



# OSHA SAFETY MANUAL

REVISED 4/14/20



## DOCUMENTATION KIT

This documentation kit contains CAL/OSHA safety plans that includes ILLNESS and INJURY PREVENTION PLANS for our facility. Detailed plans are provided under each standard. Some plans are mandatory, while others are not. By completing all the plans, we have gone above and beyond to ensure that our employees are safe from workplace hazards. These plans must be read by all employees and are easily accessible. If there are any questions about these plans or if you have any other safety concerns, please contact the safety coordinator, whose details are mentioned below.

Name of the Safety Coordinator: \_\_\_\_\_

Name of the Facility \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

**DOCUMENTATION KIT**

**Introduction**

Based on relevant information from the latest Cal/OSHA manual and booklets published by Cal/OSHA, we have prepared the safety plans for our facility. ALL EMPLOYEES must read these plans and be familiar with our facility's approach to Cal/OSHA compliance. When in doubt about any safety task or procedure, kindly refer to the plans in this documentation kit. Please do not make up your own procedures. All aspects of these plans have been reviewed and approved by our facility's safety committee's recommendations. Our safety plans are easily accessible to all employees. For your reference, the details of these plans have been taken from the model plans published by Cal/OSHA and are very regulation specific.

We update our documentation kit annually or whenever new safety tasks or procedures are introduced. The employer or Cal/OSHA coordinator certifies that the kit has been updated by affixing his or her signature.

| Year | Name of the Supervisor/Employer | Signature |
|------|---------------------------------|-----------|
| 2020 | _____                           | _____     |
| 2021 | _____                           | _____     |

By certifying the yearly updates, the employer confirms that necessary changes have been made to the safety plans whenever

- New tasks or procedures were introduced during the year (if any);
- Names and telephone numbers of designated personnel responsible for various tasks changed;
- New chemical, safety equipment or instrument, etc. were introduced;
- Or any other changes deemed necessary to be included in the safety plans.

**THIS PAGE REQUIRES INFORMATION COMPLETED**

**WRITTEN STATE PLAN FOR CALIFORNIA OSHA PROGRAMS**

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(Name and Address of our Facility)

This plan is located at

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Please do not remove this plan unless authorized by OSHA COMPLIANCE OFFICER  
(name of the Supervisor)

# ***INJURY AND ILLNESS PREVENTION PROGRAM***

## **RESPONSIBILITY**

The Injury and Illness Prevention (IIP) Program administrator,

ARGUS OSHA COMPLIANCE TEAM

Program Administrator

has the authority and the responsibility for implementing and maintaining this IIP Program for

→ \_\_\_\_\_  
Establishment Name

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering employee questions about the IIP Program. A copy of this IIP Program is available from ARGUS OSHA COMPLIANCE (name of the supervisor).

## **COMPLIANCE**

All employees, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices include one or more of the following checked practices:

- Informing employees of the provisions of our IIP Program.
- Evaluating the safety performance of all employees.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to employees whose safety performance is deficient.
- Disciplining employees for failure to comply with safe and healthful work practices.

## COMMUNICATION

All supervisors are responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees. Our communication system encourages all employees to inform their supervisors about workplace hazards without fear of reprisal.

Our communication system includes one or more of the following checked items:

- New employee orientation including a discussion of safety and health policies and procedures. **DONE AT ARGUS CORPORATE OFFICE.**
- Review of our IIP Program. **DONE AT ARGUS CORPORATE OFFICE.**
- Training programs.
- Regularly scheduled safety meetings.
- Posted or distributed safety information.
- A system for employees to anonymously inform management about workplace hazards.
- Our establishment has less than ten employees and communicates with and instructs employees orally about general safe work practices and hazards unique to each employee's job assignment.

## HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace:

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIP Program.
2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace.
3. When new, previously unidentified hazards are recognized.
4. When occupational injuries and illnesses occur.

5. Whenever workplace conditions warrant an inspection.
6. \_\_\_\_\_
7. \_\_\_\_\_

### **ACCIDENT/EXPOSURE INVESTIGATIONS**

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured employees and witnesses.
2. Examining the workplace for factors associated with the accident/exposure.
3. Determining the cause of the accident/exposure.
4. Taking corrective action to prevent the accident/exposure from reoccurring.
5. Recording the findings and actions taken.
6. \_\_\_\_\_  
\_\_\_\_\_

### **HAZARD CORRECTION**

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered.
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed employees from the area except those necessary to correct the existing condition. Employees who are required to correct the hazardous condition shall be provided with the necessary protection.

## TRAINING AND INSTRUCTION

All employees, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

1. When the IIP Program is first established.
2. To all new employees.
3. To all employees given new job assignments for which training has not previously provided.
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
5. Whenever the employer is made aware of a new or previously unrecognized hazard.
6. To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
7. To all employees with respect to hazards specific to each employee's job assignment.
8. \_\_\_\_\_.

General workplace safety and health practices include, but are not limited to, the following:

1. Implementation and maintenance of the IIP Program.
2. Emergency action and fire prevention plan.
3. Provisions for medical services and first aid including emergency procedures.
4. Prevention of musculoskeletal disorders, including proper lifting techniques.
5. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
6. Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.

7. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
8. Proper reporting of hazards and accidents to supervisors.
9. Hazard communication, including employee awareness of potential chemical hazards, and proper labeling of containers.
10. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.
11. \_\_\_\_\_.

## **RECORDKEEPING**

We have checked one of the following categories as our recordkeeping policy.

\_\_\_\_\_ **Category 1.** Our establishment has twenty or more employees or has an employees' compensation experience modification rate of greater than 1.1 and is not on a designated low hazard industry list. We have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
2. Documentation of safety and health training for each employee, including the employee's name or other identifier, training dates, type(s) of training, and training providers are recorded on an employee training and instruction form. Inspection records and training documentation will be maintained according to the following checked schedule:

\_\_\_\_\_ For one year, except for training records of employees who have worked for less than one year which are provided to the employee upon termination of employment; or

\_\_\_\_\_ Since we have less than ten employees, including managers and supervisors, we only maintain inspection records until the hazard is corrected and only maintain a log of instructions to employees with respect to employee job assignments when they are first hired or assigned new duties.

\_\_\_\_\_ **Category 2.** Our establishment has fewer than twenty employees and is not on a designated high hazard industry list. We are also on a designated low hazard industry list or have an employees' compensation experience modification rate of 1.1 or less, and have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections; and
2. Documentation of safety and health training for each employee.

Experience Mod compares your workers' compensation claims experience to other employers of similar size operating in the same type of business. Most employers who have an annual premium in excess of \$3,000 will receive an Experience Mod.

Your Experience Mod is calculated by the National Council on Compensation Insurance (NCCI) or in some states an independent agency. Your independent insurance agent can advise you where yours is calculated.

Inspection records and training documentation will be maintained according to the following checked schedule:

\_\_\_\_\_ For one year, except for training records of employees who have worked for less than one year which are provided to the employee upon termination of employment; or

\_\_\_\_\_ Since we have less than ten employees, including managers and supervisors, we maintain inspection records only until the hazard is corrected and only maintain a log of instructions to employees with respect to employee job assignments when they are first hired or assigned new duties.

Training materials provided and annual attestations are kept at Argus Corporate office

# ***HAZARD ASSESSMENT AND CORRECTION RECORD***

**Date of Inspection:**

**Person Conducting Inspection:**

**1. Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

**Date of Inspection:**

**Person Conducting Inspection:**

**2. Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

**Date of Inspection:**

**Person Conducting Inspection:**

**3. Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

# ACCIDENT/EXPOSURE INVESTIGATION REPORT

**Date & Time of Accident:**

**Location:**

**Accident Description:**

**Employees Involved:**

**Preventive Action Recommendations:**

**Corrective Actions Taken:**

**Manager Responsible:**

**Date Completed:**

## ***WORKPLACE VIOLENCE PREVENTION PLAN***

Our establishment's IIP Program for Workplace Security addresses the hazards known to be associated with the three major types of workplace violence. Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act. Type II involves a violent act or threat of violence by a recipient of a service provided by our establishment, such as a client, patient, customer, passenger or a criminal suspect or prisoner. Type III involves a violent act or threat of violence by a current or former worker, supervisor or manager, or another person who has some employment-related involvement with our establishment, such as a worker's spouse or lover, an worker's relative or friend, or another person who has a dispute with one of our workers.

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### ***RESPONSIBILITY***

We have decided to assign responsibility for security in our workplace. The IIP Program administrator for workplace security is \_\_\_\_\_ and has the authority and responsibility for implementing the provisions of this program for

\_\_\_\_\_.

All managers and supervisors are responsible for implementing and maintaining this IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available from each manager and supervisor.

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**COMPLIANCE**

We have established the following policy to ensure compliance with our rules on workplace security.

Management of our establishment is committed to ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all workers.

All workers are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment. Our system of ensuring that all workers, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

1. Informing workers, supervisors and managers of the provisions of our IIP Program for Workplace Security.
2. Evaluating the performance of all workers in complying with our establishment's workplace security measures.
3. Recognizing workers who perform work practices which promote security in the workplace.
4. Providing training and/or counseling to workers whose performance is deficient in complying with work practices designed to ensure workplace security.
5. Disciplining workers for failure to comply with workplace security practices.
6. The following practices that ensure worker compliance with workplace security directives, policies and procedures:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**COMMUNICATION**

At our establishment, we recognize that to maintain a safe, healthy and secure workplace we must have open, two-way communication between all workers, including managers and supervisors, on all workplace safety, health and security issues. Our establishment has a communication system designed to encourage a continuous flow of safety, health and security information between management and our workers without fear of reprisal and in a form that is readily understandable. Our communication system consists of the following checked items:

- New worker orientation on our establishment's workplace security policies, procedures and work practices.
- Periodic review of our IIP Program for Workplace Security with all personnel.
- Training programs designed to address specific aspects of workplace security unique to our establishment.
- Regularly scheduled safety meetings with all personnel that include workplace security discussions.
- A system to ensure that all workers, including managers and supervisors, understand the workplace security policies.
- Posted or distributed workplace security information.
- A system for workers to inform management about workplace security hazards or threats of violence.
- Procedures for protecting workers who report threats from retaliation by the person making the threats.
- Addressing security issues at our workplace security team meetings.
- Our establishment has fewer than ten workers and communicates with and instructs workers orally about general safe work practices with respect to workplace security.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***HAZARD ASSESSMENT***

We will be performing workplace hazard assessment for workplace security in the form of periodic inspections. Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence are performed by the following observer(s) in the following areas of our workplace:

| Observer | Area |
|----------|------|
|          |      |
|          |      |
|          |      |

Periodic inspections are performed according to the following schedule:

1. ANNUALLY \_\_\_\_\_;  
Frequency (daily, weekly, monthly, etc.)
2. When we initially established our IIP Program for Workplace Security.
3. When new, previously unidentified security hazards are recognized.
4. When occupational injuries or threats of injury occur.
5. Whenever workplace security conditions warrant an inspection.

