

COUNTY OF TUOLUMNE

Safety Manual

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Issue Date

Revision Date

NA

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Subject: 3.0 Emergency Preparedness Plan

Approved

Approved

Human Resources Manager Date

Risk Management Analyst Date

Facilities Information

TOPIC	INFORMATION
Facilities Name	County of Tuolumne
Mailing Address	2 South Green Street Sonora, CA 95370
Facilities Contact	Steve Hannon, Facilities Manager Phone: (209) Fax: (209)
Facilities Emergency Coordinator, Primary	Steve Boyak, Senior Analyst Phone: (209) Fax: (209)
Facilities Emergency Coordinator, Alternate	Kelley Reich, Risk Management Analyst Phone: (209) Fax: (209)
County	Tuolumne
Facilities Operations	Public Sector
Owner / Operator	County of Tuolumne
SIC/NAICS Code	
Date of Last Update	

1.0 INTRODUCTION

COUNTY OF TUOLUMNE is committed to providing a safe and healthful environment for its employees, the public, and for the protection and preservation of property and the environment . This Emergency Preparedness Plan (EPP) establishes responsibilities and authority for mitigation, preparation, response and recovery from potential emergencies and disasters and establishes the basis and organization for response to emergency situations including the coordination of disaster operations and the management of critical resources.

The plan describes how COUNTY OF TUOLUMNE handles emergencies associated with fires, injuries, releases and spills of hazardous chemicals, earthquakes, floods, tornadoes, bomb threats, energy failures, civil disturbances, bio-terrorism threats, radiological, and hazardous matter. It describes:

- The Emergency Response actions COUNTY OF TUOLUMNE employs to minimize and/or eliminate injuries to human health and the environment
- Remedial and corrective actions, COUNTY OF TUOLUMNE implements after an emergency incident
- How COUNTY OF TUOLUMNE complies with a number of local, state, and federal agencies

1.1 Scope

The disaster/emergency management community is comprised of many different entities including the government at federal, state, and local levels; business and industry; non-governmental organizations; and individual citizens. Each of these entities has its own focus, unique missions and responsibilities, varied resources and capabilities, and operating principles and procedures. Each entity can have its own definition of disaster. For COUNTY OF TUOLUMNE's purposes disaster will be defined in three situations:

- An occurrence or imminent threat to COUNTY OF TUOLUMNE with widespread or severe damage, injury or loss of life or property resulting from natural or human causes
- An emergency that is beyond the normal response resources of COUNTY OF TUOLUMNE and would require the response of outside resources and assistance for recovery
- Any suddenly occurring or unstoppable event that claims the loss of life, suffering, loss of valuables, or damage to the environment that overwhelms local resources or efforts and has a long-term impact on social or natural life that is always negative in the beginning.

This plan covers the COUNTY OF TUOLUMNE facilities consisting of the main building, all outside appurtenances including the generator, and all on-site parking and lawn areas. Hazardous material is stored in drums and containers throughout the county facilities. Most hazardous material is stored within the building except for some hazardous waste outside the building and diesel fuel which is stored in above ground storage tank.

1.2 Approval

COUNTY OF TUOLUMNE management fully supports the adoption of this EPP and will commit the resources necessary to implement it. The Facilities Emergency Coordinator (FEC) is thoroughly familiar with COUNTY OF TUOLUMNE's operations and this EPP. The FEC is prepared to implement this EPP during an emergency and to ensure accident preventative measures are addressed during non-emergency times.

1.3 Definitions

CCR – Code of California Regulations
EPA – Environmental Protection Agency
EPP- Emergency Preparedness Plan
FEC – Facilities Emergency Coordinator
HR-Human Resources
MERT-Medical Emergency Response Team
NFPA – National Fire Protection Agency
OSHA-Occupational Safety and Health Act

1.4 References

Code of California Regulations, Title 19, Part 2
Code of Federal Regulations, Title 29, Part 1910.38
Code of Federal Regulations, Title 40, Part 68
Resource and Conservation Recovery Act (RCRA) 1976
Comprehensive Environmental Response, Compensation, and Recovery Act (CERCLA) 1980
Superfund Amendments and Reauthorization Act (SARA) 1986
National Fire Protection Standard 1600

2.0 PLAN OVERVIEW

Disaster / Emergency management and business continuity encompasses the areas of personnel training and acquisition of resources as well as the evaluating and testing of plans and procedures to mitigate and prepare for credible disasters. Should a disaster occur, the appropriate plan provides for effective response and rapid recovery.

Effective response includes those actions such as warning, personnel safety, property protection, security, and restoration taken to prevent or minimize the effects of a disaster. Once a disaster has occurred, every effort will be taken to safely ameliorate the situation. This EPP provides the implementation of the programs requirements.

2.1 Facilities Description

COUNTY OF TUOLUMNE is located at 2 South Green Street Sonora, CA. The facilities is situated on a parcel of land located within an industrial park consisting of commercial properties. COUNTY OF TUOLUMNE's facilities consists of one 30,000 sq. ft. building which includes, public works, receiving and shipping, storage areas, including hazardous material and hazardous waste storage, and administrative offices. Approximately 1200 people are employed at the Sonora facilities. Building heat and hot water are supplied by a natural gas fired heating system. COUNTY OF TUOLUMNE is served by TUD.

COUNTY OF TUOLUMNE is located downtown Sonora and throughout the county. The facilities's topography is generally level. Storm water from the roof and parking lot sheet-flows into parking lot storm drains and into the municipal storm sewer system. Potable water is supplied by the Tuolumne Water District. COUNTY OF TUOLUMNE's waste process water is discharged through the facilities process sewer to the Tuolumne Utilities District's treatment plant. COUNTY OF TUOLUMNE is a Small Quantity Generator of hazardous waste and has an Environmental Protection Agency (EPA) identification number of **CAR 000018382**.

Tuolumne General Hospital is located approximately one half miles east of the COUNTY OF TUOLUMNE facilities in downtown Sonora, California. The Sonora Fire and Police Departments are located within approximately two miles of the COUNTY OF TUOLUMNE facilities in downtown Sonora. Response time to the facilities is under three minutes.

COUNTY OF TUOLUMNE's facilities is comprised of general office space, maintenance, and warehouse areas.

COUNTY OF TUOLUMNE is a leader in providing services to the public sector.

2.2 COUNTY OF TUOLUMNE Contact Information

The current EOP, is the primary employee responsible for COUNTY OF TUOLUMNE's emergency response programs along with the Risk Management Analyst. **Lab Manager and Night Supervisor are the Primary Facilities Emergency Coordinators (FEC) for the facilities during first and second shifts, respectively.** The Site Risk Management Analyst is responsible for COUNTY OF TUOLUMNE's Safety Program management. The primary phone and fax numbers for the facilities are **(916) 372-4200** and **(916) 372-4938**, respectively.

2.3 Laws and Regulations Satisfied

COUNTY OF TUOLUMNE requires personnel to evacuate the facilities when an emergency occurs and because employees are not permitted to assist in "emergency response" activities, COUNTY OF TUOLUMNE has chosen to meet OSHA's emergency action planning requirements by adopting an Emergency Action Plan, 29 C.F.R. § 1910.38(a).

The Occupational Safety and Health Administration (OSHA) has adopted regulations which require COUNTY OF TUOLUMNE to maintain a Hazard Communication Plan, 29 C.F.R. § 1910.1200 because employees store and utilize hazardous chemicals in the work place.

California law requires the operators of any facilities where any extremely hazardous substance is present in a quantity above the threshold planning quantity to maintain a Facilities Emergency Response Plan which addresses the criteria listed in 19 CCR, Part 2-1.

In addition to these required plans, California law allows companies to take advantage of reduced reporting requirements (i.e., reportable quantities) for hazardous material releases, if they adopt a hazardous matter spill prevention control and cleanup (hazardous matter SPCC) plan which addresses the criteria listed in 19 CCR, Part 2-4.

2.4 Submission and Amendments

This EPP was submitted to the Sonora Fire Department, **1110 West Capital Ave Sonora, CA 95605. Their phone number is 916-617-4600.**

The EPP is intended to be an integral part of COUNTY OF TUOLUMNE's operations. To increase effectiveness, it will be reviewed and updated by COUNTY OF TUOLUMNE personnel and management whenever

- It fails in an emergency
- Any change in design, construction, operation, or maintenance is likely to impact the EPP's effectiveness.
- Annual exercises, or drills suggest amendment is necessary.
- Emergency Coordinators change or emergency equipment changes
- A federal, state, or local regulator with jurisdiction over COUNTY OF TUOLUMNE determines a change to be necessary.

In addition, COUNTY OF TUOLUMNE will review the plan with each employee covered under the plan when the plan is developed and/or changed.

A hard copy of this plan will be kept in the Safety Manual and copies will be available from the Risk Management Analyst upon request.

2.5 Communication Systems

Employees are notified of an emergency requiring evacuation via the fire alarm or facilities-wide voice paging/intercom system. Employee notification of a non-evacuation emergency is primarily through the intercom system, and alternatively via phones and verbal communication. Hand held radios are also utilized as a means of communication in the event of a facilities emergency. Hand held radios are maintained on-site by the CAO office. Radios are utilized during emergency situations by emergency coordinators.

The site is equipped with radios throughout the building, including offices, conference rooms. These phones also function as an internal intercom/paging network. Emergency phone numbers are displayed in a prominent location or on the emergency decision tree (Appendix C). The emergency numbers for the City of Sonora Fire, Police, and Ambulance are included on the posted list of emergency contact numbers.

The site-wide intercom system can send an audible message to most all rooms and areas at the site. This system is not interactive, but is capable of sending site-wide messages from any internal telephone.

2.6 Biological Safety

The TGH requires elevated biosafety levels to protect employees from exposure to various biological agents present. COUNTY OF TUOLUMNE has identified their laboratories as P1 and P2 level labs. It should be noted that although COUNTY OF TUOLUMNE has classified certain laboratories to the P3 standard, no P3 activities have been conducted in these labs to date. Employees working in these environments have been trained in biosafety including emergency procedures and proper PPE (see exposure control plan in the safety manual). The P1, P2 and P3 ratings are based on standard industry biosafety levels which are described as follows:

Biosafety Level 1: This is a typical biological research facilities which performs diagnostic testing on low hazard agents such as Microorganisms not known to cause disease in healthy adult human beings.

It is believed that any hazard present can be controlled by standard laboratory practices, therefore, work activity is conducted on an open bench. Biological safety cabinets are not required and it is more common to find a chemical fume hood for the containment of acutely hazardous chemical substances. Standard facilities features consist of easily cleaned, impervious bench surfaces, sturdy furnishings, hand washing sinks. Personal protective equipment to be worn consists of a lab coat or uniform and gloves and safety glasses when necessary.

Biosafety Level 2 (P2): This type of laboratory is suitable for experiments involving agents that are associated with human disease which is rarely life threatening and for which preventive or therapeutic interventions are often available. The micro-organisms handled in a P2 laboratory include many of the indigenous infectious agents that produce disease in man (*Staphylococcus*, *Streptococcus*, *Plasmodium* sp. adenovirus, vaccinia virus, enteric and blood-borne pathogens, etc.).

Nearly all laboratories operate under level 1 and 2 containment. It is important to understand that at these levels we are dealing with diagnostic activity thought to pose little or minimal hazards to workers.

The control of potential biohazards at the P2 level is provided by use of standard microbiological practices with the addition of personnel protective equipment (lab coat and gloves).

Biosafety Level 3 (P3): Level 3 activity involves organisms or systems which pose a significant risk or represent a potentially serious threat to health and safety of workers, therefore, facilities design plays a significant role in safety. Such facilities include special engineering design features and containment equipment. Biosafety cabinets are required for all technical manipulations that involve viable cultures (no work is allowed on an open bench).

2.7 Fire Prevention

COUNTY OF TUOLUMNE has a sprinkler system which is installed throughout the buildings. The system is fed by city water. Water enters the facilities at adequate fire suppression system pressure. In addition to the facilities's sprinkler system, a **dry-chemical extinguishing system is present in hallways and chemical extinguishing system is present in the computer server room. These two systems operate independently from each other.**

The fire alarm system can be activated at pull-stations throughout the facilities. The fire alarm system is primarily heat activated (heat and smoke detectors, and sprinklers). The alarm sends visual and audio signals throughout the facilities to notify employees of a fire or other emergency via horns and strobes. Activation of the fire alarm automatically notifies the Sonora Fire Department. The fire alarm is activated in any event of any emergency which requires facilities wide evacuation.

In accordance with 29 C.F.R. § 1910.156 and applicable NFPA standards, all facilities fire fighting equipment is inspected and serviced annually to ensure proper operation during emergency incidents. Fire extinguishers and valves for the sprinkler system are inspected monthly. COUNTY OF TUOLUMNE's **Facilities Maintenance staff maintains records of all inspections.**

2.8 Personal Protective Equipment (PPE)

COUNTY OF TUOLUMNE has developed PPE requirements for all work areas that present potential hazards to employees. In general, closed-toe shoes and safety glasses are required in all

lab areas where work is on going. Employees are required to follow the PPE requirements in the Safety Manual under the Hazard Communication and the Chemical Hygiene Plans. PPE worn by COUNTY OF TUOLUMNE employees includes:

- Eye protection - safety glasses, goggles, and face shields
- Hand Protection – chemical resistant gloves;
- Protective clothing –lab coats, aprons, closed-toe shoes;

Personnel are fitted for and trained in the use of PPE, as well as in procedures for PPE selection, maintenance, inspection, and storage. Employees are responsible for donning and maintaining their own PPE. New PPE is provided to employees on an as needed basis. PPE is stored in the individual areas where the PPE is utilized.

2.9 Medical Supplies

First Aid Kits are located on the departments throughout the facilities. In the event of a non-serious injury, use the paging system to announce a “code blue” and the location for a Medical Emergency Response Team Member (MERT) to respond. In the event of a serious injury at COUNTY OF TUOLUMNE, the injured employee will be taken for treatment to UC Davis Medical Center in Sacramento.

2.10 Chemical Spill Equipment

COUNTY OF TUOLUMNE contacts Clean Harbors Inc. for major spills of chemicals. However, trained COUNTY OF TUOLUMNE employees may clean up small scale leaks or spills that do not pose significant risk to health or safety. COUNTY OF TUOLUMNE has developed a threshold of 1-gallon as a general rule in determining if a spill is to be classified as “small scale”. However, it should be noted that depending upon the chemical spilled, the potential for a serious threat to human health or safety can exist with quantities less than 1-gallon in quantity. Employees are relied upon to use their training and chemical knowledge to make informed decisions.

The lab is equipped with acid and base spill kits for the cleanup of small scale spills. In addition, a spill cart containing spill cleanup materials is located in the shower room. COUNTY OF TUOLUMNE spill kits contain the following absorbent materials; Neutrasorb, Netracit-2, and Solusorb.

Neutrasorb is a neutralizing absorbent material that should be used in the event of an acid spill. The absorbent material will turn to a blue or green color to indicate when a spill has been neutralized. Netracit-2 is a neutralizing absorbent material that should be used in the event of a base/caustic spill. The absorbent material will turn to a yellow or yellowish green color to indicate when a spill has been neutralized. Solusorb is an absorbent material to be utilized on solvent spills. This absorbent reduces vapors and the flash point of a chemical.

The spill clean-up equipment is inspected regularly by the Risk Management Analyst and is replaced on an as needed basis as materials are used.

2.11 Eyewash and Safety Showers

Eye wash stations are located throughout the facilities in areas where chemicals are used. Eye wash stations and safety showers are inspected regularly by Facilities Maintenance staff. Employees are trained on where the closest eyewash and safety shower is for their department.

2.12 Emergency Lighting and Aisle Space

The COUNTY OF TUOLUMNE facilities is equipped with emergency lighting which is triggered in a power-outage event. The power source for the emergency lighting consists of uninterrupted power supply (UPS) batteries and/or an emergency back up generator. Emergency lighting is generally located in all areas of the facilities to provide for safe egress from the building. Emergency lighting is installed within existing light fixtures and is maintained by facilities maintenance.

COUNTY OF TUOLUMNE maintains adequate aisle space to allow the unobstructed movements of personnel, fire protection, spill control, and decontamination equipment throughout all areas of the facilities.

3.0 HAZARD IDENTIFICATION AND PROTECTION

COUNTY OF TUOLUMNE has identified hazards, the likelihood of their occurrence, and the vulnerability of people, property, the environment, and COUNTY OF TUOLUMNE itself to those hazards. Hazards that have been considered are, but not limited:

- Natural events: Fire, Biological, Flood, Earthquake, Tornado,
- Technological events: Hazardous materials release, explosion, power failure, radiological and dam or levee failure.
- Human events: Terrorism, bomb threats, and civil unrest.

Measures that have been taken to protect people, property, and the environment include: secondary containment of bulk hazardous material containers; regular visual inspections of storage containers and secondary containment structures and systems; regular preventative maintenance on process equipment, emergency response equipment and PPE; personnel training on proper operating procedures, safe hazardous material handling practices and bulk unloading procedures; emergency spill and release response procedures; pre-planning agreements with outside emergency responders (e.g., local fire and police departments, etc.); post-incident investigations designed to ensure that emergency incidents do not reoccur; and adoption and implementation of this EPP.

4.0 INTERNAL RESPONSE PERSONNEL AND ROLES OF AUTHORITY

4.1 Chain of Command

COUNTY OF TUOLUMNE's Lab manager will act as the Facilities Emergency Coordinator (FEC) during any potential emergency. When the FEC or his/her designee is on-site, (s)he is responsible for the overall operation and safety at COUNTY OF TUOLUMNE. The FEC has authority to commit the resources necessary to address an onsite emergency and will serve as the Incident Commander (IC) until relieved of command by authorized outside response agencies or

a more qualified COUNTY OF TUOLUMNE employee. The supervisor of the outside emergency response team (e.g. the Fire Department or a private emergency response contractor) or one of his designees will act as the IC upon arrival on site during an emergency.

4.2 Facilities Emergency Coordinator (FEC)

When present during an emergency, the FEC is in charge of coordinating emergency response operations. The FEC will direct the activities of appropriate officials. For emergencies that require outside assistance or could potentially impact offsite locations, the FEC will work with public officials and officials of other facilities that may be involved. Note that the FEC may also be the Incident Commander.

During an emergency, the FEC will:

- Evacuate the scene or direct another qualified person to do so by activating the fire alarm or intercom system;
- Notify the appropriate response agencies if necessary;
- Identify the character, source, amount and aerial extent of any released materials;
- Determine the potential for impact to off-site locations;
- Depending on the incident/emergency, establish a central communications location /operations center, referred to as an Emergency Operation Center (EOC) (**2nd Floor Conference Room**)
- Coordinate all communications between the Incident Commander and the EOC.
- Be prepared to leave the EOC and work with the Incident Commander if necessary.

During non-emergency times, the FEC will ensure that the EPP is reviewed and updated regularly, training is complete and all other pre-emergency preparedness responsibilities are properly fulfilled.

The FEC is responsible for coordinating the facilities's response actions (e.g., ensuring all employees have evacuated safely until outside emergency responders arrive at the scene). If possible, the FEC will identify hazards, from a safe distance through communication with other personnel. The FEC has the authority to call upon expertise, as needed, to assist the emergency situations from a technical information perspective.

The FEC is the primary liaison between the facilities and outside public and private emergency responders. The FEC will work with the outside responders and will coordinate resources and response efforts. The FEC, or his/her designee, is also responsible for making appropriate oral and written notifications of all incidents to the State and Federal authorities, where required.

4.3 Incident Commander (IC)

The IC is in charge of directing emergency response operations at the facilities. During most emergency incidents, the IC role will usually be assumed by the person in-charge of the external response team (e.g. Sonora Fire Department / Clean Harbors HazMat team, etc.) who will work under its emergency response plan. Depending on the situation (e.g., fire, hazardous material release, medical emergency) and which Response Team members have responded (e.g., Sonora Fire Department / Clean Harbors), IC responsibilities may shift. Until outside emergency responders arrive, the FEC will act as the IC.

4.4 Human Resources

The Human Resources Manager is primarily responsible for responding to all media requests and preparing statements for the press. The Human Resources Manager is responsible for developing and maintaining COUNTY OF TUOLUMNE's positive relationships with the news media and the general public. During an emergency, the Human Resources Manager works closely with the FEC in releasing information about the emergency and is also responsible for providing for the general well being and interest of the employees and outside responders during an emergency. In the event of injury or death, the Human Resources Manager is responsible for notifying employees' family.

A sample message would be "At (time) , emergency personnel at COUNTY OF TUOLUMNE were notified that there was a release of (product) from the (building-site) . All efforts are being made to control the release and minimize any impact to human health, safety and the environment. Local, State and Federal officials have been notified and precautionary actions are being taken. Once normal operations have been resumed, further details will be provided."

5.0 EXTERNAL RESPONSE PERSONNEL

5.1 Sonora Fire Department

If off-site emergency assistance is needed, the first outside response agency called is the Sonora Fire Department. The FEC or his/her designee will inform the Sonora Fire Department of all information known about an emergency incident.

When the Sonora Fire Department arrives at the facilities it will:

- Assume the role of IC;
- Be aware of and observe proper safety precautions for any hazardous chemical(s) involved;
- Take actions necessary to counter the effects of the accident or incident;
- Establish a forward command post at the scene, when necessary; call additional local and state emergency responders, when necessary; and determine if evacuation of areas outside the facilities is necessary.

The Sonora Fire Department works under a mutual aid agreement with surrounding fire departments and the Sacramento County Emergency Management Agency, and can call on these additional resources if necessary.

5.2 Sonora Police Department

The Sonora Police work in cooperation with the fire department and the facilities, and would provide the following services when asked to do so:

- Access control
- Crowd control
- Removal of security threats

- Public evacuation assistance
- Traffic control

The California State Police are also available to support these activities, if requested.

5.3 Medical and Ambulatory Services

Primary health care/ambulance service is provided by the City of Sonora, with transport to the nearest hospital. If employee is exposed to hazardous material they are transferred to an off-site hospital for treatment, an MSDS will be provided to the ambulance provider and sent with the exposed person(s) to assist medical providers with appropriate treatment.

5.4 Cleanup and External Response Contractors

Additional private companies may be contacted to supply expertise or materials as needed in the event of an emergency. COUNTY OF TUOLUMNE has a formal agreement with Clean Harbors Environmental Services, Inc. to provide Hazardous Material Emergency Response services when needed (1-800-Oil-Tank). Clean Harbors provides response services 24 hour a day, 365 days a year.

6.0 INTERNAL EMERGENCY NOTIFICATION PROCEDURE

In the event of an emergency at COUNTY OF TUOLUMNE, employees are immediately made aware of imminent dangers and possible exposures via the fire alarm or facilities paging system.

Any employee may activate the EPP by calling the internal phone extension 2465 or 2497 and reporting an incident to a person authorized to act as an COUNTY OF TUOLUMNE Emergency Coordinator or by activating a fire alarm pull station. An announcement by an authorized representative (i.e., an Emergency Coordinator or designated representative) can be made over the site-wide intercom system from any internal telephone.

