

**POLICY 1700**  
**Occupational Safety and Health**

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## **1700 OCCUPATIONAL SAFETY AND HEALTH GENERAL GUIDELINES**

### **1700.01 PURPOSE**

This policy manual establishes general guidelines and responsibilities for the Clermont County Board of Developmental Disabilities Occupational Safety and Health Program.

### **1700.02 REFERENCES**

- A. House Bill 308 of 1992 incorporated by reference all of the Federal Occupational Safety and Health Administration (OSHA) standards found in the Code of Federal Regulations 29 CFR parts 1910, 1926 and 1928 as Ohio Employment Risk Reduction Standards (ORC Chapter 4167 and OAC Chapter 4167).
- B. In accordance with ORC 4167.07 (A) (1), "Occupational Safety and Health Act of 1970", 84 Stat. 1590, 29 U.C.S.A. 651 as amended.
- C. Code of Federal Regulations (CFR) Title 29, Subtitle B, Chapter XVII, Part 1910, Occupational Safety and Health Standards Subpart C to and including Subpart T and Subpart Z.
- D. Code of Federal Regulations (CFR) Title 29, Part 1926, Subpart C to and including Subpart X with the exclusion of standards 29 CFR 1910.96, 1910.97, 1926.53, and 1926.54.
- E. Specific Safety Requirements of the Ohio Administrative Code, Chapter 4121:1-1 through 4121:1-17
- F. Specific Safety Requirements of the Ohio Bureau of Workers' Compensation Relating to Construction, Ohio Administrative Code 4123-19-16
- G. Americans With Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008
- H. Section 504 Rehabilitation Act of 1973
- I. O.R.C. 4123.28 (Ohio employers are required to maintain and file reports concerning injury and occupational diseases with Bureau of Workers' Compensation (BWC) within one (1) week of obtaining actual knowledge of a death, occupational disease or disability in excess of seven (7) or more days of total disability.

- J. O.R.C. 1347 (Requirements concerning personal information systems)
- K. O.R.C. 149 (Ohio's Public Records Law)
- L. 29 CFR 1904 (Recording Occupational Illnesses and Injuries)
- M. 29 CFR 1904.29 (Form 301 or equivalent)
- N. 29 CFR 1904.32(Annual Summary of Accidents)
- O. 29 CFR 1904.29 (Form 300 Log or equivalent)
- P. 29 CFR 1910.1030 (Bloodborne Pathogens)
- Q. 29 CFR 1910.95 (Noise Exposure)

### **1700.03 SCOPE**

This Occupational Safety and Health Policy Manual applies to all Clermont County Board of Developmental Disabilities employees.

### **1700.04 GOALS**

The goals of the Clermont County Board of Developmental Disabilities Occupational Safety program are two-fold:

- A. To protect the health and safety of our employees.
- B. To comply with federal, state, and local laws and regulations relative to occupational safety and health.

### **1700.05 RESPONSIBILITIES**

- A. The Superintendent/Designee will be responsible for all facets of the Occupational Safety and Health Program and will assure that the following program components are addressed:
  - 1. Informing employees about their rights and duties. This includes, but is not limited to, displaying the Ohio Public Employment Risk Reduction Program "Safety and Health Protection On the Job" poster. (OAC 4167-4-01)
  - 2. Employee notification when specific OSHA standards require it.
  - 3. Training employees as required by specific sections of 29 CFR 1910 and 29 CFR 1926.

4. Examining Workplace Conditions to assure that each workplace is a "safe and healthful workplace" by conforming to applicable safety and health standards.
  5. Eliminating or guarding hazards once they have been identified.
  6. Checking employee equipment to ensure that employee tools and equipment (including personal protective equipment) are appropriate for the job or situation, are maintained in a safe condition, and that supervisors and employees are trained in their use.
  7. Utilizing signs, labels, color codes and posters to warn employees of potential hazards. Specific standards require labels and warnings.
  8. Establishing standard operating procedures on specific job tasks and duties, update them regularly, and communicate them to employees.
  9. Assuring the preparation of a written emergency plan that, at a minimum, complies with 29 CFR 1910.38, Employee Emergency Plans and Fire Prevention Plans.
  10. Providing medical examinations to employees when those exams are required by specific standards.
  11. Investigating and recording accidents and near-misses.
  12. Keeping appropriate records (in accordance with established criteria) on occupational injuries, illnesses, and deaths.
  13. Making records accessible in accordance with 29 CFR 1910.1020
  14. Preserving medical and exposure records in accordance with 29 CFR 1910.1020
  15. Cooperating during Safety Inspections.
  16. Abatement of Cited Violations.
- B. The Superintendent/Designee will be responsible at a minimum for:
1. Maintaining and updating or developing all facets of the Clermont County Board of Developmental Disabilities' Occupational Safety and Health programs.
  2. Carrying out the requirements, as identified in this manual and in the CFRs, of the following mandatory safety programs:
    - a. PERRP/OSHA posting and accident and illness records. These records will be the responsibility of the Business Operations designee.

- b. Access to employee medical and exposure records. Maintenance of these records will be the responsibility of the Business Operations designee.
  - c. Employee emergency plans and fire prevention plans
  - d. Medical services and first aid. These services will be the responsibility of the Facility Nurse.
  - e. Personal protective equipment
  - f. Vehicular maintenance safety
  - g. Occupational noise
  - h. Confined space
  - i. The control of hazardous energy (lock-out/tag-out)
  - j. Trenching and shoring
  - k. Bloodborne pathogens. This program will be the responsibility of the Facility Nurse.
  - l. Hazard communication
  - m. Office safety
  - n. Any additional safety policies or standards which are added to the Clermont County Board of Developmental Disabilities' policy manual.
3. Employees will be responsible for:
- a. Following all of the guidelines set forth in Section 1700 - Occupational Safety and Health Policy Manual.
  - b. Communicating with supervisors regarding safety or health issues or concerns that arise.

**1700.06 EMPLOYEE SAFETY COMMITTEE**

- A. Each site operated by the Clermont County Board of Developmental Disabilities programs will have an Employee Safety Committee. Each site will designate a Safety Committee. The Employee Safety Committee will be small enough to be effective (4-8 people) and will consist of a combination of labor and management and will be responsible for:
  - 1. Establishing procedures for handling suggestions and recommendations of the committee.

2. Conducting regular systematic workplace inspections to discover and report unsafe conditions and practices.
3. Reviewing the circumstances and causes of accidents and recommending corrective measures.
4. Conducting regularly scheduled meetings to discuss accident and illness prevention methods, safety and health promotion, hazards noted on inspections, injury and illness record, and other pertinent subjects.
5. Recommending changes to improve protective clothing, equipment, administrative controls, or engineering controls.
6. Developing or revising rules to comply with current safety and health standards.
7. Promoting safety and first aid training for committee members and other employees.

B. Safety Committee Meetings will be:

1. Held quarterly.
2. One hour or less in length.
3. Always be conducted following an agenda.
4. Proper forms will be completed within two weeks of the committee which include the minutes which will be provided to committee members and to other employees. The minutes will assign specific duties and deadlines to the members.
5. Minutes of each building's Safety Committee, and documentation pertaining to specific recommendations and corrective action shall be forwarded to the Safety and Facilities Coordinator.

## **1701 ACCIDENT AND ILLNESS RECORDKEEPING PROGRAM**

### **1701.01 PURPOSE**

This policy will establish guidelines for completing and maintaining accident, illness, and exposure records.

**1701.02 SCOPE**

This record keeping policy applies to all employees of the Clermont County Board of Developmental Disabilities.

**1701.03 GOALS**

The goal of this record keeping policy is two-fold:

- A. To allow analysis of accidents so that they might be prevented in the future.
- B. To conform to the requirements of O.R.C. 4167 and the relevant sections of the Ohio Revised Code.

**1701.04 POLICY STATEMENT**

It is the policy of the Clermont County Board of and Developmental Disabilities to record occupational injuries and illnesses on the appropriate form as now or hereafter required by the Ohio Bureau of Workers Compensation, administrator for the Ohio Public Employees Risk Reduction Program (PERRP), on forms designated by the Clermont County Commissioners. The Clermont County Board of Developmental Disabilities reports employee occupational injuries and illnesses to the Clermont County Commissioners, as a participant in their Workers' Compensation Plan.

**1701.05 RESPONSIBILITY**

The Superintendent or his/her designee is solely responsible for implementing this policy and program and has full authority to make any decisions necessary to ensure the success of this policy and program.

**1701.06 RECORD KEEPING PROGRAM**

- A. Written Program: This written program was developed by the Clermont County Board of and Developmental Disabilities, who will be responsible for reviewing it annually and for making any changes that may become necessary in order to comply with safety standards or O.R.C. 1347 (Personal Information Systems).
- B. Record Keeping Requirements: (Immediate)

1. The immediate supervisor will be responsible for investigating work related accidents and illnesses and for reporting them to Human Resources, who will report to the Clermont County Commissioners' designated Risk Manager for reporting to the Ohio Public Employees Risk Reduction Program using the PERRP/OSHA Form 300A or equivalent.
2. It will be the obligation of each employee to notify the responsible party whenever a work related accident, illness or exposure occurs.
3. Upon receipt of notice of a work related accident, illness or exposure, the Supervisor/Site Administrator will do the following:
  - a. Ensure that injured persons receive proper care.
  - b. Notify other employees of the situation.
  - c. Notify the Maintenance Department to secure the area/equipment by lock-out/tag-out.
  - d. Begin accident investigation by obtaining:
    - Injured person's name
    - Date and time of injury
    - Task being performed or equipment being operated
    - Shift
    - Identifying information (sex/age/D.O.B.)
    - Length of time on the job
    - Shift start time
    - Physician's/hospital name, if transported
    - Apparent type of injury
    - Observable facts concerning injury
    - Employer and witness statements
    - Photograph or diagram of the accident scene.
  - e. Timely complete required state, or OSHA 301 or equivalent form for use as an accident report or report to the State of Ohio, if warranted. Explain that we use the Employee Injury Report Packet.
  - f. If the event involves non-injurious exposure, an exposure report will be prepared and maintained.

C. Log and Summary of Occupational Injuries and Illnesses: (PERRP/OSHA Form 300P or equivalent)

The Business Operations designee will have the following responsibilities concerning maintenance of the annual log and summary of recordable occupational injuries and illnesses:

Report all recordable injuries to the Clermont County Commissioners' Human Resource Department, who creates and maintains the logs of all recordable occupational injuries and illness by calendar year.

D. Annual Summary:

The Business Operations designee will be responsible for posting an annual summary of occupational injuries and illnesses as provided by the Clermont County Commissioners' Human Resources Department. This summary will consist of the annual totals from the PERPP/OSHA Form 300 or equivalent and will include the following:

1. Calendar year covered.
2. Name and address of employer.
3. Certification signature, title, and date.
4. This summary will be completed by February 1 of each calendar year.
5. This summary will be posted no later than February 1 and remain in place until April 30<sup>th</sup>.
6. Records of Maintenance: The records mentioned above will be separately filed and maintained for each calendar year.
7. Record Retention Schedule:

All Records maintained under this section will be retained for the following time periods following the end of the year to which they relate.

- a. Log and summary of all recordable occupational injuries and illnesses (OSHA 300 or equivalent). Retained for two (2) years.
- b. Accident reports/supplementary records (OSHA 301 or equivalent) for each illness or injury. Retained for two (2) years. Employee exposure records, as described in 29 CFR 1910.1020 Retained permanently. Employee medical records. Retained permanently.

- c. Employee exposure to bloodborne pathogen records as described in 29 CFR 1910.1030. Retained permanently.
  - d. Noise exposure records. Retained permanently. Audiometric test records as described in 29 CFR 1910.95. Retained permanently.
  - e. Records other than those listed above, e.g., health insurance records, etc., have no OSHA retention schedule; however, they remain subject to O.R.C. 149 of the Ohio Revised Code and the Records Retention Schedule.
8. Purging Records:
- Although the above records may have reached a date on which they can be purged, Ohio Law, per Chapter 149, dictates that appropriate authorization be received before any public record can be destroyed unless it is permitted by the Records Retention Schedule.

