acts as explicit verbal enticements, child pornography, self masturbation in the child’s presence, and forcing a child to watch sex acts.
- sexual molestation is defined by DCFS as “sexual conduct with a child when such contact, touching, or interaction is used for arousal or gratification of sexual needs or desires”. Examples include fondling a child or having the child touch the perpetrator sexually. (DCFS Procedures 300.Appendix B)

For both physical and sexual abuse, parents and caretakers are charged with the responsibility to take reasonable steps to stop abuse. If they do not, they may be charged with abuse themselves. (ANCRA Sec.3)

**Neglect** occurs when a person responsible for the child deprives or fails to provide the child with adequate food, clothing, shelter, or needed medical treatment. Neglect is also alleged when an adult provides inadequate supervision of a child. This can occur when children are left either unsupervised or in the care of someone unable to supervise due to his/her condition. Children can suffer injuries that are the result of “blatant disregard” and are considered neglect. According to DCFS: “Blatant disregard is a situation in which the risk of harm to a child is so imminent and apparent that it is unlikely that any parent or caretaker would expose the child to such without taking precautionary measures to protect the child.” (DCFS Proc.300 App. B)

**Note: Please review and execute the Acknowledgement of Mandated Reporter Status Form that follows.**

**Acknowledgment of Mandated Reporter Status**

**ACKNOWLEDGMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I am employed as a \_\_\_\_\_  
(Employee Name)

\_\_\_\_\_, I will become a mandated reporter under the \_\_\_\_\_  
(Type of Employment)

Abused and Neglected Child Reporting Act (325 ILCS 5/4). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my position of trust as a recreation professional and supervisor may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that there is no privileged quality of communication between me as a recreation professional and supervisor and a participant in District recreation programs or the parent or guardian of such a participant, and that there is no privilege that will serve as grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

# Emergency Response Policy

The Burr Ridge Park District recognizes its responsibility for the safety of its employees and the public during an emergency. In addition, management has identified the need to protect property and assets, to lessen environmental impact and to expedite the recovery of the organization and its functions.

It shall therefore be the policy of the Burr Ridge Park District to identify exposed areas of its operations including employee work stations, public facilities and programs for inclusion in the Emergency Response Plan. The Plans shall give consideration in each identified case, to:

- Inherent or highly probable emergencies
- Public notification
- Employee training and accountability
- Alarm or warning systems
- Evacuation and medical care
- Communications
- Evaluation and testing of the plan

As part of its comprehensive loss control program, the Burr Ridge Park District will rely on its Safety Coordinator and Safety Committee to continually review changes in facilities/programming which would necessitate changes to the Emergency Response Plan. The Safety Coordinator will ensure that all full time staff are instrumental in changes and are notified of changes once they are implemented.

## Chain of Command

In responding to an emergency situation, staff in charge of the activity or facilities will assume the responsibility of taking charge of the emergency situation and contacting the appropriate emergency medical personnel until control of the situation can be transferred to the appropriate full time personnel. In the case of an emergency situation occurring during a non-supervised activity or at an unsupervised facility, full time staff will assume responsibility for controlling the situation and contacting emergency medical personnel. Responsibility will be assumed in the following order, with the first available individual assuming control:

630-606-6170	Jim Pacanowski - Director
630-464-1736	Lavonne Campbell – Superintendent of Recreation
630-464-6320	Jamie Janusz – Supt of Finance and Business Services
630-404-3792	Mark Pasqualini – Recreation Services Coordinator

## I. Fire or Explosion

Combustibles can be found almost everywhere. Fires can begin through explosions from highly volatile material, lightning strike, vandalism, old, unsafe, or overheated appliances, fireworks, smoking materials, improperly stored flammables, etc.

To stop the spread of fire, early detection and extinguishment are essential. If a fire gets out of control or an explosion is imminent, then evacuation must be immediate. The impact of fire is greatly affected by fire alarms, sprinkler systems, exit signs, emergency lighting, and employees trained to use extinguishers.



Fire Extinguisher Use – Good judgment is necessary. If an employee has the slightest doubt about whether to fight a fire with a fire extinguisher or not, the employee should not take this action. As a general guideline, **do not fight a fire if any of the following are true:**

- The fire is spreading beyond the immediate spot where it started.
- The fire could block the exit.
- You have not been trained to use an extinguisher properly.
- You do not have the proper extinguisher to use on a fire.

Fight a fire with your extinguisher only if all of the following are true:

- The fire department has been notified of the fire.
- The fire is small and confined to its immediate area of original (waste basket, small appliance, etc.)
- You have a way out and can fight the fire with your back to the exit.
- You have the proper extinguisher, know exactly how to use it and it is in good working order.
- You use careful judgment and know to get out fast and close the door behind you if your effort is failing.

Basic Action and Evacuation – If a visual sighting of unusual smoke or fire has been made, general recommendations include but are not limited to the following:

- Phone 911
- Begin evacuation of occupants and give directions for other response team members to continue the same according to posted evacuation routes.
- Close doors and windows only if the size of the fire will permit.
- Attempt to extinguish the fire under the above recommended guidelines.
- Instruct nearby response team members in accordance with the above instructions.

If an alarm should be announced by others in the building, general recommendations include but are not limited to the following:

- Leave the area immediately. Do not run.
- Assist in evacuation of the occupants from the area. Follow the posted emergency exit routes or alternate routes.
- All area windows should be closed IF TIME PERMITS. Doors should be closed upon evacuation of the area.
- Response team members should assist in or give direction to clear washrooms or other remote areas.

## II. METEOROLOGICAL (Weather)

Severe thunderstorms, lightning, tornadoes, flash flooding, and blizzards are types of natural hazards which can be devastating. Pre-planning for such occurrences should include establishing contact with the weather information system, understanding the probabilities for occurrences and securing the facility, employees and patrons before a storm strikes.

Weather Information Systems – The Village of Burr Ridge utilizes an Early Storm Warning System which includes numerous sirens strategically located throughout the village. Sirens are keyed when a tornado is sighted in the area and emits one continuous sound. The sirens are tested on the first Tuesday of each month at 10:00 am and should not be confused with a

storm warning at that time. Additionally, an advance warning weather radio has been made available to the Park District by the Burr Ridge Police Department.

In addition, a warning system for severe weather conditions is utilized by the Illinois Emergency Services and Disaster Agency (ESDA), the Illinois State Police, and National Weather Service. In this system, transmissions are made over local television and radio stations. The receiver will emit a tone-coded signal for a severe thunderstorm and tornado WATCH or WARNING condition.

Under WATCH conditions, it is generally recommended that:

- Normal indoor activities be continued. Contact all facilities and programs as necessary.
- A response team member continuously monitors a television or radio for current weather service updates.
- All outdoor programs be discontinued if lightning is observed from any distance.
- A response team member should serve as a “spotter” in the direction of the approaching threatening weather.
- For programs where children are involved, dismissal should not be completed unless a parent has arrived. Otherwise, children should be protected until the threatening period is over.
- Special events should be postponed if the probability of a warning is high.

In the event of a WARNING from the weather service or if real conditions have been observed, the following are recommended:

- Notify facility program personnel of present conditions.
- Follow the specific security plan for individual facilities or grounds including moving to protected areas of buildings, low-lying areas in open fields, vehicles and away from conductors and trees.
- Turn off electrical equipment, i.e. computers, typewriters, etc.
- Locate and unlock emergency equipment box. Locate immediate need supplies, i.e. flashlights.