Periodic inspections for security hazards consist of identification and evaluation of workplace security hazards and changes in worker work practices, and may require assessing for more than one type of workplace violence. Our establishment performs inspections for each type of workplace violence by using the methods specified below to identify and evaluate workplace security hazards.

Inspections for Type I workplace security hazards include assessing:

1. The exterior and interior of the workplace for its attractiveness to robbers.
2. The need for security surveillance measures, such as mirrors or cameras.
3. Posting of signs notifying the public that limited cash is kept on the premises.
4. Procedures for worker response during a robbery or other criminal act.
5. Procedures for reporting suspicious persons or activities.
6. Posting of emergency telephone numbers for law enforcement, fire and medical services where workers have access to a telephone with an outside line.
7. Limiting the amount of cash on hand and using time access safes for large bills.
8. Other:

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Inspections for Type II workplace security hazards include assessing:

1. Access to and freedom of movement within the workplace.
2. Adequacy of workplace security systems, such as door locks, security windows, physical barriers and restraint systems.
3. Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
4. Workers skill in safely handling threatening or hostile service recipients.
5. Effectiveness of systems and procedures to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.
6. The use of work practices such as "buddy" systems for specified emergency events.
7. The availability of worker escape routes.
8. Other:

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Inspections for Type III workplace security hazards include assessing:

1. How well our establishment's anti-violence policy has been communicated to workers, supervisors or managers.
2. How well our establishment's management and workers communicate with each other.
3. Our workers', supervisors' and managers' knowledge of the warning signs of potential workplace violence.
4. Access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute.
5. Frequency and severity of worker reports of threats of physical or verbal abuse by managers, supervisors or other workers.
6. Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.
7. Worker disciplinary and discharge procedures.
8. Other:

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### ***INCIDENT INVESTIGATIONS***

We have established the following policy for investigating incidents of workplace violence.

Our procedures for investigating incidents of workplace violence, which includes threats and physical injury, include:

1. Reviewing all previous incidents.
2. Visiting the scene of an incident as soon as possible.
3. Interviewing threatened or injured workers and witnesses.

4. Examining the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
5. Determining the cause of the incident.
6. Taking corrective action to prevent the incident from recurring.
7. Recording the findings and corrective actions taken.
8. Other:

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### ***HAZARD CORRECTION***

Hazards which threaten the security of workers shall be corrected in a timely manner based on severity when they are first observed or discovered.

Corrective measures for Type I workplace security hazards can include:

1. Making the workplace unattractive to robbers.
2. Utilizing surveillance measures, such as cameras or mirrors, to provide information as to what is going on outside and inside the workplace.
3. Procedures for the reporting suspicious persons or activities.
4. Posting of emergency telephone numbers for law enforcement, fire and medical services where workers have access to a telephone with an outside line.
5. Posting of signs notifying the public that limited cash is kept on the premises.
6. Limiting the amount of cash on hand and using time access safes for large bills.
7. Worker, supervisor and management training on emergency action procedures.

#### **Types of Workplace Violence**

- **Violence by strangers [Type I]**
- **Violence by customers or clients [Type II]**
- **Violence by co-workers [Type III]**
- **Violence by personal relations [Type IV].**

8. Other:

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Corrective measures for Type II workplace security hazards include:

1. Controlling access to the workplace and freedom of movement within it, consistent with business necessity.
2. Ensuring the adequacy of workplace security systems, such as door locks, security windows, physical barriers and restraint systems.
3. Providing worker training in recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
4. Placing effective systems to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.
5. Providing procedures for a "buddy" system for specified emergency events.
6. Ensuring adequate worker escape routes.
7. Other:

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Corrective measures for Type III workplace security hazards include:

1. Effectively communicating our establishment's anti-violence policy to all workers, supervisors or managers.
2. Improving how well our establishment's management and workers communicate with each other.
3. Increasing awareness by workers, supervisors and managers of the warning signs of potential workplace violence.

4. Controlling access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute.
5. Providing counseling to workers, supervisors or managers who exhibit behavior that represents strain or pressure which may lead to physical or verbal abuse of co-workers.
6. Ensure that all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the person making the threat.
7. Ensure that worker disciplinary and discharge procedures address the potential for workplace violence.
8. Other:\_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## ***TRAINING AND INSTRUCTION***

We have established the following policy on training all workers with respect to workplace security.

All workers, including managers and supervisors, shall have training and instruction on general and job-specific workplace security practices. Training and instruction shall be provided when the IIP Program for Workplace Security is first established and periodically thereafter. Training shall also be provided to all new workers and to other workers for whom training has not previously been provided and to all workers, supervisors and managers given new job assignments for which specific workplace security training for that job assignment has not previously been provided. Additional training and instruction will be provided to all personnel whenever the employer is made aware of new or previously unrecognized security hazards.

General workplace security training and instruction includes, but is not limited to, the following:

1. Explanation of the IIP Program for Workplace Security including measures for reporting any violent acts or threats of violence.
2. Recognition of workplace security hazards including the risk factors associated with the three types of workplace violence.
3. Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers and supervisors.
4. Ways to defuse hostile or threatening situations.
5. Measures to summon others for assistance.
6. Worker routes of escape.
7. Notification of law enforcement authorities when a criminal act may have occurred.
8. Emergency medical care provided in the event of any violent act upon a worker.
9. Post-event trauma counseling for those workers desiring such assistance.

In addition, we provide specific instructions to all workers regarding workplace security hazards unique to their job assignment, to the extent that such information was not already covered in other training.

We have chosen the following checked items for Type I training and instruction for managers, supervisors and workers:

- Crime awareness.
- Location and operation of alarm systems.
- Communication procedures.
- Proper work practices for specific workplace activities, occupations or assignments.

Other:

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We have chosen the following checked items for Type II training and instruction for managers, supervisors and workers:

- Self-protection.
- Dealing with angry, hostile or threatening individuals.
- Location, operation, care, and maintenance of alarm systems and other protective devices.
- Communication procedures.
- Determination of when to use the "buddy" system or other assistance from co-workers.
  
- Awareness of indicators that lead to violent acts by service recipients.

Other:

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We have chosen the following checked items for Type III training and instruction for managers, supervisors and workers:

- Pre-employment screening practices.
- Worker Assistance Programs.
- Awareness of situational indicators that lead to violent acts.
- Managing with respect and consideration for worker well-being.
- Review of anti-violence policy and procedures.

Other:

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| <b>WORKPLACE VIOLENCE INCIDENT REPORT LOG</b>  |  |  |
|--|--|--|
| <b>Employee Name:</b>  |  | <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F  |
| <b>Job Title:</b>  |  | <b>Department:</b>   |
| <b>Supervisor Name:</b>  |  | <b>Supervisor Title:</b>   |
| <b>Date of Incident:</b>   | <b>Time of Incident: am/pm</b>   | <b>Specific Location (e.g., room number, floor, ward, etc.):</b>   |
| <b>Detailed description of the incident in the employee's own words:</b>   |  |  |
| <b>Who carried out the violence or assault? (to be completed by the employee)</b>  |  |  |
| <input type="checkbox"/> Patient/client/customer<br><input type="checkbox"/> Family/friend of patient/client/customer<br><input type="checkbox"/> Stranger with criminal intent<br><input type="checkbox"/> Co-worker  |  | <input type="checkbox"/> Supervisor/manager<br><input type="checkbox"/> Spouse or partner (current or former)<br><input type="checkbox"/> Parent or relative<br><input type="checkbox"/> Other _____   |
| <b>At the time of the incident were you? (to be completed by the employee)</b>   |  |  |
| <input type="checkbox"/> Completing usual job duties<br><input type="checkbox"/> Working in poorly lit areas<br><input type="checkbox"/> Rushed<br><input type="checkbox"/> Working during a low staffing level<br><input type="checkbox"/> In a high-crime area   |  | <input type="checkbox"/> Isolated or alone<br><input type="checkbox"/> Unable to get help or assistance<br><input type="checkbox"/> Working in a community setting<br><input type="checkbox"/> Working in an unfamiliar or new location<br><input type="checkbox"/> Other _____  |
| <b>Where did the incident occur?</b>   |  |  |
| <input type="checkbox"/> Patient/client room<br><input type="checkbox"/> Emergency room/urgent care<br><input type="checkbox"/> Hallway<br><input type="checkbox"/> Waiting room<br><input type="checkbox"/> Restroom/bathroom   |  | <input type="checkbox"/> Parking lot/outside premises<br><input type="checkbox"/> Personal residence (home health care)<br><input type="checkbox"/> Break room/cafeteria<br><input type="checkbox"/> Other _____   |
| <b>Type of incident (check all that apply)</b>   |  |  |
| <b>Physical assault</b><br><input type="checkbox"/> Biting<br><input type="checkbox"/> Choking<br><input type="checkbox"/> Grabbing<br><input type="checkbox"/> Hair pulling<br><input type="checkbox"/> Kicking<br><input type="checkbox"/> Punching/slapping<br><input type="checkbox"/> Pushing/pulling<br><input type="checkbox"/> Scratching<br><input type="checkbox"/> Spitting at/on<br><input type="checkbox"/> Other _____ | <b>Assault with weapon or object</b><br><input type="checkbox"/> Gun<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Other _____<br><b>Sexual assault or intimidation</b><br><input type="checkbox"/> Rape/attempted rape<br><input type="checkbox"/> Unwanted verbal/physical sexual contact<br><input type="checkbox"/> Physical display<br><input type="checkbox"/> Other _____ | <b>Verbal intimidation</b><br><input type="checkbox"/> Bullying<br><input type="checkbox"/> Harassment<br><input type="checkbox"/> Threatening<br><input type="checkbox"/> Other _____<br><b>Physical intimidation</b><br><input type="checkbox"/> Following/stalking<br><input type="checkbox"/> Physical threats<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> <b>Post-incident stress</b><br><input type="checkbox"/> <b>Animal Attack</b><br><input type="checkbox"/> <b>Other</b> _____ |
| <b>Did the employee get medical treatment for the injury?</b>  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |
| <b>Was security or law enforcement contacted?</b>  | <input type="checkbox"/> Yes Who?<br>_____   | <input type="checkbox"/> No  |
| <b>Did the employee take time off work?</b>  | <input type="checkbox"/> Yes How long?<br>_____  | <input type="checkbox"/> No  |

|   |                        |
|---|------------------------|
| <b>Is there a continuing threat to employees?</b>   |                        |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Actions taken to protect employees:</b> |                        |
| _____   |                        |
| _____   |                        |
| _____   |                        |
| <b>Report Completed By (Name):</b>  | <b>Title:</b>          |
| <b>Phone number:</b>  | <b>Email:</b>          |
| <b>Date Completed:</b>  | <b>Date Submitted:</b> |
|   |                        |

**Note:**

Employers are mandated to report to Cal/OSHA certain incidents that did not result in an injury if there was a high likelihood that injury, psychological trauma, or stress would result, or the incident involved the use of a firearm or other dangerous weapon.