## **1702 STANDARD HAZARD COMMUNICATION PROGRAM DOCUMENT**

### **1702.01 PURPOSE**

- A. This document provides program guidance to supervisors and employees of the Clermont County Board of Developmental Disabilities to ensure that hazardous chemicals used in greater than household quantity by employees are evaluated to determine exposure hazards, to ensure that employees are provided specialized job safety and health training, and that proper protective measures are taken while working with hazards in the workplace. Further, this written Hazard Communication Program Document includes the following information which will be used to inform employees about our workplace hazards:
- 1. labels and other forms of warning;
  - 2. material safety data sheets (SDS);
  - 3. employee information and training;
  - 4. a list of hazardous chemicals used in the workplace;
  - 5. methods used to inform employees about hazards related to non-routine tasks and unlabeled pipes;
  - 6. multi-employer work site responsibilities;

- 7. program availability
- B. This program document meets the standards established by 29 CFR 1910.1200, Hazard Communication, Federal OSHA Standards.
- C. This document will be available upon request to employees, their designated representatives, and State Safety Inspectors within fifteen (15) days of a request.

**1702.02 SCOPE**

- A. This document applies to all employees working in and for the Clermont County Board of Developmental Disabilities. This includes contractors. This program applies to all chemical or physical hazards known to be present in the workplace.
- B. This document is the written Hazard Communication Program Document (HazCom) for the entire Board.
- C. This program document does not apply to:
  - 1. Hazardous waste when regulated by the EPA.
  - 2. Tobacco and tobacco products.
  - 3. Wood and wood products (except for wood dust).
  - 4. Articles such as chairs, containers, and items used within the workplace.
  - 5. Food, etc., brought into the workplace for the employee's consumption.

**1702.03 RESPONSIBILITIES**

- A. The Clermont County Board of and Developmental Disabilities is responsible to ensure that the requirements of 29 CFR 1910.1200 and this Hazard Communication Policy are carried out.
- B. Supervisors are responsible to ensure that:
  - 1. This program is implemented in their workplace.
  - 2. The facility labeling requirements are met. A labeling review will be done monthly to determine that labels meeting the requirements exist and have not been removed or defaced.
  - 3. Their employees receive the required training.
  - 4. All chemicals shipped or brought into the workplace have an SDS provided prior to or at the time of shipment (if the SDS is not already on hand). If the

SDS is not already on hand and was not provided with the shipment, the supervisor will, within one (1) week, notify the Facilities and Safety Coordinator who will be responsible for obtaining the SDS. The supervisor will make "pencil" changes to his/her chemical inventory as chemicals are added or deleted.

5. All hazardous chemicals used in their workplace/facility are inventoried annually. An updated inventory will be provided to the Facilities and Safety Coordinator during the month of July.
  6. All employees have access at all times on all shifts to Safety Data Sheets (SDS) for each hazardous chemical used in their facility and to the Hazard Communication Program Document. The SDS, program document and the standard (29 CFR 1910.1200) will be kept in a binder in each workplace.
  7. The procurement of new hazardous chemicals and any changes in procedure, prior to their use or implementation respectively, are approved to ensure that no new, unrecorded hazards are introduced into the workplace.
  8. An updated list of potentially hazardous operations, if applicable, (within their department) is provided to the Safety Committee at each site.
  9. The Superintendent is informed of any major change in workplace operation or procedure.
  10. Assure that contractors working at our facilities are informed of our hazardous chemicals or working conditions as well as assuring that our employees are informed of hazards introduced into our work areas by contractors.
  11. Contracted employers and employees who might be exposed to chemical hazards are informed about precautionary measures that need to be taken and the labeling system the Board uses. This information will be conveyed to the contracted employer in a face-to-face meeting utilizing this program document as needed.
- C. The Facilities and Safety Coordinator is responsible to:
1. Manage the Hazard Communication Program.
  2. Maintain the Hazard Communication Program Document and review and update it annually at a minimum.

3. Assist supervisors in meeting training requirements. This will include, but is not limited to, locating a qualified trainer and coordinating with supervisors and trainers to schedule training sessions. Training will be whenever new hazards are introduced into the workplace.
  4. Maintain a current inventory of all hazardous chemicals used by the Board as follows:
    - a. Pen and ink changes will be made when supervisors notify the Safety Committee of additions or deletions to the chemical inventory.
    - b. Permanent changes will be made in the inventory during the annual program review and update (which will be conducted in July).
    - c. The updated list will be forwarded (as part of the program document) to the Superintendent no later than August 1.
  5. After being notified of chemicals shipped without an SDS, the Facilities and Safety Coordinator will, within one (1) week of notification, call Public SchoolWorks at 1-866-724-6650 to obtain the SDS, or may contact the chemical manufacturer or importer to obtain the missing SDS. If necessary, staff will request the SDS twice. If there is no response, the Facilities and Safety Coordinator will report this to the Ohio Bureau of Workers Compensation, Division of Safety and Hygiene, for assistance. The Facilities and Safety Coordinator will keep records of all correspondence (written and telephonic). Maintain a list of potentially hazardous operations (non-routine tasks) within the Board by department. This will be a compilation of the information provided by each Safety Committee.
  6. Coordinate with contracted personnel to ensure that all contractors who will be doing work for the Board have trained their employees on the Hazard Communication Standard, 29 CFR 1910.1200, OSHA Standards.
  7. Verify with supervisors that exposed, contracted employers are being informed as needed.
  8. Obtain trade secret information on an as-needed basis.
- D. Contractors are responsible to ensure that:

1. Their employees are aware of chemical and physical hazards found within the facility, have been trained in the use of SDS's, are trained to protect themselves from the hazards, and are aware of the location of the facility's HazCom Program Document and SDS file.
  2. Appropriate Board supervisors are informed of any hazardous chemicals their employees will be introducing into the facility and provide SDS's for each.
- E. Employees are responsible to ensure:
1. Safe use and handling of the chemicals.
  2. Proper use of engineering controls, protective equipment and clothing, and safe procedures to prevent injury/illness caused by the chemical and physical hazards.
  3. Obtain the supervisor's permission before introducing any new chemicals into the workplace.
  4. Obtain the supervisor's permission to change an operation or procedure.
  5. Participate in all training programs designed to fulfill the requirements of this program.
  6. That they communicate with their supervisors regarding questions or concerns related to chemicals in the workplace or the Hazard Communication Program.

#### **1702.04 HAZARDOUS CHEMICAL INVENTORY**

- A. Each Site Safety Committee maintains an inventory of all known hazardous chemicals used within all facilities. Each employee will sign and date a roster indicating that they are aware of the presence of the chemicals listed, the hazards associated with those chemicals, and the location of the SDS for those chemicals.
- B. Hazardous chemicals found in the workplace and not listed on the roster will be added and reported to the Safety Committee. Reported items will include the trade name, manufacturer, manufacturer's address, and a copy of the SDS. The new items will be included in the Hazard Communication Program Document (at the annual update).
- C. Communication between supervisors and the Site Safety Committee will occur monthly.

D. The name on the inventory must be the same as on the SDS and the label.

**1702.05 POTENTIALLY HAZARDOUS OPERATIONS (Non-Routine Tasks)**

- A. All potentially hazardous operations in the Board (if any) are listed on the Potentially Hazardous Operations Roster. The information listed under each operation will include the following:
1. Description of the operation.
  2. List of all potential physical and chemical hazards.
  3. Engineering and/or administrative controls designed to protect the employee.
  4. Protective clothing and equipment required/needed to perform the operation safely.
- B. Supervisors are responsible for updating this roster annually. Employees will be trained in these hazards annually and as needed, and will sign and date the roster to indicate same.

**1702.06 SAFETY DATA SHEETS (SDS)**

- A. The Board will NOT develop their own SDS, but will depend, in good faith, on those developed by chemical manufacturers and importers.
- B. SDS will be in English and will contain at least the information required in paragraph (g) of 29 CFR 1910.1200, Federal OSHA Standards.
- C. The Board will have an MSDS for every hazardous chemical each employee must use.
- D. SDS are required to be provided by the manufacturer or distributor with the first shipment. The SDS (along with this program document and the standard) will be maintained in the following areas:
- Krenning Center
  - Thomas A. Wildey Center
  - Wildey Garage
- E. Supervisors will ensure that employees are informed of hazards noted on new SDS, and that copies of the SDS are available.

- F. SDS will be available at all times on all shifts. They will also be readily available during emergencies.
- G. SDS will be readily available to State Safety Inspectors.
- H. Some SDS may have information omitted because it is a trade secret. Trade secrets are any confidential formula, pattern, process, or information used in an employer's business that gives that employer an opportunity to obtain an advantage over competitors who do not know or use it.
- I. 29 CFR 1910.1200(i) through (13) explains when and how trade secret information can be obtained when it is needed. The Superintendent/Designee will be responsible for getting trade secret information when that is necessary.

#### **1702.07 LABELING**

- A. Hazardous materials are required to be shipped with labels that include the following:
  - 1. Identity of the hazardous chemical.
  - 2. Appropriate hazard warnings.
  - 3. Name and address of the manufacturer, importer, or responsible party.
- B. Labels and other forms of warning will be legible, in English, prominently displayed on the container and readily available in the work area throughout the work shift (warnings in other languages may be added as needed).
- C. Hazardous chemicals transferred from one container to another must bear the same label information as the original container.  
Exception: Portable containers need not be labeled if the hazardous material is used up during the work shift by the individual who performed the transfer.
- D. Labeling of chemicals regulated by OSHA in a specific standard will be labeled in accordance with that standard.
- E. For stationary process containers, signs, placards, batch sheets or operating procedures may be used in lieu of labels as long as the alternative method identifies the containers to which it applies and it conveys the mandatory label information.

- F. All containers of hazardous chemicals will be labeled except for pipes and vehicle fuel tanks.
- G. This Board will use a labeling system selected by the Superintendent/Designee for in-house labeling requirements.

**1702.08 INFORMING PERSONNEL**

- A. The Board will provide employees with information and training if there is hazardous chemicals in their work area at the time of initial assignment, and whenever new hazards are introduced into the workplace.
- B. After training has occurred, all trained personnel will review, sign and date the Verification of Training Roster.
- C. All new personnel who are exposed or for whom there is a reasonable expectation of exposure to chemicals will receive Hazard Communication Program training, review the program document, and sign and date the Verification of Training Roster PRIOR to performing tasks which could lead to chemical exposure within the workplace.
- D. Employees shall be informed of:
  - 1. The requirements of the standard (29 CFR 1910.1200);
  - 2. Any operations in their work area where hazardous chemicals are present; and,
  - 3. The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals, and material safety data sheets.
- E. All current employees will review procedures in the Verification of Training Roster which pertain to their work areas and will sign and date the sheet on the back of each page describing any hazardous operation they perform. New employees will do the same prior to starting work at any operation.
- F. All on-site contractors who may be exposed to hazardous chemicals of the Board will be furnished a copy of this program document. The provision of this document to contractors will make them and their employees aware of:
  - 1. The location of SDS within the workplace;

2. Precautionary measures which need to be taken to protect their employees during normal working conditions and foreseeable emergencies; and,
3. The labeling system used in the workplace.

### **1702.09 TRAINING**

- A. Initial training will be given to each employee by a qualified instructor prior to the employee's performing tasks which have the potential for exposure to chemicals in the workplace, and whenever a new hazard is introduced into the work area.
- B. Training for all personnel will be conducted annually (at a minimum).
- C. Training will consist of classroom instruction including any combination of lecture, overheads, film, video, group exercises, demonstrations, and pre and post testing.
- D. Employees' training shall include at least:
  1. the requirements of the 29 CFR 1910.1200;
  2. operations in their work areas where hazardous chemicals are present;
  3. the location and availability of the written Hazard Communication Program (including the required chemical inventory) and the SDS;
  4. methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area;
  5. the physical and health hazards of chemicals in the work area;
  6. the measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect themselves from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,
  7. the details of the hazard communication program developed by the employer, including an explanation of the labeling system and the material safety data sheets, and how employees can obtain and use the appropriate hazard information.
- E. Training will be conducted when hazardous chemicals are used to accomplish non-standard tasks or when they are first introduced into the workplace. Supplemental training will be conducted as needed.