6.1 Employee Notification

In the event of an emergency, COUNTY OF TUOLUMNE may decide not to evacuate if the emergency incident can be taken care without outside assistance. If an emergency incident warrants calling in outside responders (Clean Harbors Services and/or Sonora Fire Department) COUNTY OF TUOLUMNE will evacuate the area first and then determine if other areas of the facilities must be evacuated. No matter how small the emergency, COUNTY OF TUOLUMNE will evacuate the entire building if a fire alarm or building-wide evacuation command is given. If there is a fire or explosion in any part of the building, employees are notified through the paging system or fire alarm to immediately evacuate. COUNTY OF TUOLUMNE will always evacuate if the decision to evacuate is questionable. Upon evacuation of the building, a re-entry decision can be made with the assistance of outside emergency responders if necessary. In the event of an emergency when COUNTY OF TUOLUMNE personnel should not report to work, notification will be made to employees by way of telephone by a supervisor or by calling a recorded message at COUNTY OF TUOLUMNE.

6.2 If FEC Decides to Evacuate

If the decision to evacuate is made, the FEC uses the fire alarm system or paging system to initiate evacuation. Employees evacuate through the closet exit that is safely accessible. All employees have been trained on primary and alternate evacuation routes from their work areas.

Designated building Sweeps or outside professionals will manually check the building where an emergency incident has occurred to ensure that all employees, contractors, and visitors have evacuated the building. Evacuated employees and visitors will leave their respective areas according to the Evacuation Plans posted throughout the facilities. Employees gather at the group assembly areas located at the exterior of the building and are briefed at the assembly area (See Appendix A for evacuation route and assembly area figures).

6.3 If FEC Decides not to Evacuate

The FEC, using the paging system, notifies all employees and on-site visitors that an emergency situation exists at a particular location and to stay away from the area. The FEC may also communicate additional relevant information over the paging system.

The FEC must make a determination of the potential impact of an emergency on COUNTY OF TUOLUMNE personnel. If an emergency has the potential to affect a large number of personnel, a safe briefing area is selected (e.g. Breakroom) and the paging system will inform employees and on-site visitors where to assemble.

6.4 General Evacuation Procedures

Evacuation is required as a result of an emergency situation and may result in the entire building being cleared of employees, visitors, or of just specific areas being evacuated. If there is an immediate threat to human health and safety, an evacuation of the facilities will be implemented. All employees are trained on at least two ways to exit their work areas and know where the facilities group assembly areas are located. Employees should inform their visitors and contractors of this information and the evacuation procedures.

- Upon notification of an evacuation by the fire alarm, intercom system, or verbal command, ALL personnel evacuate buildings by the NEAREST SAFE EXIT. All personnel are trained on the primary and alternate evacuation routes from their work areas.
- Designated *Building Sweeps* will ensure areas of the facilities have been evacuated as they make their way out of the building.
- ALL personnel must proceed to their designated group assembly areas and wait for a headcount and name check to be taken by a designated employee. See Appendix A for a facilities diagram depicting Emergency Exits, Evacuation Routes, and Group Assembly Areas.
- After evacuating the building by the nearest exit, an COUNTY OF TUOLUMNE department supervisor will check in with the FEC and provide information on, severity, type of fire, injuries, etc. to pass on to the FEC and or Emergency Operations Center.
- Personnel must stay in the assembly area until released by the Emergency Coordinator or designee with an “All Clear” signal.

The primary means of emergency evacuation notice at COUNTY OF TUOLUMNE is the fire alarm system, which can be activated by pull-stations located throughout the facilities. A secondary evacuation notification method is by dialing 2465 or 2497 and having an announcement made over the site-wide intercom system. Employees will leave their work areas via the primary or secondary evacuation route, depending on the nature and location of the incident. Evacuation routes from the site building are provided in Appendix A. Evacuation routes are also posted throughout the facilities.

6.5 Internal Sheltering

Under certain, unusual conditions, evacuation may not be desirable. At such times, it may be necessary to shelter within the workplace. If the FEC or Incident Commander determines that people cannot be safely evacuated from an area, he/she may order internal sheltering for COUNTY OF TUOLUMNE employees and visitors. The following procedures should be followed during internal sheltering in the event of potential chemical/smoke exposure:

- Close all doors and windows;
- Shut down air conditioners and fans;
- Lower thermostat settings to minimize air intake;
- Seal off windows and doors if necessary; and
- Stay in place and await additional information.

There is virtually nothing at COUNTY OF TUOLUMNE that could cause such an incident.

6.7 Accident / Injury Reporting

In the event of an emergency, the employee and their supervisor must fill out an *Employee Incident Form*. In addition, managers are responsible for taking immediate corrective action to prevent re-occurrence and must fill out a *Supervisor/Manager Investigation Form*. These forms and additional information regarding accident reporting and investigation are provided in the Injury Illness and Prevention Plan and the employee Safety Manual.

7.0 EMERGENCY RESPONSE PROCEDURES

7.1 Hazardous Materials Response Procedures

Small Scale

The following spill cleanup procedures should be conducted for small releases of hazardous chemicals.

- Have co-workers evacuate the immediate area and keep others away
- Contact a member of the hazmat team (names posted by the first aid kits) to evaluate the spill material to determine proper clean up materials
- Obtain spill absorbent material from the nearest spill kit/station
- Apply absorbent material as trained to do so
- Decontaminate any tools or work surfaces impacted by the spill
- Contain all remedial waste in appropriate containers
- Ensure waste is labeled and disposed of according to federal, state, and local regulations

Large Scale

Upon discovering that a spill has occurred or has the potential to occur, employees should immediately notify surrounding employees and a supervisor of the discovered hazard and then notify a Facilities Emergency Coordinator. The employee reporting the incident should provide as much information as possible regarding the type, nature and location of the spill.

The FEC will immediately assess reported situations. The assessment will evaluate the nature and scope of the problem, the steps necessary to protect life, health, environment, property, and facilities operations.

The FEC will immediately determine the need for and extent of evacuation (if not already accomplished) and the need to call for outside assistance. During emergencies involving a hazardous chemical release, no COUNTY OF TUOLUMNE employee may approach the point of release to plug, patch or otherwise control the release. Affirmative response to most emergencies is performed by outside, professionally trained hazardous materials response teams.

The facilities's primary outside responder is the Sonora Fire Department. The Sonora Fire Department will determine the level of response necessary to mitigate the spill and if it can be remediated within their capacity. If necessary, Clean Harbors, COUNTY OF TUOLUMNE's outside emergency response contractor, may be called to assist with hazardous material incidents. When outside response professionals are on-site, they will assume the IC role and operate under their own emergency response plan.

If the FEC determines that the incident cannot be safely mitigated by COUNTY OF TUOLUMNE personnel, the incident will be characterized as an emergency and will require outside assistance. The FEC will immediately activate this ICP for all situations that may potentially result in an emergency. COUNTY OF TUOLUMNE will contact the Fire Department and, if necessary, private response contractors, to respond to the emergency incident at COUNTY OF TUOLUMNE.

The Sonora Fire Department is always called in the event of a fire or significant hazardous materials incident. However, the Fire Department and/or COUNTY OF TUOLUMNE may choose to have the Clean Harbors HazMat team respond to address hazardous matter releases which can not be cleaned up by COUNTY OF TUOLUMNE personnel. Clean Harbors will operate under its own emergency response plan and use its own personal protective equipment when called to provide emergency assistance at COUNTY OF TUOLUMNE. COUNTY OF TUOLUMNE has a prearranged service contract with Clean Harbors.

When the Fire Department and/or private emergency response contractors report to the site of emergency, one of the outside responders will assume the role of the IC and coordinate the response efforts between the various response parties. The FEC and COUNTY OF TUOLUMNE's alternate FECs will assist the external response teams, as necessary.

COUNTY OF TUOLUMNE will conduct an investigation into the cause of all spills, the emergency response, and the corrective action(s) needed to prevent a repeat incident. Investigation procedures are described in the Hazardous Communication Plan

7.2 Fire Emergencies

In the event of a fire within the facilities, immediately notify those workers in the area, activate the fire alarm at a pull station, close all doors to the area, and report the fire by dialing 9-911 on the closest telephone. Proceed to the nearest exit and evacuate the building. Activate the fire alarm at a pull station on your way out if safe to do so. The fire alarm system is described in section 2.7. The Evacuation Procedure is described in section 6.4.

The Facilities Contact, if safe to do so, will verify that the fire main valves located at the north east corner of the parking lot are both in their full open position. The full open position of these two valves is evident by the extension of the threaded rod above the hand wheels. These two valves control the flow of water to the automatic fire sprinkler system and the fire hydrants around the building. There should be no threads visible below the hand wheels when the valves are fully open. The Facilities Contact will also verify the open position of the post indicating valve at the south west corner of the building. This valve controls the flow of water to the automatic fire sprinkler system. This valve is open when the word "open" is visible in the window on the side of the valve. If any of these valves are not found in their full open position, the Facilities Contact will open these valves. The Facilities Contact will be trained and understand the function of these valves, the operation of the valves, and should be able to ascertain the position of the valves quickly.

7.3 Explosion Emergency Procedures

An explosion will most likely trigger the Fire Alarm. If this does not happen, the Fire Alarm should be activated immediately by anyone by activating the nearest pull station. Then follow the general evacuation procedure described in section 6.4.

7.4 Power Failures

In the event of a power failure, the building may be evacuated if general and local ventilation systems shut down. However, backup power generators should provide power for these systems in the event of a power outage. Maintenance personnel will notify the FEC if facilities ventilation systems fail. The FEC will initiate evacuation if necessary.

The phone system will remain active in the event of a power failure. The emergency lighting will automatically turn on in the event of a power failure.

7.5 Bomb Threats

Any employee may receive an inappropriate phone call or phone message. The person receiving the call must remain calm, determine the type of call (threat or harassment), and take notes if possible. Also note the time of the call and whether it is internal or external. Threats to life or property, whether received as a phone call or a phone message, should be taken very seriously and reported immediately to a supervisor/manager (via a note given to another employee to keep the caller on the phone).

Ask the caller if possible, WHAT is going to happen, WHEN it is going to happen, WHERE it will happen, WHY it will happen, and WHO is doing this.

Listen for strange background noises such as Motors running, any type of music in the background, any traffic, machinery, and any noise which might give a clue to where the call is coming from.

Listen closely to the callers voice, male or female, accent or impediment, intoxication or irrationality, and slang or pet phrases that may be used.

7.6 Harrassing, Abusive, or Obscene Calls

If such a call is experienced, hang up the phone immediately and report it to Human Resources.

7.7 Flood Plan

COUNTY OF TUOLUMNE is located approximately one quarter mile south of the Sacramento River, which flows through Sonora. COUNTY OF TUOLUMNE's location is within the flood plain of both the Sacramento River and the Yolo County Bypass. If there was a levee breach COUNTY OF TUOLUMNE would most likely be affected within one to two hours. The water levels in the Yolo Bypass and Sacramento River may increase to a level that presents a flood hazard when unusually heavy rains occur during periods of snow melt. Visit www.safca.org/floodRisk/riverConditions.asp for any updated information.

The County's Emergency Management Agency determines when to issue a flood warning. Once a warning has been issued, the Agency will give an estimated time in which water is expected to arrive. The FEC or designee will then be paged and given the information.

The FEC must make a determination of the potential impact of an emergency on COUNTY OF TUOLUMNE personnel. If an emergency has the potential to affect a large number of personnel, a safe briefing area is selected (e.g. Breakroom) and the paging system will inform employees and on-site visitors where to assemble. The FEC will then direct the personnel as to procedures that will need to be done before the flood waters arrive in order to reduce the damages and down time as much as possible by planning for the event in advance. This will be accomplished by raising or relocating key items to the second floor of the building when practical.

Procedures before flood waters arrive are (1 to 2 hours for response time):

- Once warning has been issued, the FEC or designee will assign managers/supervisors or designees of departments to move highest priority (see attached list) items upstairs to the second floor warehouse areas.
- Facilities Contact will move spare parts, motors, power tools to the second floor from the priority list (see attached list)
- FEC will designate two people to begin wrapping all machinery being relocated upstairs in plastic bags to protect against humidity.
- The FEC will designate 4 people to move computer terminals, phone equipment, and mainframe to the upstairs electrical closet
- Reserve a conference room and several hotel rooms for use for the next two weeks while water recedes. Water may take months (3 to 6 sometimes) to recede. Be sure to include this time frame in your reservation.
- The FEC will assign four people to move a printer, copier, fax, 10 boxes of paper, cell phones and chargers, and 5 laptops (from various personnel), 2 boxes pens, 10 notepads, and all data disks and backup disks on site to the hotel.
- The FEC will evacuate the rest of the building
- The facilities contact will turn off the electrical power and gas supply by following the procedures located by those switches.
- The FEC will then set the alarms and exit the building.

Procedures for flood recovery begin as soon as the site is evacuated:

- The Human Resources Manager will manage public relations according to section 4.4. This should include media, interviews, and responsibility for giving out approximate re-opening dates.
- The FEC should contact purchasing to postpone future shipments that may be coming to the facilities
- All operations will work out of the hotel by available management personnel only.
- The FEC and/or Facilities Contact should begin contacting contractors for reservations including electrical contractors, plumbers, machine maintenance, fire system company etc.

Once the flood waters have receded:

- The Facilities Contact will check the fire protection equipment once the water recedes including sprinkler control valves, remove mud and water from valve pits, checking the system circuits for integrity
- The FEC will assign someone to separate damaged and undamaged materials
- The facilities Contact will use our electrical contractor to dry, repair, or replace damaged electrical equipment and switchgears
- The FEC will then assign people to evaluate the damages with mechanical equipment, electrical equipment and order parts that may be necessary
- The FEC or designee will coordinate the clean up effort.
- Purchasing will need to be contacted to get supply orders to the lab, the FEC or laboratory manager will give a priority list of supplies.

7.8 Earthquakes

California is covered with faults through out the state. It is unlikely that COUNTY OF TUOLUMNE will experience a severe earthquake but in the event that there is one the following procedure should be implemented:

Procedures before an earthquake:

- Train all personnel on how to react in an earthquake
- Make sure seismic straps are in place
- That all shelves meeting requirements are bolted down to prevent toppling.
- That items are not stacked higher than appropriate

Procedures during an earthquake:

- **Stay calm**
- **Stay put** If you are inside, stay inside; if you are outdoors, stay there and move away from items that could fall on you
- **Take Cover** If indoors, get under a desk, table or bench and hold on to the legs; or stand in a supported doorway or along an inside wall or corner. Stay clear of windows, bookcases, cabinets or anything else that could potentially fall. If no protection is available, drop to the floor and cover your head with your hands.

If outdoors get into the open away from buildings, trees, walls and power lines. The

greatest danger from falling debris is just outside doorways and close to outer walls. Stay in the open until the shaking stops.

If in a car, pull over to the side of the road as quickly as is safely possible and stop the car. Never stop on top of or underneath a bridge or power lines. Stay in your car until the earthquake is over. When you drive on watch for hazards created by the earthquake such as fallen debris, downed electrical wires, or broken or undermined roadways.

Procedures after an earthquake:

- Immediately report to your manager / supervisor to let them know you are alright and accounted for
- Do not move any injured personnel
- The FEC or designee will pull the fire alarm, if not already going off to evacuate the building. IF THERE IS NO NEED FOR THE FIRE DEPARTMENT TO ARRIVE PLEASE USE THE INTERCOM SYSTEM TO INITIATE EVACUATION.
- The Facilities Department will shut off the main electrical and gas supply to the building.
- The Facilities Department or designee will begin reserving contractors for work to be completed, electricians, plumbers, machine maintenance, etc.
- Once evacuated the FEC will then let rescue crews know how many are missing or known to be injured in the building.
- All public relations will be controlled by the Human Resources Manager according to section 4.5

Once the building has been deemed safe for reentry:

- Allow personnel to check in with their families to determine their need to return home immediately once safe to do so
- The Facilities Contact or designee will check gas, water, and electrical equipment for damage.
- The Facilities Contact will check the fire protection equipment including sprinkler control valves, valve pits, and checking the system circuits for integrity
- The FEC will assign someone to separate damaged and undamaged materials
- Clean Harbors will need to be contacted for any type of chemical spills that may need to be cleaned up
- The facilities Contact will use our electrical contractor to repair or replace damaged electrical equipment and switchgears
- The FEC will then assign people to evaluate the damages with mechanical equipment, electrical equipment and order parts that may be necessary
- The FEC or designee will coordinate the clean up effort.
- Purchasing will need to be contacted to get supply orders to the lab, the FEC or laboratory manager will give a priority list of supplies.

7.9 Tornadoes

COUNTY OF TUOLUMNE is not located in an area where tornados would normally pose a threat but the area is not immune to them. Tornados often strike with little or no warning. The

following procedures should be followed in the event that a message has been given that a tornado may be moving through the area.

Procedures when the tornado hits:

- Personnel on the second floor should immediately move to the first floor and take cover. If time does not allow for movement, cover should be taken away from glass and under protective items such as a table. **Do not go outside**
- Once under cover, personnel should assume a seated position on the floor with their heads down and their hands covering their heads.
- If time permits, heavy clothing such as jackets or movable objects such as chairs should be placed in open areas around people to prevent as much flying debris as possible from penetrating the take cover area

Procedures once the tornado has passed:

- The FEC, Facilities Contact, or designees once the emergency period has ended will check the building for damage.
- If the building looks undamaged (tornado passed the building by) the FEC will give an all clear signal over the paging system to let people know it is safe to come out of their take cover areas and give any further instructions
- If the building is damaged, the FEC and Facilities Contact will check the best routes for egress to prevent injury
- The FEC, using the paging system, will announce the routes for egress that are not blocked by debris and that should be used once the fire alarm sounds
- The FEC or designee will then pull the alarm to allow evacuation.

8.0 NOTIFICATION PROCEDURES FOR FEDERAL, STATE, AND LOCAL OFFICIALS

COUNTY OF TUOLUMNE reports releases, leaks, discharges, and spills (collectively referred to as “releases”) of hazardous material to the environment in a quantity equal to or exceeding an applicable reportable quantity (RQ) in any 24-hour period, or if the release spreads beyond COUNTY OF TUOLUMNE’s boundary. The RQs for hazardous materials present at COUNTY OF TUOLUMNE are listed at 40 C.F.R. § 302.4 and are provided in Appendix B.

COUNTY OF TUOLUMNE stores and utilizes hundreds of hazardous chemicals, products, and mixtures within the facilities. A release of any of these chemicals to the environment is unlikely; however, in the event a release reaches the environment, a reportable condition may exist. This section of the ICP identifies how COUNTY OF TUOLUMNE will determine if a RQ (in pounds and/or gallons) of a hazardous material is released to the environment in the event of a chemical spill.

In the event of a chemical release, COUNTY OF TUOLUMNE will immediately identify the product or chemical released and determine what quantity, if any, was released to the environment. Where a product or mixture contains more than one hazardous chemical, all hazardous chemicals shall be identified. This will most likely be done by referencing the products Material Safety Data Sheet for chemical specific information. COUNTY OF TUOLUMNE will determine the concentration (percent by weight) of each chemical within the released product by reviewing the MSDS or utilizing process knowledge. Because the List of

hazardous Substances and Reportable Quantities, found in Appendix B, provides RQs in pounds, COUNTY OF TUOLUMNE will have to convert gallons to pounds for those chemicals released in liquid form.

For product releases to the environment, perform the following calculation to determine the weight of the individual hazardous constituent released:

[(vol. product released) (product's specific gravity x 8.34)] (percent hazardous constituent present in product)

After calculating the percentage (by weight) of the hazardous chemicals released, reference the RQ table in Appendix B to determine if a reportable concentration has been exceeded. Where a product or mixture contains more than one hazardous constituent, all RQs shall be researched, and the lowest applicable RQ shall be used to determine whether a release is reportable.

As soon as COUNTY OF TUOLUMNE has knowledge that there has been a release to the environment that equals or exceeds an applicable RQ in any 24-hour period, it immediately reports the release to all appropriate agencies. COUNTY OF TUOLUMNE defines immediately to mean within one hour of becoming aware of the exceedance, unless reporting within this time frame would compromise the response effort. If the response effort would be compromised, COUNTY OF TUOLUMNE will report as soon as practicable. If a release is completely contained within a building or secondary containment the release will not be reported.

There are many hazardous materials present on-site in quantities less than their applicable RQs. If any of these materials are released in a quantity less than their RQs, they will be addressed in accordance with this ICP, but will not be reported to outside agencies unless circumstances require reporting (e.g., outside assistance or emergency treatment is needed).

In determining reportable quantities, COUNTY OF TUOLUMNE will rely on information contained in manufacturers' material safety data sheets (MSDSs) and/or process knowledge.

8.1 Immediate Oral Notification Procedures

If a reportable release of hazardous materials occurs, the Risk Management Analyst or his/her designee will report the incident immediately to the:

- | | | |
|----|--|--|
| A. | Sonora Fire Dept | 9-911 (or 916-617-4600) |
| B. | California State Police (which informs the State Emergency Response Commission ("SERC") and DEP) | 1-800-452-4664 |
| C. | National Response Center | 1-800-424-8802 |

If a reportable release occurs and threatens to leave the boundaries of the facilities, the Risk Management Analyst or his/her designee will also notify, immediately, the Sacramento County Sheriff's office at 916-774-1444 who will notify the Sacramento County Emergency Coordinator.

The following information will be provided to all government agencies to which COUNTY OF TUOLUMNE reports:

- Specific location of release;

- Identification and estimated quantity of hazardous material released;
- Time and duration of release;
- Environmental media into which the hazardous material was released;
- Known or anticipated acute or chronic health risks;
- Precautions that should be taken, including evacuation or medical surveillance; and
- Names and telephone numbers of parties to be contacted for further information.

If an emergency incident involves incompatible waste, the Risk Management Analyst will confirm that such waste is not stored, treated or disposed prior to the completion of cleanup procedures and all emergency equipment is cleaned and fit for its intended use. The Risk Management Analyst or his/her representative will notify DEP that COUNTY OF TUOLUMNE is in compliance. Once this notification is made, COUNTY OF TUOLUMNE will resume operations in the affected areas of the facilities.

8.2 Written Notification Procedures

Within fifteen days after an emergency incident that involves the generation, storage, treatment or disposal of incompatible hazardous waste, the Site Risk Management Analyst or his/her representative will submit a written report to EPA /DEP that provides the:

- Name, address, and telephone number of the owner or operator;
- Name, address, and telephone number of COUNTY OF TUOLUMNE;
- Date, time, and type of incident (e.g., fire or explosion);
- Name and quantity of material involved;
- The extent of injuries, if any;
- Assessment of actual or potential hazards to human health or the environment, if applicable; and
- Estimated quantity and disposition of recovered material that resulted from the incident.

8.3 Reporting of Fatality or Multiple Hospitalizations


Within 8 hours after the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees as a result of a work-related incident, COUNTY OF TUOLUMNE orally reports the fatality/multiple hospitalization by telephone or in person to the nearest Area Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor, or by using the OSHA toll-free central telephone number (800) 321-6742. This will be the responsibility of the Risk Management Analyst.

This notification is made after each such fatality or hospitalization of three or more employees which occurs within thirty (30) days of an incident. If COUNTY OF TUOLUMNE does not learn of a reportable incident at the time it occurs and the incident would otherwise be reportable, COUNTY OF TUOLUMNE will report the incident within 8 hours of the time the incident is reported to any agent or employee.