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN FOR OUR FACILITY (NOT MANDATORY IF YOU HAVE NO HUMAN BLOOD EXPOSURE)**

We provide a safe and healthful workplace for employees. Our facility's policy is to establish, implement, and maintain an effective exposure control plan as required by the bloodborne pathogens regulation in *California Code of Regulations, Title 8 (8 CCR)*, Section 5193.

This written plan is designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM). The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR 3203).

Our exposure control plan is made available upon request, for examination and copying, to our employees, the Chief of Cal/OSHA, and NIOSH (or their respective designees) in accord with 8 CCR 3204, "Access to Employee Exposure and Medical Records."

Our facility's written exposure control plan contains at least the following elements:

- Exposure determinations
- The schedule and method of implementation for each of the applicable subsections of the bloodborne pathogens regulation (8 CCR 5193), which include:
  - Methods of compliance
  - Hepatitis B vaccination and post-exposure evaluation and follow-up
  - Communication of hazards to employees
  - Recordkeeping
- Provisions for the initial reporting of exposure incidents
- Hepatitis B vaccination series for unvaccinated employees
- Effective procedures for:
  - Evaluating the circumstances surrounding exposure incidents
  - Work practice controls—exception to prohibited practices
  - Gathering sharps injury log information

- Making periodic determinations of the frequency of use and the types and the brands of sharps involved in exposure incidents
- Identifying and selecting appropriate and currently available engineering control devices
- Engineering controls—exception 2 (Patient Safety Determinations)
- Actively involving employees in the review and update of the exposure control plan for the procedures they perform

The information-gathering and documentation procedures serve as a basis for making decisions about the use of needleless systems and sharps with engineered sharps injury protection.

## **EXPOSURE DETERMINATION**

Employees in our facility have occupational exposure to bloodborne pathogens. *Occupational exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties. *Parenteral contact* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.

Our policy is to conduct exposure determinations throughout the facility without regard to the use of personal protective equipment (PPE). We have

- ( ) committees
- ( ) Workgroups
- ( ) lead Person (s)



**Job Classifications in Which All Employees Have Occupational Exposure**

All individuals in each job classification listed below have occupational exposure.

- 1. Front Office
- 2. Back Office
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_

**Examples of Job Classifications in Which All Employees Have Occupational Exposure**

Examples include Anesthesia Technicians, Anesthesiologists, Central Processing Unit (CPU) Staff, Certified Nursing Assistants, Dental Assistants, Dental Hygienists, Dentists, EMT Personnel, Evidence Technicians, Firefighters, I.V. Therapists, Labor and Delivery Technicians, Laboratory Staff, Medical Technologists, Licensed Vocational Nurses, Lifeguards, Nurse Practitioners, Nursing Assistants, Pathologists, Pathology Assistants, Perfusionists, Phlebotomists, Physicians, Police Officers, Registered Nurses, Surgeons, and Surgical Technicians.

## Job Classifications in Which Some Employees Have Occupational Exposure

The only individuals who have occupational exposure in the job classifications listed below *are those who perform the tasks/procedures noted.*

| Job Classification | Tasks/Procedures in These Jobs That Have Occupational Exposure |
|--------------------|--|
| 1. _____           | _____  |
| 2. _____           | _____  |
| 3. _____           | _____  |
| 4. _____           | _____  |
| 5. _____           | _____  |
| 6. _____           | _____  |
| 7. _____           | _____  |
| 8. _____           | _____  |
| 9. _____           | _____  |
| 10. _____          | _____  |

### Examples may include:

|                          |   |
|--------------------------|---|
| Housekeepers             | Handling regulated waste, cleaning up spills or equipment   |
| Medical Assistants       | Administering injections, cleaning rooms, disinfecting eqpt |
| Patient Escort/Transport | Transporting patients, responding to incidents              |
| Physical Therapists      | Conducting exams, providing patient therapy                 |
| Technicians –            | Patient contact activities: exams, taking vital signs       |
| EEG/EKG                  | Attaching/handling/cleaning diagnostic equipment            |
| Other                    | _____   |
| Medicine                 |   |
| Radioimaging/Ultrasound  | Attaching/handling/cleaning diagnostic equipment            |

## Schedules and Methods of Implementation

### Methods of Compliance

Our facility's policy is to actively involve employees in all aspects of the methods of compliance used to eliminate or reduce bloodborne pathogens exposure in our workplace. We believe that employees are more likely to endorse and actively support changes if they are involved in the process of making improvements. Therefore, we welcome employee suggestions and support the implementation of effective and appropriate improvements whenever possible.

Our methods of compliance include the observance of **universal precautions** as an approach to infection control. All human blood and some human body fluids are treated as if they were known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens. All employees must observe universal precautions to prevent contact with blood or other potentially infectious materials (OPIM). When a body fluid is difficult or impossible to identify, all body fluids must be considered OPIM.

We have procedures for other methods of compliance including (but are not limited to):

- Assessing and updating engineering controls and work practice controls
- Handling regulated waste, contaminated sharps, specimens of blood or OPIM, and laundry
- Cleaning and decontaminating the worksite and equipment
- Encouraging good hygiene
- Using personal protective equipment
- \_\_\_\_\_
- \_\_\_\_\_

**Provisions for the Initial Reporting of Exposure Incidents**

Our facility reports all exposure incidents as soon as possible (and in no case later than the end of the work shift during which they occurred) regardless of whether first aid was rendered.

An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee’s duties. *Parenteral* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. All employees (including designated firstaid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about our policy.

The following individual(s) are designated by our facility to receive reports of exposure incidents:

Contact person(s): Argus HR Dept Telephone/pager number: 562-299-5215  
\_\_\_\_\_ Telephone/pager number: \_\_\_\_\_

After-hours contact Regional Manager assigned by Argus  
Person: \_\_\_\_\_ Telephone/pager number: \_\_\_\_\_

The exposure incident report includes at least the following:

- The names of all employees involved in the exposure incident (including all first-aid providers who have rendered assistance regardless of whether personal protective equipment was used).
- A description of the exposure or first-aid incident, including:
  - The time and date.

- A determination of whether an exposure incident occurred. This determination is necessary to ensure that the proper post-exposure evaluation is conducted and prophylaxis and follow-up are made available immediately if an exposure incident has occurred.

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Person receiving the report: \_\_\_\_\_ Telephone/pager number: \_\_\_\_\_

The exposure incident report is recorded on a list of first-aid incidents (when the rendering of first aid is involved). If the exposure incident involves a sharp, the Sharps Injury Log will also be completed. The exposure incident report is provided to the Chief of Cal/OSHA upon request.

*Note:* The following forms are separate documents with their own requirements: (1) Provisions for the Initial Reporting of Exposure Incidents, (2) the Sharps Injury Log, (3) the Doctor’s First Report of Injury and Illness (5021), and (4) the Federal OSHA Log 300.

**Hepatitis B Vaccination Series for Unvaccinated Employees**

Our facility strongly encourages hepatitis B vaccination and makes the vaccination series available to all employees who have occupational exposure to blood or OPIM. Included are collateral first-aid providers who have rendered assistance in *any* situation involving the presence of blood or OPIM regardless of whether an actual exposure incident has occurred. The vaccination series is provided to collateral first-aid providers as soon as

possible but no later than 24 hours after the employee has rendered assistance. Our procedure to ensure that the hepatitis B vaccination series is made available to *all* unvaccinated employees is described below.

**Description of Procedure:**

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**Post-Exposure Evaluation and Follow-up**

Our facility has made prearrangements for appropriate post-exposure evaluation and follow up for all employees involved in an exposure incident. An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee’s duties. After an exposure incident is reported, we make *immediately* available to the exposed employee a confidential medical evaluation and follow-up. Follow-up may include post-exposure prophylaxis (when medically indicated), counseling, and evaluation of a reported illness, if appropriate. For each exposure incident, we document the route(s) of exposure and the circumstances under which the exposure incident occurred.

Personnel Designated to provide Post Exposure Evaluation and Follow up

|   |                         |
|---|-------------------------|
| Name of In-house Health Care Professional(s): | Telephone/Pager Number: |
| _____   | _____                   |
| _____   | _____                   |
| _____   | _____                   |

Name of Alternate Health Care Provider(s):

Telephone/Pager Number:

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1. Appropriate Post-Exposure Evaluation

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2. Post-Exposure Prophylaxis

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3. Follow-up

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4. Additional Services

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Evaluation of Circumstances Surrounding Exposure Incidents

Our policy is to evaluate the circumstances (including the route(s) of exposure) under which all occupational exposure incidents occur. This evaluation is conducted as soon as possible after a report of an exposure incident is submitted. For each reported exposure incident, we gather and evaluate, if possible, the following information:

Date and location (department, unit, floor, dental operatory, etc.) of exposure incident:

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Employee(s) job classifications:

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Tasks and procedure(s) performed:

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Routes of exposure (e.g., eye, intact skin, non-intact skin, mouth, other mucous membranes, parenteral contact, etc.):

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Description of sharp(s) or other device(s) involved (including type and brand):

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Personal protective equipment worn:

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Other pertinent information:

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Date of evaluation: \_\_\_\_\_

Evaluator(s) name(s):

\_\_\_\_\_ Telephone/pager number \_\_\_\_\_

\_\_\_\_\_ Telephone/pager number: \_\_\_\_\_



\**One-handed technique* refers to a procedure in which the needle of a reusable syringe is capped in a sterile manner during use. The technique employed requires the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

### **Gathering Sharps Injury Log Information**

A *sharp* is any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, resulting in an exposure incident. Sharps include, but are not limited to, needle devices, scalpels, lancets, broken glass and capillary tubes, exposed ends of dental wires and knives, drills, and burs. An *exposure incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employees' duties.

A *sharps injury* means any injury caused by a sharp, including but not limited to cuts, abrasions, or needlesticks. A Sharps Injury Log has been established and maintained as a record (in either written or electronic form) of *each* exposure incident involving a sharp. Our policy is to maximize the utility of the Sharps Injury Log by filling out the information as completely as possible in easy-to-understand language. The log documents our facility's sharps injury history in sufficient detail to support the development of effective exposure-control strategies.

## Sharps Injury Log

The following information, if known or reasonably available, is documented within 14 working days of the date on which each exposure incident was reported.