Blizzards – The following are recommended guidelines:

- Programming should be discontinued in advance of the storm.
- A “telephone tree” system should be monitored for updates.
- Local television and radio should be monitored for updates.
- Vehicles should contain the following emergency equipment: fire extinguisher, first aid kit, flashlight, blanket, shovel, plastic scraper, sand or kitty litter.
- Recreation program personnel should be notified and warned of returning in the present weather conditions.
- Emergency boxes should be located and unlocked. Blankets and other supplies with heat conservation properties should be collected.

Lightning and Thunder

Lightning is a violent act of nature and causes approximately 10 deaths per year in Illinois alone. In most instances, people injured by lightning are not directly hit. These non-direct hit injuries are caused by transients, currents that flow through people in the vicinity of lightning strikes to the ground. Lightning strikes occur most frequently during the spring and summer

months when thunder storms are prevalent. It is the policy of the Burr Ridge Park District that all persons supervising outdoor activities be aware that when lightning or thunder is observed or heard, outdoor programs should be suspended and everyone should seek appropriate shelter. Supervisors should adhere to the following procedures and guidelines:

### **Outdoor Program:**

- Instructors and supervisors should listen to current weather forecasts the morning of any outdoor planned activities so that employees can be alert to changing weather conditions.
- Monitor weather conditions as they appear on the horizon.
- Monitor weather radios when possible.
- Designate buildings that can be used when severe weather occurs.
- Plan alternative indoor activities for camps and related programs.
- **Whenever lightning is observed or thunder is audible, all outdoor activities should be suspended for a minimum of 30 minutes after the last sign of lightning or thunder is noted.**

### **When Outside:**

- Avoid areas that are higher than the surrounding landscape;
- Do not use a tree for shelter;
- Keep away from metal objects, including bicycles, golf carts, umbrellas, etc;
- Avoid standing near tall or metal objects such as fences, light poles, or power lines;
- Boaters and swimmers should immediately leave the water and find shelter;
- If you feel your skin tingle or your hair stand on end, squat low to the ground on the balls of your feet. Place your hands on your knees with your head between them. Make yourself as small as possible target and minimize your contact with the ground.

### **When Indoors:**

- Do not use electrical equipment, including hair dryers, curling irons, computers, etc;
- Do not attempt to unplug TVs, stereos, or computers during a storm;
- Avoid contact with sinks, faucets, and related piping;
- Do not use the telephone unless for emergency use.

## **III. UTILITY FAILURE**

The loss of power (electricity, steam, refrigeration, gas, etc.) will shut down operations. In some cases, using systems once power has been restored can be more dangerous than when it initially went out, i.e. gas stoves or power saw without a reset button.

To minimize the effects of a utility failure, the following preventative measures are recommended:

- List the possible effects of the loss of each utility within your facility, work station or program. Loss of electricity might affect the pumping of heating oil as well as light, heat, ventilation, refrigeration and sump pumps.

- List the alternate sources of power which would be available. Emergency generators are excellent standby units for temporary light or clean-up.
- Check battery powered back-up sump pumps for proper operation.
- Obtain flash lights from the Emergency Box.
- Inform administrative office of a particular utility failure as soon as possible.
- If any gas or burning odor is detected, evacuate building immediately. Enforce NO SMOKING policy.
- Contact parents of any minors to have them picked up. Send adult participants home.
- Call emergency telephone numbers as appropriate, i.e., Fire Department, Commonwealth Edison, Northern Illinois Gas or Village of Burr Ridge (for water main breaks.)

#### **IV. HAZARDOUS MATERIAL RELEASE**

Spills, leaks and emissions of hazardous material can occur from within the District or due to an outside source. A leak or spill can affect employees, neighbors and the environment.

Outside sources could become significant in cars immediately adjacent to a highway, train track or commercial establishment. In addition, spills can occur upon delivery of material to the site. Recommendations include but are not necessarily limited to the following:

- Evacuate the area or building if there is any doubt for safety.
- Notify the fire department and police department.
- Strictly enforce a NO SMOKING policy.
- Render first aid if necessary. Remove patients to fresh air.
- Notify administrative offices of any condition and location of the occurrence.

#### **V. BOMB THREATS**

These are potentially dangerous and normally disruptive situations. Securing the premises and resuming operations requires quick action by the staff. Knowing what to do when a threatening phone call is received requires training and practice.

A secretary or staff member who receives the bomb threat telephone call should first note the following:

- Voice characteristics: i.e., raspy, slurred, muffled, accent, distinct diction patterns.
- General manner: i.e., rational and calm, emotional and righteous, sure or unsure.
- Background noises: i.e., traffic, office machines, animals.
- Local or long distance call.

A checklist should be kept at the secretary's desk. If a call is received that a bomb has been planted, the secretary should also try to determine the following from the call:

- Name of caller or organization.
- Sex and age of caller.
- Date and time call is received.
- Exact location of bomb.
- Time set for detonation.
- What bomb looks like.
- Why bomb was placed.

- What kind of explosive used.

If the caller does not wish to answer questions, try to encourage the caller to do so by expressing a desire to save lives. Try to keep the caller on the phone as long as possible so that the call can be traced. Have someone alert the telephone company to begin tracing the call.

If any suspicious object that is believed to be a bomb is discovered, the following procedures should be followed:

- Do not move or disturb the object.
- Evacuate the building immediately to a distance of at least 500 feet.
- Following evacuation, program leaders should take a count of patrons.
- Telephones or radios should not be used.
- Fire and police should be told of any information pertaining to the location of the bomb.
- Staff and patrons should remain away from the building until authorities determine that it is safe to re-enter the building.

## **Programming Locations**

The Park District utilizes a number of local facilities for programming. Though the above emergency response procedures apply to all programming facilities, agency specific directions are outlined below:

### **Burr Ridge Park District**

Burr Ridge Community Center – 15W400 Harvester Drive, Burr Ridge, IL 60527

#### **Fire Alarm**

- Program staff and participants will leave the building in a quiet, orderly manner upon hearing the fire alarm. Follow the route posted in each room.
- Program staff and participants will immediately report to one of the staging locations indicated on the exit route for the specific program room in question.
- Roll will be taken by the program staff and the participants will remain quiet, awaiting further instructions.
- The program staff and participants will upon instruction return to the room from which they were dismissed.

#### **Tornado**

- If a tornado warning has been issued, or if a tornado is observed, participants and staff must take immediate cover.
- Areas to report to are clearly delineated on the emergency exit routes posted in each location of the building.
- The procedure to be followed is:

- ❖ Remain calm
- ❖ File quietly and quickly out of the room to the designated location and take cover.
- ❖ Turn off the lights and close all doors.
- ❖ Individuals should kneel on the floor, facing the interior wall. They should place their heads between their knees and place their hands over their heads.
- ❖ Remain in this position until an all-clear signal is given.

### **Community Consolidated School District 180**

Burr Ridge Middle School – 15W451 91<sup>st</sup> Street, Burr Ridge, IL 60527  
 Anne M. Jeans School – 16W631 91<sup>st</sup> Street, Willowbrook, IL 60527

#### **Fire Alarm**

- Program staff and participants will leave the building in a quiet, orderly manner upon hearing the fire alarm. Follow the route posted in each room.
- Program staff and participants will go immediately to locations on the edges of the playground and at least 60 yards away from any part of the building.
- Roll will be taken by the program staff and the participants will remain quiet, awaiting further instructions.
- The program staff and participants will upon instruction return to the room from which they were dismissed.

#### **Tornado**

- If a tornado has been seen, be prepared to take cover.
- The area to evacuate to is the location marked in red on the emergency evacuation map.
- The procedure to be followed is:
  - ❖ Remain calm
  - ❖ File quietly and quickly out of the room to the designated location and take cover.
  - ❖ Turn off the lights and close the classroom door.
  - ❖ Participants should kneel on the floor, facing the interior wall. They should place their heads between their knees and place their hands over their heads.
  - ❖ Remain in this position until an all-clear signal is given.