Such notifications will relay the following information:

- The facilities's name;

- Location of incident;
- Time of incident;
- Number of fatalities or hospitalized employees;
- Contact person and telephone number; and
- Brief description of incident.

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Subject: 4.0 Ergonomics Program				
Approved _____ Human Resources Manager Date		Approved _____ Risk Analyst Manager Date		

1.0 INTRODUCTION

Musculoskeletal disorders, also known as cumulative trauma disorders (CTDs), repetitive trauma disorders (RTDs), repetitive strain injuries (RSIs), repeated motion disorders, or overuse syndromes, are illnesses, injuries, or diseases that affect one or more parts of the musculoskeletal system. CTDs include sprains, strains, inflammation, degeneration, tears, pinched nerves or blood vessels, bone splintering, and stress fractures.

Common symptoms of CTDs include:

- Painful joints
- Pain, tingling or numbness in hands or feet
- Shooting or stabbing pains in arms or legs
- Swelling or inflammation
- Burning sensations
- Pain in wrists, shoulders, forearms, knees, etc.
- Fingers or toes turning white
- Back or neck pains

There are some risk factors that increase the chance of work-related CTDs. These include forcefulness, task repetitiveness, awkward posture, static loading or sustained exertions, mechanical contact stress, extreme temperatures, hand-arm vibrations, poorly fitted gloves, and so on.

As much as 50% of all worker compensation claims in TUOLUMNE COUNTY are attributable to CTDs. The prevention of occupational musculoskeletal disorders is a management top priority. This program must be considered as a minimum standard. It cannot cover every situation. The need will always exist for common sense and good judgment to protect yourself and others around you from injury.

2.0 PURPOSE

The purpose of this program is to establish TUOLUMNE COUNTY ergonomics program and define the responsibilities, to evaluate, prevent, and manage work-related musculoskeletal disorders.

This program applies to all employees (full-time, part-time, temporary), contractors, and visitors.

3.0 DEFINITIONS

Awkward posture: a deviation from the ideal working posture of arms at the side of the torso, elbows bent, with the wrists straight. Awkward postures typically include reaching behind, twisting, bending forward or backward, pinching, and squatting.

CTDS: illness, injuries, and diseases that affect one or more parts of the musculoskeletal system.

Fatigue: a condition that results when the body cannot provide enough energy for the muscles to perform a task.

Forcefulness: the amount of physical effort required of a person to do a task and/or maintain control of tools and equipment.

Hand-arm vibration: vibration (generally from equipment or hand tools) that goes through the hand and arm, then travels through the body.

Musculoskeletal system: soft bones, muscles, tendons, ligaments, cartilage, nerves, and vessels in the body.

Neutral Posture: comfortable working posture that reduces the risk of CTDs.

Repetitiveness: performing the same motion repeatedly. The severity of risk depends on the frequency or repetition, speed of the movement or action, number of muscle groups involved, and the required force.

Risk factors: aspect of the job that increases the worker's chance of getting a work-related CTD.

4.0 RESPONSIBILITY

Generally, both management and employees are responsible for compliance with safety and health standards. Management has the responsibility to see that practices and processes are designed, engineered, constructed, maintained, and operated to provide the utmost in safe and healthful conditions.

4.1 Managers / Supervisors

- Eliminate or minimize exposure of employees to ergonomic risk factors
- Work with employees to resolve ergonomic issues
- Inspect the work area to identify high-risk work activities and causes of injuries
- Identify and implement actions to minimize the occurrence of injuries
- Ensure employees are trained on how to identify signs and symptoms of work-related CTDs
- Provide direction, accountability, and credibility to TUOLUMNE COUNTY's efforts in preventing CTDs
- Encourage and support communication regarding ergonomic issues between employees and management at all levels.
- Provide an environment that encourages participation at all levels

4.2 Risk Management Analyst

- Provide guidance, consultation, and a system to support the managers / supervisors in maintaining a safe workplace.

- Review safety and health inspection reports and records, and help to correct unsafe conditions or practices observed
- Conduct pre-injury preventative workstation evaluations
- Identify interventions to minimize unsafe conditions
- Recommend appropriate equipment for work stations when needed.

4.3 Employees

- Required to abide by the safety rules and not to commit to unsafe acts
- Communicate ergonomic issues to your manager / supervisor when first noticed
- Attend training programs when required
- Follow work procedures and adjust workstations to prevent injury and ensure safety.

5.0 HAZARD PREVENTION AND CONTROL

5.1 Engineering Controls

Where possible, permanent engineering controls will be used to fit the task to the employee. These controls include making changes to workstations, tools, or equipment used on the job, or changing the way the job is done to avoid work-related musculoskeletal hazards.

Workstation Design: Each workstation shall be evaluated in terms of its workspace layout, work surfaces, standing and walking surfaces, seating, storage, work fixtures, materials handling and/or movements and environmental factors such as extreme temperatures, humidity, and so on. Any ergonomic risk factors discovered must be eliminated or at a minimum, reduced and the workstation fixed to fit the employees.

Work Methods Design: Job tasks shall be critically evaluated to eliminate static or awkward postures, mechanical stress, repetitive motions, excessive force, and unreasonable work rates.

Tools and Equipment Design: Where possible, tools and equipment should be designed to fit the employee, however they must be chosen for the specific demands of the task. Tools must meet the neutral body test, meaning that the employee using the tool should maintain neutral posture while using the tool. Some of the factors that can be modified to prevent risk include tool size, weight, and balance; handle size and position, and power control design.

5.2 Work Practice Controls

These are administrative controls used when engineering controls are not viable to reduce the duration, frequency, or severity of exposure to a hazard.

Work Practice controls include but are not limited to:

- Work method training – Training the employee to perform the work in a fashion that helps to reduce work-related CTDs
- Gradual introduction to work – Slowly introduce the employee to work that has a risk for work-related CTDs
- Monitoring – monitor the employees task to ensure that they are doing it correctly and not taking short cuts that could increase the risk for work-related CTDs

- Recovery pauses – small breaks (3-5 min) that employees are given every hour to stretch and relax the muscles that have been used
- Job rotation – rotate the tasks being performed in the department to reduce the risk or work-related CTDs
- Job redesign – redesign the process for the task to promote less repetitive motion and more recovery pauses.

5.3 Personal Protective Equipment

This must be used as a last resort, only when engineering and work practice controls are not a viable option to eliminate or reduce the risk. PPE must be worn while alternative measures are being evaluated.

PPE includes but is not limited to gloves, knee pads, appropriate footwear, and braces, support cushions, and so on.

6.0 Injury Prevention Phases

The methods described on the Hazard Prevention and Control section of this program are part of our injury prevention efforts. TUOLUMNE COUNTY will identify risk factors and implement controls to eliminate them.

6.1 Injury Management / Early Intervention Phase

This phase begins when a work-related musculoskeletal injury occurs. Our injury management focus is on early diagnosis and treatment of the injury, regardless of whether the employee continues to work, begins modified duty, or is off work.

The goal of this phase is to minimize time lost from work and ensure safe return to work. This is accomplished by:

- Seeking early and appropriate treatment
- An aggressive safe return to work by modifying duties and jobs for injured workers

6.2 Chronic Injury Phase

It is our intent never to get to this phase with any injury. By focusing on prevention and injury management, no injury should ever become chronic. However, in the unlikely event that an injury becomes chronic, our goal is to ensure return to work without further complexity and to prevent disability. The following conditions will trigger chronic intervention:

- Employee has not returned to work and the claim remains unsolved
- Employee has not returned to work and does not show demonstrated improvement from the second phase
- Employee has returned to work with limited duties, but without resolution of the claim
- Employee has been released for work, but nonphysical barriers have prevented return to work

Each case shall be dealt with by the Risk Management Analyst and any other parties that may need to be involved. All information gathered shall be used to resolve the claims. The

information should also be used to update and improve the ergonomics program so that the risk factors that caused the chronic injury would be prevented in the future.

7.0 TRAINING AND EDUCATION

Training plays a significant part in the ergonomics program. Initial training shall be provided to all employees and managers to understand the potential risk of ergonomic injuries, their causes, symptoms, prevention, and treatment. Job specific, hands-on training will be given to employees at their workstation by their supervisor. This training is included in the New Employee Safety Orientation. An annual awareness training is also given each year as an on-line course to keep employees aware of the hazard.

Additional training will be provided when new processes, equipment, or procedures are introduced into the workplace or when an employee is absent for more than 60days

Employee Involvement is vital to the success of the ergonomics program in general, and particularly, the training element. Managers and supervisors are responsible for creating an environment conducive to maximum success through communication and training.

COUNTY OF TUOLUMNE

ERGONOMIC WORKPLACE PROGRAM

Effective Date: July 1, 1991

Revised: June 2001

OSHA defines ergonomic disorders as ailments of the musculoskeletal and nervous systems occurring in either the upper or lower extremities, including the back. These disorders may be caused or aggravated by repetitive motions, forceful exertions, vibrations, sustained or awkward positioning or mechanical compression of the hand, wrist, arm, back, neck, shoulder and leg over extended periods or other ergonomic stresses such as improper lighting conditions. Ergonomic disorders include cumulative trauma disorders such as carpal tunnel syndrome, various tendon disorders and lower back injuries.

A main distinction between ergonomic disorders and strain or sprain injuries is that the latter usually result from a single act, such as acute trauma. Ergonomic disorders, on the other hand, develop gradually over periods of weeks, months and years and there are few, if any, distinctive or dramatic features surrounding their onset.

County Ergonomic Workplace Program

Statement of Intent: The County believes that ergonomics goes hand-in-hand with higher productivity and quality management. If a job is well designed, people will perform efficiently. If it is poorly designed, people will perform inefficiently and have more injuries. The County endeavors to eliminate the latter.

Purpose of Program: To prevent occurrence of work-related musculoskeletal disorders, to inform employees about musculoskeletal disorders and the risk factors that can cause or aggravate them, to promote continuous improvement in workplace ergonomic protection, to encourage new technology and innovation in ergonomic protection, to identify design principles that prevent exposure to risk factors, and to ensure ongoing and consistent management leadership and employee involvement.

Risk Identification Procedures and Employee Reporting

Employees are encouraged to report cumulative trauma disorder symptoms or risks, without fear or reprisal or discrimination, through the Employee Hazard Report Program.

The County will establish an on-going review of County documents related to cumulative trauma disorders, to determine whether employees have reported symptoms of, or been diagnosed with any cumulative trauma disorder. Documents to be reviewed include:

- OSHA 200 logs and inspection notes
- Worker's compensation loss runs, and
- Available medical records

In addition to examining records for the occurrence of musculoskeletal disorders, the County will also monitor jobs with risk factors to determine the extent to which musculoskeletal disorders (MSD) are present. Jobs with the following characteristics will be so monitored.

- Performance of the same motion pattern every few seconds for more than two hours at a time during the work shift
- Fixed or awkward work postures for more than a total of two hours during the work shift (for example, overhead work, twisted or bent back, bent wrist, kneeling, stooping, or squatting)
- Use of vibrating or impact tools or equipment for more than two hours at a time during the work shift
- Manual handling and lifting of objects weighing more than 25 pounds in each work shift
- No worker control over work pace for more than four hours at a time during the work shift

A risk factor checklist is to be completed for the jobs with these requirements. There are two checklists available – one for office work environments and one for all other types of environments. The checklist results will determine whether the County has to proceed to further evaluation. The risk factor checklists are attached.

Work Site Evaluation

The County Safety Officer will ensure that a work site evaluation is performed for any of the following reasons:

- Whenever an employee reports a cumulative trauma disorder symptom which is reasonably likely to be work related;
- Whenever an employee is diagnosed with a cumulative trauma disorder; or
- Whenever the County Safety Officer acquires information that identifies a cumulative trauma disorder risk in a specific work activity in the work place.

Work site evaluations may also be conducted or repeated whenever control measures are implemented; wherever new processes, procedures, equipment or activities occur; or whenever the County acquires new information indicating that the most recent work site evaluation may be deficient.

A work site evaluation will seek to ascertain the presence and severity of any cumulative trauma risk, and may include the following evaluation steps:

- Asking employees if they have recently experienced or are experiencing MSD symptoms;

- Identifying specific work activities, if any, that are likely contributors to cumulative trauma;
- Identifying and evaluating changes that can be made to reduce the exposures; and
- Describing the control measures to be implemented, including a schedule for their design, implementation, and evaluation.

Schedules for corrective actions will be set and if the schedule cannot be kept, all relevant parties will be notified.

When the work site evaluation is prompted by an employee report or MSD diagnosis the evaluation will focus on the work activities of that specific employee. When the evaluation is required because a MSD risk is identified, the evaluation will focus on all of the employees known to be exposed to this risk. Work site evaluations will be formalized, documented in writing, and records maintained.

Corrective Control Implementation

Where the County identifies a “MSD at risk” job (i.e. those with moderate to high risk), the County Safety Officer will endeavor to identify the cause of the risk and implement corrective actions or appropriate controls. For jobs that have an obvious MSD risk and where the solution can be readily accomplished, the goal for corrective action will be thirty (30) working days. Where the problem is multi-factorial and the causes are less obvious the County Safety Officer will perform a job analysis to ascertain what can be done to eliminate/reduce the risk and corrective action will be taken within a reasonable time period thereafter.

The County will utilize feasible engineering controls, administrative controls, and personal protective equipment as necessary to eliminate or reduce identified MSD risk. Control measures will be implemented in a timely manner based upon the severity of the hazard. Personal protective equipment will not be used as a substitute for feasible engineering or administrative controls. Protective equipment may be used where it provides protection at least as effective as the engineering and administrative controls otherwise required.

Training

Employee training will be the responsibility of individual departments under this standard. HR staff can be contacted for assistance in developing this training. The training curriculum shall include:

- Awareness of the symptoms and consequences of MSD, including an explanation of the types and symptoms of upper and lower extremity MSD, how MSD occur, how their initial symptoms can be detected, and the physical limitation MSD can cause

- Awareness of MSD risk factors, including an explanation of what MSD risk is, the types of medical conditions that can aggravate MSD, and the types of occupational and non-occupational activities and postures that are associated with MSD risk
- Awareness of safe work methods, including an explanation of methods and techniques to minimize MSD risk in work activities, including the correct and safe use of all equipment and tools which pose a MSD risk; and
- The specifics of the Employee Hazard Reporting system (as outlined in the IIPP)

The training shall be updated promptly upon implementation of engineering controls, and shall be conducted at least on an annual basis.


Training Information: Included with this program outline are training materials related to ergonomics and MSD risk. Departments should utilize this information in complying with their responsibilities related to employee training. Call the HR office for further information on available training resources.

Evaluating the Effectiveness of the Program

The County will evaluate the effectiveness of this Ergonomic Workplace Program on an on-going basis. It is anticipated that gradual improvements will be seen in the workplace as the program is implemented. Objective measures include proportion of jobs that have moderate to high risks, incidence rates, and severity rates.

Final Note

The tragedy of MSD is that it is relatively easy to prevent but hard to cure. Most people can avoid the ailment by taking a few precautions – doing warm-up exercises, maintaining good posture (but no sitting too rigidly), keeping their arms loose, holding their hands properly, stretching occasionally and taking frequent rest breaks. On the other hand, once people get full-blown cases, they will be susceptible to reinjury for the rest of their lives. It must be a partnership between the employees and the County. The employees have to do their part by taking breaks and taking care of themselves, and management has to provide them with the proper tools, equipment, and education.

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Introduction

COUNTY OF TUOLUMNE is committed to eliminating, whenever possible, or minimizing occupational exposure of employees to bloodborne pathogens and other potentially infectious materials. This policy has been written to meet these goals as well as comply with OSHA's Bloodborne Pathogen Standard, 29 CFR 1910.1030, (Appendix A).

OSHA's Bloodborne Pathogen Standard specifies that a written exposure control plan outline how the employer will:

- Identify exposed employees
- Reduce or eliminate potential exposure through engineering and work practice controls, personal protection equipments, and housekeeping.
- Provide the information on bloodborne pathogen hazards that must be communicated to all potentially exposed employees
- Provide Hepatitis B vaccination to all potentially exposed employees
- Post –exposure follow-up to employees exposed during incidents
- Meet certain recordkeeping requirements.

The following procedures are based on the requirements of OSHA's Bloodborne Pathogen Standard and the most current professional practices used in the field for occupational health and safety.

It is important to update the Exposure Control Plan. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually
- When new or modified tasks or procedures are implemented
- When employees jobs are revised such that a new potential for exposure may exist
- When new positions are established that may involve exposure to bloodborne pathogens.

definitions

Blood – means human blood, human blood components, and products made from human blood

Bloodborne Pathogen – means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Covered Employee – an employee covered by OSHA's Bloodborne Pathogen Standard (Categories I and IIA, see section 4.0)

Exposure Determination – an evaluation of each position (individual employee) to determine occupational exposure (Categories I, IIA, IIB, see section 4.0)

HBV – Hepatitis B virus

HCV – Hepatitis C virus

HIV – Human immunodeficiency virus

Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duty or from assisting a fellow employee if deemed appropriate situation.

Other Potentially Infectious Material (OPIM) – The following human bodily fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Standard – refers to Bloodborne Pathogen Standard which can be found in Appendix A.

Universal Precautions – treating all human blood and certain human bodily fluids as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.

Responsibilities

Responsibility for controlling exposures to bloodborne pathogens rests at all levels of management.

3.1 Public Health Officer will:

- 1) Follow up with potential exposed employee when notified in accordance with policies.
- 2) Follow up with any source patients when notified in accordance with policies.

3.1a Risk Management Analyst will:

- Provide technical assistance for compliance with the Exposure Control Plan and answer questions for employees
- Provide departments where exposed or potentially exposed employees work with copies of the Standard, this policy and training
- Investigate all exposure or potential exposure incidents to infectious materials to determine the cause and recommend procedures as necessary to prevent future incidents
- Review and update this plan annually
- Annually inspect areas where covered employees work to ensure that activities are conducted in accordance with the provisions set forth in the policy and standard.

Department Head/Managers

Managers are responsible for the overall program administration, including training of the workers and:

- Has overall responsibility for coordinating and implementing the Exposure Control Plan in their department.
- Make a diligent effort to identify covered employees and departments within their department and make them aware of the requirements of this Standard and this plan.
- Supervise decontamination operations where accidents have resulted in significant decontamination.
- Ensure, through their supervisory personnel, compliance with Section 5.0 and 6.0 of this plan which outlines exposure control methods.
- Conduct an exposure determination for each position within their department and submit their findings, when requested, to the Risk Management Analyst.
- Ensure that all employees covered by this plan have completed the on-line safety training for Bloodborne Pathogens.
- Must select and employ engineering controls that reduce the potential for exposure to bloodborne pathogens.

- Ensure that supervisors and employees follow control strategies outlined in Section 5.0 and 6.0 of this plan.

Supervisors

Supervisors are responsible for:

- Supervising the performance of their staff to ensure required work practices are followed.
- Ensure that engineering and personal protective equipment are used and in good working order.
- Ensure that employees that are covered under this plan have received the proper training.
- Ensure that any exposure incident is reported immediately.
- Notify visitors in your area of potential of occupational exposure to bloodborne pathogens.

Employees Covered by the Standard

After appropriate training, employees are expected to:

- Know what tasks they perform that have the potential of occupational exposure to bloodborne pathogens.
- Attend annually, as assigned, bloodborne pathogens training.
- Consistently use all engineering controls, work practices, and appropriate PPE as set forth in this plan in Section 5.0 and 6.0.
- Plan and conduct all operation in accordance with this plan.
- Immediately report all unsafe conditions and all bloodborne pathogen exposure incidents, or near miss situations.
- Be familiar with procedures for limiting exposure to human blood and other infectious materials.
- Utilize Universal Precautions as recommended by the Center for Disease Control and Prevention (CDC).

Exposure Determination

OSHA requires COUNTY OF TUOLUMNE and other employers to determine which employees may incur an occupational exposure to blood or other potentially infectious materials using the definition listed in Section 2.0. The exposure determination will be made without regard to the use of personal protective clothing.

Exposure determinations will be made by the Risk Management Analyst in conjunction with the Public Health Officer. Exposure determinations of personnel will be updated during safety inspections.

Jobs are categorized as follows:

- Category I – Job classifications in which required tasks routinely involve a potential for mucous membrane or skin contact with potentially infectious materials or procedures involving instruments capable of penetrating the skin with contamination by potentially infectious materials. Use of appropriate control measures is required for every employee falling under this category (Nurses, physicians, and facilities staff).
- Category IIA – Job classifications in which required tasks normally do not involve Category I exposure, but may require performing some Category I tasks. In these job classifications, the work routine normally does not involve exposure to potentially infectious materials; however, exposure or potential exposure may occur.
- Category IIB – Job classifications whose description does not meet category I or IIA criteria, and are, therefore, not covered by the standard.

COUNTY OF TUOLUMNE has determined that the following employees meet the Category IIA exposure determination:

- First Aid / CPR certified personnel who are required and authorized to provide First Aid if necessary.
- Public Health, VNA, Hospice, Sheriff, Probation

These employees are covered under the provisions of the OSHA Bloodborne Pathogen Standard and this department's Exposure Control Plan.

Methods of compliance

In all circumstances, Universal Precautions will be observed to prevent contact with blood or other potentially infectious materials, unless they would create a significant risk to the safety of the employees.

This section describes exposure control methods required by the Standard.

Universal Precautions

All activities involving contact with human blood or other potentially infectious materials, as defined in Section 2.0, including the handling of contaminated or potentially contaminated equipment must be conducted as if dealing with contaminated infectious material. In circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids must be considered potentially infectious materials. When performing activities involving potential contact the following standard practices shall be followed:

- Hands must be washed if there is any likelihood of contact with blood, bodily fluids or human tissue. If soap and water are not immediately available, an antiseptic towelette or antiseptic hand cleanser can be used as an interim measure.
- Gloves must be worn when contact with any of the following is anticipated or when breaks in the skin are present: blood, bodily fluid, unfixed tissues, mucous membranes or contaminated surfaces.
- An impervious gown or apron must be worn if splattering of clothing is likely to occur.
- If splattering, atomization or aerosolization is anticipated, appropriate protective equipment (such as face shield or eye protection) must be worn at all times.

- Mouthpieces, resuscitation bags and other resuscitation devices must be made available to employees for use in areas where the need for resuscitation is likely.
- Sharp objects should be handled with care.

Engineering Controls

Engineering Controls are controls that isolate or remove the bloodborne pathogen hazard from the workplace. Examples are biological safety cabinets and sharps disposal containers. The OSHA Bloodborne Pathogen Standard requires engineering controls as a primary method when attempting to control exposures to blood or other potentially infectious materials. The engineering controls listed below should be provided, and must be examined, maintained or replaced periodically to ensure their effectiveness:

- Sharps Containers – Where sharps are stored, handled, or reasonable anticipated to be encountered, sharps containers must be utilized. These containers must meet the following criteria:
 - Closable
 - Puncture Resistant
 - Leakproof on sides and bottom
 - Properly marked
- Regulated Waste Containers – Disposal of regulated waste into approved infectious waste containers.

Work Practice Controls

Work Practice Controls are controls that reduce the likelihood of exposure by altering the manner in which the task is performed. For example, prohibiting recapping of needles by a two handed technique.