1. Date and time of the exposure incident; \_\_\_\_\_

2. Date of exposure incident report: \_\_\_\_\_ Report written by: \_\_\_\_\_

3. Type and brand of sharp involved: \_\_\_\_\_

4. Description of exposure incident:

- Job classification of exposed employee: \_\_\_\_\_
- Department or work area where the incident occurred: \_\_\_\_\_
- Procedure being performed by the exposed employee at the time of the incident:  
\_\_\_\_\_  
\_\_\_\_\_
- How the incident occurred: \_\_\_\_\_
- Body part(s) involved:  
\_\_\_\_\_
- Did the device involved have engineered sharps injury protection? Yes \_\_\_ No \_\_\_

- Was engineered sharps injury protection on the sharp involved? Yes\_\_ No \_\_\_\_\_

**If Yes**

**If No**

A. Was the protective mechanism activated at the time of the exposure incident? Yes \_\_\_\_\_No \_\_\_\_\_

A. Does the injured employee believe that a protective mechanism could have prevented the injury? Yes\_\_ No\_\_

B. Did the injury occur before, during, or after the mechanism was activated?

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Comments:

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- Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

Employee's opinion:

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5. Comments on the exposure incident (e.g., additional relevant factors involved):

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6. Employee interview summary:

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7. Picture(s) of the sharp(s) involved (please attach if available).

**Making Periodic Determinations of the Frequency of the Use of Sharps Involved in Exposure Incidents**

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented on our Sharps Injury Log. We make these determinations (which include a review of our Sharps Injury Log) \_\_\_\_\_ (e.g., monthly, quarterly, semiannually, annually).

**The Use of Sharps Involved in Exposure Incidents**

| Area/Loc of Unit | Type/model/Brand of Sharp | Task or Procedure performed | Date & description of exposure incident | Frequency of use of sharps* | Supervisor making the determination |
|------------------|---------------------------|-----------------------------|---|-----------------------------|-------------------------------------|
|                  |                           |                             |   |                             |                                     |
|                  |                           |                             |   |                             |                                     |
|                  |                           |                             |   |                             |                                     |
|                  |                           |                             |   |                             |                                     |
|                  |                           |                             |   |                             |                                     |
|                  |                           |                             |   |                             |                                     |

\* Reasonable and effective methods are employed to approximate the frequency of use of sharps involved in exposure incidents (e.g., looking at purchase records or in-house tracking records, statistical sampling, combinations of these or other methods). The methods employed by our facility include the following:

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Comments :

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## **Identifying and Selecting Appropriate and Currently Available Engineering Control Devices**

Our policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. 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.

We first evaluate products that eliminate the use of sharps (e.g., needleless systems), if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP 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.

We establish and maintain procedures for identifying and selecting appropriate and effective engineering controls, which may include the following steps:

1. Set up a Process \_\_\_\_\_
2. Define Needs \_\_\_\_\_
3. Gather Information \_\_\_\_\_
4. Test and Select Products \_\_\_\_\_
5. Use New Products \_\_\_\_\_
6. Conduct Follow-up \_\_\_\_\_

We modify the steps outlined above to fit our requirements as follows:

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**I. Set up a Process**

We use a systematic process to identify and select appropriate and effective engineering controls. The process may include committees, subcommittees, working groups, a lead person, or other responsible employees. The same groups or individuals are responsible for all the steps in the process of identifying and selecting engineering controls. In our facility the setup is:

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We actively involve managers and employees from departments, units, floors, or dental operatories where engineering controls are (or will be) used. We choose individuals with expertise and experience in particular professions or specialties to evaluate new products that will be used in their area(s) of practice. Individuals involved in our process include:

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**2. Define Needs**

We address each potential exposure of the tasks and procedures performed in various departments, units, floors, or dental operatories. We solicit input from frontline employees, supervisors, and managers. We also collect occupational exposure and injury data. We then identify our needs and establish our priorities on the basis of an analysis of all the available information.

| <b>Priority</b> | <b>Potential Exposures to Be Addressed</b> | <b>Work Area</b> |
|-----------------|--|------------------|
| <b>1</b>        | _____                                      | _____            |
| <b>2.</b>       | _____                                      | _____            |
| <b>3.</b>       | _____                                      | _____            |
| <b>4.</b>       | _____                                      | _____            |
| <b>5.</b>       | _____                                      | _____            |
| <b>6.</b>       | _____                                      | _____            |
| <b>7.</b>       | _____                                      | _____            |

### **3. Gather Information**

We gather information on currently available engineering controls that are designed to reduce occupational exposure to blood or OPIM. Because new technology is continually entering the marketplace, we also periodically search for information on new products.

### **4. Test and Select Products**

Each potential exposure is addressed by applying screening criteria to the engineering controls under consideration. When available, multiple devices are screened for each potential exposure being addressed. This helps ensure that more than one product is selected for testing for a given task or procedure.

Screening criteria are applied to products in order to eliminate those with readily identifiable problems (e.g., ineffective devices, safety issues, visual obstructions). Only devices meeting an acceptable number of screening criteria are then tested in actual patient or product trials. For each exposure being addressed, we document the new products that meet an acceptable number of screening criteria and will be included in the testing.

| Department Unit/Floor/<br>Dental Operatory | Potential Exposure<br>to Be Addressed | New Products Chosen to<br>Test for This Exposure         | Catalog<br>No.                            |
|--|---------------------------------------|--|---|
| _____                                      | _____                                 | 1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | _____<br>_____<br>_____<br>_____<br>_____ |
| _____                                      | _____                                 | 1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | _____<br>_____<br>_____<br>_____<br>_____ |

### Testing Products

Testing can help evaluate whether products are actually effective at reducing or eliminating workplace exposure incidents. Frontline employees who perform the tasks and procedures associated with the exposures being addressed are involved in the testing. If available, multiple products from a single category of devices are tested for each potential exposure being addressed. The testing of new products is suspended immediately if there is any evidence that a device is causing injuries to employees or patients.

To help ensure that devices are handled safely and evaluations are objective, we provide training on the safe and proper use of devices *before* testing begins. This training is given to the groups or individuals responsible for product selection, all participants involved in the testing, and their supervisors. Participants in the testing are also given the opportunity to practice using the new devices. These practice sessions simulate, as closely as possible, the tasks and procedures involved under “real-life” conditions. Representatives of manufacturers and distributors are requested to demonstrate the intended use of their products, answer questions, and train employees in the safe operation of each device.

## **“Tools”**

Checklists, evaluation forms, or other types of standardized “tools” are used in the testing of new products. The tools are tailored to the specific category of product under consideration. To provide a standard basis for comparison among products, we use the same checklist or evaluation form when testing multiple products within a given type or category of device.

## **Protocols**

We may use protocols in our testing process to make the evaluation of new products more systematic. Protocols also help us document the details of each item involved in our testing process.

## **Selecting Products**

After the testing is completed, all the information, including checklists and evaluation forms, is reviewed. Input from frontline employees involved in the testing is documented and considered when it is time to select products for purchase. Based on the analysis of all the available information consensual decisions are made regarding whether to purchase particular products. If two or more products are found to be satisfactory in a given category, we consider purchasing them. We document how devices ranked and which products we have decided to purchase. We provide feedback to employees on the ranking and selection of products.

## **5. Use New Products**

We may introduce new products on a limited basis in a pilot implementation or trial phase. During this trial period, issues associated with the day-to-day use of the new products may arise. Employees may need time to develop new skills, establish new work practices, and break old habits. Employees are *strongly encouraged* to report any problems to their supervisors during the trial period. If problems appear to be serious or widespread, they are reported to the decision makers. Problems with new products are addressed as they arise and are resolved before the new product is used throughout our facility.

All staff members (and supervisors) using the new products or devices are thoroughly trained. This training is a mix of the knowledge and skills needed to work safely. For each new device, representatives of manufacturers and distributors are requested to:

- Demonstrate its proper use and application
- Provide training on its safe operation
- Answer questions
- Provide follow-up

Training also includes practice sessions to simulate the tasks and procedures that individuals will be performing with the new devices. Multiple devices may have been selected for a given task or procedure. If this is the case, individuals are trained on all the selected devices.

## **6. Conduct Follow-up**

Follow-up helps ensure that new products are effective and appropriate and are replaced over time by newer, more effective technology. As newer products become available, they are screened, tested, and selected according to the process described previously.

Our follow-up process systematically reevaluates devices and incorporates the input of frontline employees who have been using the products. Decisions on the appropriateness and effectiveness of new devices are not made until employees have had enough time to adjust to using the products. Follow-up evaluations of products and the associated work practices are conducted six months after the implementation and quarterly, semiannually, or annually thereafter. *Findings are used to improve product selection and training.*

Staff members receive periodic feedback on how new products are working and what other products have become available. Follow-up training is provided if problems are discovered with work practices or currently used devices. If newer devices are selected to

replace those currently being used, *all individuals* (and their supervisors) using the newer devices are thoroughly trained.

**Engineering Controls–Exception**

The use of engineering controls (e.g., needleless systems, needle devices, and non-needle sharps) is *not* required if a licensed health care professional:

Comments:

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- Is directly involved in the patient’s care
- Determines that the control will jeopardize the patient’s safety or the success of a medical, dental, or nursing procedure
- Exercises reasonable clinical judgment

If this exception applies, the form below (or equivalent information) should be submitted to the exposure control plan administrator.

**Patient Safety Determinations for Exceptions to Using Engineering Controls**

| Type of Control Under Consideration and Procedure(s) or Task(s) Involved | Name of Licensed Health Care Professional Making the Determination | Date of Determination | Reason(s) for the Exception |
|--|--|-----------------------|-----------------------------|
|  |  |                       |                             |
|  |  |                       |                             |
|  |  |                       |                             |
|  |  |                       |                             |

Comments:

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**Actively Involving Employees in the Review and Update of the Exposure Control Plan**

Our exposure control plan is reviewed and updated at least annually (and whenever necessary) to include:

- New or modified tasks or procedures that affect occupational exposure
- Progress in implementing the use of needleless systems and sharps with engineered sharps injury protection
- New or revised job position(s) that involve occupational exposure
- Reviews and evaluations of exposure incidents that have occurred since the previous update
- Reviews and responses to information indicating that the existing exposure control plan is deficient in any area

All employees are encouraged to provide suggestions on improving the procedures they perform in their departments, units, floors, or dental operatories. Employees contribute to the review and update of the exposure control plan by:

- Participating as members of committees (e.g., safety and health, labor-management, infection control, product evaluation and selection, purchasing of equipment)
- Attending meetings to discuss safety and health issues and improvements
- Reporting issues or potential problems to supervisors
- Providing ideas, recommendations, or suggestions
- Filling out reports, questionnaires, or other documents
- Participating in other procedures as described below

The process for actively involving employees in the review and update of the plan is as follows:

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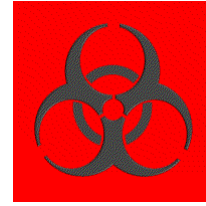
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**Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately *labeled or color-coded* (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling. The medical waste transporter removing our waste is



**Biohazard  
Symbol**

.....  
.....  
(Copies of transporter’s insurance and certifications maybe attached to the ECP).