## **Gower School District 62**

Gower Middle School – 7941 S. Madison, Burr Ridge, IL 60527

### **Fire Alarm**

When a fire alarm sounds, the following procedure should be followed:

- Walk quickly and quietly to the assigned exit designated.
- First person at the door will hold it open until all are out.
- All persons should move quickly to a point at least 60 yards from the building.
- Instructors must take attendance/class roster sheets with them.
- Roll will be taken and the participants will remain quiet, awaiting further instructions.
- Windows in room should be closed, lights turned off, and the last person should close the door.
- The instructor and the participants will upon instruction return to the room from which they were dismissed.

### **Tornado**

- If a tornado has been seen, be prepared to take cover.
- Evacuation areas:
  - ❖ Gymnasium – Girls are to go to the girls' locker room and line up in the locker room and shower area against the west wall. Boys are to go to the boys' locker room and line up in the locker and shower area against the wall.
  - ❖ Cafeteria – Participants are to be taken to both sides of the hall adjacent to the band room
- The procedure to be followed is.
  - ❖ Remain calm.
  - ❖ File quietly and quickly out of the room to the designated location and take cover.
  - ❖ Turn off the lights and close the classroom door.
  - ❖ Participants should kneel on the floor, facing the interior wall. They should place their heads between their knees and place their hands over their heads.
  - ❖ Remain in this position until an all-clear signal is given.

## Hinsdale South High School – 7401 Clarendon Hills Road, Darien, IL 60561

### Fire Alarm

When a fire alarm sounds, the following procedure should be followed:

- Walk quickly and quietly to the assigned exit designated. Stay in two files when going downstairs.
- First person should move quickly to a point at least 60 yards from the building. Do not block stairs or doors for others must move out quietly.
- Instructors must take attendance/class roster sheets with them.
- Windows in rooms should be closed, lights turned off, and the last person should close the door.
- Please familiarize yourself with the following routes of exit for planning an evacuation of the building:
  - ❖ East Balcony of Gym – Pool exit, north to parking lot.
  - ❖ Fieldhouse – Exit either east or south door.

### Tornado

- If a tornado has been seen, be prepared to take cover.
- The area to evacuate to is the indoor track area which is located beneath the gymnasium.
- The procedure to be followed is:
  - ❖ Remain calm
  - ❖ File quietly and quickly out of the room to the designated location and take cover.
  - ❖ Turn off the lights and close the classroom door.
  - ❖ Participants should kneel on the floor, facing the interior wall. They should place their heads between their knees and place their hands over their heads.
  - ❖ Remain in this position until an all-clear signal is given.



# **Crisis Management Plan**

## **What is a Crisis?**

A crisis is a situation or event that causes, or has the potential to cause, keen public or media concern. It could be, among other things, accidental drowning, allegations of abuse, a severe vehicle accident, or a criminal act that occurred on agency property. The potential crisis list is endless. If you know of a situation or event that could be of concern to the Public or media, please contact the head of the Crisis Team immediately. The Burr Ridge Park District has appointed the Director of Parks and Recreation as the head of its Crisis Team. This person will decide whether the crisis plan needs to be implemented or whether the situation needs to be monitored and handled carefully. If the head of the crisis team is not available, a potential or immediate crisis should be reported to another full time employee.

## **Chain of Responsibility**

In the event that the designated crisis team head is absent, the following chain of responsibility will be followed in descending order. The first available staff position listed below will take temporary responsibility for implementing the agency's crisis communication plan. All decisions and public responses should come through a consensus of the crisis team members.

The following is a chain of responsibility order for crisis team head:

1. Jim Pacanowski, Director of Parks and Recreation
2. Lavonne Campbell, Superintendent of Recreation
3. Jamie Janusz, Superintendent of Finance and Business Services
4. Mark Pasqualini, Recreation Services Coordinator

A chain of responsibility must be established for designating spokespersons.

Spokespersons will be responsible for making official statements to the media on behalf of the crisis team. All listed spokespersons should review their duties on a periodic basis to help ensure their preparedness in the event of an unexpected crisis.

The following is a chain of responsibility list for agency spokespersons:

1. Jim Pacanowski, Director of Parks and Recreation
2. Robert Quigley, President
3. Kevin Caplis, Vice-President

## **General Action Steps When a Crisis Occurs**

1. Whenever a crisis occurs that involves injury or property damage, the first responsibility of the Crisis Team is to ensure that the agency's emergency response plan is implemented, local EMS services are contacted, and any other actions are taken to minimize further loss. Until the crisis is controlled, it is not recommended that any statements be made to the media until the Crisis Team has had time to fully assess the crisis and its impact on those involved.
2. Stay calm and in control. Notify employees that a crisis exists and that all information about the crisis needs to be immediately communicated to the Crisis Management Team. Notify the head of the Crisis Team at once and provide all known details. The head of the Crisis Team will direct actions depending on the severity of the crisis, the need for immediate

information, and the time of day. If contacted, members of a crisis team must report to the administration building or other designated location.

If the Crisis Team head is not available, the following action steps should be implemented by the acting Crisis Team head.

3. PDRMA and the Agency Attorney should be immediately contacted in all crisis or potential crisis situations. If applicable, an Accident Report Form should be submitted to PDRMA within 24 hours.
4. Depending upon the situation, contact the governing Board President to make him/her aware of the situation, **followed by notifying other available Board members.**
5. Continue to obtain and compile accurate information as quickly as possible so the Crisis Team can disseminate accurate information to the media, if warranted. Document all events surrounding the crisis. Staff should be assigned to monitor (and videotape if possible) television news reports. In addition, local news radio stations should be monitored to gather facts being reported. Any staff directly involved should be interviewed by the crisis team as soon as possible. The Crisis Team may appoint fact gatherers to verify all facts necessary for the preparation of written press/media releases, a meeting with the press, meeting with relatives, and other affected parties.
6. Establish a Clerical Team to answer phone calls and relay any pertinent information to the Crisis Team. The Clerical Team, as well as the entire Crisis Management Team, should document all information received: who called, their title, time of call, etc.
7. The designated spokesperson may address the media after a statement has been prepared by the crisis team. The designated spokesperson should speak on behalf of the agency and fault should not be discussed. (In certain instances, the Crisis Team should not disseminate information to the press or make a public statement.)
8. Depending upon the type of crisis, a press release may be prepared by the crisis team and presented to the media.

### **Specific Action Steps for Crisis Team**

During a crisis, it can be difficult for the crisis team to know where to start in the information gathering process. The following is a list of questions that should be addressed in order to begin the process of responding to a crisis. Depending upon the circumstances, there may be much more information to gather.

1. When appropriate, have the proper authorities been notified? (police, fire, poison control, EPA, utility companies, etc.)
2. Have the Agency attorney and board members been notified?
3. Has PDRMA been notified?
4. Have victims' families been contacted?
5. What outside parties should be notified?
6. Has the crisis situation been fully investigated? What is the potential for a secondary crisis?
7. Are damage estimates accurate?
8. How can the Crisis Team assure the public that the crisis is under control?
9. Has the waiting media been made comfortable (electrical power for equipment, coffee, etc.)?
10. Will a formal press conference be appropriate and/or necessary? When:  
Where:
11. Has the spokesperson been updated with current information and tested with anticipated media questions?