5.3.1 Good General Work Practices

The following good work practices must be followed:

- Eating, drinking, chewing gum, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the laboratory area where there is a reasonable likelihood of occupational exposure.
- Contaminated clothing shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

5.3.2 Handwashing

Employees must wash their hands and any other body part potentially contaminated with blood or other potentially infectious materials with soap and water immediately. Employees must also wash their hands immediately after removing gloves following procedures where exposure to potentially infectious materials may have occurred. Each department must provide all covered employees with readily accessible handwashing facilities. If this is not possible due to the nature and location of the activity being conducted, antiseptic towelettes or antiseptic hand cleaners

must be provided. When antiseptic hand cleansers or towelettes are used, hands must be washed with soap and running water as soon as feasible.

5.3.3 Handling Sharps

The work practices should be followed when handling and disposing of sharps:

- Minimize handling of all sharps, DO NOT bend, break, or shear needles.
- Dispose of needle and syringe as an intact unit immediately after use. Sharp containers must be kept in the immediate vicinity of use. Do not remove needle from syringe or blade from handle.
- Do not recap needles or re-sheath blades.
- Do not pickup broken glass up by hand, use mechanical means (brush and dustpan, tongs, or forceps). Dispose of the sharps properly (in a sharps container), making sure the container is labeled or colored red.
- No container will be opened, emptied, or cleaned manually, or in any other manner, which would expose employees to the risk of precutaneous injury.
- Replace sharps containers when they are $\frac{3}{4}$ full to prevent overfilling. The container must be closed prior to removal from the area to prevent spillage or protrusion of contents. Appropriate secondary containment must be used if leakage is possible.
- Sharps must be disposed or transferred only in appropriate, labeled sharps containers. The containers must remain upright and not be overfilled.

Personal Protection Equipment

Personal protective equipment (PPE) must not be used as a substitute for proper engineering and work practice controls. Department Managers and Supervisors must provide, at no cost to the employee, personal protective equipment to Category I, and, when appropriate, to Category IIA employees. This equipment must be readily accessible to users, impermeable to blood and other potentially infectious materials, and of appropriate size that may come into contact with blood or other potentially infectious material. PPE will include, but not be limited to, the following:

- Gloves – worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular procedures; and, when handling or touching contaminated items or surfaces. If employees are allergic to the gloves normally provided, alternatives must be provided.
- Protective Clothing (gowns, lab coats, aprons) – worn when appropriate for the task being performed and the degree of exposure anticipated. In situations when gross contamination can reasonably be anticipated.
- Face protection sufficient to the eye, nose, and mouth from splashes, sprays, splatter, or droplets of potentially infectious materials – worn when contamination can be reasonably anticipated

PPE must be repaired or replaced regularly to maintain effectiveness.

5.4.1 Changing, Cleaning, Laundering, and Disposal of PPE

PPE required by the Exposure Control Plan must be cleaned, laundered and disposed at no cost to the employee whenever necessary to maintain effectiveness. Contaminated PPE (such as scrubs) must be decontaminated prior to laundering.

A garment must be removed immediately or as soon as feasible if it is penetrated by blood or other potentially infectious materials and prior to leaving the work area. Removed PPE must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Disposable (single use) gloves such as surgical or examination gloves, must not be washed or decontaminated for re-use. They must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Housekeeping

All areas of the department where there is potential for bloodborne pathogens or other potentially infectious materials exposure will be cleaned in accordance with schedules and methods developed by the Housekeeping Staff. These schedules will be based on location within the department, type of surface to be cleaned, type of soil present, and tasks and procedures being performed in the area.

Department Managers and Supervisors must ensure all equipment and environmental working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials as follows:

- Contaminated work surfaces must be decontaminated with an appropriate disinfectant (10% bleach or effective tuberculocidal disinfectant):
 - After completion of procedures.
 - Immediately or as soon as feasible when surfaces are overtly contaminated.
 - At the end of the work shift if the surface may have become contaminated since the last cleaning.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Do not use hands to pick up broken glassware, use mechanical means such as a brush and dust pan, tongs, or forceps. Vacuum cleaners ARE NOT appropriate for cleanup of broken glass.

Regulated Waste

All infectious waste shall be placed in closeable, leakproof containers or bags that are color coded or labeled as biohazard material. The following must be observed:

- If outside contamination of the container or bag is likely to occur, a second leak proof container or bag that is closeable and labeled or color coded will be placed over the outside of the first and closed to prevent leakage during handling, storage, and transport.

- Reusable containers may not be opened, emptied, or cleaned manually or in an other manner that would pose a risk of precutaneous injury.
- Disposal of contaminated PPE will be provided at no additional cost to the employee.

All sharps must be handled and disposed of as outlines in Section 5.3.3

Laundry

Contaminated laundry must be handled as little as possible with a minimum of agitation. Contaminated laundry must be bagged or containerized at the location where it was used and must not be sorted or rinsed in the location of use. Contaminated laundry must be placed and transported in bags or containers red in color or labeled with the biohazard symbol. Whenever contaminated laundry is wet and presents a reasonable likelihood of leakage from the bag or container, the laundry must be placed and transported in bags or containers which prevent leakage of fluids to the exterior. Supervisors must ensure that employees with contaminated laundry wear protective gloves and other appropriate PPE. Laundering of PPE is provided at no cost to the employee.

Hepatitis B Vaccination and Post Exposure Evaluation and follow-up

All Hepatitis B vaccination medical evaluations and procedures and post-exposure follow –up will be made available at no cost to covered employees, as well as, employees incurring an exposure incident. The Supervisor will coordinate the appointments for covered employees. The evaluations and procedures will be performed under the supervision of a licensed healthcare professional and according to the current recommendations of the U.S. Public Health Service. Any laboratory test conducted will be conducted by an accredited laboratory at no cost to the employee. Hepatitis B Vaccinations are available through our Public Health Dept or Job Care.

Hepatitis B Vaccination

The HBV vaccine will be provided to covered employees, at no cost to the employee. This will also include any routine booster dose(s) that may be recommended by the U.S Public Health Service at a future date.

The vaccine will be made available after initial training and within 10 working days of the Category I or IIA employee’s initial assignment to work involving the potential for occupational exposure to blood or other potentials infectious materials. The term “made available” includes the health care professional’s evaluation and arranging for the administration of the first dose of the hepatitis vaccination series to begin within 10 days. The vaccine will be administered only after the employee has received information on the vaccine, its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge. However, it is the responsibility of the supervisor to ensure that covered employees working for them are aware of the vaccination series and have the opportunity to receive vaccinations.

Covered employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Covered employees who decline the hepatitis B vaccine must sign a waiver form which uses the wording in Appendix A of the OSHA Standard. COUNTY OF TUOLUMNE has incorporated the waiver statement into a document entitled “[Hepatitis B](#)”

[Vaccination Notification Form](#)". A copy of the notification form is presented in Appendix B of this document.

The vaccine need not be administered if the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee has sufficient immunity to HBV. The vaccine need not be administered if medically contraindicated. If the vaccine is not administered, it must be documented in the employee's medical record.

Post-exposure Evaluation and Follow-up

When an employee incurs an exposure incident, the employee must report the incident to their Supervisor immediately. The employee and supervisor must then report the incident using the following guidelines:

- 1) Any member of the department must complete the Supervisor Investigation form available on the Human Resources website.
- 2) An exposure follow up packet will be given to employee Appendix D.
- 3) Employee should go to the emergency room at Sonora Regional Medical Center immediately.
- 4) Employee will be required to follow-up with Job Care through worker's comp insurance.
- 5) Risk Management Analyst notifies within 24 hours the Health Officer.
- 6) If source patient refuses testing the Health Officer should be contacted at 533-7401 or after hours at 533-8055. Health Officer will contact County Counsel should refusal to test from source patient.

The exposed employee is responsible for reporting to the physician for treatment and counseling at Sonora Regional Medical Center Medical Center Emergency Room. It is essential that the employee gets to medical assistance immediately. All employees who incur an exposure incident will be offered a confidential post-exposure medical evaluation and follow-up through a recommended healthcare provider in accordance with the OSHA Standard. The health care provider providing this service will be provided with the information required by the Standard. This healthcare provider will ensure that a written opinion complying with this Standard is completed, filed, and communicated in accordance with this Standard and to the Risk Management Analyst.

Communication of Hazards to Employees

Warning labels

Warning labels must be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials and other containers used to store, transport, or ship blood or other potentially infectious materials. Requirements are:

- Labels required under this Section must consist of the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in contrasting color.
- Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal
- Labels required for contaminated equipment will be in accordance with this Section and must also indicate which portions of the equipment are contaminated (see Section 5.3.5)



Door Signs

A sign containing the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in contrasting color must be posted at all entrances to work areas as known infectious agents. The sign will read "BIOHAZARD" and must include:

- Name of Infectious Agent (if known).
- Special requirements for entering the area.
- Name and telephone number of person responsible.

Information and Training

All training must incorporate the 14 elements listed in the Standard. Training will be provided to all covered employees:

- At the time of assignment to the task where occupational exposure may occur
- Annually thereafter

Training is provided by on-line safety training annually. Supervisors are responsible for assigning the training to their employee before they are assigned to work that could potentially expose them to blood and other potentially infectious materials covered under this Standard.

Training records are kept electronically and must include the following information:

- The date the training was taken
- The name and qualifications of the trainer
- The name and job title of the attendee.

Supervisors must provide additional training when changes (such as modification of tasks or procedures or institution of new tasks or procedures) affect the employee's occupational exposure. The additional training may be limited to addressing new exposures created.

The material presented must be appropriate in content and vocabulary to educational level, literacy, and language of employees.

recordkeeping

Medical Records

Job Care or Sonora Regional Medical Center will establish and maintain an accurate medical record for each employee with occupational exposure at the point he/she receives the initial assessment. The record will meet all requirements of the OSHA "Access to employee exposure and medical records" Standard (29 CFR 1910.20) and this Standard. Job care will ensure that required employee medical records are kept confidential. Medical records are available only to healthcare professionals providing care to the employee. Job care will not disclose or report required employee medical records without the employee's express written consent to any person within or outside the workplace except as required by this section or as

may be required by law. Job care will maintain the required medical records for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20

Training Records

The Risk Management Analyst will maintain all training records. The records will contain the following information:

- The dates the training session was provided, or date taken
- The contents or a summary of the training sessions and/or program
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training

The Risk Management Analyst will ensure required training records are maintained for 3 years from the date on which the training occurred.

Availability of Training and Medical Records

The Risk Management Analyst will ensure all required training records are made available upon request for examination and copying to employees, to employee representatives, to the Assistant Secretary of Labor for Occupational Safety and Health (or designated representative) and the Director of the National Institute of Occupational Safety and Health, U.S. Department of Health and Human Services (or designated representative) in accordance with 29 CFR 1910.20

The Risk Management Analyst will ensure that required medical records are provided upon request for examination and copying to the subject employee, anyone having written consent of the subject employee in accordance with 29 CFR 1910.20.

Transfer of Records

COUNTY OF TUOLUMNE will comply with all records transfer requirements outlined in 29 CFR 1910.20(h)

implementation schedule

Pursuant to the OSHA Bloodborne Pathogen Standard, COUNTY OF TUOLUMNE must set the schedule for implementation of the various requirements of the Standard. Historically, COUNTY OF TUOLUMNE has been proactive in protecting its employees covered in this plan against exposure to biological hazards. Hepatitis B Vaccination has been offered to covered employees.

**Appendix A – Subchapter 7. General Industry Safety Orders Group 16.
Control of Hazardous Substances Article 109.
Hazardous Substances and Processes**

▪ ***§5193. Bloodborne Pathogens.***

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

Exception: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:

“Biological Cabinet” means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

“Blood” means human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

“Handwashing Facilities” means a department providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

- (1) The withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; and
- (3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - (A) Cell, tissue, or organ cultures from humans or experimental animals;

(B) Blood, organs, or other tissues from experimental animals; or

(C) Culture medium or other solutions.

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Production Department” means a department engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

(1) Liquid or semi-liquid blood or OPIM;

(2) Contaminated items that:

(A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

(B) Are capable of releasing these materials when handled or compressed.

(3) Contaminated sharps.

(4) Pathological and microbiological wastes containing blood or OPIM.

(5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

“Source Individual” means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

“Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);
2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;
3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).
4. An effective procedure for gathering the information required by the Sharps Injury Log.
5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

Note: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;
7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and
8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;
- 2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;
3. To include new or revised employee positions with occupational exposure;
4. To review and evaluate the exposure incidents which occurred since the previous update; and
5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;

(B) Type and brand of sharp involved in the exposure incident;

(C) A description of the exposure incident which shall include:

1. Job classification of the exposed employee;

2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;

4. How the incident occurred;

5. The body part involved in the exposure incident;

6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;

7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and

8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

(3) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2. of this standard

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls--General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls--Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

a. Withdrawal of body fluids after initial venous or arterial access is established;

b. Administration of medications or fluids; and

c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

- a. Market Availability. The engineering control is not required if it is not available in the marketplace.
- b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.
- c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
- d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
2. Contaminated sharps shall not be bent, recapped, or removed from devices.

Exception: Contaminated sharps may be bent, recapped or removed from devices if:

- a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and
- . The procedure is performed using a mechanical device or a one-handed technique.
3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
4. Disposable sharps shall not be reused.
5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
8. Mouth pipetting/suctioning of blood or OPIM is prohibited.
9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.

3. At all time during the use of sharps, containers for contaminated sharps shall be:

a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

b. Maintained upright throughout use, where feasible; and

c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

a. Rigid;

b. Puncture resistant;

c. Leakproof on the sides and bottom;

d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and

e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

b. Placed in a secondary container if leakage is possible. The second container shall be:

i. Closable;

ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

a. Closable;

- b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;
- c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and
- d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:

- a. Closable.
- b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and
- d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(F) Handling Specimens of Blood or OPIM. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a department utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the department. Labeling or color-coding in accordance with subsection (g)(1)(A) is required when such specimens/containers leave the department.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(G) Servicing or Shipping Contaminated Equipment.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

1. A readily observable label in accordance with subsection (g)(1)(A) shall be attached to the equipment stating which portions remain contaminated.

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

- i. Location within the department;
- ii. Type of surface or equipment to be treated;
- iii. Type of soil or contamination present; and
- iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

- i. Surfaces become overtly contaminated;
- ii. There is a spill of blood or OPIM;
- iii. Procedures are completed; and
- iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.

2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. 4. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

(J) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a department utilizes Universal Precautions in the handling of all

soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a department ships contaminated laundry off-site to a second department which does not utilize Universal Precautions in the handling of all laundry, the department generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Note: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. (F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.

2. All personal protective equipment shall be removed prior to leaving the work area.

3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
 - a. Periodically reevaluate this policy;
 - b. Make gloves available to all employees who wish to use them for phlebotomy;
 - c. Not discourage the use of gloves for phlebotomy; and
 - d. Require that gloves be used for phlebotomy in the following circumstances:
 - i. When the employee has cuts, scratches, or other breaks in his or her skin;
 - ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
 - iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.
2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

Note: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.
2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

Exception: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.
2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
4. When OPIM or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.
5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.
6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.
8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.
10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.
11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.
12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a department for hand washing and an eye wash department which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access department that requires passing through two sets of doors before entering the work area.

(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash department. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the department before being allowed to work with HIV, HBV or HCV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities

shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

Exception: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A. (E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

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

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;
2. A description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);
4. Results of the source individual's blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and
2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

Note: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

View Graphic

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g). 7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

View Graphic

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;
2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or insitution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM; 11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

Note: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (f)(2);
3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);
4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and
5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.

(C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and
2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and

4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying. (B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A--Hepatitis B Vaccine Declination

(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

NOTE

Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY 1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).
4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4). The emergency regulation filed 1-22-99 shall remain in effect until the nonemergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).
5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).
6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

Appendix.

to this section is incorporated as a part of this section and the provision is mandatory.

[Appendix A](#)

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<p>The above information is provided free of charge by the Department of Industrial Relations from its web site at www.dir.ca.gov.</p>
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Appendix B – Hepatitis B Vaccination Notification Form

County of Tuolumne

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

- However, I have declined the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
- Yes, I wish to be vaccinated against Hepatitis B.
- I have already received the Hepatitis B vaccine. Please review my status.

Please return the completed form to the Human Resources Risk Management Analyst.

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

Social Security No: _____ Date of Birth: _____

**Appendix C –COUNTY OF TUOLUMNE
WORKER'S COMPENSATION
SUPERVISOR'S INVESTIGATION REPORT**

This report will be prepared by the IMMEDIATE SUPERVISOR of the Employee involved in any accident or incident resulting in injury or illness. Forward to the Human Resources/Risk Management Department within 24 hours of the accident or incident.

GENERAL INFORMATION

Employee _____ Classification _____ Hourly Rate _____

Department _____ Division _____ Work Location _____

Hours Worked: Per Day _____ # Days _____ Total Weekly Hours: _____ Time Shift Started: _____ A.M. / P.M.

Home Address _____ City/State _____

Zip _____

Telephone # _____ Age _____ Sex _____ Date of Birth _____

Date of Hire _____ Social Security # _____

INJURY OR ILLNESS

Date of Accident/Incident _____ Time _____ A.M. _____ P.M. _____

Location (Address) _____ Witness _____

Description of Accident/Incident _____

Nature of Illness/Injury _____

Did Employee receive medical treatment? _____ Name of Physician _____

Was Employee hospitalized? _____ Hospital _____

Did Employee lose work time on any day after injury? _____ Date Returned to Work *

PREVENTION INVESTIGATION

Cause of Accident _____

Corrective action necessary to eliminate cause of accident _____

Was safety equipment available? _____ Was safety equipment properly used? _____

Supervisor's recommendations _____

Supervisor's signature _____ Classification _____ Date _____

* Department must notify Human Resources/Risk Management immediately when an employee returns to work after an injury or illness.

White - Human Resources/Risk Management Yellow - Claims Administrator Pink - Department Revised 09/98

**This Packet is for
Exposure Follow-up for
ED Client/OCCUPATIONAL HEALTH
Only**

***DO NOT USE THIS PACKET
FOR SRMC EMPLOYEE EXPOSURES
OR SRMC SOURCE PATIENTS***

**THIS PACKET IS FOR EXPOSURE FOLLOW-UP ON THE
OCCUPATIONAL HEALTH,
EXPOSED NON SRMC EMPLOYEE AND ED PATIENT**

- 1. Determine if source patient is high risk – if so, refer to *“Prophylaxis Following Occupational Exposure to HIV”*
- 2. New state health care regulations, Section 2600 of Article 3.5 of Title 17, require “confirmed positive test results” to be reported to the local health department using the patient’s name. SRMC will report results confidentially to the ordering practitioner. Confidential and anonymous testing may be acquired through the local health department.
- 3. Provide any treatment necessary for injury (sutures, irrigation, tetanus booster, etc.)
- 4. Give “Overview of Exposure Follow-up/ Precautions to Prevent the Spread of Bloodborne Disease” to the patient.
- 5. Have client sign consents
 - Consent for the HIV Test
 - Authorization for Disclosure of the Results of the HIV Test (If client wants private physician to receive results, fill in physician’s name on line)
 - Give client copies of consent and authorization for disclosure.
- 6. Send signed consent and disclosure provided in packet with Laboratory Assistant to the laboratory.
- 7. Place admitting sticker on lab slip in back of packet. Use this slip to have blood drawn for:
 - HIV Hep B & C
 - Order all other tests on ED laboratory order form
 - If ED client declines to sign consent for HIV test, encourage Hepatitis B/C test only.
- 8. Direct result reporting by marking desired box, Job Care, ED physician or Primary Care Giver.
- 9. Advise work comp client that results may be obtained from Job Care. ED patient's results may be obtained from ED physician or Primary Care Giver. Circle appropriate provider on Client Information Sheet.
- 10. Use pre-printed Rx to order sequential testing. Give client a copy and attach copy to consent that goes to Lab.
- 11. Send letter to private MD authorized by patient to inform physician that testing has been done.

JOB CARE AND ED PHYSICIAN RESULT PROCESSING

- 1. Note on the results the date the client received results.
- 2. Forward noted results to Health Information Management (HIM) in a sealed confidential envelope.

Exposure Follow Up

Clients who have a needle stick or body fluid exposure will be followed using recommendations from the Centers for Disease Control and Prevention (CDC).

Potentially Infectious Materials -Mucosal, percutaneous, or non-intact skin exposure to these requires bloodborne pathogen follow-up

- Blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Any body fluid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids

BITES- if a bite results in blood exposure, both the person being bitten and the person who inflicted the bite are followed up as source patients AND exposed patients.

Body fluids and material to which bloodborne pathogen exposure follow-up does not apply (unless visibly contaminated with blood)

- Feces
- Nasal secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomitus
- Saliva

Some of these fluids and excretions represent a potential source for infection with other pathogens. Follow-up for exposure to these fluids and materials should focus on prevention of non-bloodborne infection- for example, ISG may be offered for unprotected fecal-oral exposure to active Hepatitis A

Splashes of blood or body fluids to intact skin are not considered an exposure.

RAPID HIV TESTING OF SOURCE PATIENTS

Rapid HIV Testing (SUDS test) will be performed as soon as possible (and as soon as patient is able to give consent) on known source patients.

Results will be hand carried by Laboratory Staff to the ED practitioner in order that decisions about post-exposure prophylaxis can be made in a timely manner.

PROPHYLAXIS FOLLOWING OCCUPATIONAL EXPOSURE TO HIV

Post exposure prophylaxis (PEP) may be offered to clients exposed to HIV. Yellow PEP packets are available to assist in the procedure of dispensing prophylactic drugs. The PEP packets contain the criteria and dosing guidelines, consents, and informational materials.

Post exposure prophylaxis should be started as soon as possible after the exposure

Expert consultation for PEP is strongly advised- please call the National Clinician's Post-Exposure Hotline!

National Clinician's Post-Exposure Hotline – 888-HIV-4911

24-hour emergency hotline for clinicians who need advice on treating health care workers who have suffered occupational exposures to bloodborne pathogens. Staffed by UCSF physicians, clinical pharmacists, and nurse practitioners that will help callers assess their patients' risks, discuss the current post-exposure prophylaxis protocols, and review specific treatment and follow-up options.

The drugs used for prophylaxis are in the drug cart in pre-packaged doses for use when the pharmacy is closed.

Exposure Criteria

- (a) Contact with HIV via percutaneous injury, or contact of mucous membrane or non-intact skin with blood, tissue, or other body fluids that are potentially infectious
- (b) If a human bite results in blood exposure to either person, post exposure follow-up should be provided
- (c) Contact with HIV includes contacts with blood or body fluids (semen, vaginal secretions, body fluids visibly contaminated with blood, cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluids) or tissue from an HIV infected source patient.
- (d) Source patients will be considered HIV infected if one of the following is met: clinically diagnosed AIDS, symptomatic HIV infection or compatible signs in a high risk patient, repeatedly reactive EIA or rapid HIV antibody test. Confirmation by Western Blot or IFA is not necessary to make initial decisions about PEP
- (e) **If the source patient's HIV status is unknown**, decisions regarding PEP will be made by the ED physician based on what is known about the patient (i.e. risk factors) and what is known about the type of exposure, which occurred.
- (f) **If the source patient is unidentified**, information about the circumstances of the exposure should be assessed for risk of HIV transmission. Use of PEP should be decided on a case by cases basis.