- F. A roster of attendees and a brief synopsis of the training will be procured by the Site Safety Officer and a copy (electronic) will be kept on file in the Business Operations Department for a minimum of five (5) years.
- G. Contractors are responsible to ensure that their employees receive Hazard Communication Program training (prior to contracting with the Board).

#### **1702.10 RECORDKEEPING**

In accordance with 29 CFR 1910.02, Access to Employee Exposure and Medical Records, employees and their representatives have a right of access to relevant employee exposure and medical records.

#### **1702.11 EMPLOYEE MEDICAL RECORDS**

- A. An "employee medical record" is a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel and includes:
  - 1. Medical and employment histories (including job descriptions and occupational exposures);
  - 2. The results of medical examinations and lab tests;
  - 3. Medical opinions, diagnoses, progress notes and recommendations;
  - 4. First aid records;
  - 5. Descriptions of treatments and prescriptions; and,
  - 6. Employee medical complaints.
- B. Employee medical records will be kept permanently. (See 29 CFR 1910.20(c)(6)(ii)(A)-(D) for exceptions.)

#### **1702.12 EMPLOYEE EXPOSURE RECORDS**

- A. An "employee exposure record" means a record containing any of the following information:
  - 1. Workplace monitoring or measuring of harmful substances (i.e., air or wipe sampling);

2. Biological monitoring of personnel (which assess the amount of a harmful chemical the body has taken in); and,
3. Safety Data Sheets or the Chemical Inventory. (The record which must be maintained must reveal where and when the harmful chemical was used, and must provide the common, or trade name of the chemical.)
4. Employee exposure records will be preserved and maintained permanently. (See 29 CFR 1910.20(d)(1)(ii)(A)-(C) for exceptions.)

### **1702.13 EMPLOYEE INFORMATION**

- A. Upon an employee's first entering into employment, and at least annually thereafter, the Board will inform current employees covered by this section of the following:
  - The existence, location, and availability of any records covered by this section;
  - The person responsible for maintaining and providing access to records; and,
  - Each employee's rights of access to these records.
- B. The Board will keep a copy of this section and its appendices, and make copies readily available, within fifteen (15) days of request, to employees. The Board will also distribute to current employees any informational materials concerning 29 CFR 1910.20 which are received.

### **1702.14 TRAINING RECORDS**

Training records will be kept for five (5) years.

## **1703 EMERGENCY PLAN**

### **1703.01 PURPOSE**

This policy is intended to provide guidance to employees to assist them in dealing with workplace emergencies that may pose a threat of injury or property damage.

### **1703.02 REFERENCES**

R.C. 4167.07

29 CFR 1910.38

**1703.03 SCOPE**

This policy applies to all employees and students/individuals.

**1703.04 GOALS**

The goal of this policy is the protection of life, safety, and property.

**1703.05 RESPONSIBILITY**

At the Thomas A. Wildey Center, the Manager for each Program area is responsible for developing and updating their program's section of the Emergency and Fire Prevention Plan according to the needs of their program participants and employees. Each building Supervisor is responsible for this Emergency and Fire Prevention Plan, and will:

- A. Keep the site sketch updated.
- B. Review this policy/program on an annual basis.
- C. Communicate this program to all persons who are affected by it.
- D. Insure that all required equipment is readily available and in satisfactory working order.

**1703.06 EMERGENCY PLAN**

A. Components:

Each site will maintain escape routes and procedures for employees to follow during emergencies. A crisis plan will be maintained for each of the following emergencies:

- fire/tornado
- bomb threats
- medical emergencies
- power failures, and
- natural disasters.

B. Each employee of the Clermont County Board of Developmental Disabilities will receive written procedures for fire, tornado, and other emergencies. Building

emergency plans shall include, but not be limited to procedures for emergency closings of all programs and procedures for notification of families of participants of the programs.

- C. The Safety Officer and/or designee at each site will designate a maximum of four staff members to be trained in the techniques of fire suppression. Enclave supervisors and individual staff working on second or third shifts will also have this training.
- D. The building emergency plan shall include procedures for reporting all accidents or injuries within 24 hours of the occurrence. Reports shall include recommendations for prevention of accident/injury in the future.
- E. The building emergency plan will contain procedures for conducting monthly fire drills. Fire drill reports must be completed and sent to the Administrative Assistant for Business Operations. Fire drill reports shall contain an assessment that the alarms are in good working order, are properly identified, and all fire extinguishers are present.
- F. The building emergency plan will contain procedures for conducting tornado drills during the months of April, May, June and July. Tornado drill reports must be completed and sent to the Administrative Assistant for Business Operations.
- G. The Clermont County Board of Developmental Disabilities will have each facility owned/operated by the agency inspected annually by the local fire marshal and/or designee to ensure compliance with fire safety practices.

## **1704 EYE/FACE PROTECTION**

### **1704.01 INTRODUCTION**

The National Safety Council estimates that there are at least 70,000 disabling eye/face injuries on the job every year in the United States. Most of these injuries are preventable.

### **1704.02 PURPOSE**

The Clermont County Board of Developmental Disabilities will provide eye and face protective devices to all employees as required by the Occupational Safety and Health

Administration (OSHA) and as recommended by the American National Standards Institute (ANSI). The Board shall make conveniently available to employees, types of protectors suitable for the work to be performed. No unprotected person shall knowingly be subjected to a hazardous environmental condition.

#### **1704.03 REFERENCES**

Code of Federal Regulations (CFR) Title 29, 1910.133

American National Standards Institute (ANSI) as referenced in CFR Title 29, 1910.6

#### **1704.04 SCOPE**

This policy applies to all Board employees who have exposure to eye and face hazards.

#### **1704.05 GOAL**

To have no eye or face injuries.

#### **1704.06 RESPONSIBILITY**

The Superintendent is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The Site Safety Committee will develop written detailed instructions covering each of the basic elements in this program.

#### **1704.07 EYE/FACE PROTECTION PROGRAM**

##### **A. Written Program**

The Board will review and evaluate this policy on an annual basis, or when changes occur to 29 CFR 1910.133, that prompt revisions of this document, or when facility operational changes occur that require a revision of this document. Effective implementation of this program requires support from all levels of management within this program. This written program will be communicated to all personnel that are affected by it. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals and objectives.

B. Facility/Department Evaluation

The Site Safety Committee shall evaluate each facility by department to determine where high risk eye/face injury areas/jobs may be present to meet the criteria for designation as an eye/face hazard area.

1. High risk eye/face hazard areas

- a. Those areas/jobs meeting the criteria for a high risk eye/face hazard area or having a known potential to pose a hazard will be designated as high risk eye/face hazard areas. The Building Supervisor shall inform exposed employees, by posting danger signs, conducting awareness training, or by any other equally effective means, of the existence and location of and the danger posed by hazard areas. EYE/FACE HAZARD AREA, DO NOT ENTER WITHOUT EYE/FACE PROTECTION" or similar language will be used to satisfy the requirement for a sign.
- b. Suitable eye/face protectors shall be provided and worn where machines or operations present a hazard from flying objects, glare, liquids, heat, or a combination of any or all of these hazards or hazard(s) not specifically listed herein. When information indicating limitations or precautions are received from the manufacturer, they shall be immediately transmitted to employees, and care taken to see that such limitations and precautions are strictly observed.

C. Policy (General)

1. Eye/face protective devices will be worn by all employees entering areas designated as eye/face hazard areas or when there is a reasonable probability that eye/face injury could occur to an employee at any time at any location. Employees will in all cases wear the same level of personal protective equipment as the worker they are observing.
2. The use of side-shields will be enforced. Employees must wear side shields any time they leave walk/truck paths delineated by yellow lines in proximity to any facility operation where an eye/face hazard could exist.

D. Policy (Visitor)

1. The Building Supervisor will issue protective eye wear to visitors who may be visiting hazardous areas. Visitors will be informed that protective eye wear with side-shield protection is to be worn at all times when there is an eye or face hazard.
2. When escorting visitors, it is the Building Supervisor's responsibility to ensure protective eye wear with side-shield protection is worn at all times when they are within eye/face hazard areas.
3. Sun Glasses:
  - Sun glasses are not authorized to be worn anywhere inside the facility.

E. Policy (Employees)

1. Protective eye wear protection must be worn at all times when in eye/face hazard areas.
2. Side-shields must be worn anytime employees leave walk/truck paths delineated by yellow lines within proximity to any facility operation where an eye/face hazard could exist.
3. Sun Glasses
  - Nonprescription Sun Safety Glasses are not authorized anywhere inside of the facility.
  - Prescription Sun Safety Glasses may be permitted inside pending consultation with a qualified Medical Representative.
  - Employees working out-of-doors for extended periods of time may be authorized Sun Safety Glasses pending consultation with the Site Safety Committee.
4. Prescription Eye Wear Users

Persons whose vision requires the use of corrective lenses in spectacles, and who are required by this instruction to wear eye/face protection, will be provided goggles or spectacles of one of the following types:

  - Spectacles with side shields, whose protective lenses provide optical correction.
  - Goggles that can be worn over corrective spectacles without disturbing the adjustment of the spectacles.

- Goggles that incorporate lenses mounted behind the protective lenses.

#### 5. Eye/Face Protective Equipment Specifications

Eye/Face Protective Equipment issued to Board personnel shall meet the following minimum specifications:

- They shall provide adequate protection against the particular hazards for which they are designed.
- They shall be reasonably comfortable when worn under the designated conditions.
- They shall fit snugly and shall not unduly interfere with the movements of the wearer.
- They shall be durable.
- They shall be capable of being disinfected.
- They shall be easy to clean.
- Persons whose vision requires the use of corrective lenses in spectacles, and who are required by this standard to wear eye/face protection, shall wear goggles or spectacles of one of the following types:
  - Spectacles whose protective lenses provide optical correction.
  - Goggles that can be worn over corrective spectacles without disturbing the adjustment of the spectacles.
  - Goggles that incorporate corrective lenses mounted behind the protective lenses.
- Every protector issued shall be checked to determine if it is distinctly marked to facilitate identification of the manufacturer.
- When limitations or precautions are indicated by the manufacturer, they shall be transmitted to the affected employee(s) and care taken to see that such limitations and precautions are strictly observed.
- Devices purchased by this Board for eye/face protection shall be in accordance with American National Standard for Occupational and Educational Eye and Face Protection which is incorporated by reference in 1910.6.

- The Board will provide eye protection equipment. However, the Board will not purchase prescription eye protection equipment.
6. Eye Emergency Procedures  
Supervisors will ensure all employees under their supervision know where eyewash stations are located.
  7. Chemical Splashes
    - a. Employees using an eyewash station to flush chemical splashes, should force their eyelids open and flush their eyes for at least 15 minutes then seek medical attention.
    - b. Never use an eye cup to flush an eye, or attempt to bandage. This could cause the chemical residue to become trapped in the eye.
    - c. Report to first aid to be treated by the site nurses and/or trained first aid personnel.
  8. Debris and Dust
    - a. Pull the eyelid out and down over the lower eyelid and let tears wash out the particle. Do this once. If it does not work, seek medical attention.
    - b. Never try and rub debris out of the eye. This can scratch or cut the eye.
    - c. Report to first aid and have a determination made for additional attention.
  9. Blows to the eye
    - a. Apply a cold compress for 15 minutes.
    - b. Reapply the compress hourly to reduce swelling and relieve pain.
    - c. Seek medical attention immediately for any severe blow to the eye. Especially if the eye is black or discolored.

All other eye injuries should have any bleeding controlled, lightly bandaged, then treated by site nurses and/or trained first aid personnel.

## **1705 CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)**

### **1705.01 INTRODUCTION**

The OSHA Control of Hazardous Energy Sources Standard establishes uniform requirements to ensure that the hazards of uncontrolled energy in U.S. workplaces are

evaluated, safety procedures implemented, and that the proper hazard information is transmitted to all affected workers.