12. Will a crisis center need to be established? Where?
13. Have false statements been reported by the media which should be balanced with facts?
14. Have photographs or video tape been taken to document the damage?
15. Is it necessary to contact the EAP or other counseling services for employees or public involved in the crisis?

## **Members of the Crisis Team and Their Roles**

### **Agency Director Duties (Official Spokesperson, Crisis Team Head)**

Often, the Agency Director will act as the official crisis team head and as the spokesperson. The Agency Director will be responsible for the overall coordination of the agency's crisis management plan.

The director may be the primary voice of the park district throughout the crisis, but may request that others with more knowledge of the affected department's operation also speak to the media.

### **Safety Coordinator Duties**

- \* Assist PDRMA with investigative efforts.
- \* Coordinate the identification of witnesses and gather contact information.
- \* Take photographs and preserve any evidence.
- \* Contact the necessary governmental agencies when applicable (i.e. EPA following chemical spills, IDOL following the death of an employee, etc.)
- \* Obtain, compile, or present pertinent safety documentation or practices conducted by the agency.
- \* Complete the Accident/Incident Report Form which should be faxed to PDRMA within 24 hours. The safety coordinator will be responsible for gathering employee statements in a narrative format to supplement the accident report form.
- \* Contact EAP services or other counseling agencies as directed by the crisis team head.
- \* Review the accident circumstances and causes and decide a course of action to eliminate, or hopefully, prevent a similar situation from occurring in the future. This information will be presented to agency staff after the crisis is controlled.

### **Division Head Duties**

The appropriate Division Head will coordinate the processing of incoming information such as witness statements, employee statements, in-coming phone calls, radio reports, television reports, accident investigation results by safety coordinator and PDRMA. The Division Head is further responsible for establishing the following:

- \* Exactly what happened?
- \* Who was/is involved?
- \* Where did the incident occur?
- \* When did it happen?
- \* Why did it happen?

- \* What is currently being done to control or minimize the existing crisis?
- \* If the answers to the above questions are not known, when will they be known?
- \* Update the official spokesperson about changes in the situation as they occur.

### **Activity Supervisor Duties**

Agency supervisory staff may be assigned to assist the director, spokesperson, superintendents, crisis team, safety coordinator, or clerical staff. Some potential assignments may include:

- \* Providing specific information on a program or facility.
- \* Being responsible for identifying and reserving a designated media site capable of accommodating a large group such as a news conference or open public forum.
- \* Help assemble accurate information and formulate accurate answers to questions.
- \* Contact the news media as directed by the spokesperson.
- \* Obtain information about callers and inquiries from office administration.
- \* Assist the spokesperson in responding to inquiries as directed.
- \* Record and date all statements given to the media.

### **Office Staff Duties**

Answer telephone inquiries associated with the emergency and screen reporters, photographers, or others who arrive unannounced at the administration building. Before answering any questions, obtain the following information and keep a log of the calls and media visitors:

- \* the name of the person who is calling or visiting
- \* their title and organization
- \* the name of the newspaper, radio, or TV station (if applicable)
- \* the telephone number where the inquirer can be reached
- \* their FAX number (if applicable)
- \* reporter's deadline (if applicable)

Provide only the official information that has been approved by the spokesperson. Let the caller know that they will be contacted as quickly as possible with accurate information. If a reporter, photographer, or other interested persons have arrived at the reception desk, notify the official spokesperson after obtaining the above information.

### **Spokesperson Duties**

The role of the spokesperson is to present official, accurate information to the media on behalf of the agency, when appropriate. The agency is not obligated to share any information with the media. However, the term "no comment" can lead the media to look for unreliable sources of information. In limited circumstances, it may be prudent not to discuss the crisis with the media pending further investigation. The designated spokesperson should have in-depth

knowledge of the organization, be a good public speaker, present oneself in a professional manner, and be trained as a spokesperson.

On behalf of the agency and crisis team the spokesperson should present factual information to the media at the crisis location, or at a press conference. It is best to begin any interview by reading a prepared statement to accurately present the agency's response to a crisis.

The spokesperson should refrain from answering any questions when verified facts are not available. In addition, spokespersons **should never**:

- \* Release victim information until family members are notified;
- \* Speculate on liability, damage costs, causes, etc. (until verified);
- \* Fix blame on others or mislead;
- \* Speak off the record.

The spokesperson should admit that a crisis has occurred, and highlight what steps are being taken to control it. The spokesperson should:

- \* State the facts surrounding the crisis;
- \* Highlight rescue efforts;
- \* Highlight positive safety record;
- \* Use the media to tell the agency's story;
- \* Balance any false statements made by the public or others.

An effective means of preparing for a spokesperson's role is to conduct a simulated press conference. This role playing exercise can simulate a potential crisis response at your agency by developing a fictional scenario and having the spokesperson answer difficult questions the media may ask pertaining to a crisis.

When a spokesperson is confronted with a difficult question, it is best to respond by stating that (*the question*) is still under investigation and that additional information will be released when available. This will give the spokesperson and the crisis team additional time to confirm facts, gather additional facts and formulate a specific answer to the difficult question.

The spokesperson should keep agency employees informed regarding the facts of a crisis when appropriate. Failure to inform employees can lead to the release of misinformation, speculation and false rumors.

### **Role of Board Members and Elected Officials**

It is recommended that board members and elected officials not make any statements to the news media until after meeting with the Crisis Team. It is recommended that any statements made to the news media only come through a designated spokesperson.

### **Role of Employees in Dealing with the News Media**

In a crisis situation, all information should be released from members of the Crisis Team through the designated spokesperson for the agency. Employees who are knowledgeable of the event or who are witnesses to the event may be approached by reporters. Employees should direct reporters and others to the agency spokesperson for their information.

Listed below are some guidelines employees can follow when talking with reporters:

1. If you are questioned by a reporter, you are not required to give an interview. If you are uncomfortable, you can say, "I'm not the best person to answer that question. You may want to discuss this with (state proper person), the agency's official spokesperson."
2. It is acceptable not to know the answer to a question. Just openly admit, "I don't know." Direct the reporter to the spokesperson who may have the answer.
3. It is okay to express sympathy for any persons injured during a crisis. However, employees should direct any specific questions concerning the crisis to the agency's spokesperson.
4. Don't say, "No comment." Reporters may interpret the "no comment" phrase to imply guilt and reluctance to talk with the media. You can say "at this time, it would be premature and speculative to discuss the matter pending further investigation."
5. Don't say anything you don't want to see in print. A negatively phrased "joke" loses its humor in print and can be very embarrassing when read later.
6. Never make an "off-the-record statement." The confidentiality of off-the-record statements cannot be guaranteed.

### **Media Relations Plan**

Through direction of the Crisis Team Head, the spokesperson will coordinate all interaction with the media. In general, it is beneficial to communicate with the media when accurate information is available. In some cases it may not be prudent to present detailed information on a crisis to the media. This decision should be made by the crisis team and legal counsel. However, in some situations failure to make an official statement to the media or release information may lead to the media seeking alternative and unreliable sources of information.

The spokesperson may designate other individuals to be interviewed as appropriate, and will coordinate these interviews and be present for difficult questions. The agency's legal counsel or PDRMA's General Counsel should also be available to assist in answering certain questions.

It is recommended that waiting media be made as comfortable as reasonably possible with electrical power, indoor waiting area, coffee, etc. when applicable.

### **Emergency Phone List**

Listed below are the phone numbers and pager numbers of people to contact in the event of a crisis situation. Please call these individuals in the order listed. If there is no response, then call the next person on the list.