Exclusion Criteria: Employees will be ineligible if any of the following criteria are present:

HIV infection diagnosed at baseline

- (a) Medical conditions in which antiretroviral therapy would be contraindicated.

Overview of Exposure Follow Up

When an ED client has an exposure to blood or body fluids, the following post-exposure activities occur:

1. You will be offered Hepatitis B/C and HIV testing to establish your baseline status.
2. You will be offered Hepatitis B immunization if you have never been immunized. If you have been immunized, your level of antibodies will be checked to be sure that you are protected. Treatment will depend on your level of antibodies.
3. For work-related incidents, your employer may test the source patient for Hepatitis B/C and HIV. The source patient's test results should be available to you within 15 days. Remember this information is confidential.
4. A letter will be sent to your private physician to inform him/her of the need for follow-up testing for HIV at six weeks, three months, and six months after exposure. It is your responsibility to contact your physician to set up follow-up appointments.
5. California law declares the results of HIV tests to be confidential and strictly limits the disclosure of tests. (Health and Safety Code Section 120980). HIV results must be obtained in person. Results are not available over the phone. It takes up to one week to receive test results. Call first to be sure the results are available. In the meantime, please refer to the handout entitled "Precautions to Prevent the Spread of Hepatitis B/C and HIV."

To check on the status of your results call:

- Workers Compensation Client, Job Care, 19747 Greenley Rd 209-588- 8840
 - ED Patients, 536-3460
 - Primary Care Provider
 - Prompt Care at Indian Rock, 14540 Mono Way 532-3167
 - Forest Road Health & Wellness Walk-in Clinic, 193 S. Fairview Lane, Suite C, 536-5130
6. Since the window period for seroconversion is six months, it is important that you continue to follow the written instructions you were given -"Precautions to Prevent the Spread of Hepatitis B/C and HIV." It is also important to continue to see your private physician for your follow-up HIV testing at six weeks, three months, and six months.

Give To EXPOSED Patient

Precautions to Prevent the Spread of Bloodborne Diseases (Hepatitis B, Hepatitis C, and HIV)

While you are waiting for lab results, please follow these precautionary measures to avoid the spread of bloodborne diseases.

- Exercise sexual abstinence or use condoms for vaginal, anal, and oral sex. Don't allow your partner's blood, vaginal fluid, semen, urine, or feces to get in your vagina, anus, or mouth. Don't allow your semen, blood, urine, vaginal fluid, or feces to get in your partner's vagina, anus, or mouth. Only use condoms made of latex and use them every time you have sex. Don't share sex toys. Remember that condoms do not provide 100% protection against infection and that anal intercourse (even with a condom) is probably more risky than oral or vaginal intercourse.
- Don't use IV drugs, but if you do, never share needles or syringes with anyone.
- Don't share razors, toothbrushes, or anything else that could be contaminated with blood or body fluids.
- Avoid pregnancy and breastfeeding.
- Refrain from donating blood, plasma, organs, tissue, or semen.
- Avoid getting tattooed.

What sexual activities are considered safe?

Any activities that don't involve sharing body fluids (semen, urine, blood, vaginal fluids, feces, and saliva) are considered safe. Don't use saliva, Vaseline, or other oils as a lubricant when you use condoms; use a water-base lubricant. Safe sex includes hugging, cuddling, mutual masturbation, massage, and dry kissing. Any kind of sexual intercourse without a condom is considered unsafe.

Once the lab results have come back:

For persons who have been exposed to blood/body fluids from a patient with lab results which are negative for Hepatitis B, Hepatitis C, and HIV (and patient has no symptoms of HIV)- no further precautions or follow-up are necessary.

For persons who have been exposed to an HIV positive source patient or an unknown source- these precautions should be followed for the course of the follow-up (6 months).

For persons who have been exposed to a Hepatitis B or Hepatitis C positive source patient-no special precautions are necessary **EXCEPT** that you should not donate blood, plasma, organs, tissue, or semen.

No modification of sexual practices is necessary. You do not have to refrain from becoming pregnant. You do not have to discontinue breastfeeding.

CONSENT FOR THE HIV TEST

Patient's name: _____

I am consenting to be tested to see whether I have been infected with the Human Immunodeficiency Virus (HIV), which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS).

MEANING OF THE TEST

The test is not a test for AIDS but only for the presence of HIV. Being infected with HIV does not mean that I have AIDS or that I will have AIDS or other related illnesses. Other factors must be reviewed to determine whether I have AIDS.

Most test results are accurate, but sometimes the results are wrong or uncertain. In some cases the test results may indicate that the person is infected with HIV when the person is not (false positive). In other cases the test may fail to detect that a person is infected with HIV when the person really is (false negative). Sometimes, the test cannot tell whether or not a person is infected at all.

If I have been recently infected with HIV, it may take some time before a test will show the infection. For these reasons, I may have to repeat the test.

CONFIDENTIALITY

California law limits the disclosure of my HIV test results. As a general rule, the law states that no one but my doctor and other caregivers may be told about the test results unless I give specific written consent to let other people know. However, in some cases, my doctors may disclose my test results to my spouse, any sexual partner(s) or needle-sharing partner(s), the county health officer, or to a health care worker who has had a substantial exposure to my blood or other potentially infectious material.

BENEFITS AND RISKS OF THE TEST

The test results can help me make better decisions about my health care and my personal life. The test results can help my doctor and me make decisions concerning medical treatment. If the results are positive, I know that I can infect other and I can act to prevent this.

Potential risks of the test include psychological stress while awaiting the results and distress if the results are positive. Some persons have had trouble with relationships, jobs, housing, education or insurance when their test results have become known to other people.

MORE INFORMATION

I understand that before I decide to take this test I should be sure that I have asked my doctor any questions I may have about the tests, its meaning, its risks and benefits, and any alternatives to the test.

This consent covers a single HIV test

This consent covers a series of HIV tests now, and at 6 weeks, 3 months, 6 months

By my signature below, I acknowledge that I have read and understood the information in this form, that I have been given all of the information I desire concerning the HIV tests, its meaning, expected benefits, possible risks, and any alternatives to the tests, and that I have had my questions answered. Further, I acknowledge that I have given consent for the performance of a test to detect HIV.

Date _____ Time: _____

Signature: _____ (patient/parent/conservator/guardian)

If signed by other than the patient, indicate relationship: _____

Witness: _____

**SONORA REGIONAL MEDICAL CENTER MEDICAL CENTER
EXPOSURE FOLLOW -UP
AUTHORIZATION FOR DISCLOSURE OF
MEDICAL INFORMATION AND RESULTS OF HIV TESTING**

Patient's Name: _____

Date of Birth: _____

Medical Record Number: _____

EXPLANATION

This authorization for use or disclosure of the results of a test to detect the presence of the Human Immunodeficiency Virus (HIV), the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS), is being requested of you to comply with the terms of the Confidentiality of Medical Information Act [Civil Code Section 56 *et seq*] and Health and Safety Code Section 120980(g).

AUTHORIZATION

I hereby authorize SRMC and ARUP Laboratories to furnish to: County Public Health Officer, Risk Mgmt Analyst and the exposed worker, the results of my blood tests performed to detect antibodies to HIV. In addition, I authorize results furnished to:

- Forest Road Health and Wellness Walk-in Clinic
- Indian Rock Prompt Care
- Sonora Regional Medical Center Medical Center Job Care
- My Private Physician: _____

USES

The requester may use the information for any purpose, subject only to the following limitations:

DURATION

This authorization shall become effective immediately and shall remain in effect indefinitely, or until (*date*) _____, 20____

RESTRICTIONS

I understand that the requestor may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

ADDITIONAL COPY

I further understand that I have a right to receive a copy of this authorization upon my request.

Copy requested and received: Yes No Initials: _____

Date: _____ Time: _____

Signature: _____ if signed by other than patient, indicate relationship (Patient/parent/conservator/guardian):

Witness: _____

Laboratory, 1000 Greenley Road, Sonora, CA, 95370 Rick Baier, M.D., Pathologist Michael E. Fitzpatrick, M.D., Pathologist

ED PATIENT/WORKERS COMPENSATION OCCUPATIONAL HEALTH CLIENTS

DO NOT USE THIS PACKET FOR SRMC EMPLOYEES, PHYSICIAN OR SRMC SOURCE PATIENTS

The following laboratory tests are to be drawn after exposure to blood or body fluids:

EMERGENCY DEPARTMENT:

1. Mark patient type. Laboratory will draw appropriate tests under marked patient type.

EXPOSED PATIENT	SOURCE PATIENT
HbsAb-HEPBSB HCV-HEPCAB HIV1-send copy of informed consent	HbsAg-HEPBSA HCV-HEPCAB Rapid HIV-suds HIV1-Send copy of informed consent.

2. Mark box to direct result processing (who should get results).

- Job Care (Workers Compensation Clients Only, Including All County Employees)
- ED/Indian Rock Prompt Care Physician
- Forest Road Health and Wellness Walk-in Clinic
- Primary Care Provider – Source patient results must always be sent to the Primary Care Provider.

4. Send signed consent and disclosure to Laboratory with order. The Laboratory will copy, and then send the original to Health Information Management and copies to designated health care provider.

LABORATORY:

1.

Place ED Patient Admitting Sticker Here

Place Laboratory Label Here

- 2. Clinics need to aliquot red top.
- 3. Order HIV1 in LIS. Order a COLH.
- 4. Place LIS labeled specimen in ARUP refrigerated basket.
- 5. Place paperwork in sendout tray.

Date/Time Lab work drawn at (date/time) _____ by _____

Return all paperwork to Send Out Desk-Do not send this paperwork to SRMC Infection Control. The Send Out desk keeps a copy of this paperwork. Send a copy of this form to the location marked in Emergency Department instruction #2. Do not change the physician to Infection Control but leave it as registered by Admitting.

Date: _____

Dear Dr. _____:

_____ was seen in our ED for a blood/body fluid exposure on _____. A baseline HIV/Hepatitis B & C test was done. This patient is being referred to you for follow-up HIV testing at six weeks, three months, and six months, and for continuation of Hepatitis B immunizations if indicated.

If you have any questions about the follow-up required, please contact the ordering physician.

MD Signature

County of Tuolumne

Fire Safety

Effective: July 1, 1991

Revised: June 2001

The California Fire Code and OSHA establish that every business shall have a fire safety/evacuation plan that covers notification, relocation, and evacuation of building occupants.

The Fire Safety Policy for Tuolumne County in conjunction with Tuolumne County Fire Prevention Bureau is designed to provide the employee and visitor with optimum knowledge a safety within County facilities.

Department heads are required to provide fire safety/evacuation training for employees and shall be included as part of basic orientation for all new employees. Fire safety/evacuation training shall be provided for every department within each County facility.

Fire Prevention:

Good housekeeping will decrease or eliminate the risk of fire. Reduce the potential of electrical fires by following the approved guidelines of the equipment used. Department heads should delegate the inspection of electrical equipment to a qualified employee. This employee should look for basic violations such as:

- Storage of combustible material in an electrical utility closet, or near any ignition source
- overloaded outlets
- frayed or damage cords or plugs
- extension cord use as a permanent rather than temporary power source
-
- defective circuit breakers with makeshift repairs

All Department Heads shall be responsible to schedule and complete their own inspections and document corrective recommendations. All Departments shall be required to provide for, or make corrections if valid.

Tuolumne County is a smoke-free workplace. Smoking is not allowed within any County building. Smoking is allowed only in designated smoking areas that comply with the County's smoking policy which is outlined in Tuolumne County Ordinance Code Section 8.36. **All employees shall be informed that all offices and entryways are "smoke-free" zones.**

The use of portable heaters near combustible material is prohibited. If space heaters are utilized, they shall operate in an area free of combustible material. All space heaters shall be unplugged when unattended or when the office is closed.

Department heads should monitor the use of extension cords. Extension cords shall not be used as a permanent power source.

Required Elements of a Department Fire Safety Plan:

Elements of an effective fire safety plan shall include, but is not limited to the training of employees in regards to safe prevention practices and evacuation plans.

- All employees shall understand their personal responsibilities and the proper procedures during the evacuation process.
- A visitor “sign-in” sheet should be used where practical to aid in evacuation and help identify those in the building who are not employees if there is an emergency.
- A system is recommended that will notify employees of an emergency and signal the need for evacuation. In County buildings that are equipped with fire alarms all employees shall be made aware of their location and how the system operates. Alarm location shall be included on the evacuation plan posted in the individual departments.
- *County employees shall be trained to dial 9911 from County buildings in the event of an emergency.*

Evacuation Plan:

An evacuation plan must be put together and appropriate people assigned to manage the plan. A proper evacuation plan should include:

1. Evacuation Routes: Each department shall plan a route to be used to leave the building in case of fire or another emergency. Primary and secondary routes must be designated. Maps shall be posted in highly visible areas accessible to both visitors and employees. The evacuation map will also include a primary and secondary accumulation points where building occupants will gather. Accountability of employees and visitors shall be done at these points.
2. Monitor Duties: Each Department shall appoint a monitor to be responsible for the evacuation procedures. In addition, at least one alternate monitor shall be appointed for coverage during absences. The names of the assigned monitors shall be listed on the evacuation route sheets. The monitors are responsible for ensuring *everyone* does evacuate (even during a drill), doors and windows are shut if time allows power is turned off, and getting an accurate count of those evacuated for Fire Department use.
3. Employee Duties: Individual employees may be assigned other duties as required by their department to assist in the emergency evacuation process. Employees are required to do the following during evacuation:
 - Ensure visitors in the area evacuate also
 - Shut down equipment if possible
 - Assist those with disabilities to evacuate.

When evacuations are in progress:

- Close, but don't lock, all doors behind you
- Use the safest stairwell to exit; **do not use the elevator!** Stay low under smoke.
- Meet in a pre-determined designated area for accountability.

These duties will vary from department to department and shall be described in writing and clearly communicated during training sessions.

The evacuation plan will also be put into use in the event of a natural disaster, bomb threat, or other emergency.

Fire Extinguishers:

Employees should be trained to know the locations and proper use of portable fire extinguishers. Training on fire extinguisher use shall be provided every two- (2) years by each department to familiarize employees with their use. It is the Department Head's responsibility to arrange these trainings and contact the Fire Prevention Bureau to assist if necessary.

To properly extinguish a fire and provide safety to building occupants, the following conditions need to be met and trained upon:

1. Employees must be adequately trained so as to be familiar and comfortable with the use of extinguishers.
2. Extinguishers must be visible, easily reachable, in proper working order, and fully charged.
3. Extinguishers shall be mounted near exits. The operator must maintain an escape route that will not become blocked by fire.
4. Extinguishers shall be matched with the type of fuel available for a fire (ex. class A fuel use a class A extinguisher).
5. Extinguishers must be large enough to extinguish a fire. Portable extinguishers may discharge completely in as few as ten seconds.

It should be stressed during training that employees should not attempt to extinguish a fire unless it is confined to a small area, spreading slowly and there is a clear path to an exit.

Further training suggestions are available through the Fire Prevention Bureau. 533-5549

COUNTY OF TUOLUMNE
FORKLIFTS: OPERATION AND SAFETY PROCEDURES

Effective Date: **July 1, 1991**

Revised: **June 2001**

Purpose: The purpose of this procedure sets forth the operating rules for industrial trucks, industrial tow tractors and forklifts.

Policy: It is the policy of the County to permit only authorized drivers who are trained in safe operations to drive these vehicles.

Responsibility

Supervisors will enforce, and expect drivers to exercise these responsibilities:

1. Demonstrate safe, responsible driving skills.
2. Do not use vehicles for non-official business.
3. Do not allow others to:
 - a. Ride on forks of lift trucks.
 - b. Ride on the vehicle unless there are adequate riding facilities.
 - c. Stand, pass, or work under the empty or loaded elevated portion of the vehicle unless it has been blocked effectively to prevent falling.


Safe Operation

1. Check the vehicle at least once each day to ensure that the following are operating:

a. Tires	b. Horn	c. Lights
d. Lift system	e. Fuel system	f. Brakes
g. Battery	h. Steering mechanism	
2. Do not exceed 5 mph in yard area and 3 mph inside buildings.
3. Observe all traffic regulations.
4. Carry the forks as low as possible, consistent with safe operation.

5. Do not use forklift to elevate employees unless it is equipped with a safe work platform which:
 - a. Is at least 24" x 24" and can accommodate the employees and material.
 - b. Is securely attached to the forks or masts.
 - c. Is equipped with standard guardrails with midrails on all open sides.
 - d. Has a slip-resistant surface.
 - e. Doesn't have spaces between floor sections or holes larger than one inch.
 - f. Is equipped with overhead protection whenever it is operated under conditions which expose the operator to danger from falling objects.
 - g. Has an operator in control position while employees are on elevated platform.

Parking: When leaving vehicle and when the operator will be more than 25 feet away, the forks will be lowered to ground, engine turned off, wheels chocked and parking brake set.

	Issue Date 04/01/07	Revision Date 05/08	Page 1 of 16
Subject: 2.0 Hazard Communication Plan			
Approved _____ Human Resources Manager Date		Approved _____ Risk Management Analyst Date	

1.0 Introduction

This plan establishes a Hazard Communication Program in compliance with Federal Occupational Safety and Health Administration (OSHA) standards and CAL-OSHA standards, in order to reduce the incidence of chemical-related occupational illnesses and injuries. Federal and CAL-OSHA require all companies that use, handle or manufacture hazardous chemicals to inform all their employees about the hazard communication program. Therefore, it is imperative that all employees (full-time, part-time, temporary and contracted employees) are trained to understand our program. The purpose of this mandate is to assure that all employees are aware of the hazards that exist, in their workplace. Non-compliance may result in the county being heavily fined by OSHA and/or CAL-OSHA.

2.0 Purpose of the Program

This plan is applicable to all County of Tuolumne employees, to all work conducted under the authority of County of Tuolumne, and to all equipment and property managed by County of Tuolumne. Non-County of Tuolumne and non-contractor personnel will follow the provisions of this plan while at County of Tuolumne. Hazard Communication requirements are applicable to acquisition and disposal of property that contains (or contained) hazardous materials. This written program applies to all procedures performed in the county or during transport of hazardous chemicals from off-site facilities. Visitors and outside contractors are covered as well. This plan provides information to employees about how exposure to hazardous materials presents adverse health effects caused from exposure to hazardous materials. It applies to all

procedures performed in the county or during transport of hazardous chemicals from off-site facilities.

3.0 Definitions

Ceiling Limit: The maximum concentration of an airborne contaminant to which an employee may be exposed at any time.

Designated Area: Space with access limited by locks or barriers, clearly marked with a warning sign that specifies hazards within (example: "WARNING: CANCER-SUSPECT AGENT. AUTHORIZED PERSONNEL ONLY").

Hazardous Chemical: Any material that, because of its quantity, concentration, or physical/chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace or the environment.

Excluded Materials: Items to which this program does not apply (but which may be subject to separate requirements) include:

Any hazardous waste as defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act (RCRA) (1976).

Tobacco or wood products, when not treated with hazardous chemicals and not to be processed. Foods, drugs, or cosmetics for personal consumption or use by employees while in the workplace.

Nuisance particulate (common irritants) that does not pose a health hazard.

Ionizing and nonionizing radiation.

Biological hazards.

Any other substances excluded from regulation by 29 CFR 1910.1200 and CAL-OSHA Title 8 (5194) that do not expose employees to hazards under normal conditions of use. This category includes "articles" defined as manufactured items that:

- are formed to a specific shape or design during manufacture;
- have end-use function(s) dependent in whole or in part upon their shape or design during end use; and,
- do not release or otherwise result in exposure to a hazardous chemical, under normal conditions of use.

Hazard Warning: Words, pictures, symbols, or a combination thereof that appears on a label or other appropriate form of warning that conveys the specific physical and health hazards, including target organ effects of the material in the container.

Hazardous Chemical Container: Any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, chemical transfer pipe, etc. that contains a hazardous chemical.

Material Safety Data Sheet (MSDS): Document prepared by the chemical manufacturer to provide safety, health, and environmental information for a substance or chemical material.

National Fire Protection Association (NFPA) labels: A label bearing the hazard rating system instituted by the National Fire Protection Association.

Permissible Exposure Limit (PEL): Limit established by OSHA as the maximum permitted eight-hour time-weighted average concentration of an airborne contaminant. Exposure limits for many hazardous materials are listed in 29 CFR 1910.1000 and CAL-OSHA Title 8 5194.

Threshold Limit Value (TLV): Limit established by the American Conference of Governmental Industrial Hygienists (ACGIH) as the maximum permitted eight-hour time-weighted average concentration of an airborne contaminant. Lab facilities observe both PELs and TLVs as workplace exposure limits.

Note: Contact the Risk Management Analyst or refer to ANSI Standard Z400.1 93.

4.0 Hazard Communication Plan

This Hazard Communication Plan describes how County of Tuolumne provides MSDSs, labels and other warnings, employee information and training, and lists of hazardous chemicals present

in the workplace to all employees. This information is provided in English and in other languages as needed.

5.0 Material Safety Data Sheet (MSDS)

The manufacturer's current MSDS is obtained by the user before acquisition of any hazardous material and is maintained in a location accessible to worksites where the material is stored or used. MSDSs may be obtained by contacting the vendor directly, or through the Risk Management Analyst. It must be available to every employee during every shift. MSDS's must be readily accessible to employees working in remote or field locations. Appropriate MSDS's will be maintained in an envelope for each vehicle, on each job site or immediately accessible by phone and fax.

MSDS Format

The MSDS contains physical data and other information specified by OSHA. MSDSs at County of Tuolumne follow the 16-part format recommended in the American National Standards Institute (ANSI) standard Z400.1. OSHA-specified elements are listed below under the headings as they appear in this MSDS format.

Chemical Product and Company Identification

Chemical and Common name.

Identifiers such as the Chemical Abstracts Service/Registry of Toxic Effects of Chemical Substances (CAS/RTECS) numbers, etc., as used on the label.

Manufacturer/Distributor Information.

Date of Preparation or Alteration of the MSDS.

Composition, Information on Ingredients.

Chemical Components that comprise 1.0 percent or greater of the material.

Chemical Components that comprise 0.1 percent or greater of the material if the component is determined to be a carcinogen.

Chemical Components that comprise less than 1 percent (less than 0.1 percent for carcinogens) of the mixture if there is evidence that the ingredients could be released from the mixture in concentrations that would exceed an established OSHA PEL or ACGIH TLV or could present a health hazard to employees.

1. Exposure Limits (PEL, TLV, other)
2. Hazards Identification
3. Physical Hazards
4. Acute and Chronic Health Effects.
5. Exposure Symptoms
6. Routes of Entry into the Body
7. Listed carcinogens
8. First Aid Measures
9. First Aid Procedures
10. Medical Conditions that may be aggravated by exposure to the substance.
11. Fire Fighting Measures
12. Accidental Release Measures
13. Handling and Storage
14. Precautions for Safe Handling
15. Exposure Controls, Personal Protection
16. Recommended Engineering and Administrative Controls
17. Precautions for Safe Handling
18. Physical and Chemical Properties
19. Physical and Chemical Characteristics.
20. Stability and Reactivity

21. Toxicological Information
22. Ecological Information
23. Disposal Considerations
24. Transport Information
25. Regulatory Information
26. Other Information

6.0 Spill Clean Up

All spills maybe cleaned up by employees if under 1 gallon by referring to the MSDS sheet. Should you not feel safe cleaning spills contact your supervisor. Above 1 gallon contact Risk Management.