### **1705.02 PURPOSE**

The Clermont County Board of Developmental Disabilities will ensure that all machinery meeting the criteria for lockout/tagout within our facilities are evaluated, and that information and training programs, and lockout/tagout procedures are implemented.

### **1705.03 REFERENCES**

Code of Federal Regulations (CFR) Title 29, Part 1910.147

### **1705.04 SCOPE**

This policy applies to all employees who work in situations requiring lockout/tagout safety measures.

### **1705.05 GOAL**

To have no occupational accidents as a result of the unexpected energization or start up of machines or equipment during servicing and maintenance activities.

### **1705.06 RESPONSIBILITY**

The Superintendent is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The Site Safety Committee will develop written detailed instructions covering each of the basic elements in this program.

### **1705.07 THE LOCKOUT/TAGOUT PROGRAM**

#### **A. Written Program**

The Board will review and evaluate this policy on an annual basis, or when changes occur to 29 CFR 1910.147, that prompt revision of this document, or when facility operational changes occur that require a revision of this document. Effective implementation of this program requires support from all levels of

management within this Board. This written program will be communicated to all personnel that are affected by it. It encompasses the total workplace, regardless of the number of workers employed or the number of work shifts. It is designed to establish clear goals and objectives.

B. General Requirements

The Facilities and Safety Coordinator will establish lockout/tagout procedures through the use of this document. This policy covers the servicing and maintenance of machines and equipment in which the unexpected energization or startup of the machines and equipment, or release of stored energy could cause injury to employees.

C. Application

This instruction applies to the control of energy during servicing and/or maintenance of machines and equipment. Normal production operations are not covered. Servicing and/or maintenance which takes place during normal production operations is covered if:

1. An employee is required to remove or bypass a guard or other safety device.
2. An employee is required to place any part of his or her body into an area on a machine or piece of equipment where work is actually performed upon the material being processed (point of operation) or where an associated danger zone exists during a machine operating cycle.

Exception: Minor tool changes and adjustments, and other minor servicing activities, which take place during normal production operations, are not covered if they are routine, repetitive, and integral to the use of the equipment for production, provided that the work is performed using alternative measures which provide effective protection in accordance with Board operational procedures.

D. This instruction does not apply to the following:

- Work on cord and plug connected electric equipment for which exposure to the hazards of unexpected energization or startup of the equipment is controlled by the unplugging of the equipment from the energy source and by the plug

being under the exclusive control of the employee performing the servicing or maintenance.

- Hot tap operations involving transmission and distribution systems for substances such as gas, steam, water or petroleum products when they are performed on pressurized pipelines, provided it is demonstrated that (1) continuity of service is essential; (2) shutdown of the system is impractical; and (3) documented Board procedures are followed, and special equipment is used which will provide proven effective protection for our employees.

E. Program Implementation

The Facilities and Safety Coordinator will establish a program and utilize procedures for affixing appropriate lockout devices or tagout devices to energy isolating devices, and to otherwise disable machines or equipment to prevent unexpected energization, start up or release of stored energy in order to prevent injury to employees.

F. Energy control program

The Facilities and Safety Coordinator shall establish a program consisting of energy control procedures, employee training and periodic inspections to ensure that before any employee performs any servicing or maintenance on a machine or equipment where the unexpected energizing, start up or release of stored energy could occur and cause injury, the machine or equipment shall be isolated from the energy source and rendered inoperative.

G. Tagout

If an energy isolating device is not capable of being locked out, the Board's energy control program shall utilize a tagout system.

H. Lockout

If an energy isolating device is capable of being locked out, the Board's energy control program shall utilize the lockout, unless it can be demonstrated that the utilization of a tagout system will provide full employee protection.

I. Future requirements

Whenever replacement or major repair, renovation or modification of a machine or equipment is performed, and whenever new machines or equipment are installed,

energy isolating devices for such machine or equipment shall be designed to accept a lockout device.

J. Full Employee Protection

K. Tagout location

When a tagout device is used on an energy isolating device which is capable of being locked out, the tagout device shall be attached at the same location that the lockout device would have been attached, and the Board shall demonstrate that the tagout program will provide a level of safety equivalent to that obtained by using a lockout program.

L. Lockout equivalency demonstration.

In demonstrating that a level of safety is achieved in the tagout program which is equivalent to the level of safety obtained by using a lockout program, the Board shall demonstrate full compliance with all tagout-related provisions together with such additional elements as are necessary to provide the equivalent safety available from the use of a lockout device. Additional means to be considered as part of the demonstration of full employee protection shall include where possible the implementation of additional safety measures such as the:

1. Removal of isolating circuit elements.
2. Blocking of controlling switches.
3. Opening of extra disconnecting devices.
4. Removal of a valve handle to reduce the likelihood of inadvertent energization.

M. Energy Control Procedure Exceptions

Once a facility evaluation has been accomplished, documented procedures will not be developed when the following conditions exist:

1. The machine or equipment has no potential for stored or residual energy or re-accumulation of stored energy after shut down which could endanger employees.
2. The machine or equipment has a single energy source which can be readily identified and isolated.

3. The isolation and locking out of that energy source will completely de-energize and deactivate the machine or equipment.
4. The machine or equipment is isolated from that energy source and locked out during servicing or maintenance.
5. A single lockout device will achieve a locked-out condition.
6. The lockout device is under the exclusive control of the authorized employee performing the servicing or maintenance.
7. The servicing or maintenance does not create hazards for other employees.
8. The Board, in utilizing this exception, has had no accidents involving the unexpected activation or re-energization of the machine or equipment during servicing or maintenance in the event of such occurrences, energy control procedures will be developed.

N. Energy Control Procedures

Once a facility evaluation has been accomplished, procedures shall be developed, documented and utilized for the control of potentially hazardous energy.

O. Procedural Format

The following format will be followed for each machine requiring procedures. The Facilities and Safety Coordinator will be responsible for the implementation of these procedures. The procedures shall clearly and specifically outline the scope, purpose, authorization, rules, and techniques to be utilized for the control of hazardous energy, and the means to enforce compliance including, but not limited to, the following:

A specific statement of the intended use of the procedure.

Specific procedural steps for shutting down, isolating, blocking and securing machines or equipment to control hazardous energy (manufacturer's specifications will be followed whenever possible).

Specific procedural steps for the placement, removal and transfer of lockout devices or tagout devices and the person(s) responsible for them.

Specific requirements for testing a machine or equipment to determine and verify the effectiveness of lockout devices, tagout devices, and other energy control measures.

P. Facility/Department Evaluation

The Facilities and Safety Coordinator shall evaluate our facilities by department to determine which machines or pieces of equipment require steps for shutting down, isolating, blocking and securing machines or equipment to control hazardous energy. A complete listing of machines/equipment having procedures will be maintained.

Q. Protective Materials and Hardware

Appropriate lockout devices such as; locks, tags, chains, wedges, key blocks, adapter pins, self-locking fasteners, or other hardware shall be provided by the Board for isolating, securing or blocking of machines or equipment from energy sources based on the individual machine/equipment evaluation conducted.

R. The Superintendent shall designate personnel authorized to evaluate lockout/tagout requirements.

S. Selection criteria

Lockout/tagout devices shall be singularly identified; shall be the only device(s) used for controlling energy; shall not be used for other purposes; and shall meet the following requirements.

- Selected lockout and tagout devices shall be capable of withstanding the environment to which they are exposed for the maximum period of time that exposure is expected.
- Selected tagout devices shall be constructed and printed so that exposure to weather conditions or wet and damp locations will not cause the tag to deteriorate or the message on the tag to become illegible.
- Tags shall not deteriorate when used in corrosive environments such as areas where acid and alkali chemicals are handled and stored.
- Standardization within the facility. Lockout and tagout devices shall be standardized within the facility in at least one of the following criteria: Color; shape; or size; and additionally, in the case of tagout devices, print and format shall be standardized.

T. Removal Requirements

1. Lockout devices. Lockout devices shall be substantial enough to prevent removal without the use of excessive force or unusual techniques, such as with the use of bolt cutters or other metal cutting tools.
2. Tagout devices. Tagout devices, including their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal. Tagout device attachment means shall be of a non-reusable type, attachable by hand, self-locking, and non-releasable with a minimum unlocking strength of no less than 50 pounds and having the general design and basic characteristics of being at least equivalent to a one-piece, all-environmental-tolerant nylon cable tie.

U. Identification requirements

V. Lockout/tagout devices shall indicate the identity of the employee applying the device(s).

W. Tagout devices shall warn against hazardous conditions of the machine or equipment and shall include a legend such as the following: Do Not Start, Do Not Open, Do Not Close, Do Not Energize, Do Not Operate, etc.

X. Periodic Inspections and Certifications

1. Inspections. The Facilities and Safety Coordinator shall conduct a periodic inspection of the energy control procedure for each machine or piece of equipment at least annually to ensure that the procedure and the requirements of this instruction are being followed.
2. The periodic inspection shall be performed by an authorized employee other than the one(s) utilizing the energy control procedure being inspected.
3. The periodic inspection shall be conducted to correct any deviations or inadequacies identified.

Y. Lockout inspections. Where lockout is used for energy control, the periodic inspection shall include a review, between the inspector and each authorized employee, of that employee's responsibilities under the energy control procedure being inspected.

Z. Tagout inspections. Where tagout is used for energy control, the periodic inspection shall include a review, between the inspector and each authorized employee, of that employee's responsibilities under the energy control procedure being inspected.

AA. Certifications. The Facilities and Safety Coordinator shall certify that the periodic inspections have been performed. The certification shall as a minimum identify:

- The machine or equipment on which the energy control procedure was being utilized.
- The date of the inspection.
- The employees included in the inspection.
- The person performing the inspection.

BB. Initial Training

The Board shall provide training to ensure that the purpose and function of the energy control program are understood by employees and that the knowledge and skills required for the safe application, usage, and removal of the energy controls are acquired by employees. The training shall include the following:

1. Each authorized employee shall receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means necessary for energy isolation and control.
2. Each affected employee shall be instructed in the purpose and use of the energy control procedure.
3. All other employees whose work operations are or may be in an area where energy control procedures may be utilized, shall be instructed about the procedure, and about the prohibition relating to attempts to restart or reenergize machines or equipment which are locked out or tagged out.
4. When tagout systems are used, employees shall also be trained in the following limitations of tags:
  - Tags are essentially warning devices, affixed to energy isolating devices, and do not provide the physical restraint on those devices that is provided by a lock.

- When a tag is attached to an energy isolating means, it is not to be removed without authorized person responsible for it, and it is never to be bypassed, ignored, or otherwise defeated.
- Tags must be legible and understandable by all authorized employees, affected employees, and all other employees whose work operations are or may be in the area, in order to be effective. Non-legible or missing tags will be reported to a Supervisor immediately.
- Tags and their means of attachment must be made of materials which will withstand the environmental conditions encountered in the workplace.
- Tags may evoke a false sense of security and their meaning needs to be understood as part of the overall energy control program.
- Tags must be securely attached to energy isolating devices so that they cannot be inadvertently or accidentally detached during use.

#### CC. Refresher Training

Retraining shall be provided for all authorized and affected employees whenever there is a change in their job assignments, a change in machines, equipment or processes that present a new hazard, or when there is a change in the energy control procedure.

Additional retraining shall also be conducted whenever a periodic inspection reveals, or whenever the Facilities and Safety Coordinator has reason to believe, that there are deviations from or inadequacies in the employee's knowledge or use of the energy control procedures.

The retraining shall reestablish employee proficiency and introduce new or revised control methods and procedures, as necessary.

#### DD. Certification.

The Facilities and Safety Coordinator shall certify that employee training has been accomplished and is being kept up to date. The certification shall contain each employee's name and dates of training.

EE. Energy Isolation

Lockout or tagout shall be performed only by the authorized employees who are performing the servicing or maintenance.

FF. Notification of Employees

Affected employees shall be notified of the application and removal of lockout devices or tagout devices. Notification shall be given before the controls are applied, and after they are removed from the machine or equipment.