#### **Jim Pacanowski**

Time Called \_\_\_\_\_  
 Office.....1-630-920-1969  
 Home.....1-815-254-0442  
 Cell Phone.....1-630-606-6170

#### **Lavonne Campbell**

Time Called \_\_\_\_\_  
 Office.....1-630-920-1969  
 Home.....  
 Cell Phone.....1-630-464-1736

**Jamie Janusz**

Time Called \_\_\_\_\_

Office.....1-630-920-1969

Home.....1-630-986-5830

Cell Phone.....1-630-464-6320

**Mark Pasqualini**

Time Called \_\_\_\_\_

Office.....1-630-920-1969

Home.....1-630-820-2146

Cell Phone.....1-630-404-3792

**PDRMA**

Time Called \_\_\_\_\_

Office (630) 769-0332

Fax (630) 769-0449

PDRMA After Hours - answering machine will give emergency number

**Park District Attorney – Mary Dickson**

Time Called \_\_\_\_\_

Office.....1-630-681-1000

Fax.....1-630-681-1020

**Governing Board President – Robert Quigley**

Time Called \_\_\_\_\_

Office.....1-630-969-8585

Home.....1-630-325-2579

Cell Phone.....1-630-675-4128

**Board Vice President – Kevin Caplis**

Time Called \_\_\_\_\_

Home.....1-630-887-7329

Cell Phone.....1-630-334-7329

**Board Member – Timothy Fara**

Time Called \_\_\_\_\_

Home.....1-630-986-9019

Cell Phone.....1-224-520-3198

**Board Member – Patricia Malloy**

Time Called \_\_\_\_\_

Home.....1-630-230-0350

Cell Phone.....1-630-863-8824

**Board Member – Jim Lawrence**

Time Called \_\_\_\_\_

Work.....1-630-640-5690

Cell Phone.....1-630-323-7519

**NEWS MEDIA OUTLETS**

**TELEVISION STATIONS**

**PHONE NUMBER**

**Chicago Area**

WGN - Channel 9

312-528-2311

WLS - Channel 7 (ABC)

312-750-7777

WMAQ - Channel 5 (NBC)

312-836-5555

WBBM - Channel 2 (CBS)

312-944-6000

WFLD - Channel 12 (FOX)

312-565-5532

**RADIO STATIONS**

**PHONE NUMBERS**

**Chicago Area**

WBBM AM 780

312-944-6000

WGN AM 720

312-222-4700

WMAQ AM 670

312-670-6767

**Daily Newspapers**

*Chicago Tribune*

312-222-3232 (3143)

*Chicago Sun Times*

312-321-3000 (3084)

*The Doings*

630-887-0600

*Suburban Life*

630-969-0885



## Post Crisis Evaluation Form

This questionnaire should be completed by everyone involved with the crisis situation.

1. Name, Date, Position, Department

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2. What was your role?

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3. How did you learn of the incident?

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4. Were you satisfied with how you were notified?

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5. How could notification be improved?

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6. Rank how you feel the park district handled the crisis.

(Scale of 1-10, 1=poor, 10=excellent) \_\_\_\_\_

7. How can the park district improve its Crisis Plan?

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8. How could this accident have been prevented?

---

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9. What steps need to be taken to prevent a future incident?

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**Note: Please review and execute the Crisis Management Plan Acknowledgement of Receipt Form that follows.**

# **Burr Ridge Park District**

## **Crisis Management Plan Acknowledgment of Receipt**

The Burr Ridge Park District Crisis Management Plan supplements the many safety policies and procedures already in place at the agency. As an employee, you are expected to read this document thoroughly and return this completed acknowledgment of receipt form which will be placed in your personnel file.

---

Signature of Employee

---

Date

## **Procedure In The Event Of An Illinois Department Of Labor Inspection**

Although the Burr Ridge Park District does not maintain many of the in-house operations most likely to command IDOL inspection interest, the District could nevertheless be subject to an IDOL inspection.

**Step 1** – An IDOL inspector may or may not call to schedule an appointment. He/she is likely to arrive unannounced. Upon entering the workplace the IDOL inspector will present credentials and ask to meet with management to discuss the purpose of the visit and scope of the inspection. Employees who receive the inspector are required to contact, in the listed order, a management employee to meet with the inspector.

1. Jim Pacanowski, Director
2. Lavonne Campbell, Superintendent of Recreation
3. Jamie Janusz, Superintendent of Finance and Business Services
4. Mark Pasqualini, Recreation Services Coordinator

**Step 2** – Specific records may be required by the IDOL inspector. For activities concerning the Recreation Division, all right-to-know training, applicable OSHA 200 logs, and prior IDOL inspection reports will be kept in the main accounting file at the Park Center. For activities concerning the pool, these same records will be kept in the main file at the pool.

**Step 3** – The designated management liaison will accompany the inspector during his/her visit. Employees will be allowed to participate when requested and minor violations will be corrected during the course of the inspection.

**Step 4** – During the closing conference the designated management liaison will present the agency's view of the situation and discuss an abatement period. Violations must be corrected within 30 days of the closing conference date. Citations for violations will be issued in writing by the IDOL within 30 days. In addressing any violations, procedures to correct will be established and a timeline implemented to comply with inspection requirements.

# **Hazard Recognition**

## **STATEMENT OF PROBLEM**

Hazards are to be found in both physical and behavioral form. Hazards are closely associated with work errors, and work errors happen every minute of the work day in every department.

Usually these work errors and subsequent hazards do not result in injury; however, the potential will always be there unless the condition or accepted behavior is changed. A method for employees to confront these hazards is necessary when the hazards occur in and around their work areas.

## **INVESTIGATION**

A report form, for use by employees, will ensure that they first have a basis for learning to recognize hazards. Secondly, employees will understand that the fellow employees do make work errors and leave unsafe conditions and that both of these hazards can affect their own health and safety.

The report form should display an orderly follow-up procedure. This will convey to employees the sense of management concern existing.

The report form should be submitted to the Agency Safety Coordinator or a member of the Safety Committee so that it may be reviewed at the next meeting.

## **LOSS CONTROL PROGRAM COMPONENT**

The Hazard Recognition form is "user friendly" in that it displays options for the observer. There are five options under Unsafe Acts and ten options under Unsafe Conditions. The form offers plenty of writing space for the user (observer) to expand upon his/her findings.

**Burr Ridge Park District  
Hazard Recognition Form**

**Unsafe Act or Condition at:**

---

Park or Facility / Room Number \_\_\_\_\_ Date and Time \_\_\_\_\_

---

Observed By \_\_\_\_\_

**Unsafe Act**

- Personal Protective Equipment \_\_\_\_\_
- Position of Person(s) \_\_\_\_\_
- Reaction of Person(s) \_\_\_\_\_
- Tools and Equipment \_\_\_\_\_
- Procedures or Orderliness \_\_\_\_\_
- Other \_\_\_\_\_

**Unsafe Condition**

- Chemicals \_\_\_\_\_
- Fire \_\_\_\_\_
- First Aid Equipment \_\_\_\_\_
- Housekeeping \_\_\_\_\_
- Playgrounds or Parks \_\_\_\_\_
- Roadways or Walkways \_\_\_\_\_
- Structural (walls, supports) \_\_\_\_\_
- Tools and Equipment \_\_\_\_\_
- Vehicles or Mobile Equipment \_\_\_\_\_
- Other \_\_\_\_\_

---

Safety Coordinator Signature \_\_\_\_\_  
Date \_\_\_\_\_

---

Referred To \_\_\_\_\_  
Date \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Copies:      Observer                      Safety Coordinator                      Follow-Up

# Accident/Incident Reporting

Prompt and accurate reporting of all incidents and accidents is a critical component of the Park District's Risk Management Program. The following steps should be taken in reporting accidents/incidents.