Acceptability

An acceptable MSDS is dated, contains all required elements with no blank spaces and provides an adequate level of information for ingredients, hazards, and protective measures. Replacements for unacceptable MSDSs are obtained from the original vendor. No chemical may be handled unless the information provided in the MSDS is adequate to ensure employee safety. Chemicals for which an acceptable MSDS is not available are returned to the supplier or safely stored, pending consultation with the Risk Management Analyst.

MSDS Updates

Updated MSDSs containing new information on a hazardous chemical are disseminated to employees as soon as possible, but no later than 30 days from the date received.

Chemical Inventory

A chemical inventory for each department shall be prepared annually by the supervisor and given to the Risk Management Analyst when completed.

7.0 Labeling

Each workplace container of hazardous material is labeled, tagged or marked to identify the material and provide appropriate warnings. Alternative methods such as signs, placards, process sheets, and operating procedures are acceptable for individual stationary process containers, as long as the information is conveyed to all affected persons. All containers of chemicals must be labeled. These labels must include at least the name of the chemical and appropriate warnings. All secondary containers must also include chemical name, date, expiration date, initials of preparer and hazard warning within County of Tuolumne. There are few exceptions to the requirement for explicit, attached labels. **For a list of items that are exempted from the Hazard Communication labels, but may be subject to other labeling requirements see reference B.**

Prop 65 Warning

All chemicals that are a carcinogen shall be placarded on the door as a warning sign to all employees and visitors before entering the environment.

Containers that are or will become hazardous waste shall also bear a Hazardous Waste label (Reference D).

Incoming containers received with defaced or missing labels are rejected unless accompanied by shipping receipts describing the contents. The container is immediately labeled with the appropriate information.

Labels are not removed or defaced, and must remain intact as long as the container contains hazardous materials.

Labels must be legible, in English (another language may be used in addition to English when appropriate) and prominently displayed on the exterior of the container.

Preprinted and manufacturers' labels must be revised within three months of receipt of significant new information and before the material is reintroduced into the worksite.

Chemical Labels

Preprinted chemical labels (Reference C), biohazard, NFPA system and target organs for commonly used hazardous materials are available through the Risk Management Analyst.

8.0 Documents

Copies of this Hazard Communication Plan and relevant standards are maintained by the Risk Management Analyst and are accessible to employees, contractors, health care providers, and emergency responders. The Risk Management Analyst is available to provide additional information, reference materials and consultation. The MSDSs, cross-referenced by chemical name, trade name, and Chemical Abstracts Service (CAS) numbers, chemical inventories for each department, is compiled and updated annually. All MSDS's are available to employees within the department.

Trade Secrets

In an emergency, where a treating physician or nurse determines that the specific chemical identity of a hazardous chemical is necessary for emergency or first aid treatment, the manufacturer shall be contacted immediately at the emergency information number provided on the MSDS. The manufacturer or importer is required by law to disclose the specific chemical identity of a trade secret chemical, regardless of the existence of a written statement or need of a confidentiality agreement. In a non-emergency situation, the employee, physician or other person with a need to know manufacturers trade secret information may request that information in writing. However, the employee should first consult with the Office of the Patent Counsel. Information acquired for an employee's medical record must be labeled "Trade Secret."

9.0 Communication in Multi-employer Workplace

Identification of major facility hazardous operations, chemical inventories and MSDSs is available to contracted employees through the department. Hazardous chemicals to be acquired or used by onsite contractors are identified to the department or Risk Management Analyst. MSDSs for proposed hazardous materials are provided to the Risk Management Analyst with the Safety Plan, if possible, and in all cases prior to onsite use of hazardous materials. An explanation of any labeling system must be provided along with the chemical inventory list. Storage and use areas are labeled to identify the hazard, with standard NFPA labels. When necessary, to prevent exposure to others, operations with hazardous chemicals will be performed in a designated, labeled, controlled access area.

10.0 Training

OSHA requires Hazard Communication training for employees who use or are potentially exposed to hazardous chemicals on a routine basis or in a foreseeable emergency. At County of Tuolumne, the diversity and distribution of operations with hazardous materials necessitates all employees must attend general Hazard Communication Training during new employee

orientation and annually thereafter prior to handling hazardous materials. Employees who handle hazardous materials also receive task-specific training by their supervisor. All training sessions must be documented. Required elements for these levels of training are given in the following sections.

Documented in employees' training file

Scope and Purpose of the Hazard Communication Standard ("Employee Right-to-Know" Law)

Overview of the requirements of the Hazard Communication Standard

Location and availability of County written Hazard Communication Program

Hazard Recognition

Methods and observations used to detect the presence of release of a hazardous chemical in the work area

Control of Chemical Hazards

Emergency Procedures

Directions on how to read and use labels and MSDSs

Labeling System

Review of how to handle hazardous materials spills/releases and review of hazardous waste disposal will be done for the departments that generate waste.

Task-Specific Chemical Training (by supervisor)

"Chemicals in the Workplace" (by chemical group or specific), including operations in work areas where hazardous chemicals are present

"Labeling System" (including identifiers, acronyms, and how to obtain labels)

"Nature of hazards", including physical and health hazards

"Hazard Control Measures" (engineering, work practices, and personal protective equipment (PPE))

"Monitoring" (medical, air, surface)

"Detection Methods"

"Emergency Procedures"

"Task Training"

Note: Additional training requirements for hazardous waste and spill response is provided by the Risk Management Analyst.

Update Training

Update training is provided whenever:

New chemical hazard is introduced to the workplace.

New or updated information is received relative to materials used in the workplace (example: new MSDS).

Chemical use or work practices are changed.

Training Documentation

The Risk Management Analyst maintains general safety training records. Supervisors may obtain copies of attendance rosters and verifications from the Risk Management Analyst to put in employee files. Records of site and task-specific training shall include the date and time (duration), name of trainer and an outline or summary of topics presented and maintained in employee training binder.

11.0 Responsibilities

Risk Management Analyst

The Risk Management Analyst administers programs that provide for overall hazardous materials compliance for health and safety requirements. The Risk Management Analyst responsibilities for Chemical Hazard Communication include:

- ◆ Provide oversight of the Chemical Hazard Communication Program and guidance to managers, supervisors, and personnel who utilize hazardous materials.
- ◆ Provide Hazard Communication training to employees as requested by managers.
- ◆ Review proposed operations and/or operating procedures for use of hazardous materials as requested by supervisors.
- ◆ Annually review the Hazard Communication Program for compliance with OSHA standards. Participate in investigation of health issues that may involve chemical exposure. This may include referring chemical exposure monitoring needs to the Human Resources to access MSDSs as needed for information regarding chemical composition and advice to physicians. Contact the manufacturer or importer, using the emergency information phone number provided on the MSDS, in an emergency situation when health care providers need access to trade secret information to determine appropriate medical treatment.

Department Head

Management is responsible for ensuring safe use of hazardous materials in all areas under their control. These responsibilities include (but are not limited to):

- ◆ Ensure that MSDSs (as hard copies or electronic files) are available for all hazardous chemicals in the work area, stored or in use, during all shifts.
- ◆ Obtain and make available supplemental MSDSs when needed in languages other than English.
- ◆ Ensure that chemical labels that meet OSHA standards are available.
- ◆ Ensure that hazardous chemical containers are properly labeled.
- ◆ Ensure that employees receive general and task-specific hazard communication training at the time of their initial assignments.
- ◆ Ensure that training is provided when a new chemical is introduced into the workplace or when there is a substantial change in chemical usage or work practices.
- ◆ Ensure that worksite chemical inventories are maintained and/or annually updated and provided to the Risk Management Analyst as requested.
- ◆ Ensure that any hazardous material shipped from the county is packaged by a trained and authorized person, and documented in accordance with DOT and IATA regulations.
- ◆ Ensure advance communication to the Risk Management Analyst and all affected groups when a material that may present a hazard to persons other than the user will be introduced into the workplace, in order to comply with OSHA requirements for multi-employer worksites.
- ◆ Ensure that employees are aware of hazards of non-routine tasks prior to beginning work on those tasks.
- ◆ Ensure that acquisitions of hazardous materials are subject to all applicable Risk Management Analyst requirements.
- ◆ Provide oversight, obtaining Risk Management Analyst consultation as needed, for issues regarding hazardous materials acquisition and use, MSDSs, hazard identification, and protective measures.
- ◆ If chemical products are prepared at County of Tuolumne for distribution to others, ensure that hazard determinations are completed and material safety data sheets are prepared in

accordance with the criteria contained in 29CFR 1910.1200 and CAL-OSHA Title 8 (5194). See Risk Management Analyst for regulations.

- ◆ MSDS must be shipped with the chemical products (1910.1200(g) (7)) and CAL-OSHA Title 8 (5194). Chemical products also must be properly labeled as to identify, hazard warnings and distributor's name and address (1900.1200 (f) (1)) and CAL-OSHA Title 8 (5194).

Supervisor

The supervisor evaluates contractor's performance and compliance with all contract requirements. Most County of Tuolumne contracts specify compliance with OSHA standards and the County of Tuolumne Safety Manual as contract requirements. The supervisor communicates with the Risk Management Analyst, as appropriate, regarding compliance issues. Tasks that the supervisor may perform to ensure Hazard Communication compliance include:

- ◆ Ensure that contractor knows County of Tuolumne Hazard Communication policies and comply with this plan while working at County of Tuolumne.
- ◆ Ensure that contractor's purchases of hazardous materials are reviewed for compliance with applicable regulations and County of Tuolumne policy and requirements.
- ◆ Ensure that information concerning hazardous materials acquired by the contractor is made available to all affected groups; in order to comply with OSHA requirements for multi-employer work sites.

Contractors

County is required to inform other employers' employees (contractors, vendors, and temporary help) about the hazards of the chemicals in the workplace in which they will be working. They are required to inform County of any hazardous chemicals they import into the workplace. The senior onsite manager or supervisor of contractors, who are handling or storing hazardous materials, must ensure that hazard information concerning materials acquired and brought on site by the contractor is made available to all affected groups. The following actions are necessary to fulfill this requirement:

- ◆ Ensure that MSDSs (as hard copies or electronic files) are available for all hazardous chemicals in the work area, stored or in use, during all shifts.
- ◆ Ensure that hazardous chemical containers are properly labeled.
- ◆ Ensure that employees receive timely, appropriate general and task-specific hazard communication training.
- ◆ Ensure advance communication to the Risk Management Analyst and all affected groups when a material that may present a hazard to persons other than the user will be introduced into the workplace, in order to comply with OSHA requirements for multi-employer worksites.
- ◆ Ensure that acquisitions of hazardous materials are subject to all applicable safety requirements.

In the event of an incident involving exposure to or release of a hazardous material, cooperate with emergency response personnel by providing a copy of the MSDS and other relevant information.

*** SAFETY: Contractor expressly agrees that it shall be solely responsible for supervising its employees, that it shall comply with all rules, regulations, orders, standards, and interpretation promulgated pursuant to the Occupational Safety and Health Act of 1970, including, but not limited to training, provision of personal protective equipment, adherence to all appropriate lockout / tag-out procedures, and providing all notices, material safety data sheets, labels, etc., as required the right to know standard, 29 CFR 1910 –1200.**

Employees

Each employee is responsible for workplace safety and must act within the guidelines provided in applicable MSDSs. Employee Hazard Communication responsibilities include:

- ◆ Attend Hazard Communication training before working with hazardous material and annually thereafter.
- ◆ Understand the hazardous materials that he/she will handle or may be exposed to at work.
- ◆ Follow the protective measures specified in the MSDS for material handling and use of personal protective equipment.
- ◆ Follow all site procedures for acquisition, labeling, storage and handling of hazardous materials.
- ◆ In the event of personnel exposure to a hazardous material, provide applicable MSDSs along with other relevant information to emergency personnel and medical care providers.
- ◆ Ensure that each Purchase Request for hazardous materials has Safety Office authorization.

Review and Update

This plan is periodically updated.

Authority

29 CFR 1910.1200 and CAL-OSHA Title 8 (5194), OSHA Hazard Communication Standard
29 CFR 1960, Basic Program Elements for Federal Occupational Safety and Health Programs
ANSI Z400.1-1993, Material Safety Data Sheets - Preparation

Reference A: Performance Checklist for Hazard Communication Program

From (Contractor): _____ **Contract No:** _____
To (COTR): _____ **Org Code:** _____
Date: _____ **Reporting Period:** _____ to _____ -
Location: _____ - **Bldg:** _____
County (29CFR 1910.1450 applies): _____
Other (29 CFR 1910.1200 applies): _____

Brief Description of Operation: _____

-
- | | | |
|------------|-----------|--|
| Yes | No | 1. Chemical Hazard Communication Plan |
| | | a. Chemical Hazard Communication Plan is current and is in compliance with the Chemical Hazard Communication Program, at a minimum.
Hazard Communication Plan issue/review date: _____
(Requirement: annual review/update) |
| Yes | No | 2. Material Safety Data Sheets |
| | | a. Material Safety Data Sheets are available at the worksite for all hazardous materials. |
| | | b. Material Safety Data Sheets are transmitted to the Risk Management Analyst. |
| Yes | No | 3. Chemical Inventory |
| | | a. Chemical Inventory prepared and transmitted to the Risk Management Analyst in a complete and timely manner. |
| Yes | No | 4. Labels |
| | | a. Incoming chemical containers are inspected for intact labels, and manufacturers labels are retained on containers and not defaced. |
| | | b. Labels are provided for all secondary and other chemical containers. |
| Yes | No | 5. Training |
| | | a. Employees who use or are potentially exposed to hazardous chemicals on a routine basis have completed general Hazard Communication training and annual update training (documentation provided for review). |
| | | b. Task-specific training is conducted by supervisors |
| | | 1. For all new employees. |
| | | 2. When a new hazard is introduced into the workplace. |
| | | 3. When hazard is increased by a substantial change in procedure. |

Reference A –Page 2

Yes No 6. Acquisition

- a. Risk Management Analyst review and authorization/registration of use of extremely hazardous materials and hazardous air pollutants (as defined in the Chemical Hazard Communication Program) precedes acquisition (documentation provided for review)

Yes No 7. Action Plan for Items Not Verified

- a. Explanation and Action Plan for each "NO" answer is attached.

Submitted by:_____ **Printed Name:**_____

Signature:_____ **Date:**_____

Reference B: Exceptions to Chemical Labels Requirements

The following substances are exempt from the Hazard Communication Standard labeling requirements:

1. Chemicals defined under Toxic Substance Control Act (TSCA) and subject to its labeling requirements.
Note: TSCA controls manufacture and distribution of new chemicals and does not apply to commercially procured chemical inventory.
2. Food, food additive, cosmetic, drug or medical/veterinary devices subject to labeling requirements defined by the Food and Drug Administration (FDA) or Department of Agriculture in the Federal Food, Drug, and Cosmetics Act or the Virus-Serum-Toxin Act.
3. Agricultural or vegetable seed treated with pesticides and labeled according to the Federal Seed Act by the Department of Agriculture.
4. Pesticides subject to labeling requirements established by the Environmental Protection Agency.
5. Consumer products or hazardous materials subject to a consumer product safety standard and regulated by the Consumer Product Safety Commission.

Reference C: NFPA Chemical Label



Reference D: Sample Label

HAZARDOUS WASTE

STATE AND FEDERAL LAW PROHIBIT IMPROPER DISPOSAL.
IF FOUND, CONTACT THE NEAREST POLICE OR PUBLIC SAFETY
AUTHORITY, THE U.S. ENVIRONMENTAL PROTECTION AGENCY
OR THE CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL.

GENERATOR INFORMATION:

NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

MANIFEST TRACKING NO. _____

EPA ID NO. _____

EPA WASTE NO. _____ CA WASTE NO. _____ ACCUMULATION START DATE _____

CONTENTS/COMPOSITION _____

PHYSICAL STATE: SOLID LIQUID

HAZARDOUS PROPERTIES: FLAMMABLE TOXIC
 CORROSIVE REACTIVITY OTHER _____

DO NOT PROPER SHIPPING NAME AND UN OR NA NO WITH PREFIX

HANDLE WITH CARE!

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Hazmat Incident Response

Internal within county dept	External PW on scene	External PW off scene	External in water
1) Call PW Supervisor	1) Call PW Supervisor	1) PW notified by Sheriff dispatch or CHP. PW should ask who is IC? Where do my employees respond?	Fish & Game should be contacted
2) PW Supervisor contact County Safety Officer	2) PW Supervisor contact Sheriff dispatch X5815 if off highway and CHP if on highway 911	2) Respond to the field	
3) County Safety Officer call CAO office IC and EHS	3)PW Supervisor/Employee stand back wait for first responders	3) Check in with IC and get status information and report of situation	
4) Outside Agency is called if clean up is to large	4) First responders take control of incident	4) IC may use PW as a resource to assist with road blocks, traffic control, barriers, and alternative routes. Should PW be concerned to do something ask Safety Officer or EHS	
	5) IC may use PW as a resource to assist with road blocks, traffic control, barriers, and alternative routes. Should PW be concerned to do something ask Safety Officer or EHS	5) Help with clean up if non-hazardous	
	5) Help with clean up if non-hazardous		

COUNTY OF TUOLUMNE
HEARING CONSERVATION PROGRAM

Effective Date: **July 1, 1991**

Revised: **June 2001**

Policy

Cal OSHA law requires employers to provide a Hearing Conservation Program for all employees exposed to noise at or above 85 decibels, average over an 8-hour work day. It shall be the policy of all County departments to conduct appropriate surveys to determine the need for a Hearing conservation Program.

Sound Level Survey

1. As practical, all work areas shall be surveyed to determine the highest noise level. The results shall be recorded. This survey shall be repeated whenever a change in machinery/equipment, process or controls increases noise exposure.
2. Instruments used to measure employee noise exposure shall be calibrated to ensure measurement accuracy.
3. Mobile equipment and work areas that exceeds 90 dBA shall be thoroughly surveyed to noise source(s) and an area profile of those results recorded.
4. Copies of these surveys shall be forwarded to the department head, and the County Safety Officer.

Monitoring

Employees shall not be exposed to noise that exceeds the limits prescribed by law.

1. Each job function that has an exposure which exceeds an 8 hour time weighted average (TWA) sound level of 85 decibels will be documented. A representative employee of each job function can be monitored to meet this requirement.
2. Affected employees and/or their bargaining unit representatives shall be provided the opportunity to observe any testing, sampling or monitoring.

- a. They shall be notified of the date, time and place of testing in advance.
- b. They shall be allowed access to records of such monitoring results.
- c. Employees exposed to noise exceeding 90 dBA shall be advised in writing of such exposure and the corrective action to be taken by the County.

Methods of Compliance

1. Engineering Controls

Whenever the operations reasonably permit, employee exposure to noise 90 dBA shall be eliminated or at least reduced by engineering controls.

2. Administrative Controls

After exhausting all reasonable engineering controls, and whenever the operations reasonably permit, administrative controls shall be implemented to avoid or reduce the use of hearing protectors. This can be accomplished by rotating employees to work areas with low noise exposure.

Hearing Protectors

1. Hearing protectors may be worn to reduce employee exposure to noise where engineering or administrative controls are not reasonably feasible.
2. Each department shall publish a list of jobs that exceed 90 dBA and require those employees to wear hearing protection.
3. Each department shall establish a list of employees whose daily noise exposure exceeds 85 dBA and whose audiogram shows a significant threshold shift. Those employees shall be required to wear hearing protectors.
4. Hearing protectors used must have EPA and/or NIOSH noise reduction ratings (NRR) and provide adequate attenuation for the exposure. Acceptable hearing protective devices include ear plugs and ear muffs. Both are provided by the County at no cost to the employee.

5. Ear plugs requiring fitting shall be issued only by personnel who have been qualified as an audiometric technician or who have obtained documented instruction from a physician.
6. Hearing protectors that do not require fitting may be issued from the supervisor providing that employees have been instructed in their proper use.
7. Employees shall be trained in the proper maintenance and sanitation of hearing protectors.

Audiometric Testing

1. Employees exposed to noise dose exceeding 85 dBA shall be tested annually.
2. Audiometric tests shall be preceded by a period of at least 14 hours during which time there is no exposure to workplace sound levels in excess of 80 dBA. Hearing protectors may be worn to reduce noise levels below 80 dBA.
3. Each employee's subsequent audiogram shall be examined to determine if any improved hearing level or significant threshold shift in either ear has occurred relative to the referenced audiogram.
 - a. If a significant threshold shift is present, a retest shall be made available to the employee within 30 workdays.
 - b. If the shift persists in the retest, the test results shall be evaluated by an audiologist or a physician, and the employee shall be examined by a physician, if necessary, to determine the cause of the threshold shift.
 - 1) If the threshold shift appears to have a cause other than noise exposure, the employee shall be notified and referred to an appropriate source for medical care.
 - 2) If the threshold shift is stated to be noise-induced:

- a) Employees who have not used hearing protectors previously shall now be required to wear hearing protectors when exposed to 85 dBA or more.
 - b) Employees who have already been issued hearing protectors shall be retrained and reinstructed in the use of hearing protectors.
 - c) The employee shall be notified (within 21 days) in writing of the shift in hearing level, and this hearing level becomes the new reference audiogram.
 - d) This then becomes a recordable illness. Appropriate entry on *the* OSHA 200 log is required.
4. Audiometric testing shall be administered by a certified audiometric technician or reputable health service contractor. The contractor shall comply with any state or federal regulations as it pertains to methods of testing and calibration of equipment.

Training

1. A training program shall be provided for all employees who are exposed to noise at or above an 8 hour TWA of 85 dBA. Each department providing such training shall ensure that all exposed employees participate.
2. Training shall be repeated annually for each employee included in the hearing conservation program. Information provided during training shall be consistent with changes in protective equipment and work processes.
3. Departments shall ensure that each employee is informed of the following:
 - a. The effects of noise on hearing.
 - b. The purpose of hearing protectors, types provided and instruction on fitting and cleaning..
 - c. A review of the audiometric testing and the results received.

Record Keeping

1. Noise exposure measurement records shall be retained for 2 years.

2. Audiometric test records shall be retained for five years past the termination of affected employees.
3. Such records shall be made available to employees or their designated representatives.


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Subject: 1.0 Injury and Illness Prevention Program (IIPP)			
Approved _____ Human Resources Manager Date		Approved _____ Risk Management Analyst Date	

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Appendix A –Safety Inspection Form

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Appendix E –Manager/Supervisor Investigation Form

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INTRODUCTION

It is the policy of County of Tuolumne to plan and maintain a work environment for employees, contractors, and the public that will protect their health and safety and prevent avoidable risks of accidental injury or illness. County of Tuolumne operations shall be conducted in a manner to avoid injuries or illnesses and to comply with all applicable regulations and, when appropriate, with accepted health and safety standards. No employee will be required to perform any task which is determined to be unsafe or unreasonably hazardous for that individual.