The procedure for handling sharps disposal containers is:  
.....  
.....  
.....  
*(may refer to specific procedure by title or number and last date of review)*

The procedure for handling other regulated waste such as hazardous waste is:  
.....  
.....  
*(may refer to specific procedure by title or number and last date of review)*

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at  
.....  
.....  
(must be easily accessible and as close as feasible to the immediate area where sharps are used).

Sharp containers after fill up are closed and sealed and further placed in medical waste containers. We purchase fresh sharp containers for disposal of sharps at our facility. We do not recycle sharp containers.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

**Laundry:** The following contaminated articles will be laundered by this company:

Laundering will be performed by..... (Name of responsible person or department) at..... (time and/or location).

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation
- place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use..... (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- wear the following PPE when handling and/or sorting contaminated laundry:  
.....  
.....  
.....  
.....  
..... (List appropriate PPE).

**Labels**

The following labeling methods are used in this facility:

| <i>Equipment to be Labeled</i>          | <i>Label Type (size, color)</i> |
|---|---------------------------------|
| .....                                   | .....                           |
| .....                                   | .....                           |
| .....                                   | .....                           |
| .....                                   | .....                           |
| .....                                   | .....                           |
| (specimens, contaminated laundry, etc.) | (red bag, biohazard label)      |

..... (Name of responsible person or department) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify..... (Name of responsible person or department) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

**Schedule for Housekeeping and Decontamination  
for the facility of**

**Name** .....

**Address** .....  
.....  
.....

|                             |   |  |
|-----------------------------|---|--|
| Instruments                 | Immediately when contaminated or same day | Manual Cleaning with disinfectants and sterilization |
| Equipments                  | Immediately or daily                      | Scrub or wipe clean with disinfectants               |
| Work Surfaces, Counter Tops | Daily at the end of the shift             | Wipe clean with disinfectants                        |
| Containers, Pails, Sinks    | Once a week by janitors                   | Washing with disinfectants                           |
| Floors                      | Once a week by janitors                   | Vacuuming, Mopping, Mechanical Cleaning              |
| PPE                         | Immediately or daily                      | Wash or wipe clean using disinfectants               |
|                             |   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |

# Hazard Communication Program: Step by Step

- STEP 1 Read the Manual to the California hazard communication for an overview.
- STEP 2 Read the Hazard Communication Regulation, Title 8, *California Code of Regulations*, Section 5194.
- STEP 3 Designate staff responsible for developing, implementing, and monitoring the hazard communication program.
- STEP 4 Develop and maintain a **current inventory of all hazardous substances** to which employees may be exposed.
- STEP 5 Collect current Safety Data Sheets (SDSs) for **all** hazardous substances listed on the workplace inventory prepared in Step 4.
- STEP 6 Check original and secondary containers to ensure they are properly labeled. Include Proposition 65 warning requirements if applicable.
- STEP 7 Develop a plan for your written hazard communication program. Put into writing how you are implementing the program.
- STEP 8 Train employees on the Hazard Communication Regulation and on the hazardous substances that may be found on your work site. This training must include, but is not limited to:
- What SDSs are and how to interpret them
  - Proper labeling procedures
  - Employee protective measures
  - Signs and symptoms of excessive exposure
- STEP 9 Keep your written hazard communication program current by ensuring that:
- New employees are trained.
  - Employees are retrained whenever new hazardous substances are introduced into the workplace.
  - New chemicals are received with proper labels and SDSs, and secondary containers are also properly labeled.

- Contractors' issues are addressed. Your employees could be exposed to new chemicals brought onto the site by the contractor's employees, or the contractor's employees could be unfamiliar with the chemicals already on your site.

## Written Hazard Communication Program *for*



# Hazard Communication

Aligns with the UN's Globally Harmonized System of Classification and Labeling of Chemicals

The standard that gave workers the right to know, now gives them the right to understand.

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To enhance our employees' health and safety, our company has developed, implemented, and maintains a hazard communication program as required by the Hazard Communication Regulation (T8 CCR 5194). The hazard communication manager, (*name*), has full authority and responsibility for implementing and maintaining this program. We provide information about the hazardous substances in our workplace, the associated hazards, and the control of these hazards through a comprehensive hazard communication program that includes the elements listed below.

### **1. List of hazardous substances**

\_\_\_\_\_ (*Person/position*) will prepare and keep current an inventory list of all known hazardous substances present in our workplace. Specific information on each noted hazardous substance can be obtained by reviewing the SDSs.

**2. Propostion 65 list of chemicals**

\_\_\_\_\_ (Person/position) is responsible for obtaining updates of Proposition 65 listed chemicals and providing new information to affected employees. In the case of newly added chemicals to the Proposition 65 list, warning requirements take effect 12 months from the date of listing.

Proposition 65 is the specified list of chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm. These listed chemicals may be naturally occurring or synthetic, used as ingredients in materials and products, and/or generated as byproducts, emissions, and waste. Prop 65 list of chemicals is available at [www.oehha.org/prop65/prop65\\_list/Newlist.html](http://www.oehha.org/prop65/prop65_list/Newlist.html)

**3. Safety Data Sheets under the Globally Harmonized System**

\_\_\_\_\_ (Person/position) is responsible for obtaining the SDSs, reviewing them for completeness, and maintaining the data sheet system for our company. In the review of incoming data sheets, if new and significant health/safety information becomes available, this new information is passed on **immediately** to the affected employees by additional training sessions, posting of memos, and other means of communication.

Legible SDS copies for all hazardous substances to which employees of this company may be exposed are kept in \_\_\_\_\_

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

(list all locations). SDSs are readily available for review to all employees in their work area and during each work shift. If SDSs are missing or new hazardous substance(s) in use do not have SDSs, or if an SDS is obviously incomplete, please contact \_\_\_\_\_ (person/position) immediately, and a new SDS will be requested from the manufacturer.

If we are unable to obtain the SDS from the vendor within 25 calendar days of the request, we will either call our local Cal/OSHA compliance office or write to:

**Division of Occupational Safety and Health**

**Deputy Chief of Health and Engineering Services**

**P. O. Box 420603**

**San Francisco, CA 94142-0603**

If anyone has a specific question or needs additional information on an SDS, please call the Cal/OSHA Consultation Service at 1-800-963-9424 or HESIS of the Occupational Health Branch of at 510-622-4317. If we use alternatives other than paper SDSs—computer or microfiche machines with printers or telefax machines—we will make sure that employees have ready access to and know how to operate these devices for retrieval and printing of legible hard copies. Our backup system in the event of failure of the primary SDS retrieval system will require employees to request paper SDSs by telephone. An SDS hard copy will be provided to the requester as soon as possible after the telephone request is made.

#### 4. Labels and other forms of warning

Before hazardous substance containers are released to the work area, it is the policy of our company that \_\_\_\_\_ (person/position) will verify that all primary and secondary containers are labeled as follows:

| <i>Label Information</i>               | <i>Primary Container</i> | <i>Secondary Container</i> |
|--|--------------------------|----------------------------|
| Identity of the hazardous substance(s) | <i>Yes</i>               | <i>Yes</i>                 |
| Applicable hazard warnings             | <i>Yes</i>               | <i>Yes</i>                 |
| Name and address of the manufacturer   | <i>Yes</i>               | <i>No</i>                  |

To address exposures to Proposition 65 chemicals, \_\_\_\_\_ (person/position) will provide clear and reasonable warnings to individuals prior to exposure by means of posting signs conspicuously, labeling consumer products, and training employees.

If applicable, \_\_\_\_\_ (person/position) will arrange for labels, signs, and other warnings to be printed in other languages.

#### 5. Employee information and training

Employees are to attend a health and safety training session set up by \_\_\_\_\_ (person/position) prior to starting work. This training session will provide information on the following:

- The requirements of the hazard communication regulation, including the employees' rights under the regulation.

- The location and availability of the written hazard communication program.
- Any operation in their work area, including nonroutine tasks, where hazardous substances or Proposition 65 carcinogens/reproductive toxins are present and exposures are likely to occur.
- Methods and observation techniques used to determine the presence or release of hazardous substances in the work area.
- Protective practices the company has taken to minimize or prevent exposure to these substances.
- How to read labels and review SDSs to obtain hazard information.
- Physical and health effects of the hazardous substances.
- Symptoms of overexposure.
- Measures employees need to put into practice to reduce or prevent exposure to these hazardous substances by engineering controls, work practices, and use of personal protective equipment.
- Emergency and first-aid procedures to follow if employees are exposed to hazardous substances.
- The location and interpretation, if needed, of warning signs or placards to communicate that a chemical known to cause cancer or reproductive toxicity is used in the workplace.

Employees will receive additional training when a new hazard is introduced into the workplace or whenever employees might be exposed to hazards at another employer's work site.

**6. Hazardous nonroutine tasks**

Periodically, our employees are required to perform hazardous nonroutine tasks. Prior to starting work on such projects, affected employees will be given information by their supervisor on hazards to which they may be exposed during such an activity.

This information will cover:

- Specific hazards.
- Measures the company has taken to reduce the risk of these hazards, such as providing ventilation, ensuring the presence of another employee, providing a respiratory protection program, and establishing emergency procedures.
- Required protective/safety measures.

Examples of non-routine tasks performed by employees of this company:

| <i>Sample Nonroutine Task</i> | <i>Hazardous Substance</i> |
|-------------------------------|----------------------------|
| Cleaning toilets              | Sodium hydroxide           |
|                               |                            |
|                               |                            |
|                               |                            |

**7. Labeled/unlabeled pipes (if applicable)**

Above-ground pipes transporting hazardous substances (gases, vapors, liquids, semi-liquids, or plastics) shall be identified in accordance with T8 CCR, Section 3321, “Identification of Piping.”

Other above-ground pipes that do not contain hazardous substances but may have associated hazards if disturbed or cut (e.g., steam lines, oxygen lines) shall be addressed as follows:

Before employees enter the area and initiate work, \_\_\_\_\_  
(*persons/position*) will inform them of:

- The location of the pipe or piping system or other known safety hazard.
- The substance in the pipe.
- Potential hazards.
- Safety precautions.