1. If an employee is at the scene of the accident/incident when it occurs, that employee should provide the required immediate remediation, such as calling an ambulance, contacting the police, contacting the parents, etc.
2. When possible, photograph the accident/incident scene from all angles.
3. When possible, collect written statements from employees and/or other witnesses. For employees, only state what was seen or known to be a fact. Do not record speculation regarding a cause of the accident/incident. Be sure all witness statements are signed and dated on each page and include address and phone number.
4. If the accident/incident is an emergency, immediately contact your immediate supervisor or one of the full time employees identified on the chain of command page of this manual.
5. Consult the District's Accident/Incident Report that follows. Submit this report to your immediate supervisor within 24 hours of the accident/incident.

Upon completion of the Accident/Incident Report, the Safety Coordinator or designee will forward all relevant information to PDRMA in accordance with agency reporting procedures.

<b>1</b>	Name of member:	Date:
<b>2</b>	Name of person completing report:	
<b>3</b>	Phone:	E-mail:
<b>General Liability Claim</b>		
<b>4</b>	<input type="checkbox"/> Bodily injury <input type="checkbox"/> Property damage	
<b>Location of Incident/Accident</b>		
<b>5</b>	Date:	Time:                      Site specific phone:
<b>6</b>	Location/Address (name of park, pool, community center, etc.):	
<b>7</b>	Specific location (playground, parking lot, gym, etc.):	
<b>Bodily Injury</b>		
<b>8</b>	Name of injured person:	Age:                      Sex:
<b>9</b>	Address:	
<b>9</b>	City:	State:                      Zip:
<b>10</b>	Home phone:	Business, daytime, or cell phone:
<b>11</b>	Part of body injured:	Nature of injury?
<b>12</b>	Brief summary of incident (please provide <u>facts only</u> ):	
<b>13</b>	Did injured person make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was said?	
<b>14</b>	Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom (name and position): What first aid was given?:	
<b>15</b>	Paramedic services offered? <input type="checkbox"/> Accepted <input type="checkbox"/> Refused	Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No Police dept:                      Officer:
<b>15</b>	Paramedic called? <input type="checkbox"/> Yes <input type="checkbox"/> No (When in doubt, call for paramedic services.)	

## Bodily Injury (continued)

16	Parents/Guardian/Relatives notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	By whom:		Phone:
	Parent/relative name:		Phone:
	Relationship to injured person:		
	Do you expect this person to submit a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		

## Witness Information

17	Name:		
	Home phone:		Daytime phone:
	Address:		
	City:	State:	Zip:
18	Relationship to injured party: <input type="checkbox"/> Relative/friend (specify) _____ <input type="checkbox"/> Another program participant or park user <input type="checkbox"/> Passer-by <input type="checkbox"/> District/SRA employee or volunteer <input type="checkbox"/> Other (specify) _____		
	Did witness make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was said? (Attach more pages if necessary)		

## Damage to Another Person's Property

19	Name of property owner:		
	Address:		
	City:	State:	Zip:
	Home phone:	Business/Daytime/Cell phone:	
	What property was damaged?		
	Summary of how damage occurred (please provide <u>facts only</u> ):		
Estimated cost to repair:		Estimates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	



#	Field	Instructions
1	<ul style="list-style-type: none"> <li>▪ Member name</li> <li>▪ Date</li> </ul>	Fill in Agency name and date of the report.
2	<ul style="list-style-type: none"> <li>▪ Name of person completing report</li> </ul>	Fill in name of person completing report
3	<ul style="list-style-type: none"> <li>▪ Phone</li> <li>▪ E-mail</li> </ul>	Fill in Agency phone number/E-mail address of person completing report.
<b>General Liability Claim</b>		
4	<ul style="list-style-type: none"> <li>▪ Bodily injury/property damage</li> </ul>	Check appropriate box for the type of general liability claim.
<b>Location of Incident/Accident</b>		
5	<ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Time</li> </ul>	Fill in date and time of accident. Please provide specific location phone number.
6	<ul style="list-style-type: none"> <li>▪ Location/address</li> </ul>	Name and address of specific park, pool, community center, etc.
7	<ul style="list-style-type: none"> <li>▪ Specific location</li> </ul>	Identify actual location, or equipment such as playground, parking lot, gym, etc. (if applicable) where injury or damage occurred.
<b>Bodily Injury</b>		
8	<ul style="list-style-type: none"> <li>▪ Name of injured person</li> <li>▪ Age</li> <li>▪ Sex</li> </ul>	Fill in Name, Age, Sex of injured party.
9	<ul style="list-style-type: none"> <li>▪ Address, city, state, zip</li> </ul>	Fill in Address, City, State and Zip Code of injured party. This is necessary for correspondence.
10	<ul style="list-style-type: none"> <li>▪ Home phone</li> <li>▪ Business, daytime, or cell phone</li> </ul>	Fill in telephone numbers. This is necessary to contact the injured person.
11	<ul style="list-style-type: none"> <li>▪ Part of body injured</li> <li>▪ Nature of injury?</li> </ul>	Describe specific body part(s) and nature of injury.
12	<ul style="list-style-type: none"> <li>▪ Brief summary of incident</li> </ul>	Provide the facts of the incident. Use an additional sheet of paper if necessary. <b>Note:</b> Do not speculate; include the <u>facts only</u> .
13	<ul style="list-style-type: none"> <li>▪ Did injured person make any statements?</li> <li>▪ If so, what was said?</li> </ul>	Note any statements made by injured person. <b>Example:</b> "It was my fault"; "You'll hear from my attorney"; etc.
14	<ul style="list-style-type: none"> <li>▪ Was first aid administered?</li> <li>▪ By whom?</li> <li>▪ What first aid was given?</li> </ul>	Fill in name of Agency staff member(s), or others, such as paramedics, patrons, or others who may have administered first aid to the injured person. Explain the specific first aid that was given (CPR, AED, ice etc.).
15	<ul style="list-style-type: none"> <li>▪ Paramedic services offered?</li> <li>▪ Police called?</li> <li>▪ Paramedic called?</li> <li>▪ Police dept</li> <li>▪ Officer</li> </ul>	Check appropriate boxes. Fill in the police officer(s) name, department and the report number.

<b>Bodily Injury (continued)</b>		
16	<ul style="list-style-type: none"> <li>▪ <b>Parents/guardian/relatives notified?</b></li> </ul>	Check appropriate boxes to identify who was notified. If no one was notified, explain why.
	<ul style="list-style-type: none"> <li>▪ <b>By whom/phone</b></li> </ul>	Name the person and list their phone number.
	<ul style="list-style-type: none"> <li>▪ <b>Parent/relative name/phone</b></li> </ul>	Fill in name(s) and phone number(s).
	<ul style="list-style-type: none"> <li>▪ <b>Relationship to injured person</b></li> </ul>	<b>Example:</b> friend, parent, baby sitter.
	<ul style="list-style-type: none"> <li>▪ <b>Do you expect this person to submit a claim?</b></li> </ul>	Check appropriate box.
<b>Witness Information</b>		
17	<ul style="list-style-type: none"> <li>▪ <b>Name:</b></li> <li>▪ <b>Home phone</b></li> <li>▪ <b>Daytime phone</b></li> <li>▪ <b>Address, city, state, zip</b></li> </ul>	Fill in appropriate information regarding witnesses. Attach additional pages if necessary.
18	<ul style="list-style-type: none"> <li>▪ <b>Relationship to injured party</b></li> <li>▪ <b>Did witness make any statements?</b></li> <li>▪ <b>If so, what was said? (attach more pages if necessary)</b></li> </ul>	Check appropriate line and box indicating the witness' relationship to the injured person. If witness made a statement, be specific and complete.
<b>Damage to Another Person's Property</b>		
19	<ul style="list-style-type: none"> <li>▪ <b>Name of property owner</b></li> <li>▪ <b>Address, city, state, zip</b></li> <li>▪ <b>Home phone &amp; business/daytime/cell phone</b></li> </ul>	Fill in contact information about any property damage sustained because of the incident/accident This information is necessary for correspondence.
	<ul style="list-style-type: none"> <li>▪ <b>Property was damaged?</b></li> </ul>	Describe the property damage.
	<ul style="list-style-type: none"> <li>▪ <b>Summary of how damage occurred</b></li> </ul>	Explain how the property damage occurred. (please provide <u>facts only</u> ). <b>Example:</b> Wind, tree, golf ball, baseball, etc.
	<ul style="list-style-type: none"> <li>▪ <b>Estimated cost to repair/estimates attached?</b></li> </ul>	If available, provide a cost estimate or attach written estimate. ( <b>Note:</b> do not wait for estimate to send this form).