1.1 References

- Code Federal Regulations, Title 29, Part 1904 and 1910
- California Code of Regulations, Title 8, Section 1509 (2) of the Construction Orders
- General Industry Safety Orders Section 3203
- Labor Code Section 6401.7 (SB 198)

1.2 Scope and Applicability

This Injury and Illness Prevention Program shall apply to all employees of the County of Tuolumne. In addition, this program shall apply to all visitors of the county, as well as contractors engaged in work on behalf of the County of Tuolumne.

1.3 Objectives

The objective of an effective injury and illness prevention program is to assist management in determining what hazards exist in the workplace, how to correct hazards that may occur, and what steps to take to prevent them from recurring. With the establishment of an effective system for providing employee injury and illness prevention, the following objectives can be achieved:

- County of Tuolumne is able to mitigate hazards and prevent injuries from occurring through regular self inspections
- Managers, supervisors, and employees know to report potentially hazardous conditions and incidents without fear of reprisal, and that their reports will be given prompt and serious attention
- Workplace equipment is maintained in safe and good working conditions
- Procedures are established to investigate any workplace injuries or illnesses and reported near-miss incidents
- Hazards are corrected as soon as possible after they are identified
- Employees have received general safety and health training and made aware of MOU's for safe work practices
- County of Tuolumne has established disciplinary procedures which help to ensure that safety rules and work procedures are put into practice and enforced

2.0 RESPONSIBILITY

2.1 CAO/Department Head

The ultimate responsibility for maintaining effective environmental health and safety policies specific to County of Tuolumne operations rests with the CAO/Department Heads. General

policies governing the activities and responsibilities of the Safety Program are established under his/her final authority.

- Maintains a place of employment that is safe and healthful.
- Provides and enforces the use of safety devices, personal protective equipment, and safeguards.
- Adopts and uses methods and processes reasonably adequate to assure the work performed and place of employment are safe.
- Takes every reasonable precaution to protect the life and safety of employees.
- Provides the Risk Management Analyst with the timely information as needed and assistance to meet legal and County of Tuolumne requirements for claims management.
- Maintains communication with modified work-injured employees and cooperates with efforts to return employees to productive employment. All communication with work-injured employees who are no longer at work should be directed to the Risk Management Analyst.

2.2 Supervisor

- Encourages the proper attitude toward job performance in himself/herself and in his/her subordinates.
- Trains employees in job safety and health practices.
- Reports work-related injuries and illnesses in accordance with MOU's and State law.
- Investigates every accident and report of injury promptly and thoroughly to determine cause, prevent recurrence, and report results of investigations to the Risk Management Analyst.
- Requires all employees to comply with the occupational Health and Safety Standards and all rules, regulations, and orders applicable to his/her own actions and conduct.
- Ensuring that semi-annual office workplace inspections are conducted and that identified health and safety deficiencies are corrected in a timely fashion.

2.3 Employees

- Complies with employers' Occupational Health and Safety Standards and all rules, regulations, and orders that are applicable to his/her own actions and conduct.
- Takes every reasonable precaution to protect the health and life of other employees.
- Reports work-related injuries and illnesses promptly to his/her supervisor and cooperates with County of Tuolumne efforts to provide timely, fair, and equitable benefits pursuant to State law and MOU procedures.
- Does not remove, displace, damage, destroy, or carry off any safety device notice or warning furnished for use in any place of employment or interfere in any way with the use thereof by any other person.
- Participates in training programs as required.
- Keeps themselves informed of conditions affecting their health and safety.
- Promptly reports to their supervisors of potential hazards in the workplace, injuries and/or accidents.

2.4 Safety Coordinator

- Assist Supervisor and Management with investigations of accidents when needed.
- Run and hold regular Safety Committee Meetings for the department.
- Act as a liaison between the Risk Management Analyst and department for communication.

2.5 Risk Management Analyst/ Risk Manager

- Assists departments in their management of this Injury and Illness Prevention Program.
- Provides consultation to facilities on matters of health and safety.
- Interprets external regulations and recommends appropriate compliance strategies.
- Evaluates the adequacy and consistency of training designed.
- Review, updating, and evaluating the overall effectiveness of the IIPP.

2.6 County Safety Committee/Safety Coordinator Committee

- Act as liaison and contact point between the Risk Management Analyst and the department.
- Disseminate or distribute pertinent safety information, documentation, and publications.
- Know the location of required safety documentation such as inspection reports, safety training documentation, and required written safety programs.
- Request technical assistance as needed or desired to insure a safe and healthful environment.
- Identifies unsafe conditions/areas and recommend improvements.

3.0 COMPLIANCE

All employees shall adhere to safe and healthy work practices defined by law and by established County safety and health guidelines. Failure to do so may result in the initiation of disciplinary measures defined in the County of Tuolumne MOU policies.

Managers and supervisors shall ensure that employees comply with safe and healthy work practices. Managers and Supervisors are responsible for establishing and maintaining good health and safety practices. To ensure compliance, employees will be reinforced by one or more of the following:

- Appropriate comments on performance evaluations
- Recognition at safety meetings
- Written commendation or recognition

Employee non-compliance will be addressed by one or more of the following:

- An immediate discussion between the supervisor and the employee who is discovered working in an unsafe manner
- Corrective safety training
- Appropriate disciplinary action according to MOU

4.0 HAZARD IDENTIFICATION

A safety inspection program is essential in order to reduce unsafe conditions that may expose employees and visitors to incidents that could result in personal injuries or property damage. It is the responsibility of each department to ensure that appropriate, systematic safety inspections are conducted.

4.1 Scheduled Safety Inspections

Upon initial implementation of this Program, inspections of all work areas will be conducted. All inspections will be documented using the [Safety Inspection Form](#) (Appendix A) with appropriate abatement of any hazards detected. Thereafter, safety inspections will be conducted at the frequency described below:

- Annual inspections of all department areas will be conducted to detect and eliminate any hazardous conditions that may exist.

4.2 Unscheduled Safety Inspections

- Additional safety inspections will be conducted whenever new equipment or changes in procedures that present new hazards are introduced into the workplace.
- The Risk Management Analyst or County Safety Committee may conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
- Safety review will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

Risk Management Analyst is available for consultation and assistance in conducting these various hazard assessments.

4.3 Record Keeping of Scheduled and Periodic Inspections

Records of scheduled and periodic inspections to identify unsafe conditions and work practices shall be maintained for a minimum of three years. The records shall include:

- The person(s) conducting the inspections
- Any description of the unsafe conditions and work practices
- The actions taken to correct the identified unsafe conditions and work practices

The Safety Coordinator is responsible for maintaining these records

5.0 INJURY REPORTING

5.1 Reporting

When an injury occurs, in order to ensure timely Workers' Compensation accounting, the department must complete the Supervisor Investigation Form available on the web sight under Human Resources, Risk Management.

Once the employee has been assessed, fill out a **DWC-1 form and Employee Acknowledgement form (Appendix C)**. This form needs to be completed within 24hrs of the injury. This form is available on the Human Resources website and from the Safety Coordinator in the department. The form should be faxed to the Risk Management Analyst at 209-533-5901.

If a vehicle accident has occurred, the above mentioned forms if injury, as well as the Automobile Accident Form (Appendix F) shall be completed. The vehicle form should be faxed to Risk Management Analyst at 209-533-5901. This form is also available on the Human Resources website.

From time to time, accidents involving non-employees may occur at various County departments. All employees are required to report non-employee injuries, even if minor, to their immediate supervisor as soon as possible. Utilize the following procedure;

- Complete and file an Accident Report form for non-employee with your supervisor within 24 hours (Appendix G).
- Supervisor shall forward on copy to County Counsel.
- Give no information to anyone concerning injuries other than Risk Management Analyst and County Counsel. Do not admit liability, promise relief in any form nor be drawn into arguments with regard to an accident, incident, or claim against the County. Persons who desire to file a claim against the County should be referred to the Clerk of Board of Supervisors. The County Safety Committee shall review all accident reports at their regular scheduled meetings.

5.2 Serious Incident Reporting

Serious occupational injuries, illnesses or exposures to hazardous substances, as defined by OSHA, must be reported to the Risk Management Analyst immediately. The Risk Management Analyst will contact OSHA as required by law. The Department Head, Supervisor, Safety Coordinator, and Risk Management Analyst, will investigate the circumstances of the incident to determine the cause. A copy of this report may be forwarded to Legal Counsel upon request.

For the purposes of the above reporting requirement, "serious injury or illness" is an injury or illness which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers serious degree of permanent disfigurement. THESE INJURIES OR ILLNESSES MUST BE REPORTED TO OSHA WITHIN 8 HOURS. Contact Sheriff dispatch at 533-5815 to contact Risk Management Analyst (Kelley Reich) immediately.

6.0 INJURY INVESTIGATION

With the assistance from the Safety Coordinator, the department will investigate as many reported accidents, injuries, occupational illnesses, and near-miss incidents to identify the hazards. The department will initiate a Manager/Supervisor Investigation Form (Appendix D). The investigation should be completed within 24hrs of the incident. Some incidents may require more time to investigate fully. This form is also available on the Human Resources website and

from the Safety Coordinator. Appropriate repairs or procedural changes will be implemented promptly to mitigate the hazards implicated in these events. The completed form should be faxed to the Risk Management Analyst at 209-533-5901.

Serious injuries will be investigated by the department, Safety Coordinator, and Risk Management Analyst in conjunction with a representative from the injured employee's department.

6.1 Hazard Mitigation

Upon completion of scheduled or unscheduled inspections, all findings will be prepared in writing and submitted to the department as appropriate. Corrective actions, or a suitable timeline for elimination of the hazard (where appropriate) is the responsibility of the department in which the finding was observed. The Risk Management Analyst will however, assist in obtaining expert corrective assistance and funding where appropriate and necessary.

Once identified, hazards will be ranked according to both consequence (the severity) and probability (the frequency). Prioritization of abatement actions will be based on the ranking scheme (e.g. Bold or Asterisk Items on an audit report are given higher priority than items without this marking). Serious hazards should always be given top priority and be corrected immediately.

6.2 Imminent Hazard Situations

Individuals, whether conducting a safety inspection or in the normal course of their duties, shall immediately notify the Supervisor or Safety Coordinator, as appropriate, if a condition exists that presents an imminent hazard to health or safety. The department shall inform all employees of such hazards, that cannot be immediately corrected to ensure that all necessary precautions are taken to prevent injuries and illnesses. The Risk Management Analyst can be consulted for advise.

An imminent hazard is any condition or practice where there is reasonable uncertainty that a hazard exists that can be expected to cause death or serious physical harm immediately or before the hazard can be eliminated through normal corrective action measures (e.g. construction area that employees are not allowed to enter or equipment that has been tagged as broken). A written notice will be attached to the equipment or facility presenting the hazardous condition, prohibiting use by other employees. The written notice may not be removed until the hazardous condition no longer exists, and the required safeguards and safety devices are implemented. The written notice may only be removed, and the equipment or area released for use by the supervisor or safety coordinator responsible for the equipment or area that was tagged. Employees who continue to use an item that that has been "tagged", or who willfully remove a tag before the unsafe condition is corrected, are subject to severe disciplinary action.

If continued use of the area or equipment must be maintained, then affected personnel will be provided with the proper training, protective equipment or other safeguards deemed necessary to protect them from hazard.

The Risk Management Analyst is available for consultation and assistance on matters involving hazard mitigation and for deciding what constitutes an “imminent hazard situation”. All external-reporting requirements (i.e. Fire Dept., Police) will be directed through the Risk Management Analyst.

7.0 TRAINING AND INSTRUCTION

County of Tuolumne policy requires that all employees be trained to protect themselves from hazards in their working environments. Supervisor shall train new employees in:

- General health and safety practices
- Job-specific health and safety practices and hazards
- Recognition and assessment of health and safety risks
- Minimization of risks through wound safety practices and use of personal protective equipment

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Program. All employees must be trained in general safe work practices. A [New Employee Safety Orientation Packet](#) is provided to employees once hired New Employee Orientation to aid in general health and safety practices training. This packet is available on the Human Resources website.

7.1 General Safe Work Practices

At a minimum, all employees will be trained in the following either on-site or through an on-line training system:

- Safe Ergonomics
- Safe Lifting and Back Injury Prevention
- Hazard Communication
- Violence/Sexual Harassment
- Electrical Safety
- Disaster Preparedness
- Fire
- Slips, trips and falls
- Blood Borne Pathogens

Each new or transferred employee shall receive the New Employee Safety Orientation prior to starting work in their department.

7.2 Safe Work Practices

In addition to this general training, all employee’s will be instructed how to protect themselves from the hazards specific to their individual job duties. At a minimum, this entails how to use

workplace equipment, safe handling of hazardous materials, and use of personal protective equipment. **Training must be completed before beginning to work on assigned equipment and whenever new hazards or changes in procedures are implemented.**

Managers are responsible for providing Supervisors with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each department to know the hazards related to his/her employees' job tasks and ensure they receive the following appropriate training:

- Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
- Supervisors will ensure that employees are trained whenever new substances, procedures or equipment are introduced to the workplace that may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to a supervisor's attention.
- All general safety training will be documented in writing in the department employee file or training binder.

8.0 SAFETY COMMUNICATIONS

Several methods of communicating with employees on matter relating to health and safety have been established. Employees are encouraged to bring to the Management's attention any potential health or safety hazard that may exist in the work area. A mechanism for anonymous employee input will be through the [Safety Concern Form](#) (Appendix E) for safety concerns, hazard identification, complaints, etc. Please send form to HR Risk Management Analyst.

Employees are advised that there are no reprisals for expressing a concern, comment, suggestion or complaint about a safety matter and that adherence to safe work practices and proper uses of personal protective equipment are integral parts of workplace safety.

Departments will follow-up on all suggestions and investigate the concerns brought up through these communication methods, utilizing the Safety Coordinator for assistance if needed. Feedback to the employees is critical and must be provided for effective two-way communication.

Departments are responsible for assuring that new health and safety information is distributed to all employees.

8.1 County Safety Committee/Safety Coordinator Committee

County and Safety Coordinators meetings are every other month. The committees have the responsibility to disseminate information from the meetings to employees in the department by staff meetings. The Committees have been established to achieve and maintain effective communication on environmental health and safety issues and to resolve related problems.

9.0 DOCUMENTATION

Many standards and regulations of OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and other activities relevant to occupational health and safety. To comply with these regulations, as well as demonstrate that the critical elements of this Injury and Illness Prevention Program are being implemented, the following records will be kept on file in Human Resources for at least the length of time indicated below:

Retain 3 years

- Copies of all Safety Inspection Forms.
- Copies of all Hazard Identification Forms.
- Copies of all Safety Postings and Safety Meeting Agendas.
- Copies of all Employee Training\Documents. Retain for duration of each individual's employment.

Retain for 5 years

- Copies of Supervisor Investigation Forms
- Copies of Vehicle Accident Forms
- Copies of Investigation Forms

Retain 30 years or for the duration of each individual's employment if > 30 years.

- Copies of Employee Exposure Records
- Employee Medical Records
- Environmental Monitoring Records
- Previous Chemical Inventories/MSDS's

A safe and healthy workplace must be the goal of everyone at County of Tuolumne with responsibility shared by management and staff alike. If you have any questions regarding this Injury and Illness Prevention Program, contact the Risk Management Analyst.

COUNTY OF TUOLUMNE
LADDERS AND STEPS: SAFE USAGE PROCEDURES

Effective Date: **July 1, 1991**

Revised: **June 2001**

Purpose

The purpose of this procedure is to establish safety rules for ladders used in the County of Tuolumne. It applies to all County employees and contractor personnel performing in and on County owned or leased property.

Policy and Procedures

The supervisor in charge of work is responsible for compliance with the following:

1. All ladders shall be used at such a pitch that the horizontal distance from the top support to the foot of the ladder is one quarter the assembly length of the ladder.
2. Metal ladders may be used only where electrical installations don't produce hazard.
3. Each ladder shall be inspected daily. Those ladders which develop defects shall be withdrawn from service for repair or destruction and shall be tagged or marked "Danger, Do Not Use." Improvised ladders shall not be made.
4. Ladders shall be stored in such a manner as to provide ease of access or inspection, and to prevent danger of accident when withdrawing a ladder for use.
5. Ladders shall be stored at a location where they will not be exposed to the elements but where there is good ventilation. Wood ladders shall not be stored near radiators, stoves, steam pipes, or other places subjected to excessive heat/dampness. Rungs will be kept free of any product that could result in slippery conditions.
6. The top rest of the ladder shall be rigid and shall have ample strength to support the applied load. Ladders shall not be placed in front of doors unless the door is blocked open, locked or guarded.

7. When ascending the descending a ladder, the user shall always face the ladder.
8. No employee shall be permitted to stand on or work from the top 3 rungs of any ladder unless there are structural members that provide a firm handhold or the worker is protected from falling by an approved safety belt.
9. Wooden ladders shall not be painted with other than a transparent material.
10. All ladders shall be equipped with nonslip bases suitable to the bearing surface. Nonslip bases are not intended as a substitute for care in safety placing, lashing or holding a ladder that is being used on oily, metal, concrete or slippery conditions.

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COUNTY OF TUOLUMNE
LOCKOUT/TAGOUT POLICY

Effective Date: July 1, 1991
Revised: June, 2001

Purpose

To establish a safety standard for the protection of employees and property from possible injury resulting from the unexpected starting or movement of machinery or equipment, or the application of power to a circuit or system under repair or service.

Definitions

Lockout: The use of a padlock to lock the controls to an energy source in an “OFF” or de-energized position

Tagout: The use of an identification tag to identify the person working on the equipment/machinery and warning others not to start up the equipment/machinery.

Energy Source: Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

Energy Isolating Device: A mechanical device that physically prevents the transmission or release of energy, including but not limited to the following: a manually operated electrical circuit breaker; a disconnect switch; a line valve; a block; and any similar device used to block or isolate energy. Push buttons, selector switches and other control circuit type devices are not energy isolating devices.

Procedure

Before beginning any cleaning, adjusting, repair or service of equipment where an unexpected movement, application of power, or charging of a system could result in injury or material/property loss, persons performing the work shall make sure power is disconnected and all residual hazards are removed (pressure, voltage, flow, etc.) prior to and during such work. Where equipment/machinery or circuit is lockable, a padlock and tag shall be placed at the energy isolating device. It is understood, that padlocks are the preferred method for lockout, however if it is physically impossible to apply a padlock to the equipment/machinery or circuit, then a tagout shall be used. Individual locks and/or tags shall be used and placed by each person working on the machinery/equipment or circuit. Before work is started, equipment shall be tested to ensure that all sources of energy i.e. electric, pressurized fluids and air, kinetic, etc. have been neutralized.

Multiple lockout procedures shall be used when work is being done by more than one person. Multiple lockout adapters shall be attached at the energy isolating devices(s). Each person working on the machine/equipment or circuit shall put their lock and/or tag on the adapters. As they complete their part of the job, they will remove their lock and/or tag from the adapters.

Upon completion of the work the last person to remove his/her lock and/or tag will make a visual inspection to make certain that all safety devices have been put back in place and that all employees are clear of danger.

If an employee who has gone and has left on a lock and/or tag, and the operation of the equipment/machinery or circuit is imperative, an attempt to contact the departed employee should be made. If contact is impossible, the appropriate on-call employee i.e. Facilities Management shall respond and determine if it is safe to remove the lock and/or tag without endangering others.

Each employee with responsibilities that might include the use of this policy will be assigned their own, keyed separate lock and tag. Locks and tags shall not be used for any purpose other than to comply with this policy. Duplicate keys will be kept by the Department Head, or designee.

Any employee assigned to a job that would require adherence to this policy shall be trained in its procedures at time of department safety orientation. Affected personnel shall receive annual refresher training with the procedures contained within this policy. Failure to adhere to the elements of this policy is considered a serious violation of County safety policy. Employees not following the lockout/tag-out procedures will face appropriate disciplinary action up to and including termination.

Any contractor hired by any County department shall have all affected employees trained in regards to the provisions of this policy. Such contractor shall be responsible for understanding and following the lockout/tagout policy. Failure to do so may result in immediate suspension of work and loss of contract.

COUNTY OF TUOLUMNE
RESPIRATORY PROTECTION PROGRAM

Effective Date: **July 1, 2001**
Revised:

Purpose

The purpose of this written program is to establish procedures regarding the use of respirators for personal protection against airborne contaminants.

Policy

Whenever possible, substitution of less hazardous chemicals, or engineering controls such as ventilation and enclosure, will be used to protect employees from airborne contaminants. But when these controls are not feasible, respirators will be used to protect employees. This plan has been developed in accordance with good industrial hygiene practice and the requirement of Cal OSHA standards, Title 8, Section 5144 of the California Code of Regulations.

Responsibilities

The County Safety Officer is responsible for the overall administration of the Respiratory Protection Program. Department managers, or the appointed safety coordinators will identify the need and selection of respirators. The department manager is responsible for ensuring that appropriate respirators are provided, and that they are properly used and maintained.

Employee Medical Monitoring

Pre-employment physical examinations are conducted on all employees. Any prospective employee who may be required to wear a respirator will be screened at the time of their physical examination. The purpose of this screening is to determine whether the individual has a medical condition or psychological difficulty that contradicts using a respirator.

Respirator Selection

Respirators are selected by department safety coordinators and approved by the department manager. The selection is based upon the physical and chemical properties of the air contaminants and the concentration level likely to be encountered by the employee. Department safety coordinators will make respirators available immediately to any employee that requires respiratory protection. Replacement equipment will be made available as needed.

Department safety coordinators will maintain an inventory of different types of respirators in order to give employees a choice. A written list of available respirators shall be maintained.

Employee Training

The safety coordinator relative to their responsibilities in the respiratory protection program must instruct each employee, at the time of hire and upon transfer to an assignment to an area requiring respirators. Records shall be kept to record respirator issuance and training.

Employee Fit Testing

Respirators must be fitted properly and tested for a proper seal. Employees must be clearly able to demonstrate that they can achieve a proper seal before they will be issued a respirator. Employees with facial hair that compromises the ability to achieve a proper seal will not be allowed to work in an environment/area that requires respiratory protection. Qualitative fit testing is acceptable. Department safety coordinators will be trained to perform fit testing consistent with regulatory protocol. This testing will be documented and retained by the department safety coordinator.

Respirator Inspection and Maintenance

The following points should be considered for respirator inspection and maintenance:

- The wearer of a respirator shall inspect it prior to donning to ensure proper working condition.
- Supervisors will periodically spot check respirators for fit, usage and condition.
- Non-disposable respirators will be cleaned after use, will be stored in an airtight container away from areas of contamination.
- Whenever feasible, respirators not discarded after use, should be marked or stored in such a manner to assure that they are worn only by the assigned employee. If use by more than one employee is required, the respirator shall be cleaned between uses.

COUNTY OF TUOLUMNE

SMOKING POLICY

Effective Date: July 1, 1991

Revised: June 2001

The voters of the County of Tuolumne have ordained the Clean Indoor Air and Health Protection Ordinance (Tuolumne County Ordinance No. 2077) which regulates the prohibition of smoking in all public places and work places. They have found that numerous studies find tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke is a cause of disease, including lung cancer, in nonsmokers. At special risk are elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease. Health hazards induced by breathing second-hand smoke include lung cancer, heart disease, respiratory infection, decreased respiratory function, bronchoconstriction, and broncho spasm. Accordingly, the voters of the County of Tuolumne have found and have declared that the purposes of Ordinance No. 2077 are:

1. To protect the public health and welfare by prohibiting smoking in public places and places of employment; and
2. To guarantee the right of nonsmokers to breathe smoke-free air, and to recognize that the need to breathe smoke-free air shall have priority over the desire to smoke.