## 8. Informing contractors

To ensure that outside contractors work safely in our plant and to protect our employees from chemicals used by outside contractors, \_\_\_\_\_ (person/position/department) is responsible for giving and receiving the following information from contractors:

- Hazardous substances, including Proposition 65 chemicals, to which they may be exposed while on the job site as well as substances they will be bringing into the workplace (To this end, we will provide contractors with information on our labeling system and access to SDSs.)
- Precautions and protective measures the employees may take to minimize the possibility of exposure

**If anyone has questions about this plan, please contact**

\_\_\_\_\_ (*person/position*). **Our plan will be maintained by \_\_\_\_\_ (*person/position*) to ensure that the policies are carried out and the plan is effective.**

\_\_\_\_\_  
(*Signature of Owner or Management Representative*)

**Hazardous Substance Inventory**  
**List Sample**

| <i>Hazardous<br/>Substance</i> | <i>Operation/Work<br/>Area</i> | <i>SDS</i> | <i>Date<br/>Introduced</i> | <i>Date<br/>Removed<br/>from the<br/>List</i> | <i>PPE<br/>Required</i> |
|--------------------------------|--------------------------------|------------|----------------------------|---|-------------------------|
|                                |                                |            |                            |   |                         |
|                                |                                |            |                            |   |                         |
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|                                |                                |            |                            |   |                         |

## Hazard Communication

### Employee Training Program Sample

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

We have developed a training program to increase employee awareness of hazardous substances in our workplace and to motivate employees to protect themselves. The training program is based on the types of hazardous substances used at the work site and the associated hazards.

#### Overview of Hazard Communication Regulation

The hazard communication regulation is intended to ensure that both employers and employees understand the dangers associated with hazardous substances in the workplace. The following information is a review of the specific requirements of a hazard communication program, including container labeling, SDSs, and training.

#### Written Hazard Communication Program










We have a written program that outlines how we provide information on and control your exposure to hazardous substances. This plan is available to you during our training or during your work shift from \_\_\_\_\_ (person) at \_\_\_\_\_ (location).

#### Hazardous Substances Used in Our Workplace

In our facility we use a variety of chemical products. Most of these products contain one or more hazardous substances. Let's review the hazardous substance inventory list in your work area. For specific hazard information on each brand of material, review the SAFETY DATA SHEETS (SDS) under the new GHS and, if applicable, the Proposition 65 list of chemicals.

## Reading GHS Logos, Pictograms, Labels, Warnings, and SDSs


### HCS Pictograms and Hazards under the new HCS standard

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

*Labels.* A product label under the new GHS system on both the original and secondary containers should be read before working with the material. Each label has two important pieces of information:

1. Identity of the hazardous substance.
2. Hazard warnings.

The label on the original container also gives the name and address of the manufacturer. The label should act as a visual reminder of the information we have presented in this training session and of the detailed information on the SDS.

| <b><u>SAMPLE LABEL</u></b>  |   |
|---|---|
| <p style="text-align: center;"><b><u>PRODUCT IDENTIFIER</u></b></p> <p>CODE _____<br/>           Product Name _____</p> <p style="text-align: center;"><b><u>SUPPLIER IDENTIFICATION</u></b></p> <p>Company Name _____<br/>           Street Address _____<br/>           City, State _____<br/>           Postal Code, Country _____<br/>           Emergency Phone Number _____</p> <p style="text-align: center;"><b><u>PRECAUTIONARY STATEMENTS</u></b></p> <p>Keep container tightly closed. Store in cool, well ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking.<br/>           Only use non-sparking tools.<br/>           Use explosion-proof electrical equipment.<br/>           Take precautionary measure against static discharge.<br/>           Ground and bond container and receiving equipment.<br/>           Do not breathe vapors.<br/>           Wear Protective gloves.<br/>           Do not eat, drink or smoke when using this product.<br/>           Wash hands thoroughly after handling.<br/>           Dispose of in accordance with local, regional, nation, international regulations as specified.</p> <p><b>In Case of Fire:</b> use dry chemical (BC) or Carbon dioxide (CO2) fire extinguisher to extinguish.</p> <p><b>First Aid</b><br/>           If exposed call Poison Center.<br/>           If on skin (on hair): Take off immediately and contaminated clothing. Rinse skin with water.</p> | <p style="text-align: center;"><b><u>HAZARD PICTOGRAMS</u></b></p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b><u>SIGNAL WORD</u></b></p> <p style="text-align: center;"><b>Danger</b></p> <p style="text-align: center;"><b><u>HAZARD STATEMENT</u></b></p> <p>Highly flammable liquid and vapor. May cause liver and kidney damage.</p> <p style="text-align: center;"><b><u>SUPPLEMENTAL INFORMATION</u></b></p> <p>Directions for use<br/>           _____<br/>           _____</p> <p>Fill weight: _____<br/>           Lot number: _____<br/>           Gross weight: _____<br/>           Fill Date: _____<br/>           Expiration Date: _____</p> |

*Proposition 65 warnings.* These are provided to you prior to exposure in the form of labels, placards, employee training, and the like so that you know that certain

chemicals in your workplace are known to the state to cause cancer, birth defects, or other reproductive harm.

**It is essential to your safety that you read the hazard warning and use the hazardous substances only within the prescribed guidelines. Questions concerning any of the warning message(s) should be directed to your supervisor or foreman.**

*Safety Data Sheets SDS.* Manufacturers and importers are responsible for providing us with adequate information for using the hazardous substances safely. We use SDSs as the primary source for informing you about the hazards of the substances in our plant. SDSs are kept at \_\_\_\_\_  
(location) and are readily available to you in every shift.

You will be trained on the specific hazards of the substances in **your** work area. You will also be trained on how to read the information in the SDSs. The information includes:

1. Chemical and physical properties of hazardous substances, such as vapor pressure or specific gravity.
2. Physical hazards of the chemicals, such as flammability or reactivity.
3. Health hazards of the hazardous substances, such as signs and symptoms of exposure.
4. Routes of entry.
5. Protective measures, such as work practices, engineering controls, and use of personal protective equipment.
6. Methods to detect the release of a hazardous substance in the work area.
7. Emergency and first-aid procedures.

You can read the California Hazard Communication chapter in our manual for additional information on any specific program element.

**SDS Request Letter Sample**

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

Chemical Company or Distributor: \_\_\_\_\_

RE: SDS for *(product[s])*

Please send me an up-to-date copy of your Safety Data Sheet (SDS) for the above product. The SDS is needed for compliance with the State of California Hazard Communication Regulation, Title 8, *California Code of Regulations*, Section 5194.

Please send the SDS to: \_\_\_\_\_ *(Name)*

\_\_\_\_\_ *(Company name)*

\_\_\_\_\_ *(Address)*

If this product does not require an SDS, please notify us in writing.

If you have any questions regarding our request, please contact *(name and phone number)*.

Sincerely,

*Facility Rep. Signature*

## Repetitive Motion Injury Prevention Program

For

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### Policy

It is the intent of \_\_\_\_\_ (name of the facility) to develop policies and procedures to comply with Title 8, California Code of Regulations, Section 5110, "Repetitive Motion Injuries."

### Purpose

The purpose of this program is to minimize occupational injuries and illnesses resulting from repetitive motions.

### Scope

The California Occupational Safety and Health Administration's (Cal-OSHA) Ergonomics Standard (8 CCR 5110), "Repetitive Motion Injuries", applies to all employees working at our facility.

### Definitions

#### **Musculoskeletal Injury**

is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels, or related soft tissues including a sprain, strain, and inflammation, that may be caused or aggravated by your work.

**Potential health effects of an MSI:** A MSI can affect your ability to perform your work. Early signs and symptoms can progress into conditions which can have long-term effects.

**Common signs and symptoms of a MSI are:**

- Discomfort
- Pain
- Numbness
- Tingling
- Burning
- Swelling
- Change in color
- Tightness, loss of flexibility

**Repetitive Motion Injuries (RMI)**

Any physical disorder that develops from or is aggravated by the cumulative application of biomechanical stress to the musculoskeletal system.

**Ergonomics**

The study of the relationship between people and the work they perform.

**Responsibilities**

The \_\_\_\_\_ (name of the person/department) is responsible for administering the RMI program.

- Responsible for issuing and administering the Ergonomics Program.
- Developing and implementing training programs.
- Reviewing all accident/injury reports and identifying any RMI trends.

- Providing ergonomic worksite evaluations.
- Recommending feasible and effective engineering and administrative controls to eliminate or minimize RMI injuries.

### **Purchasing Policy**

\_\_\_\_\_ (name of the person) will ensure all workstation chairs are purchased in accordance with State and our own facility's procurement laws and regulations.

- Ensure workstation chairs purchased meet the requirements of the California State Plan System wide Bulletin 98-03 Specification/Standards - Ergonomic Chairs.
- Provide sources (vendors and products) which meet.

### **Individual Departments/Managers/Supervisors (if any) will be**

- Responsible for recognizing ergonomic hazards within the department, and contacting Supervisor for assistance.
- Ensuring that all "worksite evaluation" recommendations are implemented.
- Supporting and encouraging stretching at the worksite throughout the day.
- Providing effective engineering controls to reduce RMI risk factors, when recommended by the Supervisor.

### **Employees should be**

- Responsible for adjusting their worksite/job operation to fit their work needs.
- Varying their work tasks throughout the day, when possible.
- Stretching at their workstations at prescribed intervals throughout the day.
- Reporting symptoms of an RMI to their supervisor.
- Maintaining an awareness of the symptoms, consequences, risk factors, and risk reduction strategies for RMI by attending ergonomics training provided by the facility supervisor.

### **Worksite Evaluations**

- Evaluations of an individual job, process, or operation will be performed by \_\_\_\_\_ (name of the person) upon request, or after an RMI trend is identified.
- Equipment will be recommended to individuals which support good ergonomic design for their job. (Dependent upon available resources within individual departments).
- Proper work practices and techniques and administrative controls will be recommended by \_\_\_\_\_ (name of the person).

### **Control of Exposures**

- Accident reports indicating an RMI will be reviewed by \_\_\_\_\_ (name of the person).
- \_\_\_\_\_ (name of the person) will evaluate exposures resulting in an RMI.
- Exposures leading to an RMI will be corrected or minimized to the extent feasible.
- Employees with RMI's will receive appropriate medical treatment.
- When practical, injured employees returning to work will be given alternative tasks consistent with the health care provider's recommendations.
- Time will be provided to employees to stretch at their workstations periodically throughout the day.

### **Training**

The goal of the training program is to ensure that all individuals potentially at risk from an RMI are adequately informed of the following information:

- Contents of the facility's RMI Prevention Program.
- The exposures which have been associated with an RMI.
- The symptoms and consequences of injuries caused by repetitive motion.

- The importance of reporting symptoms and injuries to their supervisor.
- Methods used to minimize RMI's including (but not limited to):
  - Administrative controls such as job rotation work pacing or work breaks.
  - Engineering controls such as workstation redesign, adjustable fixtures & redesign.
  - Worksite adjustments.
  - Stretching /exercises.
  - Employee awareness.