1	Illinois Unemployment Compensation Number:	Date of report:	Case or file no.:
2	Employer's name	Is this a lost Workday case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Doing business under the name of:	City:	State:      Zip:
4	Mail address:	City:	State:      Zip:
5	Employer location if different from mail address:		
6	Nature of business or service:	Sic Code:	# of employees at location where injury occurred:
7	Name of workers' compensation insurance carrier:	Policy number: Self Insured	Self insured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      County where injury occurred:
8	Employee's name (last, first, middle):		Social Security Number:
9	Home address:	City:	Zip:      Home phone:      Work phone:
10	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Birth date:	# of dependant children under 18 at time of injury or illness:
11	Date of the injury or exposure:	Time of the injury or exposure: ____:____ <input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	Employee's average weekly earnings:      Last date employee worked:
12	Job title or occupation:	Dept. normally assigned:	
13	Address of location where injury occurred:	City:	State:      Zip:
14	Did employee die as a result of the injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employee died as a result of the injury or illness, give date of death:	
15	Was the injury or exposure on the employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did this incident result in: <input type="checkbox"/> Occupational injury <input type="checkbox"/> Occupational disease	Was employee given industrial commission handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Nature of the injury:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time (less than 30 hrs/wk)
17	Part of the body affected (be specific):		Seasonal employee: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
18	What task was employee performing when injury or illness occurred:		
19	Object or substance responsible for injury or illness (source):		
20	How did accident or illness occur (type)?		
21	What hazardous conditions, methods, or lack of protective devices contributed?		
22	What unsafe act by a person caused or contributed to the injury or illness?		
23	Have medical services been rendered to the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is or has the employee been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Name of physician:	Physician address:	City:      Zip:
25	Name of hospital:	Hospital address:	City:      Zip:
26	Report prepared by:(name - print or type):	Signature:	Title:      Phone number:

#	Field	Instructions
<b>1</b>	<b>Illinois Unemployment Compensation Number</b>	Fill in your agency's number.
	<b>Date of report</b>	Fill in the date the report was completed.
	<b>Case or file number</b>	Please leave blank.
<b>2</b>	<b>Employer's Name</b>	Name of Park /Forest Preserve District or SRA
	<b>Is this a lost workday case?</b>	Mark <b>Yes</b> if employee was off work <u>4 or more</u> scheduled work days. Mark <b>No</b> if <u>less than 4</u> work days.
<b>3</b>	<b>Doing Business under the Name of; City, State, Zip.</b>	Please leave these fields blank.
<b>4</b>	<b>Mail address, city, state, zip code</b>	Fill in the address of your agency.
<b>5</b>	<b>Employer location if different from mail address</b>	Actual street address, if different from field #4.
<b>6</b>	<b>Nature of Business or Service</b>	Please leave blank.
	<b>SIC Code</b>	Government Standard Industrial Code—Please leave blank.
	<b>Number of employees at location where Illness/injury occurred</b>	Please leave blank.
<b>7</b>	<b>Name of workers' compensation insurance carrier</b>	Leave "Self-insured" entered in this field.
	<b>Policy number</b>	Please leave blank.
	<b>Self insured</b>	Leave checked as <b>Yes</b> .
	<b>County where injury occurred</b>	Enter the Illinois county where the injury occurred.
<b>8</b>	<b>Employee's name</b>	Enter employee's name in the order last, first, middle name.
	<b>Social Security Number</b>	Enter the employee's SSN. This field is mandatory.
<b>9</b>	<b>Home Address, home phone, and work phone</b>	Enter the employee's contact information. This field is mandatory.
<b>10</b>	<b>Male/Female</b>	Check the appropriate Box. This field is mandatory.
	<b>Married/Single/Widowed/Divorced</b>	Check the appropriate Box. This field is mandatory.
	<b>Birth date</b>	Enter the employee's birth date.
	<b># of dependant children under 18 at time of injury or illness</b>	Enter the number of dependent children the employee had at the time of injury or illness.
<b>11</b>	<b>Date and time of injury or exposure</b>	Enter the date and time of the injury or exposure. This field is mandatory.
	<b>Employee's average weekly earnings</b>	Compute the employee's wage by taking the average earnings for the 52 weeks immediately prior to the injury. The maximum number of hours worked is 40 per week. <u>DO NOT INCLUDE OVERTIME, BONUSES, ETC.</u>
	<b>Last date employee worked:</b>	Enter the date the employee last worked or enter "still working".
<b>12</b>	<b>Job title or occupation</b>	Enter the employee's job title or occupation. Examples: Park Laborer, Recreation Supervisor, Gymnastics Instructor, Waitress, Cook, etc.
	<b>Dept. normally assigned</b>	List department in which employee works choosing from the following: <ol style="list-style-type: none"> <li>1. Administration (Directors, Department Heads, Managers, Supervisors, Clerical, Business, Full-time Recreation Coordinators)</li> <li>2. Construction</li> <li>3. Maintenance (Parks, Golf Courses &amp; other Special Facilities, Recreation Centers, etc.</li> <li>4. Park Rangers, Police</li> <li>5. Recreation Instructors/Leaders (all part-time and seasonal)</li> <li>6. Restaurant (Cooks, Wait Staff, Bartenders, Food Processors, Busboys/Girls, etc.</li> <li>7. Other—please specify.</li> </ol>