GG. Application of Control

The lockout or tagout procedures shall cover the following elements and actions and shall be done in the following sequence:

- Preparation for shutdown

Before an authorized or affected employee turns off a machine or equipment, the authorized employee shall have knowledge of the type and magnitude of the energy, hazards of the energy to be controlled, and the method or means to control the energy.

- Machine or equipment shutdown.

The machine or equipment shall be turned off or shut down using the procedures established for the machine or equipment. An orderly shutdown must be utilized to avoid any additional or increased hazard(s) to employees as a result of the equipment stoppage.

- Machine or equipment isolation.

All energy isolating devices that are needed to control the energy to the machine or equipment shall be physically located and operated in such a manner as to isolate the machine or equipment from the energy source(s).

- Lockout device application.

Lockout or tagout devices shall be affixed to each energy isolating device by authorized employees.

- Lockout devices, where used, shall be affixed in such a manner that they will hold the energy isolating devices in a "safe" or "off" position.

- Tagout devices, where used, shall be affixed in such a manner as will clearly indicate that the operation or movement of energy isolating devices from the "safe" or "off" position is prohibited.
- Tagout device application.
- Where tagout devices are used with energy isolating devices designed with the capability of being locked, the tag attachment shall be fastened at the same point at which the lock would have been attached.
- Where a tag cannot be affixed directly to the energy isolating device, the tag shall be located as close as safely possible to the device, in a position that will be immediately obvious to anyone attempting to operate the device.
- Stored energy.
- Following the application of lockout or tagout devices to energy isolating devices, all potentially hazardous stored or residual energy shall be relieved, disconnected, restrained, and otherwise rendered safe.
- If there is a possibility of re-accumulation of stored energy to a hazardous level, verification of isolation shall be continued until the servicing or maintenance is completed, or until the possibility of such accumulation no longer exists.

HH. Verification of isolation.

Prior to starting work on machines or equipment that have been locked out or tagged out, the authorized employee shall verify that isolation and de-energization of the machine or equipment have been accomplished.

II. Release from Lockout or Tagout

Before lockout or tagout devices are removed and energy is restored to the machine or equipment, procedures shall be followed and actions taken by the authorized employee(s) to ensure the following:

- The machine or equipment.

The work area shall be inspected to ensure that nonessential items have been removed and to ensure that machine or equipment components are operationally intact.

- Employees.

The work area shall be checked to ensure that all employees have been safely positioned or removed.

- After lockout or tagout devices are removed.

After lockout or tagout devices are removed and before a machine or equipment is started, affected employees shall be notified that the lockout or tagout device(s) have been removed.

- Lockout or tagout devices removal.

Each lockout or tagout device shall be removed from each energy isolating device by the employee who applied the device. When the authorized employee who applied the lockout or tagout device is not available to remove it, that device may be removed under the direction of the Facilities and Safety Coordinator, provided that specific procedures and training for such removal have been developed, documented and incorporated into the Board's energy control program. The Board shall demonstrate that the specific procedure provides equivalent safety to the removal of the device by the authorized employee who applied it. The specific procedure shall include at least the following elements:

- Verification that the authorized employee who applied the device is not at the facility.
- Making all reasonable efforts to contact the authorized employee to inform him/her that his/her lockout or tagout device has been removed.
- Ensuring that the authorized employee has this knowledge before he/she resumes work at that facility.

#### JJ. Testing of Machines, Equipment, or Components

Testing or positioning of machines, equipment or components thereof. In situations in which lockout or tagout devices must be temporarily removed from the energy isolating device and the machine or equipment energized to test or position the machine, equipment or component thereof, the following sequence of actions shall be followed:

- Clear the machine or equipment of tools and materials.
- Remove employees from the machine or equipment area.

- Remove the lockout or tagout device as specified as part of the individual machine procedures.
- Energize and proceed with testing or positioning.
- De-energize all systems and reapply energy control measures in accordance with machine procedures and continue the servicing and/or maintenance.

KK. Contracted Personnel (contractors, etc.)

Whenever outside servicing personnel are to be engaged in activities covered by the scope and application of this instruction, this Board/designee and the outside employer shall inform each other of their respective lockout or tagout procedures. The Board/designee shall ensure that his/her employees understand and comply with the restrictions and prohibitions of the outside employers' energy control program.

LL. Group Lockout or Tagout

When servicing and/or maintenance is performed by a crew, department or other group, they shall utilize a procedure which affords the employees a level of protection equivalent to that provided by the implementation of a personal lockout or tagout device.

Group lockout or tagout devices shall be used in accordance with the procedures required by this instruction governing individual procedures which shall include, but not necessarily be limited to, the following specific requirements:

- Primary responsibility will be vested in an authorized employee for a set number of employees working under the protection of a group lockout or tagout device (such as an operations lock).

MM. Provision for the authorized employee to ascertain the exposure status of individual group members with regard to the lockout or tagout of the machine or equipment will be made.

NN. When more than one crew, craft, department, etc., is involved, assignment of overall job-associated lockout or tagout control responsibility will be vested to an authorized employee designated to coordinate affected work forces and ensure continuity of protection.

OO. Each authorized employee shall affix a personal lockout or tagout device to the group lockout device, group lockbox, or comparable mechanism when he/she begins work, and shall remove those devices when he/she stops working on the machine or equipment being serviced or maintained.

PP. Shift or Personnel Changes

Specific procedures shall be utilized during shift or personnel changes to ensure the continuity of lockout or tagout protection, including provision for the orderly transfer of lockout or tagout device protection between off-going and oncoming employees, to minimize exposure to hazards from the unexpected energization or start up of the machine or equipment, or the release of stored energy.

## **1706 OFFICE SAFETY**

### **1706.01 INTRODUCTION**

Many office jobs require workers to perform specific tasks for prolonged periods of time. Previously existing health problems, such as eye discomfort, stress, muscle aches and pains, have become more serious and, unfortunately, more routine. Taken singly, office hazards may seem un-dramatic. But typically, unhealthy office conditions can create a variety of safety and health problems. The Occupational Safety and Health Administration (OSHA) estimates that most of these problems are preventable, if proper safety precautions in offices are initiated. This poses a serious problem for exposed workers and their employer. The OSHA Standards establish uniform requirements to ensure that hazards in U.S. workplaces are evaluated, safety procedures implemented, and that proper information is transmitted to all affected workers.

### **1706.02 PURPOSE**

The Clermont County Board of Developmental Disabilities will ensure that potential office hazards within our program are evaluated. This policy is intended to address comprehensively the issues of; evaluating and identifying potential office hazards, providing written procedures, and communicating information concerning these hazards to employees.

**1706.03 REFERENCES**

OAC 4167-3 Adoption of Federal Standards; Ohio Specific Safety Standards; “Occupational Safety and Health Act of 1970,” 84 Stat. 1590, 29 U.C.S.A. 651 as amended.

**1706.04 SCOPE**

This policy encompasses all Clermont County Board of Developmental Disabilities employees.

**1706.05 GOALS**

To have no accidents or occupational illnesses due to office hazards.

**1706.06 RESPONSIBILITY**

The Superintendent is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program.

**1706.07 PROGRAM COMPONENTS**

Written Program

The Board will review and evaluate this policy on an annual basis, when changes occur to 29 CFR 1910, or when facility operational changes occur that require revision. Effective implementation requires a written program for job safety, health, that is endorsed and advocated by the highest level of management within this Board and that outlines our goals and plans. This written program will be communicated to all required personnel. It is designed to establish clear goals and objectives.

A. General Requirements

The Facilities and Safety Coordinator is responsible for the safe condition of all office areas within this Board. The Site Safety Committee will develop office safety procedures through the use of this document. Supervisors will ensure that proper safety conditions exist in each office.

B. Air Quality and Ventilation

Three basic strategies for control of air quality and ventilation will be used. They are; source control, ventilation improvements, and air cleaners.

1. Source control. Sources of indoor air pollution such as carbon monoxide, tobacco smoke, radon, biological contaminants, asbestos, office cleaning products, stoves, natural gas, copy machines, etc., may exist in air contaminant levels requiring action to control exposure to these sources.

2. Source data.

-Existing information about complaints will be reviewed to try and determine trends to isolate the most prevalent indoor air quality issues.

-Occupants will be given a questionnaire designed to help isolate the source of a given air pollutant. Typical symptoms attributed to poor indoor air quality include:

-Headache

-Fatigue

-Shortness of breath

-Sinus congestion

-Coughing

-Sneezing

-Eye, nose, and throat irritation

-Skin irritation

-Dizziness

-Nausea

-The agency will have the indoor air quality analyzed where necessary to provide baseline data on the overall levels and effects of existing contaminants.

3. Source elimination. Before ventilation upgrades or air cleaners are considered as strategies for control of air quality, elimination of the contaminant source will be considered first.

-Where possible, copy machines and like equipment will be located in rooms having no occupants.

4. Ventilation improvements. If the source of the air pollution cannot be eliminated, ventilation upgrades will be considered. By changing the air

dynamics within an office, this can either reroute bad air to the outside or draw bad air away from exposed workers.

-Ventilation systems will be cleaned and inspected to prevent accumulation of biological growth (bacteria, molds or viruses).

5. Air Cleaners. Where ventilation improvements prove ineffective, air cleaners will be considered. The type(s) of air cleaners suitable to the removal of specific contaminants will be selected based on analytical data obtained from air testing. Where known types of air contaminants exist, such as tobacco smoke, automobile exhausts, etc., selection will be based on existing known hazards.
6. Office Noise Abatement

High levels of noise, such as that from computer printers, large copy machines, and other equipment found in office environments can prove damaging to hearing as well as add stress to the work environment.

- Office equipment. Noise from office equipment will be mitigated in one of the following ways:
  - Relocate. Relocate equipment to other rooms.
  - Insulating dividers. Insulate the equipment from workers by adding dividers or trying different locations in the same room to lessen the noise level.
  - Insulating pads. Insulate printers and small equipment by putting an insulating pad under them.
  - Insulating covers. Insulate printers by enclosing them in sound absorbing covers.
  - Carpeting, wall hangings, draperies. Where noise is excessive, selective design of sound absorptive materials will reduce the quantity of sound reflected within an office area.
  - Personnel. Arrange desks in optimal positions to provide maximum acoustical benefit and/or add dividers between desks to absorb sound and privacy.

- Production processes where workshop production processes interfere with office environments, acoustical tile and additional wall insulation should be added to absorb sound.
- Transcription earphones. Secretaries using recording devices should be closely monitored. Where high noise levels exist, secretaries may have to increase the volume in the earphones to near 86dBA in order to hear over nearby noise sources and conversation. Because such tasks are often sustained over an entire work shift, hearing loss can occur.

## 7. Lighting Criteria

Eye strain is a traditional health hazard of offices. The role of proper lighting is to provide a safe, comfortable and efficient visual environment. The following safe lighting criteria will be used to evaluate lighting conditions in office areas.

- Bare light sources will not be placed in the visual working field.
- Offending light sources will be removed or shielded.
- The luminance and reflectance of surfaces of furnishings, shades, louvers, acoustic screens, will be considered to reduce their reflectance.
- Windows will be covered where appropriate.
- Wall surface colors and degree of reflectance will be appropriate to the work area.
- Furniture should be rearranged so that the luminaire is beside rather than in front of the operator. Light will then be directed across the work surface rather than into the worker's eyes.

## 8. Eye Strain

Eye strain can also be a problem. Adjusting the screen for the minimum amount of glare and best contrast will reduce the amount of eye strain our employees experience.

- Monitor/VDT problems. Many people suffer from neck and shoulder problems because they spend hours working from a computer monitor or visual terminal (VDT) that is not in the best position for them. Correct placement of the VDT can relieve stress on the neck and shoulders.