## **CAL/OSHA AEROSOL TRANSMISSION DISEASE (ATD) REGULATIONS**

I work for a \_\_\_\_\_ [outpatient medical specialty practice] whose policy is not to diagnose or treat ATDs and which meets all of the following conditions:

1. Our practice does not perform aerosol-generating procedures on cases or suspected cases of ATD.
2. Our Injury and Illness Prevention Program includes written screening procedures to identify potential ATD cases, and then refer those patients for further evaluation to an appropriate medical provider.
3. Our employees have been trained in the screening procedure in accordance with Section 3203, Cal/OSHA's Injury and Illness Prevention Programs Standard.

### **Referral Employers**

To be a referring employer, the operation, service or facility must conform to each of the following, as indicated:

1. Screen persons for airborne infectious diseases (AirID).
2. Refer any person identified as a case or suspected case of AirID.
3. Not intend to provide further medical services to AirID cases and suspected cases beyond first aid, initial treatment or screening and referral.
4. Not provide transport, housing, or airborne infection isolation to any person identified as an AirID case or suspected case, unless the transport provided is only non-medical transport in the course of a referral.

We are a facility that \_\_\_\_\_ does/does not perform High Hazard Procedures (HHPs). HHPs include, but are not limited to

- Sputum induction
- Bronchoscopy
- Administration of aerosolized pentamidine or other medications
- Pulmonary function testing
- Autopsy
- Clinical, surgical and laboratory procedures that may aerosolize pathogens

## ATD EXPOSURE CONTROL PLAN

### I. PURPOSE

This section outlines the identification of safe work practices to minimize the incidence of occupationally acquired diseases that are transmissible through aerosols in the clinical setting. This policy is mandated by the State of California Title 8, Section 5199, Aerosol Transmissible Diseases Standard.

### II. SETTING

Patient treatment area, Lab area, Patient waiting area

### III. POLICY

- A. \_\_\_\_\_ is our designated ATD plan administrator responsible for the establishment, implementation and maintenance of effective written infection control procedures to control the risk of transmission of aerosol transmissible diseases. He/she can be contacted at \_\_\_\_\_ (telephone number). \_\_\_\_\_ (alternate name) will assume the role of the ATD administrator in the absence of the designated plan administrator.
- B. The plan is evaluated and updated to include methods for controlling/preventing respiratory pathogen transmission i.e., new engineering and work practice controls, new cleaning and decontamination procedures, changes in isolation procedures, use of PPE, and determining employee exposures.

The following methods are used to prevent exposures to aerosol transmissible diseases/pathogens:

1. Promptly identify suspect patients.
2. Transfer to an appropriate room within the facility for airborne infectious disease patients. The room is located at \_\_\_\_\_.
3. When it is not feasible to provide airborne isolation rooms for a novel disease, provide other effective control measures, i.e. PPE, hand hygiene, social distancing – keeping 6 feet from suspected or diagnosed ATD patients.

**C. Apply appropriate isolation precautions.**

**D. Maintain Appropriate Engineering Controls.** To prevent transmission i.e. ventilation systems and fresh air exchanges in appropriate treatment rooms are used to manage the environment of patients with ATD:

- Maintain ventilation systems by inspection and monitoring for exhaust and recirculation filter loading and leakage at least annually.

**E. Implement Appropriate Work Practices to Prevent Transmission:**

1. Food is not allowed in appropriate treatment rooms or areas.
2. Respiratory etiquette is practiced by employees.
3. Using personal protective equipment to protect employees from other pathogens spread by the airborne/droplet route of transmission, i.e., influenza.
4. Wash hands before and after patient contact.
5. Identify and review annually, the work locations at higher risk for exposure to ATD and/or ATP, including the doctor's, nurse's office, or treatment room or area.
6. Maintain routine cleaning.

**F. Source Controls Are Established:**

1. Cover your mouth and nose with a tissue when coughing or sneezing.
2. Use the nearest waste receptacle to dispose of the tissue after use.

3. Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
4. Our facility ensures the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.
5. Tissues and no-touch receptacles for used tissue disposal.
6. Conveniently located dispensers of alcohol-based hand rub.
7. Where sinks are available, supplies for hand washing (i.e., soap, disposable towels) are consistently available.

#### **G. Respiratory Protection**

1. Respirators are NIOSH approved.
2. Fit testing and respiratory protection procedures will occur in accordance with the facility's Respiratory Protection Program.
3. N95 respirators will be reused when there is a lack of available inventory, i.e. pandemic or epidemic. The N95 can be worn for one shift of work or more often depending on the need. The N95 is not to be worn if it is damaged in any way. As an alternative, elastomeric masks may be used when there is a shortage of N95 masks.

#### **H. Implementation.**

1. This program and supporting procedures are generally followed at all times. However, specific implementation requirements identified in this \_\_\_\_\_ <FACILITY NAME> ATD Plan are voluntary. If a confirmed episode or epidemic of Aerosol Transmissible Diseases as listed in Section V-Definitions is declared by either the County Department of Public Health or the Centers for Disease Control, this plan will be converted from a voluntary program to a mandatory program. At that time, all procedures will be strictly adhered to according to this ATD Plan.

#### IV. PROCEDURES

- A. Confirmed or suspected ATD patients are placed in designated appropriate treatment rooms or areas.
- B. Patients suspected or confirmed as infectious due to an airborne pathogen may wear a surgical mask until an appropriate room is available.
- C. Employees entering the rooms housing ATD patients will wear a surgical mask or equivalent during the visit.
- D. Work Practice Controls – Managers and Supervisors are responsible for enforcing employee work practice controls. The following work practice controls are implemented to prevent exposure to airborne pathogens. Employees taking care of patients with suspected or confirmed airborne diseases must:
  - 1. Wear appropriate Personal Protective Equipment, up to and including respirators, gloves, surgical masks, etc.
  - 2. Practice appropriate hand hygiene.
  - 3. Patients with communicable airborne diseases who can, may wear a surgical mask during transport and other times when patients are out of designated treatment rooms or areas.
  - 4. Employees must wash hands after removal of gloves.
  - 5. Occupational exposures are to be reported to supervisor immediately.
    - a. Exposures are investigated promptly, and everyone who may have been exposed is informed.
    - b. Do not provide the name of the source patient to anyone without consent.
  - 6. Visitors who must enter an appropriate treatment room where suspect or confirmed ATD patients waiting to go home, are to wear surgical masks.

#### E. Employee Surveillance and Post-Exposure Follow-up.

\_\_\_\_\_ <FACILITY NAME> is responsible for new employee and annual employee surveillance and for post-exposure follow-up for airborne pathogens.

## **F. Medical Services for Employees with Occupational Exposure to ATD**

1. Assess exposures; TB skin tests are provided every 4 years according to the applicable public health guidelines or if the public health officer recommends more frequent testing.
2. Employees with TB test conversions are referred to a health care provider knowledgeable about TB for evaluation.
3. Diagnostic tests and treatment options are provided to the employee.
4. Investigate the circumstances of occupational exposures to any ATD. Document the investigation.
5. Vaccinations must be made available to all employees with occupational exposures unless the employee has already received the vaccine or it is determined the employee has immunity, or the vaccine is contraindicated for medical reasons.
6. Individual providing vaccine or determining immunity provides information to the employer (name, date, dose, immunity, any restrictions on the employee's exposure, if additional vaccine is required, and date/dose it should be provided).
7. If vaccine is not available, employer documents unavailability of the vaccine and checks on availability every 60 days.

## **F. Training**

1. New employee orientation and annual education of employees.
2. Written materials, including hand-out or brochure about ATD is provided to employees during the New Employee orientation classes and Annual Training classes. The topics include transmission, symptoms, incidence, risk group vaccines, and exposure prevention strategies.

## **G. Recordkeeping**

1. Employees' skin test results are recorded by the Administrator.
2. New employee and annual education of employees is recorded by the \_\_\_\_\_-<FACILITY NAME> Safety Office. These records are maintained for three years.
3. Employee information is kept confidential. Records are maintained for 30 years past termination, resignation, or retirement.

## **V. DEFINITIONS**

### **A. Diseases/Pathogens Requiring Airborne Infection Isolation:**

1. Aerosolizable spore-containing powder or other substance
2. Avian Influenza (transmissible to humans)
3. Herpes Zoster (varicella zoster) (shingles), disseminated disease in any person
4. Measles (rubeola)
5. Monkeypox
6. Novel or unknown pathogens
7. Severe acute respiratory syndrome (SARS)
8. Smallpox (variola; see vaccinia for management of vaccinated persons)
9. Tuberculosis (M.Tuberculosis), extrapulmonary draining lesion, pulmonary or laryngeal disease-confirmed, pulmonary or laryngeal disease-suspected
10. Varicella and any emerging disease determined by public health to have airborne transmission

### **B. Diseases/Pathogens requiring Droplet Precautions:**

1. Diphtheria/Corynebacterium diphtheriae – pharyngeal
2. Epiglottitis, due to Haemophilus influenzae type b
3. Group A Streptococcal (GAS) disease (strep throat, necrotizing fasciitis, impetigo)/Group A streptococcus
4. Haemophilus influenzae Serotype b (Hib) disease/Haemophilus influenzae serotype b -- Infants and children

5. Influenza, human (typical seasonal variations)/influenza viruses
6. Meningitis
7. Haemophilus influenzae, type b known or suspected
8. Neisseria meningitidis (meningococcal) known or suspected
9. Meningococcal disease/Neisseria meningitidis: sepsis, pneumonia (see also meningitis)
10. Mumps (infectious parotitis)/Mumps virus
11. Mycoplasmal pneumonia/Mycoplasma pneumoniae
12. Parvovirus B19 infection (erythema infectiosum, fifth disease)/Parvovirus B19
13. Pertussis (whooping cough)/Bordetella pertussis
14. Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,
15. Pneumonia
16. Adenovirus
17. Chlamydia pneumoniae
18. Mycoplasma pneumoniae
19. Neisseria meningitidis Streptococcus pneumoniae
20. Pneumonic plague/Yersinia pestis
21. Rubella virus infection (German measles) (Also see congenital rubella)/Rubella virus

**C. Aerosol Transmissible Disease (ATD)** or aerosol transmissible pathogen (ATP)--  
A disease or pathogen for which droplet or airborne precautions are recommended.

**D. Airborne Infection Isolation (AII).** Infection control procedures designed to reduce the risk of transmission of airborne infectious pathogens in health care settings.

**E. Airborne Infectious Disease (AirID)--**Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle

aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, as listed in Appendix A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

**F. Case--**(A) A person who has been diagnosed by a health care provider who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition; or (B) A person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC.

**G. Droplet Precautions.** Infection control procedures as described in Guideline for Isolation Precautions designed to reduce the risk of transmission of infectious agents through contact of the or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5  $\mu\text{m}$  in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism.