Tuolumne County is dedicated to providing a healthy, comfortable and productive work environment for its employees and members of the public, and in complying with the will of the voters of the County of Tuolumne. Therefore, effective November 22, 1994:

Smoking shall be prohibited in all enclosed facilities within this place of employment without exception. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, entrances, exits, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.

Ordinance No. 2077, in its entirety, is included as a part of this policy and shall serve in all ways applicable as the Tuolumne County Smoking Policy.

Tuolumne County Enforcement Procedures

The success of this policy will depend upon the thoughtfulness, consideration and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing the policy. Any conflicts should be brought to the attention of the appropriate

supervisory personnel and, failing resolution, can be filed as a formal grievance as outlined in the appropriate Memoranda of Understanding between the County and its representation units. Employees, as well as members of the public, have the greater right under this policy to file a complaint with the County's department of Public Health.

Effective Date: July 1, 1991

Revised: June 2001

Authorized Uses

County vehicles shall be used only by County officials, employees and authorized volunteers and only for a County purpose. Only County officials, employees or authorized volunteers shall be permitted to operate or use a County vehicle. Employees or authorized volunteers are prohibited from carrying, in a County vehicle, hitchhikers or any other person not authorized by the department head. Volunteers may be authorized to drive County vehicles upon the recommendation of the department head and with the approval of the County Administrator after a review of the volunteer's drivers license record maintained by the Department of Motor Vehicles.

Traffic Violations

Traffic laws shall be observed at all times. Fines or penalties levied for violations for which the driver is directly responsible shall be paid by the driver.

Drivers License

All drivers of a County vehicle must have in their possession a valid California Driver's License.

Vehicle Safety

Seat Belts: Except as exempted by law, all County-owned vehicles shall be equipped with seat belts and restraint systems. Private vehicles being used on County business shall also be equipped with seat belts. Except as exempted by law, all persons in a County vehicle or in a private vehicle being used on County business must use seat belts any time the vehicle is in motion. The driver of the vehicle is responsible for ensuring that all occupants of the vehicle are wearing seat belts before the vehicle is put into motion.

Defensive Driving: Employees operating a motor vehicle while on County business are encouraged to follow the defensive driving guidelines outlined below.

Rules of Defensive Driving

- Keep a "cushion of space" between your vehicle and others. The greater the speed, the greater the "cushion of space" should be.

- Be alert to developing situations in the traffic ahead. Look into the rear view mirror frequently – once every five seconds is ideal.
- Use all safety devices provided, including the horn. Be sure the other driver sees you. Being seen is as important as seeing.
- Never demand the right-of-way, even if legally it is yours.
- Avoid interrupting the flow of traffic whenever possible because such interruptions can cause an accident.
- Never allow your attention to be diverted from the primary task driving.
- Drive courteously. A courteous driver will usually not be involved in a hazardous situation.

Abuse of Vehicles

County vehicles shall not be used for activities which may damage the vehicle.

Personal Liability

Employees may be held personally liable for damage to County equipment and other penalties may be assessed if damage occurs to a County vehicle through negligence or illegal activity.

Employees may be held personally liable when, outside the course and scope of their employment, they cause damage to other persons or property while driving a County vehicle.

Personal Property

Personal property such as radios or air conditioners shall not be attached to a County vehicle.

Keys

Keys shall not be left in unattended vehicles, even when parked in secured enclosures.

VEHICLE SAFETY BELT/RESTRAINT SYSTEM

General

Most deaths and injuries involved in vehicular accidents can be prevented by wearing safety belts. Striking steering assemblies, windshields, windshield frames, and instrument panels account for 70 percent of fatalities involved in motor vehicle collisions. Estimates reveal four out of five persons who died when thrown from a vehicle would have lived had they remained in the vehicle at the time of the accident. As used here, the term safety belt includes passive restraints and air bags as well as safety belts.

Objectives

The objectives of this procedure are to:

1. Protect drivers and riders from death or serious injury in the event of a motor vehicle crash.
2. Fix responsibilities for providing, wearing and maintaining vehicular safety belts.

Policy

It is the policy of the County to require the use of safety belts and to assure compliance with applicable provisions of Section 3653 of the General Industry Safety Orders, Section 1596 of the Construction Safety belts and the child passenger restraint systems in vehicles used for County business.

Use of Safety Belts

Safety belts shall be used in conformance with the following:

Rules Regarding the Use of Safety Belts

- Except as exempted by law, all drivers and passengers shall use safety belts when on County business, whether they are in County-owned vehicles or privately owned vehicles.

- Only the number of persons for whom working safety belts are available are allowed in vehicles on County business.
- Operators of motorized equipment shall use seat belts when seat belts are provided on such equipment.
- Persons in wheelchairs and gurneys being transported shall have safety devices securing them to their wheelchairs or gurneys which in turn shall be secured against movement within the transporting vehicle.
- Exceptions to these requirements for use of safety belts include:
 - a) Emergencies where conformance is impractical.
 - b) Children under the age of four years or weighing less than 40 pounds shall be safeguarded in vehicles in accordance with Section below.

Child Passenger Restraint Requirement

No child under the age of ~~four~~ *six* years or weighing less than ~~40~~ *60* pounds shall be transported on a highway in a County-owned or for County purposes in a privately-owned vehicle without being safeguarded in accordance with the following:

1. A child passenger restraint system (infant or toddler seat) shall normally be used which meets applicable Federal standards and is provided with a label which states “Dynamically Crash Tested”. Departments may obtain child passenger restraint system from the following sources:
 - a) Continuing departmental needs for child safety seats should be met by the purchase of an adequate number of infant and/or toddler seats.
 - b) Occasional departmental needs for child’s safety seats may be met by:
 - 1) Use of a seat provided by the child’s parent or guardian.
 - 2) Prior arrangements for the loan of an infant or toddler seat from the County Children’s Protective Service.
2. In an emergency, a child may be secured by an adult safety belt. Do not use the shoulder belt portion if it lies across the child’s face or neck. Instead, place the shoulder belt portion between the child’s back and the seat. Holding a child in your arms can be particularly dangerous during a crash because your weight is thrown forward and can crush the child even when you are wearing a seat belt.

Safety Belt Requirement for Special Vehicle and Equipment

Safety belts shall be provided for the following County-owned special vehicles and equipment.

All haulage vehicles and earth moving equipment, which have been provided with rollover protection, shall also be provided with safety belts meeting the requirements of Section 1596 of the Construction Safety Orders or Section 3653 of the General Industry Safety Orders, as appropriate. This includes scrapers, loaders, crawler or wheeled tractors, bulldozers, graders, water wagon prime movers, and similar equipment.

Procurement and Maintenance of Safety Belts

Responsibilities for the procurement and maintenance of safety belts are as follows:

County personnel who procure vehicles are responsible for adequate numbers of approved safety belts that come with each vehicle, or are properly added. Using departments are responsible for advising those who procure County vehicles concerning any special requirement for safety belts.

COUNTY OF TUOLUMNE
WELDING AND CUTTING: SAFETY PROCEDURES

Effective Date: July 1, 1991

Revised: June 2001

Responsibilities

County Safety Officer is responsible for providing appropriate safety instructions for supervisor's use on welding and cutting.

Supervisors responsibility to provide training in the proper care and use of cutting and welding equipment and to educate employees in safe work habits. The immediate supervisor shall instruct and direct the activities of their employees and shall enforce all safety regulations.

Safety Standards

The safety regulations governing cutting and welding procedures are derived from these agencies:

1. State of California Division of Industrial Safety California Administrative Code Title Eight (8)
 - a. Group 2 – Article 7 – Misc. Safe Practices
 - b. Group 2 – Article 10 – Personal Safety
 - c. Group 10 – Article 80 through 87 – Gas Systems for Welding and Cutting
2. National Fire Protection Association (NFPA #51)
3. Occupational Safety and Health Administration – Subpart Q
1910.251

Care and Use of Cutting and Welding Equipment

***DANGER: OIL, GREASE AND SOLVENTS EXPOSED TO OXYGEN
CREATES AN EXPLOSIVE MIXTURE. KEEP ALL
FITTINGS FREE OF CONTAMINATION AT ALL
TIMES!!!***

Cylinders

- a. All gas cylinders must be secured in an upright position.
- b. The protective cap must be in place when gas cylinders are not in use or in transit.
- c. Cylinders with excessive damage due to corrosion, dents, or leaking valves shall be tagged unsafe and returned to the distributor.
- d. Cylinders may never be used as a work support.
- e. Oxygen and acetylene cylinders shall be stored separately.
- f. Do not drop or drag cylinders.
- g. Mark empty cylinders "MT".
- h. Keep cylinders away from the welding zone to prevent accidental striking of an arc on the cylinder.
- i. Oxygen and acetylene cylinders shall never be stored near highly combustible materials such as oil, grease, solvents, etc.
- j. Cylinders must not be stored where they are subjected to absorption of excessive heat. Cylinders must be transported, either in full or empty condition, with cap on and securely fastened on a suitable truck.
- k. Cylinders must be hoisted only in suitable cradles, nets or skip boxes, and shall never be hoisted by magnet or by rope or chain slings.
- l. Persons using burning and heating equipment must maintain a safe distance from oxygen and acetylene tanks and avoid burning above oxy-acetylene hoses and equipment.
- m. Oxygen shall never be used for the following purposes:
 - 1) to purge pipe lines, tanks or any confined area
 - 2) to supply head pressure in a tank
 - 3) in pneumatic tools
 - 4) in oil preheating burners
 - 5) to start internal combustion engines
 - 6) for ventilation

- 7) for dusting clothing
- 8) in any way as a substitute for compressed air

Regulators and Valves

- a. Inspect regulators and valves for damage prior to each use.
- b. Valves shall be closed when not in use or unattended.
- c. Crack the valve briefly to blow out any dust or other particles before connecting the regulator to the cylinder.
- d. Inspect the threads on all oxygen connections to ensure that they are free of grease and oil.
- e. Release the pressure adjusting screw on the regulator to its limit by turning it counter-clockwise.
- f. Open the cylinder valve slightly to let the hand on the high pressure gauge move up slowly. On an oxygen cylinder, gradually open the cylinder valve to its full limit. On an acetylene cylinder make no more than 1¼ turns of the valve spindle.
- g. Always stand to one side of the glass faces of the pressure gauges when opening valves.
- h. Adjust oxygen regulator pressure adjusting screw clockwise to 40 PSI maximum working pressure.
- i. Adjust acetylene regulator pressure adjusting screw clockwise to 10 PSI maximum working pressure.
- j. Inspect the regulator and valves for leaks.
- k. Cylinder valves not provided with fixed handwheels shall have keys or handles on valve spindles or stems while cylinders are in service.
- l. Regulators and valves must be sent to an authorized dealer for repairs.

Hose and Fittings

- a. Inspect hoses and fittings for leaks. Repair or replace damaged hose. Hoses shall be repaired with approved couplings only. **DO NOT USE TAPE.**
- b. Inspect fittings to ensure that they are free of grease and oil.
- c. Purge each hose before using.
- d. Protect hose from damage. Keep hose out of aiseways where it may be damaged by traffic and off floors that are wet, oily or greasy.

- e. Check valves shall be installed between the torch and hoses for both oxygen and acetylene.

Torches

- a. Use only the welding heads, tips or cutting nozzles recommended by the manufacturer of the equipment.
- b. Shut off the gas at the regulator before changing torches. Do not crimp hose.
- c. Do not use matches to light torches. Use a torch friction lighter.
- d. Turn off the cylinder valves and relieve the pressure on the regulator and hoses when taking lunch breaks or for longer durations of non-use.

Welding Cables

- a. Keep welding cables dry and free of grease and oil to prevent breakdown of the insulation.
- b. Keep welding cables out of aisleways to prevent damage to the insulation.
- c. Use cable connectors only for splicing and repairing damaged cables.

Personal Protective Equipment

1. Protective Clothing

- a. Wear a skull cap to prevent sparks from burning the hair or scalp.
- b. Wear flame-resistant gauntlet gloves, except on very light work.
- c. Leather aprons or other flame-resistant material should be worn to protect against radiant heat and sparks.
- d. Do not wear low-cut shoes because of the spark hazard. Trousers should be worn on the outside of the boots.

2. Eye Protection

- a. Use goggles/shields with proper shaded lenses for type or work being done.
- b. Welder's helpers must wear shaded eye protection.
- c. Use screens to protect employees working in adjacent areas.

3. Respiratory Protection

- a. Avoid breathing welding fumes in confined areas by one or more of the following methods.
 - 1) Use of forced ventilation.
 - 2) Use an exhaust blower.
 - 3) Use an approved respirator.
- b. Welders working in confined spaces must have an attendant standing by to effect rescue in case of any emergency.
- c. An effective exhaust system or approved respirator must be worn when welding or cutting stainless steel.
- d. All tanks and vessels must be tested for oxygen deficiency and toxic vapors prior to commencing work in them.

Fire Prevention

One fire underwriter insurance company reports that fires caused by cutting welding exceed \$40,000,000 annually. These fires can be prevented by establishing and enforcing hot work permit systems. A minimum program for the County shall be governed by the following rules:

1. There shall be no cutting or welding in areas outside the welding shop unless a hot work permit is signed and authorized by the supervisor.
2. Hot work permits shall be required in all areas where combustible materials are being stored and/or in structures which are constructed or combustible materials.
3. On issuing a hot work permit, the supervisor shall:
 - a. Inspect the area while completing the hot work permit.
 - b. Remove and/or shield any combustible materials in the

immediate work area.

- c. Seal off all openings where sparks may travel to adjacent rooms or fall to floors below.
- d. Ensure that an adequate amount of proper fire extinguishers are available.
- e. Post a fire watch on all jobs that require a hot work permit. The fire watch should remain at work site for 30 minutes upon \ completion of cutting/welding.
- f. Measure the atmosphere in confined areas to determine the presence of explosive gasses before performing any hot work.

Miscellaneous Hazards

1. Cutting or welding on drums or vessels that have contained flammable chemicals shall not be permitted until the container has been thoroughly cleaned, purged and tested to ensure that an explosive mixture is not present. Containers should be filled with water or charged with an inert gas when possible.
2. Oxygen or gasses shall not be used for dusting personal clothing or equipment.
3. Grease or oil and oxygen **do not mix!** Make every effort to keep equipment free of oil and grease and inspect all connections thoroughly to ensure that they are not contaminated. Do not wear greasy gloves to change cylinders, fittings, etc.

Safety Training: Supervisors shall administer annual safety training to all employees who perform welding and cutting operations, using these procedures.

COUNTY OF TUOLUMNE
WORKPLACE VIOLENCE PREVENTION PROGRAM

Effective Date: July, 1991

Revised: June, 2001

The County of Tuolumne is committed to preventing workplace violence, and to maintaining a safe work environment for its employees. Given the increasing violence in society in general, the County has adopted the following guidelines to deal with intimidation, harassment or any other threats of violence that may occur during business hours or on County premises.

Policy

It is the unequivocal policy of the County of Tuolumne that any act of violence by a County employee towards another employee or member of the public is prohibited and will not be tolerated. Any act or threat of violence by a County employee shall result in disciplinary action, up to and including termination.

The County shall take whatever reasonable measures possible to protect its employees and, in the event of an act or threat of violence to any of its employees, will provide appropriate security and counseling necessary for the employees' well-being.

Management Responsibilities

The County Board of Supervisors and Administration have committed to the safety and security of all County employees through the implementation of a County Injury and Illness Prevention Policy and related safety policies. Management has a serious commitment to this program in particular. The Safety Committee is charged with the administration of this program. Additionally:

1. The Human Resources (HR) Office, as the working arm of the Safety Committee will serve as the authority for workplace violence prevention issues developing training programs, maintaining related records, and providing consultation to supervisory staff.
2. The County will promptly and thoroughly investigate all reports of threats and acts of violence and of suspicious individuals or activities. Immediately upon learning of such incidents, the supervisor shall report the matter to the Human Resources Office. In the supervisor's absence, the employee is encouraged to report the incident directly to the Human Resources Office.
3. The Human Resources/Risk Manager, or designee, shall immediately notify the Threat Assessment Team (Team), which shall consist of the Human Resources/Risk Manager, County Counsel and the Undersheriff, or their designees. The Team shall examine the facts and take whatever measures are reasonable and prudent to safeguard the threatened employee(s). If no immediate danger exists, the Team shall proceed to evaluate the reported facts and decide on a specific course of action designed to eliminate or reduce the danger as much as possible.

4. If the County's investigation determines that an employee is responsible for threats of violence or any other conduct that is in violation of these guidelines, the County will take prompt disciplinary action against the responsible individual. This disciplinary action may include immediate termination.
5. The County will continue to emphasize employee emotional and physical safety and health by placing a high priority on eliminating safety and security hazards.
6. The Safety Committee will evaluate all reports and records of assaults and incidents of aggression and violence. When this committee makes recommendations for correction the County will, in a timely manner, take action on the recommendation.
7. The County will provide an effective workplace violence prevention training program.

Employee Responsibilities

Employees are asked to commit to being actively involved in the safety and security of all County workplaces, in the decisions that affect worker safety and health, as well as the well-being of the public served. Involvement should include the following:

1. Employees shall report all threats of violence, both direct and indirect, as soon as possible to their supervisor or to any other supervisor. This includes threats by employees, as well as threats by members of the public. Employees should report incidents or potential risks immediately to their supervisor.
2. Employees should treat other employees, including supervisors, temporary employees, contractors and members of the public with courtesy and respect at all times. Fighting, "horseplay" or any other conduct that may be dangerous to others is prohibited.
3. Employees must not engage in any conduct that threatens, intimidates, or coerces another employee, a customer or any member of the public at any time, including off duty periods.
4. Except for law enforcement personnel, employees are prohibited from bringing firearms, weapons, or other dangerous or hazardous devices or substances onto the County's premises.
5. The County encourages employees to bring their disputes or differences with other employees to the attention of their supervisor or the HR Office before the situation escalates into potential violence. The County is eager to assist in the resolution of employee disputes, and will not discipline any employee for raising any concern in good faith.

6. Employees should report all suspicious individuals or activities to a supervisor as soon as possible. Employees should not place themselves in peril. When an employee feels immediately threatened he/she should call law enforcement
7. Employees will participate in department training regarding the prevention of workplace violence.

Program Elements

The County's Prevention Program includes the following major program elements:

- Worksite Analysis
- Hazard Identification and Prevention
- Medical Management and Counseling
- Record Keeping
- Training
- Program Evaluation

Worksite Analysis

Worksite analysis is a process, which will identify existing hazards, conditions, operations and situations that create or contribute to hazards or areas where hazards may develop. This includes close scrutiny and tracking of injury/illness and incident records to identify patterns that may indicate causes of aggressive behavior and assaults.

The objectives of worksite analyses are to recognize, identify, and to correct security hazards. Analysis utilizes existing records and work site evaluations including:

1. *Record Review*
 - a. The analysis of medical, safety, and insurance records, including the Cal OSHA 200 log and information compiled from incidents of assaultive behavior from employees or the public.
 - b. The identification and analysis of any apparent trends in injuries relating to particular departments, units, job titles, unit activities or work stations, activity or time of day. This may include identification of sentinel events such as threatening of employees or identification of events that may lead to assaultive behavior.
2. *Identification and Correction of Security Hazards:* Worksite analysis will use a systematic method to identify those areas needing in depth scrutiny of security hazards. This analysis will seek to accomplish the following:

- a. Identify those work positions in which staff is at moderate to significant risk of assaultive behavior.
- b. Determine if risk factors have been reduced or eliminated to the extent feasible.
- c. Apply analysis to all newly planned and modified facilities, or any public services programs to ensure that hazards are reduced or eliminated.
- d. Conduct periodic surveys to identify new or previously unnoticed risks and deficiencies and to assess the effects of changes in the building designs, work processes, public services and security practices.

Evaluation and analysis of information gathered and incorporation of all this information into a plan of correction and on-going surveillance is the desired result of the work site analysis. Individual departments are responsible for conducting worksite analysis with the assistance of the HR Office.

Recordkeeping

Records shall be kept of the following:

1. OSHA regulations require entry on the Cal OSHA 200 for defined injuries and illnesses. Injuries resulting from assaults may also be entered on the log. Doctors' reports of work injury and supervisors' reports shall be kept of each recorded assault as well.
2. Incidents of abuse, verbal attacks or aggressive behavior which may be threatening to the worker but not resulting in injury, such as pushing, shouting, or an act of aggression toward other clients requiring action by staff shall be recorded by department management. This record may initially be a disciplinary document, employee hazard report or some other document pointing to an incident of potential or actual violence. All such documents shall be forwarded to the HR Office for inclusion as a violence-related record and reviewed by the Safety Committee.

Training

A major program element in any effective safety and security program is training. The purpose of training is to ensure that employees are sufficiently informed about the safety and security hazards to which they may be exposed and thus are able to participate actively in their protection. All employees will be periodically trained in the County's overall Injury and Illness Prevention Program and, specifically, in the prevention of workplace violence.

Training for affected employees shall consist of both general and specific job training. “Specific job training” refers to training to be provided within the unit or department to which the employee is assigned. General training refers to the parameters of this program.

General Training

The County will provide supervisory training related to workplace violence. That training will focus on supervisory awareness, intervention, and prevention, as well as their supervisory responsibilities under this program. One of those supervisory responsibilities is to provide specific job training for all assigned staff.

Job Specific Training

New employees and reassigned/transferred workers should receive an initial orientation and hands-on-training prior to being placed in a unit or job. Each new employee should receive a demonstration of alarm systems and protective devices, if appropriate. The training should also contain the use of work practice controls to reduce injury. This initial training should include:

- Specific measures at each location, such as protective equipment, location and use of alarm systems, determination of when to use evacuation systems and so on as needed for safety.
- Communication systems
- Policies and procedures for reporting incidents and obtaining medical care and counseling.
- Injury and Illness Prevention Program
- Employee Hazard Report Form

On-the-job training should emphasize employee development and use of safe and efficient techniques, methods of deescalating aggressive behavior, self-protection techniques, methods of communicating information, which will help other staff to protect themselves and discussions of rights of employees vs. customer service. Training co-workers from the same unit and shift may facilitate teamwork in the work setting.

Evaluation of the Program

Procedures and mechanisms to evaluate the implementation of this program and to monitor progress and accomplishments have been developed. Evaluation is the responsibility of the Safety Committee and includes some of the following:

- Analyses of trends and illness/injury rates or incident reports.
- Periodic survey of departments regarding workplace safety issues.
- Before and after surveys/evaluations of job or worksite changes or new systems

- Evaluation of employee experiences with hostile situations and results of medical treatment programs provided, with appropriate follow-up intervals.
- Evaluation of training program effectiveness.

Results from these reviews of the program will be summarized as a written progress report, which will be available to any department and employees. New or revised goals arising from the review will also be identified. Any deficiencies will be identified and corrective action taken.

Conclusion

The County recognizes its responsibility to provide employees with a safe working environment and, specifically recognizes that if it is unsafe for employees, the same problem will be the source of risk to other clients or the public – which is detrimental to the overall purpose of government – public service.