- Monitor Position. Employees should be able to read the screen with head up and facing forward. In order to do that, the monitor should be in front of them rather than to the side, and it should be at about eye level or a little lower. For employees who wear bifocals, the monitor should be positioned low enough for them to be able to read the screen without tilting their heads back.
- Distance. The distance the monitor is from them is also important. They should be able to read it easily without leaning forward or back in order to focus.
- Glare and contrast. The two major sources of eye strain from working with a VDT are glare and poor contrast. Most newer offices have diffused overhead lighting to reduce screen glare, but glare from windows or other light sources, like lamps, can still be a problem.
- Sources. If glare is from table lamps, repositioning them can help. If the glare is from window light, close the blinds to shut out the light if you can.
- Other ideas. Whatever the source of glare on the screen, you may be able to reduce it by:
  - Turning the employee's desk so the monitor is at an angle to the window or other light source. A 90 degree angle is usually best.
  - Attaching an anti-glare filter in front of the screen.
  - Most VDTs have brightness and contrast controls so employees can get the adjustment that is most comfortable for them. If they have color monitors, discourage them from using more than two or three colors. They should choose colors that have good contrast ---a light color on a dark background or a dark color on a light background.
- Minimizing Eye Strain. Reading from a VDT for hours at a time can be very hard on the eyes. The characters on a VDT screen are not as sharp as print on paper --- they are almost always a little bit fuzzy. They are also always moving, and even though they may not move enough to notice, they move enough to make focusing difficult.

- Supervisor Involvement. Encourage employees to have their eyes examined at least once a year --- more often if they are having a vision problem or if their eyes feel tired at the end of the day. Even when VDT work does not cause a vision problem, the strain of reading from a monitor for long periods will make it very difficult for employees to continue ignoring uncorrected or under corrected vision problems they might already have.

## 9. Office Ergonomics

Ergonomic improvements can dramatically improve worker safety and productivity. Employees are most likely to work efficiently and accurately when they do not have to strain. Supervisors should be given adequate training in recognition and control of ergonomic improvements.

- Problem Recognition. Supervisor should know the symptoms of Cumulative Trauma Disorders (CTD). Be able to recognize when the stresses involved in a particular job have the potential for contributing to a CTD. Make sure employees are working in the best way possible.
- Cumulative Trauma Disorders. The most common CTDs are Tendonitis, carpal tunnel syndrome (CTS) and lower back problems.
- Tendonitis. Tendonitis is an inflammation of a tendon, that can occur at or near any joint. Tendonitis associated with office work is most likely to occur at the wrist because of the stresses that can be involved in typing or filing.
- Carpal Tunnel Syndrome. CTS is caused by pressure on the median nerve in the wrist. This nerve controls feeling and movement in the thumb and first three fingers. CTS symptoms include numbness, pain, difficulty in holding objects, and restricted movement in the thumb and first three fingers.
- Lower Back Strain. Lower back strain can be caused by too low of work surfaces, improper lifting techniques, improper seating or a combination of factors and poor work station design.
- Risk reduction techniques for office supervisors.

- Data Entry. Data entry is probably the biggest contributor to CTS. With the fingers resting on the home keys of the keyboard and shoulders relaxed, the employee's wrists and forearms should be in a straight line and more or less parallel to the floor. If they are not, attempt the following adjustments:
  - Adjust the chair height.
  - Lower the work surface.
  - Attach a keyboard drawer under desk tops having an inappropriate height for keying information.
  - Place the keyboard on a moveable arm attached to the desk.
  - Copy stand. If data entry is done from printed copy, they should have a copy stand beside the monitor and be seated on the same level with it. That way, they will not have to continuously turn their heads from side to side as they work.
- Telephone Communications. Most jobs that depend on telephone communication for data entry provide headsets that leave the employee's hands free and their shoulders relaxed. When people grip a telephone handset between the ear and shoulder, they are straining shoulder and neck muscles. In addition, their hands are probably being forced into an awkward position for typing.
- Position materials and workstations so employees can reach the work comfortably, without stretching or straining.
- Employees who spend most of the day sitting should have good back support.
- Minimize the amount of force required to do the job. If employees have to lift, make sure they do it in the best way possible. Locate materials to reduce the amount of reach required as well as distance traveled.
- Break Periods. Be sure employees take advantage of scheduled breaks to relax muscles and tendons. If the job has a high rate of repetition, take whatever other measures you can to reduce the risks for cumulative trauma disorders.

- Sitting. Improper sitting can cause fatigue and tension in the back, neck, or shoulders. The following adjustments will be helpful:
  - Adjust the chair so that the feet are flat on the floor with no pressure on the back of the legs.
  - Adjust the back of the chair so that adequate support to the back is provided. Insert a pillow if needed.
  - Seat height adjustment. Improper sitting height requires employees to reach farther than necessary during the course of the work day. The seat height should be adjusted so that writing does not require them to round their shoulders.
  - Seat Length. Employees can also develop leg and back problems from sitting too long in a chair that is too deep for them. When they are sitting so they have good back support and their feet are supported, the edge of the chair should be at least a couple of inches back from the knees.
  - If the edge of the seat presses against the backs of the knees, the employee is going to have circulation problems in the legs and feet.
  - If the employee sits forward to keep the edge of the seat from pressing against the legs, there is no back support.
  - Solution. On some chairs, you can change the length of the seat by adjusting the back support forward or back. Selecting a different chair is the next option.
- Arm Support. A support for the arms can help reduce fatigue, both in the shoulders and the back. It bears the weight of the arms and much of the upper body weight.
  - Arm rests on a chair should be padded and they should be short enough so the employee will not have to stretch to reach the work.
  - If employees use the edge of the desk for an arm support, it should be rounded to reduce pressure on the arms. Remember, that kind of pressure can contribute to problems with the nerve that runs past the elbow.

- **Foot Support.** Inadequate support for the feet can result in reduced circulation to the lower legs and feet. Because many people relieve the pressure on their legs by leaning forward, this leaves them without any support to the back. Modern footrests, properly adjusted to relieve pressure points usually will solve this problem. Adjusting the seat height will also help.
- **Supervisor Involvement.** Make changes slowly, one at a time, and follow up on the effects. Ask employees how the modification feels. Observation and open communication with employees are our two most valuable tools for reducing the risks of ergonomic disorders in the workplace. Take full advantage of your skills in observation and communication so you can recognize the risk factors and early symptoms of cumulative trauma disorders. If an employee has symptoms of CTD, encourage him or her to get medical attention and work with the employee to find out if changes should be made in the job design.

## **1707 SWIMMING PROGRAM**

The Clermont County Board of Developmental Disabilities provides a Swimming Program at Thomas A. Wildey Center.

Staff employed to work as Instructors in the Swimming Program must have a current Water Safety Instructor Certificate or a Senior Lifesaving Certificate or an Adapted Aquatics Certificate.

Any agency contracting with the Clermont County Board of Developmental Disabilities to provide a swim program or water instruction must employ certified personnel.

The Facilities and Safety Coordinator, employed by the Clermont County Board of Developmental Disabilities, shall be responsible for complying with all county, state and

federal rules and regulations regarding maintenance of Board owned and operated swimming pools.

## **1708 INTEGRATED PEST MANAGEMENT**

These Integrated Pest Management (IPM) procedures are designed to prevent pest problems, to identify and control pests in and around school facilities, and to reduce the exposure of consumers, visitors, and staff to pests and pesticides. The Facilities & Safety Coordinator shall be responsible for pest management.

The Board shall employ preventive measures such as proper sanitation, clutter reduction, and exclusion of pests. The Board shall practice non-chemical pest control measures (e.g. sanitation, screening, physical barriers, vacuuming, mulching, irrigation, fertilization, manual weeding, insect nest removal, pest-resistant plant selection). Pesticides will be used when appropriate, along with other management practices or when other pest prevention and non-chemical control measures have failed to reduce pests. When a pesticide must be used, the Board will use smallest amount of the reduced-risk product that will meet the pest management goals.

### Identification, Prevention, and Monitoring

Pest management shall include regular inspections and monitoring of each building. Building inspections shall consist of regular monitoring of all areas of use including entrances, food/water storage sites, and restrooms for signs of pest activity. Pest complaints shall be reported to the Facilities & Safety Coordinator for prompt response. The origin of a pest problem (such as food crumbs, cracks in walls, etc.) shall be determined and remedied. The type of pest shall be identified in order to determine the appropriate response strategy. If nontoxic methods fail or are impractical, the least toxic pesticide that is effective and approved application techniques that minimize exposure shall be utilized. Only trained and qualified workers shall handle and apply pesticides.

Pest prevention strategies shall include:

- A. sealing and repairing cracks and holes that allow access to the inside of buildings;
- B. moving trash receptacles away from the building;
- C. installing effective door sweeps and window screens where appropriate;
- D. exterior doors shall not be propped open except in the case of emergency use;
- E. inspect deliveries for the presence of pests and remove cardboard boxes promptly.

## **1709 AMERICANS WITH DISABILITIES ACT OF 1990**

### **1709.01 REASONABLE ACCOMMODATIONS FOR DISABLED EMPLOYEES, INDIVIDUALS AND THE PUBLIC (ADA Act of 1990)**

- A. In support of the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008, the Clermont County Board of Developmental Disabilities affirms its position that qualified individuals with a disability shall be assured of equal opportunities in employment, public accommodations, transportation, and tele-communications.
- B. A person with a disability includes:
  - 1. An individual with a physical or mental impairment that substantially limits that person in some major life activity;
  - 2. An individual with a record of such physical or mental impairment; and
  - 3. An individual who is regarded as having such an impairment

Excluded from the definition of a disability for the purpose of this policy are individuals who are current users of illegal drugs, although protected, are those who have overcome drug problems, including those who are participating in a rehabilitation program and who are currently drug free. Also excluded are those individuals with certain sexual and behavioral disorders.

A "qualified individual" with a disability is one who, with or without reasonable accommodations, can perform the "essential functions" of the job. Essential job functions are those included in the detailed job descriptions and are the primary job duties. They may be essential because it is the reason the job exists.

- C. The Clermont County Board of Developmental Disabilities will not discriminate against qualified individuals with a disability in regard to:

1. job applications, hiring, advancement, discharge, compensation, training, or other terms, conditions, or privileges of employment.
  2. reasonable accommodation, which is one that will enable an otherwise qualified individual with a disability to perform the essential functions of a job.
  3. failure to remove structural, architectural, and communication barriers in existing facilities where such removal is easily accomplished without much difficulty or expense; and/or failure to make reasonable modifications to policies or procedures and to offer auxiliary aids to individuals with disabilities so they can use and have access to the services of the programs.
  4. providing required telecommunication systems for the deaf or speech impaired individual within three (3) years of the effective date of the ADA Act.
  5. making good faith efforts to provide accessible vehicles for transportation systems.
  6. The Clermont County Board of Developmental Disabilities will not discriminate against disabled persons in regard to public services.
  7. "Reasonable Accommodation" may include:
  8. Making existing facilities used by employees readily accessible to and usable by individuals with disabilities.
  9. job structuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustments or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations; and any modification to a job application process that permits a disabled person to be considered for a position and that will not impose undue hardship on the Board.
- D. "Undue Hardship" in general means an action requiring significant difficulty or expense, when considered in light of the factors considered in paragraph "G" below.
- E. In determining whether an accommodation would impose an "undue hardship" on the Board, factors which would be considered include:
1. the nature and cost of the accommodation;

2. the overall financial resources of the program involved in the provision; the number of persons employed and the impact of such accommodation upon the operation of the program;
  3. the overall financial resources of the program; and
  4. the type of operation within the program.
- F. The Board requires that their workers not pose a threat to the health or safety of other individuals in Board programs.
- G. Employees with disabilities will be accorded equal access to the same benefit coverage the Board provides to other employees.
- H. Any applicant, employee, parent or interested person who believes a disabled person has been discriminated against under this policy may make a verbal or written complaint or discrimination to the ADA Coordinator. If the action of the ADA Coordinator is unsatisfactory, a complaint may be filed with the Equal Employment Opportunity Commission.

#### **1709.02 ADA GRIEVANCE PROCEDURE**

The Clermont County Board of Developmental Disabilities has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act. Title II states, in part, that "no otherwise qualified individual with a disability shall, solely by reason of such disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by an agency.

Complaints should be addressed to the Director of Business Operations, 2040 US Highway 50, Batavia, Ohio 45103, who will review it with the position which has been designated to coordinate ADA compliance efforts.

1. A complaint should be filed in writing or verbally, contain the name and address of the person filing it, and briefly describe the alleged violation of the regulations.