**H. Exposure Incident--**An event in which an employee has been exposed to an individual who is a case or suspected case of a reportable ATD, the exposure occurred without the benefit of applicable exposure controls required by this section, and it reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

**I. High Hazard Procedures--**Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease or on a specimen suspected of containing an ATP-L (Aerosol transmissible pathogen – laboratory) in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures

include, but are not limited to, suctioning (except closed circuit suctioning), sputum induction, bronchoscopy, aerosolized administration of pentamidine or other medications, and pulmonary function testing. High Hazard Procedures also include, but are not limited to, autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens.

- J. Latent TB Infection (LTBI)**--Infection with *M. tuberculosis* in which bacteria are present in the body, but are inactive. Persons who have LTBI but who do not have TB disease are asymptomatic, do not feel sick and cannot spread TB to other persons. They typically react positively to TB tests.
- K. Local Health Officer.** The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases as defined in Title 17, CCR. Note: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.
- L. M. Tuberculosis**--*Mycobacterium Tuberculosis* - The scientific name of the group of bacteria that causes tuberculosis.
- M. Negative Pressure**--The relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent areas, which keeps air from flowing out of the containment facility and into adjacent rooms or areas.
- N. Novel or Unknown ATP**--A pathogen capable of causing serious human disease meeting the following criteria:
1. There is credible evidence that the pathogen is transmissible to humans by aerosols.
  2. The disease agent is:
    - a. a newly recognized pathogen, or

- b. a newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
- c. a recognized pathogen that has been recently introduced into the human population, or
- d. a not yet identified pathogen.

**NOTE:** Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing.

- O. Occupational Exposure**--Exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs or ATP-Ls (Aerosol transmissible pathogen -- laboratory. if protective measures are not in place.
- P. Personal protective equipment (PPE)** - specialized clothing or equipment worn for protection against a hazard PPE includes equipment such as, but not limited to, gloves, facial protection, gowns/aprons, shoe covers, lab coats, eye protection, foot protection, respiratory protection and hearing protection.
- Q. Physician or other licensed healthcare professional (PLHCP)** means an individual whose legally permitted scope of practice ( i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by this section.
- R. Public Health Guidelines.** In regard to tuberculosis, applicable guidelines published by the CTCA and or CDPH. In regards to vaccine preventable diseases, the Centers for Disease Control and Prevention publication, “Epidemiology and Prevention of Vaccine –Preventable Diseases”. In regard to any other disease or condition, recommendations made by the CDPH or the local health officer pursuant to authority granted under the Health and Safety Code and/or Title 17, California Code of Regulations.
- S. Reportable Aerosol Transmissible Disease (RATD)**--An aerosol transmissible disease or condition which a health care provider is required to report to the local

health officer, in accordance with Title 17 CCR, Chapter 4, and for which the CDC or the CDPH recommend droplet precautions or AII.

- T. Respirator**--A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH for the purpose for which it is used.
- U. Respiratory Hygiene/Cough Etiquette in Health Care Settings**--Respiratory Hygiene/Cough Etiquette in Health Care Settings, CDC, November 4, 2004, which is hereby incorporated by reference for the sole purpose of establishing requirements for source control procedures
- V. Respiratory Protection Program** refers to the \_\_\_\_\_  
<FACILITY NAME>Respiratory Protection Program that is compliant with 29 CFR 1910.134 and CCR Title 8 Section 5144 and 5147.
- W. Source Control Measures**--The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.
- X. Standard Precautions** - apply to 1) all toxic chemical aerosols or droplets; 2) all bodily fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of inhalation and transmission of microorganisms from both recognized and unrecognized sources of toxins and infection.
- Y. Surge**--A rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.
- Z. Susceptible Person**--A person who is at risk of acquiring an infection due to a lack of immunity as determined by a PLHCP in accordance with applicable public health guidelines.
  - 1. **TB Conversion**--A change from negative to positive as indicated by TB test results, based upon current CDC or CDPH guidelines for interpretation of the TB test.

2. **Tuberculosis (TB)**--A disease caused by *M. tuberculosis*.
3. **Suspected Case**--Either of the following:
  - a. A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in section IV A or B.
  - b. A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC.

**Sample Authorization Letter for the Release of Employee Medical Record  
Information to a Designated Representative**

I, \_\_\_\_\_ (full name of worker/patient) hereby  
authorize \_\_\_\_\_ (individual or organization  
holding the medical records) to release to \_\_\_\_\_ (individual or  
organization authorized to receive the medical information), the following medical  
information from my personal medical records:

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(Describe generally the information desired to be released.)

I give my permission for this medical information to be used for the following purpose:

---

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---

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\_\_\_\_\_, but I do not give permission for any other use or re-  
disclosure of this information.

NOTE: Some additional restrictions on this authorization letter may be included such as:

- specify a particular expiration date for this letter (if less than one year);
- describe medical information to be created in the future that you intend to be covered by this authorization letter; or
- describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

---

Full name of Employee or Legal Representative

---

Signature of Employee or Legal Representative

---

Date of Signature

**Fire Prevention Plan**  
**(Plan is mandatory for employers with 11 or more employees)**

**Of**

Name of the Facility .....

Address .....

.....

.....

.....

Name of Fire Safety Coordinator .....

This plan is located at..... and is accessible to all employees. All employees must review this plan *ten* days within taking up an assignment at our facility and ..... months thereafter.

**Purpose**

The purpose of the fire prevention plan is to prevent a fire from occurring in our facility.

**The Plan**

A list of all major fire hazards, proper handling and storage procedures for hazardous materials, potential ignition sources and their control, and the type of fire protection equipment necessary to control each major hazard are mentioned below:

Major fire hazards at our facility are:

- Electrical Outlets
- Flammable Materials
- Ignitable Materials
- Hazardous Materials
- Other

.....  
.....  
.....

Potential Ignition Sources at our facility are:

- Electro Surgical Units
- Open Flame
- Other

.....  
.....  
.....

Following preventive tasks/procedures are done at our facility to control ignition sources:

.....  
.....  
.....  
.....  
.....

*(Describe different procedures implemented at the facility)*

Fire Protection Equipments available at our facility are:

- Automatic Sprinkler System
- Total Flooding System
- Dry Chemical System
- Water Spray and Foam System
- Gaseous Agent System
- Other



**Fire Extinguisher**

**Fire Extinguishers** (Tick whichever is appropriate)

- Portable Fire Extinguishers are available at our facility.
- Employees have been trained in the operations of portable fire extinguishers.

- Employees will use fire extinguishers only if they recognize that the fire is:
  - Small and manageable.
  - Trained and comfortable using the extinguisher.
  - Know where the exits and escape routes are.
- Portable Extinguishers are not available at our facility. Total evacuation is carried out upon sounding the fire alarm.

Employees will be alerted of incidents of fire using the following procedures:

- Smoke Detectors
- Audible Shout
- Fire Alarm

Following Flammable and combustible waste materials are kept at our facility:

.....  
.....  
.....  
.....  
.....

*(List)*

Procedures to control accumulations of flammable and combustible waste materials are:

.....  
.....  
.....  
.....  
.....

*(Detail procedures to control accumulations such as using alternative, safer materials, storing materials in fire proof containers, etc.)*

The following heat-producing equipments are present at our facility:

.....  
.....  
.....  
.....

*(List)*

Procedures for regular maintenance and/ or safeguards installed on heat-producing equipment to prevent the accidental ignition of combustible materials are:

.....  
.....  
.....  
.....

*(Detail different Procedures or Maintenance undertaken on the heat-producing equipments)*

..... *(name or job title of designated person)* is responsible for maintaining equipment to prevent or control sources of ignition or fires at our facility.

..... *(name or job title of designated person)* is responsible for the control of fuel source hazards at our facility.

Employees at our facility have been trained and briefed about the various sources of fire. Each employee is aware of his or her duties.

## Emergency Action Plan

**(Plan is mandatory for employers with 11 or more employees)**

According to CALOSHA's T8 CCR §3220, a very simple plan will suffice in offices, small retail shops, and small manufacturing settings where there are few or no hazardous materials or processes, and employees evacuate when alarms sound or when notified by public address systems. More complex plans are required in workplaces containing hazardous materials or workplaces where employees fight fires, perform rescue and medical tasks, or delay evacuation after alarms sound to shut down critical equipment.

Emergency Plan of..... (*name of the facility*) located at .....

.....

.....

In the event of an emergency, employees are alerted by

- The sounding of an alarm
- Public Address Announcement
- Verbal Announcement
- Shout
- Siren
- Other
- .....
- ..... (*check the boxes that apply*)

Identify the emergency signal for each emergency situation (i.e. earthquake, fire, general evacuation)

- Fire .....
- Earthquake .....
- General Evacuation .....

- .....
- .....
- .....
- .....

*(Enter description of employee alerts for each emergency situation)*

Fire Emergency (check whichever is appropriate)

- In the event of fire or other emergency, ALL employees shall evacuate immediately.
- The policy of this establishment in the event of fire or other emergency is:  
.....  
.....  
.....  
.....

*(Enter a more detailed policy statement)*

- In the event of an emergency, employees shall evacuate by means of the **nearest** available marked exit.
- In the event of an emergency, employees shall evacuate:  
.....  
.....  
.....  
.....

*(Enter a statement or diagram describing Means of Evacuation and Evacuation Routes)*

Use of fire Extinguishers in an emergency (tick whichever is appropriate)

- Portable fire extinguishers are provided in the workplace for employee use. In the event of fire, any employee may use extinguishers to attempt to extinguish the fire before evacuating.
- Employees are not authorized to use any portable fire extinguisher that may be present to fight fires. In the event of fire, employees are to evacuate immediately.
- In the event of a fire, the following individuals are authorized to use portable fire extinguishers to attempt to extinguish fires before evacuating:

.....  
.....  
.....  
.....

*(Enter a statement describing employees (by name or job) who are designated to use fire extinguishers)*

- In the event of an emergency, the following employees are to remain in the workplace to supervise operations before they evacuate

.....  
.....  
.....

... *(Enter a statement describing employees (by name or job) who are designated to remain)*

- Critical operations shutdown procedures are not required, because no employees are authorized to delay evacuation for this purpose.

- The following employees are to perform rescue or medical duties during an emergency:

.....  
.....  
.....  
.....  
.....  
.....

..... *(Enter a statement describing employees (by name or job) who are responsible for rescue and medical assistance)*

- No employees are assigned to perform medical or rescue duties during emergency evacuation situations.

After an emergency evacuation, employees are to gather in the following location(s):

.....  
.....  
.....

..... *(Enter name and description of the location)*

After an emergency evacuation, the procedure for accounting for all employees is:

.....  
.....  
.....  
.....

*(Enter description of accounting procedure here)*

For further assistance with emergency evacuation procedures, the following individuals may be contacted:

.....  
..... *(Enter Contact Information here)*