#	Field	Instructions
13	Address, City, State, Zip of location where injury occurred	List specific address (if there is one). List closest intersecting streets if not an address.
14	Did employee die as a result of the injury or illness	Mark <b>Yes</b> or <b>No</b> .
	If employee died as result of the injury or illness, give date of death	Enter the date of death if appropriate.
15	Was the injury or exposure on the employer's premises?	Mark <b>Yes</b> if injury occurred on District/SRA owned property. Otherwise, mark <b>No</b> .
	Did this incident result in occupational injury/occupational disease	Mark the appropriate category of injury or disease.
	Was employee given industrial commission handbook?	When an employee is injured on the job, he/she is supposed to be given the handbook. The Illinois Industrial Commission provides the handbook, but occasionally they run out of them. The Illinois Industrial Commission can be contacted at: <b>Illinois Industrial Commission</b> <b>160 N. LaSalle Street</b> <b>Chicago, IL 60601</b> <b>1-800-793-6611</b> Some agencies make copies of the handbook or have an office copy to which all employees can refer. PDRMA has also provided a small supply to keep available for employees' use.
16	Nature of injury	Enter the nature of the injury. Example: sprain, strain, contusion, laceration, etc.
	Full time/Part time (less than 30 hrs/wk)	Mark the employee's appropriate employment status.
17	Part of body affected	Describe the part of the body affected by the injury or illness (be specific).
	Seasonal employee full time/part time	If the employee is a seasonal employee, mark the appropriate employment status.
18	What task was employee performing when injury or illness occurred?	Explain the type of task the employee was performing at the time of the accident. Example: lifting a picnic table, mopping floor, spotting a gymnast, using a power saw, etc.
19	Object or substance responsible for injury or illness (source)	Describe the object or substance that caused the accident. Example: tree branch, box, barrel, dust, vegetation, etc.
20	How did accident or illness occur (type)	Describe the type of accident that occurred. Example: slip and fall, strike against an object, etc.
21	What hazardous conditions, methods, or lack of protective devices contributed?	If applicable, describe hazardous conditions, methods, or lack of protective devices that contributed to the accident. Example: no safety goggles, driving too fast for conditions, etc.
22	What unsafe act by a person caused or contributed to the injury or illness?	If applicable, describe unsafe acts by the employee that contributed to the accident.
23	What medical services have been rendered?	Mark <b>Yes</b> , if medical services were rendered by a doctor, medical clinic, hospital, etc. Mark <b>No</b> , if the employee only received first aid or no medical attention.
	Is or has employee been hospitalized?	Mark <b>Yes</b> , if the employee is or has been hospitalized. If not, mark <b>No</b> .
24	Name of physician	Enter the name of the employee's physician.
	Physician address	Enter the physician's address, city, and zip.
25	Name of hospital	Enter the name of the hospital where the employee was taken.
	Hospital address	Enter the hospital's address, city, and zip.
26	Report prepared by	Print or type the name of the person preparing this report.
	Signature	Preparer's signature.
	Title	Enter the preparer's title.
	Phone number	Enter the preparer's phone number.

<b>Member Information</b>								
<b>1</b>	Name of member:		Phone:	Driver name:		Phone:	Date of birth:	Date of hire:
	Address:			Address:			<input type="checkbox"/> Administration <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Police/rangers <input type="checkbox"/> Recreation staff <input type="checkbox"/> Drivers	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/> Family member
	City:	State:	Zip:	City:	State:	Zip:		
<b>Member Vehicle</b>								
<b>2</b>	Make:	Year:	Model:	Serial no.:	License no.:	Where vehicle can be seen:		
	Trailer (if applicable):		Year:	Model:	Area of damage:	Current location of vehicle:	Estimated repair cost:	
<b>Accident</b>								
<b>3</b>	Date of loss:	Time:	Location (street or highway):			City:	State:	
	Were police called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		Police dept. called:	Driver:	Arrested:	Ticketed:	Violation:	
	Name of officer:		Badge #:	Station address:				
<b>Claimant 1</b>								
<b>4</b>	Owner of other vehicle:	Age:	Address:		City:	State:	Zip:	Phone:
	Driver, if other than above:	Age:	Address:		City:	State:	Zip:	Phone:
	Make of vehicle:	Year:	Model:	License no.:	Area of damage:	Damage estimate (\$):	Where vehicle can be seen:	
<b>Claimant 2</b>								
<b>5</b>	Owner of other vehicle:	Age:	Address:		City:	State:	Zip:	Phone:
	Driver, if other than above:	Age:	Address:		City:	State:	Zip:	Phone:
	Make of vehicle:	Year:	Model:	License no.:	Area of damage:	Damage estimate (\$):	Where vehicle can be seen:	
<b>Property Damage—Other Than Auto (e.g. Fence, Landscaping, Guard Rail, etc.)</b>								
<b>6</b>	Owner of property:		Address:		City:	State:	Zip:	Phone:
	Describe damaged property:		Location of property:		City:	State:	Extent of damage:	
<b>Witness Information</b>								
<b>7</b>	Name:		Address:		City:	State:	Zip:	Phone:
	Name:		Address:		City:	State:	Zip:	Phone:

## Persons Injured

8	Name 1:		Age:		Name 2:		Age:									
	Address:			Phone:		Address:			Phone:							
	City:			State:		Zip:			City:			State:		Zip:		
	Occupation:				Where taken:				Occupation:				Where taken:			
	<input type="checkbox"/> Fatality <input type="checkbox"/> Bleeding <input type="checkbox"/> Unconscious <input type="checkbox"/> No visible injury <input type="checkbox"/> Other _____				<input type="checkbox"/> Pedestrian <input type="checkbox"/> In your vehicle <input type="checkbox"/> In Claimant vehicle <input type="checkbox"/> Complained of pain				<input type="checkbox"/> Fatality <input type="checkbox"/> Bleeding <input type="checkbox"/> Unconscious <input type="checkbox"/> No visible injury <input type="checkbox"/> Other _____				<input type="checkbox"/> Pedestrian <input type="checkbox"/> In your vehicle <input type="checkbox"/> In claimant vehicle <input type="checkbox"/> Complained of pain			

## Additional Information

9	Describe any statements made at scene:

## Accident Description

10	Describe accident:		Accident diagram:		
	.....				
	.....				
	.....				
	.....				
	.....				
	Was member vehicle used for business purpose at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What street were you on?		Claimant 1:		Claimant 2:	
What direction were you traveling?		Claimant 1:		Claimant 2:	
Weather: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Foggy <input type="checkbox"/> Snowy			Traffic conditions: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		
Speed limit:		Were you familiar with the area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Traffic controls:	

## Signature

11	Date of this report:	Signature and title:	E-mail address:

# Vehicle Accident Report

► Instructions ◀

Form  
02-I

#	Section	Instructions
1	<b>Member information</b>	Fill in the agency name, address, city and zip. Provide the name of the agency staff who was driving the vehicle. His or her address, email, and date of birth. Date of hire and their employment status by department.
2	<b>Member vehicle</b>	Fill in make, model, year, serial number and license plate number of agency vehicle involved in the accident. Indicate where vehicle can be seen. If known, describe the area of damage and estimated amount of damage. Attach estimate. ( <b>Note:</b> Do not wait for estimate to send in form.)
3	<b>Accident information</b>	Fill in details of the accident including date and time. Provide the street location where the accident occurred. Provide the name of the police department involved, the police report number. If any tickets were issued, provide the name of the person to which the police issued the ticket.
4	<b>Claimant 1</b>	Fill in the vehicle owner and driver of other vehicle involved in the accident. Provide their address, city, and phone number. Obtain this information from vehicle accident exchange sheet given at the scene of the accident. Provide the type of vehicle they were driving and where, and to what extent, their vehicles were damaged.
5	<b>Claimant 2</b>	If a second claimant was involved, provide the same information as claimant one.
6	<b>Property damage</b>	Provide information about any property owned by others that was damaged. For example, fencing, Landscaping, Guard Rail, etc.
7	<b>Witness information</b>	Provide information about any third party witnesses to the accident. (Include vehicle occupants.)
8	<b>Persons injured</b>	List all persons in vehicle or pedestrians on the street injured due to this accident. Indicate where injured parties were taken from scene.
9	<b>Additional information</b>	Provide any statements made at the scene of accident; especially those of the other driver(s) or witnesses.
10	<b>Accident description</b>	This section of form should be filled out by agency driver. They should describe how the accident happened in their words. Indicate if the vehicle was being used for business at the time of the accident. Have the driver draw a diagram of accident scene. Driver should provide information about the street they were on, weather and traffic conditions, etc.
11	<b>Signature</b>	Sign and date the report and provide your phone number. If you have an email address, please add it to the form.