2. A complaint should be filed within 180 days after the complainant becomes aware of the alleged violation.
3. An investigation, as may be appropriate, shall follow a filing of complaint. The investigation shall be conducted by the ADA Coordinator. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
4. A determination to the validity of the complete description of the resolution, if any, shall be issued by the ADA Coordinator and a copy forwarded to the complainant no later than ten (10) days after its filing.
5. The ADA Coordinator shall maintain the files and records of the Clermont County Board of Developmental Disabilities relating to the complaints filed.
6. The complainant can request a reconsideration of the case in instances where s/he is dissatisfied with the resolution. The request for reconsideration should be made within ten (10) days to the Superintendent of the Clermont County Board of Developmental Disabilities.
7. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.
8. These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards, and to assure that the Clermont County Board of Developmental Disabilities complies with the ADA and implementing regulations.

### **1709.03 EMERGENCY EVACUATION PLAN FOR PERSONS WITH A DISABILITY**

#### General Principles

##### A. Safety for Everyone is the Basis on Which to Build

Fire safety design elements will be directed toward three objectives:

1. Detecting the fire by means of automatic or human sensors;

2. Separating people from the fire and its effects, either by enabling people to promptly leave a building, or by using design elements which provide a safe refuge area within a building where occupants may safely wait rescue by firefighters; and
3. Controlling the fire spread or extinguishing the fire itself.

The safety of persons with disabilities will be served just as well as others by the above in many cases. Often individuals with certain impairments only require more time to evacuate a building.

B. Enable persons with disabilities to protect themselves

1. This will require some modifications, such as flashing lights activated simultaneously with the audible alarm system to alert persons with a hearing impairment.
2. Make use of the one-on-one buddy system if two buddies should be stationed in the same area.
3. Persons, such as those with mobility impairments, should tell employees of the program beforehand how they want to be handled during an exit.

C. Fire Training Should Include Persons with Disabilities

1. Basic information regarding such matters as alerting procedures or protection against smoke needs to be conveyed to persons with a disability.

D. Emergency Actions

1. Provide emergency alert system designed to meet the needs of the disability to be served, such as flashing lights for hearing impairments.
2. Provide notification such as call buttons or lighted panels which flash to confirm that an emergency message has been received and the regular alarm system. Telecommunication devices for the deaf may be used in calling for assistance.
3. Evacuations are to be carried out in an orderly fashion. When conducted in this manner, persons with disabilities are at no greater risk than any one else. When there is confusion, persons who are mobility impaired, blind, deaf, or intellectually disabled are in greatest danger. There will be safely conducted fire drills and good communication, whether verbal, written, by body language or by signals.

4. Refuge is an alternative to immediate evacuation. During this activity, there will be movement of persons with mobility impairments, as well as others, to areas of safety. A "quality" refuge area would include access to an exit route.

## **1710 EXPOSURE CONTROL PLAN**

In compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens, Standards 29 CFR: 1910.1030, the following Exposure Control Plan has been developed: \**Note-Italicized* words are found under Appendix A, as to clarify the specific definition/meaning of terminology as described in accordance with such Standard.

### **1710.01 PURPOSE**

The Clermont County Board of DD (CCDD) provides a safe and healthful workplace for employees. The Exposure Control Plan for CCDD is to prevent or minimize employees' occupational risk or actual exposure to *bloodborne pathogens*; and to provide guidelines/instruction for such employees who, as part of their job, face reasonably anticipated exposure to *bloodborne pathogens*. CCDD shall ensure that a copy of the Exposure Control Plan and Procedure is accessible to employees via the CCDD Procedures Manual.

### **1710.02 JOB CLASSIFICATIONS**

All jobs have been identified in the Exposure Control Plan as Category I, II or III and are indicated as such on each job description. Category I would be those at highest risk for *occupational exposure* to *bloodborne pathogens*. Category II being jobs at moderate risk; and Category III being those jobs at little/no risk for *occupational exposure* to *bloodborne pathogens*. See Appendix B- Universal Blood and Body Substance Precautions: Specific Guidelines, for listings of tasks/procedures in which performance by employees in job-specific categories may pose a risk for *occupational exposure*. Furthermore listed, is its usage of *personal protective equipment* as a method of *work practice controls* for such tasks/procedures.

### **Category I**

Program Nurse: Engages in handling of needles and skilled nursing procedures which may involve contact with infected or *contaminated* items, direct personal care of individuals, which could involve contact with blood, body fluids and mucous membranes.

### **Category II**

Instructors/Instructor Assistants, Habilitation Technicians, Program Managers, Program Supervisors, Program Coordinators, Bus Drivers, Bus Monitors, Custodians, Maintenance Repair Workers, Maintenance Supervisor, and ancillary and other staff working directly with CCDD participants: Provides direct personal care of participants, including tasks which could involve contact with blood, body fluids, mucous membranes, changing Attends, brushing teeth, handling soiled linens and cleaning soiled areas.

### **Category III**

Central Office Personnel, Directors, Community Support Staff, Secretaries: Have no routine job tasks that would routinely place risk of *occupational exposure*.

## **1710.03 COMPLIANCE METHODS**

*Universal/Standard precautions* will be observed at CCDD facilities in order to prevent/minimize contact with *blood or other potentially infectious material*. All *blood or other potentially infectious material* will be considered “infectious” regardless of the perceived status of the *source individual*. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Both *Engineering* and *work practice controls* will be utilized to eliminate or minimize *occupational exposure* to employees at CCDD facilities. Where risk of *occupational exposure* remains after implementation of these controls, *personal protective equipment* shall also be utilized. *Engineering/Work Practice Controls* shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. At such facilities, the following *engineering controls* will be utilized.

- A. Protective Attire/Supplies

1. Provisions for use- When there is a potential for *occupational exposure*, CCDD shall provide at no cost to the employee and assure use of: sharps collectors for proper disposal of needles, razors, broken glass, etc.
2. Accessibility- CCDD shall ensure that appropriate *personal protective equipment* in appropriate sizes is available at the work site in a known, designated area.
3. Cleaning- CCDD shall provide for the cleaning, laundering or disposal of *personal protective equipment*. This will take place at CCDD facilities, as currently, there is no equipment utilized that cannot be cleaned on-site.
4. Repair and replacement- CCDD shall repair or replace required *personal protective equipment* as needed.
5. Personal protective equipment will be examined and maintained on a regular schedule by the Program nurse, who will maintain adequate supplies of *personal protective equipment*; Administration will ensure appropriate ongoing training to staff.

B Universal/Standard Precautions

1. To minimize the risk of transmission, either from participant to staff or staff to participant, CCDD has adopted the use of *Universal/Standard Precautions* for avoiding exposure to blood and body substances. *Universal/Standard Precautions* require the use of one or more appropriate barriers, such as gloves, gowns, masks or protective eye wear, when exposure to blood or body substances is anticipated. These measures should be observed by all staff for all individuals.
2. The use of *Universal/Standard Precautions* requires each individual employee to take responsibility for his or her own potential occupational exposure by practicing good infection control measures.
  - a. Hand washing- Hands should be washed before and after all participant contact. Hand washing facilities are readily accessible throughout each CCDD building, and most enclave settings. Waterless, antiseptic/ alcohol-based hand cleansing products/towelettes in conjunction with clean cloth/paper towels are also readily available to employees in the absence

of appropriate facilities. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and water as soon as feasible. In the event of an employee incurring an *Exposure Incident*, staff will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible.

- b. **Gloves-** Gloves are required when handling blood specimens, soiled items containing blood/body secretions, body fluids, bodily excretions and secretions and during procedures involving contact with these body fluids. Also, employees having cuts, scratches or other breaks in his/her skin require gloves are worn. Disposable gloves should be removed between and after participant contact, and should never be utilized for more than one individual or procedure. Disposable (single use) gloves shall not be washed or decontaminated for use. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. Hands should be washed before and immediately or as soon as feasible after removing gloves or other personal protective equipment. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if cracked, peeling, torn, punctured or exhibit signs of deterioration or when their ability to function as a barrier is compromised.
- c. **Gowns/Fluid-Proof Aprons-** Gowns/Aprons should be worn over clothing when anticipating working/working with blood, body fluids and drainage.
- d. **Masks and Protective Eye Wear-** Masks and protective eye wear should be worn during tooth brushing when blood exposure is possible. These barriers are intended to prevent mucous membrane exposure to blood, body fluids or drainage. If protection is to be complete, the use of one of these barriers necessitates the use of the other. Indications for use would include situations where the likelihood of splash or aerosolization of blood, body fluids or drainage exists. Reusable face shields will be cleaned and

decontaminated after each use. The use of a mask is encouraged when performing mouth-to-mouth resuscitation on any person.

- e. Caps, Hoods and/or Shoe Covers- shall be worn in instances when gross *contamination* can reasonably be anticipated.
  - f. Prevention of Puncture *Exposure Incident* via Sharps- Disposal of needles and sharps shall be placed in a puncture resistant container without recapping, bending or breaking. Broken glassware which may be *contaminated* shall not be picked up directly with the hands. It shall be cleaned up by mechanical means such as a brush, dust pan, tongs, forceps, etc. Broken glass, razors and lancettes for blood glucose and splinter removal will be handled carefully, as little as possible, and placed in a sharps container or when not available, an alternate containerized/ puncture proof container (i.e. jar or coffee can). Avoid overfilling these containers and seal the top of the container before discarding. Sharps containers should be maintained upright throughout usage and kept in the nurse's office/designated areas. They are weighed upon disposal, documented, red-bagged and removed by the facility nurse or designee. Reusable sharps that are *contaminated* with *blood or other potentially infectious materials* shall not be stored or processed in a manner that requires employees to reach by hand into the container where the sharps have been placed.
  - g. Sharps Injury Log- CCDD shall establish and maintain a Sharps Injury Log for the recording of *percutaneous* injuries from *contaminated* sharps. The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The log shall contain, at minimum: the type and brand of the device, the department or work area where the *exposure incident* occurred and an explanation of how the incident occurred.
3. *Decontamination of Contaminated* Objects- It may become necessary to disinfect items soiled/suspected to be *contaminated* with *blood or other potentially infectious material*. Access the situation; utilize *personal protective*

- equipment* as necessary. Secure the area to keep others away. To avoid splash/aerosolization, place a paper cloth/towel or absorbent over the spill/area. To *decontaminate*, surfaces should be cleaned up promptly with soap and water, then apply a freshly prepared (within 24 hours) 1:10 solution of sodium hypochlorite (household bleach) and water and allow to saturate area for a minimum of 10 minutes. A hospital/industrial grade disinfectant that is labeled tuberculocidal may be utilized in lieu of bleach: water solution. *Regulated waste* will be double bagged, placed in a biohazard bag and disposed of properly. Avoid rinsing any materials utilized in the cleaning process, as exposure is possible via running water/droplets/aerosolization- instead soak items in appropriate decontaminating solution as described above.
4. Housekeeping- CCDD shall ensure that worksites are maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and decontamination methods shall be available. Contaminated work surfaces shall be *decontaminated* with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly *contaminated* or after spill of *blood or other potentially infectious materials*; and at the end of the work shift if the surface may have become *contaminated* since the last cleaning. All bins, pails and similar receptacles for reuse which have a reasonable likelihood for becoming *contaminated with blood or other potentially infectious materials* shall be inspected and *decontaminated* on a regularly scheduled basis and cleaned and *decontaminated* immediately or as soon as feasible upon visible *contamination*.
    - a. Laundry Procedures/*Contaminated Laundry*

If a garment(s) is penetrated by *blood or other potentially infectious materials*, the garment(s) shall be removed immediately or as soon as feasible. Laundry *contaminated with blood or other potentially infectious materials* will be handled as little as possible with minimum agitation. Such laundry will be placed in appropriately marked bags/receptacles at the location where it was used. No laundry will be sorted or rinsed in the area

of use. Personal laundry will be sent to the participant's home in a leak-proof bag. All employees who handle *contaminated* laundry will utilize *personal protective equipment* as required and place items in appropriate receptacles.

5. Hepatitis B Vaccine

The CCDD strongly encourages the Hepatitis B virus (*HBV*) Vaccine unless contraindicated for medical reasons. The *HBV* vaccination series will be offered to all employees by the Human Resources Department at new hire orientation. The Human Resources Department will instruct employees wishing to receive the vaccination series to contact the Clermont County Health Department to schedule an appointment. Employees will be responsible for making and keeping their own appointments. Employees who decline the *HBV* vaccination series will sign a waiver; if an employee who initially declines the *HBV* vaccine later wishes to receive it, they may receive the series at no cost. If a routine booster of *HBV* vaccine is recommended by the U.S. Public Health Services at a future date, (such booster doses) shall be made available.

6. Training

Training for all employees on *Bloodborne Pathogens/Universal/Standard Precautions/Infection Control* will be given initially at the time of hire at the New Employee Orientation, and prior to performing any duties that could lead to exposure by appropriately trained staff i.e. CCDD Nurses or Human Resources personnel utilizing the PublicSchoolWorks training. Furthermore annual training for all employees will be assigned utilizing the PublicSchoolWorks Training. Components of the training will include the following: OSHA Standard for *Bloodborne Pathogens*-, Epidemiology and Symptoms of *Bloodborne Pathogens*, Modes of Transmission of *Bloodborne Pathogens*, Review of the Exposure Plan and Employee Responsibilities, Procedures which might cause an *exposure incident*, Control Methods and *Universal/Standard Precautions*, *Personal Protective Equipment*, Post Exposure Evaluation and Follow-up, *HBV* Vaccination Program.

- a. Training Records- Transcripts shall be utilized from Public SchoolWorks and they include: the contents or a summary of the training session, the names and job titles of all persons attending the training sessions. Training records shall be maintained for 3 years from the date on which the training occurred and be made available upon request. These records shall be provided upon request for examination and copying to employees, to employee's representatives, to Administration and all governing entities ensuring compliance of rules and regulations.
7. Procedures for Evaluating/Reporting *Exposure Incidents*
- An *exposure incident* is the specific eye, mouth or other mucous membrane, non-intact skin, *parenteral* contact with *blood or other potentially infectious materials* that results from the performance of employee's duties. An example of an *exposure incident* would be a puncture from a *contaminated* sharp. When evaluating an *exposure incident*, immediate assessment and confidentiality are critical. It is the employee's responsibility to immediately report *exposure incidents* to their supervisor and complete the appropriate documents. This will enable timely medical evaluation and follow-up as well as possibility for testing of the *source individual's* blood for Human Immunodeficiency Virus (*HIV*) and *HBV*. The *source individual* is any person whose blood or body fluids are the source of any *exposure incident* to the employee. Following a report of an *exposure incident*, CCDD shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including the following elements: documentation of the routes of exposure and the circumstances under which the exposure incident occurred; identification and documentation of the *source individual*, unless the employer can establish that identification is infeasible or prohibited by state or local law; the *source individual's* blood shall be tested as soon as feasible and after consent is obtained in order to determine *HBV* and *HIV* infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the *source individuals'* consent is not required by law, the *source individual's* blood, if available, shall be tested and results documented.

When the *source individual* is already known to be infected with *HBV* or *HIV*, testing for the *source individual's* known *HBV* or *HIV* status need not be reported. Results of the *source individual's* testing shall be made available to the exposed employee, and the employee shall be informed if applicable laws and regulations concerning disclosure of the identity and infectious status of the *source individual*. Collection and testing for *HBV* and *HIV* serological status shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not give consent for serologic testing at that time, the sample shall be preserved for at least 90 days. If, within 90 days of the *exposure incident*, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. Post-exposure prophylaxis, when medically indicated, as recommended and counseling will be provided to the employee and an evaluation of reported illness will be made.

- a. Information Provided to the *Licensed Healthcare Professional*- CCDD shall ensure that the *licensed healthcare professional* responsible for the employee's *HBV* vaccination is provided a copy of the OSHA Standard; including a description of the exposed employee's duties as they relate to the *exposure incident* and the routes) of exposure and circumstance under which exposure occurred. Any results of the *source individual's* blood testing shall be disclosed to the *Licensed Healthcare Professional* and if available, all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- b. *Licensed Healthcare Professional's* Written Opinion- the employer shall obtain and provide the employee with a copy of the evaluating *licensed healthcare professionals'* written opinion within 15 days of the completion of the evaluation. It should be limited to whether *HBV* vaccination is indicated for an employee and if the employee has received such vaccination. Opinions for post-exposure evaluation and follow-up shall be limited to the following information: that the employee has been informed

of the results of the evaluation and that the employee has been informed about any medical conditions resulting from the exposure to *blood or other potentially infectious materials* which require further evaluation or treatment. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

#### C. Record Keeping

All records required by the OSHA Standard will be maintained by the Business Operations department designee, including an accurate record for each employee with *occupational exposure*. This shall include the name and social security number of the employee, a copy of the employee's *HBV* vaccination status including the dates of all the *HBV* vaccines and any medical records relative to the employee's ability to receive vaccination. A copy of all results of examinations, medical testing, and follow-up procedures; a copy of the *licensed healthcare professional's* written opinion and all information CCDD initially provided the *licensed healthcare professional* upon initial medical evaluation.

1. Confidentiality- The employer shall ensure that the employee medical record be kept confidential and not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by law. The employer shall maintain the records permanently. Employee medical records shall be provided upon request for examination and copying to the subject employee and to anyone having written consent of the subject employee.

#### D. Maintaining Quality and Compliance of Standards

The CCDD Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect *occupational exposure* and to reflect new or revised employee positions with *occupational exposure* (i.e. changes in technology for elimination or reduction to exposure to *bloodborne pathogens*), this includes documentation annually and appropriate implementation of utilizing commercially available and effective safer medical devices designed to eliminate or minimize *occupational exposure*. This will be maintained by the Director of Business Operations' designee. Furthermore,

input shall be solicited from non-managerial employees responsible for direct participant care who are potentially exposed to injuries from *contaminated* sharps in the identification, evaluation and selection of effective *engineering* and *work practice controls* and shall document the solicitation in the Exposure Control Plan. For purposes of CCDD this will be achieved per monthly review by each facility's Safety Committee in addition to input at annual training to employees via evaluation in coordination with the Director of Operations/designee.

## **Appendix A**

### **Definitions**

(See CCDD Exposure Control Plan)

**Blood:** Means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens:** Means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated:** Means the presence or the reasonably anticipated presence of blood or other potentially infectious materials or may contain sharps.

**Contaminated Laundry:** Means Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps:** Means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

**Decontamination:** Means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Engineering Controls:** Mean controls (i.e. sharps containers, needle less systems, etc) that isolate or remove the bloodborne pathogen hazard from the workplace.

**Exposure Incident:** Mean the specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Hand-washing Facilities:** Means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional:** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for post-exposure treatment, including vaccination, evaluation and follow-up.

**HBV:** Means hepatitis B virus.

**HIV:** Means human immunodeficiency virus.

**OSHA:** Occupational Safety and Health Administration.

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

**Other Potentially Infectious Materials:** Means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral:** Means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

**Personal Protective Equipment:** Specialized clothing or equipment worn by an employee for the protection against a hazard. General work clothes, (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

**Source Individual:** Means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital, clinic patients, and clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains and individuals who donate or sell blood or blood components.

**Sterilize:** Means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal/Standard Precautions:** An approach to infection control. The concept of- all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**Work Practice Controls:** Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles by a two-handed technique).

**Appendix B****Universal Blood and Body Substance Precautions**Department: Participant Care Activities

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand- Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Apply pressure to control bleeding	X	X	S	**	**
Apply topical ointment to lesion	I	I			
Burn dressing changes	I	I	S		
CPR	X	X	S	S	S
Clean up of incontinent patient-feces	I	I	S		
Clean up of incontinent patient-urine	I	I			
Cleaning surfaces contaminated by blood/body substance	I	I			
Cleaning up spills of blood, body substance	I	I			
Decubitus Care	I	I			
Direct contact with patients with frequent forceful coughing	I			I	
Dressing changes for wounds with large amount of drainage	I	I	S		
Emptying foley bag, urine receptacles bed pan, emesis basin	I	I			
Emptying wastebaskets	I	I			
Feeding patients	I				
Giving medications: oral, IM	I				
Inserting rectal suppository	I	I			
Oral suctioning, oral/nasal care	I	I			
Ostomy care, teaching, and irrigation	I	I	S		
Physical assessment	I				
Rectal temperature	I	S			
Routine Bath	I				
Routine dressing changes and wound care	I	I			
Shaving	I				
Trach care	I	I			
Tube Feeding	I				
Vital signs – oral temperature, pulse, respiration, blood pressure	I				
Washing hair	I				

Department: Dressing Team

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand- Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Ostomy care, teaching, and irrigation	I	I	S		
Routine dressing changes and wound care	I	I			
Trach care	I	I			

Department: Transportation

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand- Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Refer to Client/Student Care Activities for further procedures/precautions					
Transportation of Clients A: If unanticipated exposure occurs, wash hands as soon as possible.	X				
Handling of soiled equipment	X	X			

Department: Housekeeping

Precautionary measures in addition to hand washing after client contact.

1. Routine cleaning of changing room/areas
  - a. All rooms will be cleaned in the same manner.
  - b. Gloves are to be routinely worn for all toilet rooms.
  
2. Cafeteria cleaning will be the same as routine cleaning.
  - a. Walls only require washing if visibly soiled.
  - b. Curtains only require washing if visibly soiled.
  
3. Trash from Toilet Rooms.
  - a. All client trash will be considered contaminated.
  - b. If strength of impervious trash bag is more than 2 ml, single bagging is adequate.
  - c. If strength of bag is less than 2 ml, double-bagging will be necessary to avoid easy tearing or rupture of the bag.
  - d. Contents of trashcan should not be removed by hand, but entire bag containing trash will be discarded.

Department: Laundry/Linen Service

Precautionary measures in addition to hand washing after patient contact.

1. All used linens should be placed in a moisture resistant barrier bag prior to transport to the laundry.
2. If the linens are not placed in individual bags, a covered linen hamper should be used.
3. Ideally, linens should not be presorted prior to washing.
4. If presorting must be done, gloves should be worn by the sorting personnel.

Department: Respiratory

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Sputum induction	I	I		I	I
Care of patient with frequent, forceful cough	I			I	**

Department: Dietary

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Handling dirty dishes	I	I			

Department: Emergency Care Services

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
All trauma alerts with contact with extensive wounds or uncontrolled loss of blood/body substance.	I	I	I	I	I
All trauma alerts without contact with extensive wounds or uncontrolled loss of blood/body substance.	I				
Simple lacerations	I	I			
Extensive lacerations	I	I	S		
Contact with urine, stool, emesis	I	I			
Induced vomiting	I	I	S	**	**

Department: Incontinent Care

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Changing all diapers					
Emptying potty chairs					
Cleaning bloody drainage/emesis					
Pressure for bloody noses					
Care of patient with frequent, forceful cough					

Department: Dental

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Touching blood, saliva, mucous membrane					
Touching blood soiled items, body fluids					
Cleaning surfaces contaminated by blood/body					
Examining all oral lesions					
When splattering or splashing of blood or other body fluids is likely					

Department: Speech Therapy

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Oral peripheral exam performed with hand					
Oral peripheral exam performed with tongue blade					
Handling patient dentures					
Direct contact with patients with swallowing problems, excessive saliva					
Lesion or tracheostomy contact					

Department: Security

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Contact with patient's blood/body fluids			S		
Physical restraint					

Department: Clinics/Family Practice

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
IV's/drawing blood					
Routine dressing changes and wound care		S			
Accu-check					
IM injections					

Department: Maintenance/Engineering

Listed below are the minimum requirements recommended during controlled situations, to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

<b>Legend: I = Routinely S = If soiling likely ** = If splattering likely</b>	<b>Hand-Washing</b>	<b>Gloves</b>	<b>Gown/ Vinyl Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Working on equipment designed to handle blood or contaminated with blood/body substances				**	**
Plumbing repair					