



City of Concord's
Safety Manual



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Introduction

Safety is a concept that is universal to both our work and private lives. Accident prevention has become an issue for everyone...laws require the use of seatbelts in recognition of the fact that they save lives...motorcyclists must wear helmets to prevent injury...drunk driving laws have become more and more restrictive to provide safer roads for us all. Standards are higher than they have ever been related to **safety**, and the standards in the workplace are no exception.

Public agencies in particular are looked upon to set the example for providing a safe working environment. The working environment of the employee is often the service environment for the citizen, an additional element to be considered.

From a customer perspective, a **safety** program must be designed to eliminate hazardous mechanical and physical conditions present in City facilities. As an employee, we must each place emphasis on instilling "awareness" of our physical environment through education and training. Awareness leads to elimination of **safety** hazards.

An effective **safety** program minimizes accident frequency and severity and the resulting human suffering as well as curtailing the expenditure of public funds and lost productivity. Only when the City has reached a zero-accident rate can our program be considered a success.

All injuries are preventable. The goal of zero accidents is realistic, not just theoretical. Supervisors and managers having primary responsibility for the well-being of their employees shall accept fully this principle. Management, from first line supervisor to the City Manager, has the responsibility for preventing injuries. All share equally in this responsibility.

It is possible to safeguard against all operating exposures which may result in injuries. Preferably, the source of danger should be eliminated. But, where this isn't possible, protective measures must be taken such as machine guarding, safety devices, personal protective equipment, physical fitness, and administrative actions.

All City employees must be trained to work safely and to understand that it is to their advantage, as well as the City's, to work safely. Management is responsible for the adequate safety training and education of employees. All employees must, however, be convinced they are responsible for working safely and in doing so, both the City and themselves benefit.

Safety is good business from both an efficiency and economic standpoint. Injuries are not only painful, but cost significant amounts of time, money and energy, thus reducing the quality of life for the employee while decreasing the City's ability to provide services.

A balanced Safety Program is one that encompasses all the essential elements listed in this manual. The remainder of the manual outlines these essential elements and the part each of them plays in the over all Safety Program.

Safety Starts With You!

1.0 Safety Administration

It is the City's policy that all employees are entitled to a safe workplace. The City believes that properly informed and trained employees will be safe employees. The City encourages employees to be involved in improving workplace safety.

Good health and safety practices are the responsibilities of each employee. Each employee should be clear about what these responsibilities are in order to provide a safe work environment. An employee's specific responsibilities depend on his/her job as described below.

1.1 Department Heads

Department Heads are expected to breathe life into their safety programs. Safety goals should be communicated to staff on a continuous basis. Safety performance should be monitored and evaluated regularly. Supervisors should be given feedback regarding accident statistics. Department Heads should also review all accident reports within their department to gain a thorough understanding of how an accident occurred and identify trends. Training should be supported in all areas of safety. Just as the Department Head is responsible for overall program management, he/she has ultimate responsibility for their employees' health and safety. All achievement plans shall include safety within them.

Each Department Head will be accountable for:

- **Appointing a Safety Representative and Alternate**
An advocate of safety should be selected to represent the department on matters regarding employee safety. The Safety Rep will attend the Employee Safety Committee meetings and report back what was discussed. This person acts as the internal administrator for the department's program and will assist in setting up a safety committee, ensure training preparation and documentation is completed and forwarded to the Human Resources Department, review and investigate accidents, etc.

- **Determining Internal Training Needs**
Department Heads are ultimately responsible for the training of staff. With the assistance of supervisory staff, Safety Representative, and Departmental Safety Committee, training requirements must be determined and a plan implemented to meet the variety of training requirements necessary to comply with the law as well as provide a safer work place. Training should be targeted, based on injury trends, to comply with Federal, State, and local directives. Each employee should have a training plan that includes those hazards specific to his/her job. This manual should include appropriate information and an annual schedule of training (see Section 2.1). Beyond formal training, tailgate training sessions should be held on an on-going basis. All training must be documented and copies of documentation forwarded to the Human Resources Department.

- **Communicating Safety Goals**
Division heads and supervisors should know quite clearly what the goals of the safety program in the department are. Department Heads must communicate these goals on a regular basis at staff meetings, safety meetings, tailgate meetings, etc. All employees need to hear about the safety program from top management on a regular basis.

- **Reviewing all Injury/Illness and Accident Reports**

Every injury is documented several ways. It is mandatory there be an Employee's Report of Occupational Injury/Illness completed, as well as the Supervisor's Report of Occupational Injury/Illness. The Department Head must review the Supervisor's Reports to better understand the nature of the incident and then address the causes of the accident/illness. **ALL** accidents are preventable, and reports should be reviewed with that concept in mind. All Supervisor's reports are reviewed monthly by the City-wide Employee Safety Committee.
- **Making Safety a Topic at all Staff Meetings**

Safety cannot be discussed too much! Safety should be a regular topic at every meeting with staff. This not only shows employees the priority placed on safety, but keeps it fresh in everyone's minds, which is the first step in accident prevention. Need ideas for topics? Ask your Safety Representative about what's available. Also, check with the Human Resources Department, which has a video library, articles, and access to other safety related information.
- **Reviewing Injury/Illness Statistical Information**

The Human Resources Department can provide a variety of statistical reports to illustrate the types of injuries, injury severity, costs, lost time and similar information. This information is critical to the evaluation of injury trends, both within a department and City-wide. All Department Heads should be familiar with the types of injuries occurring within their department and tailor training towards those areas to help prevent future injuries.

1.2 Safety Coordinator

The Safety Coordinator is an advisory position and is responsible for: the development and distribution of a comprehensive Safety Program for all City of Concord employees; the development and implementation of policies and procedures; establishing reporting requirements and documents; preparation of various management reports to analyze Safety Program effectiveness; preparation of program recommendations, and other administrative support functions. The Coordinator has no line authority related to the Safety Program. The Safety Program is a responsibility of each of us and is not centralized in one person or department within the City. The Safety Coordinator will be held accountable for:

- **Establishing a Training Program**

The Coordinator will help departments maintain an annual occupational health and safety training program designed to instruct employees in general safe and healthy work practices. Technical training programs should be devised by each department, and the Coordinator may have access to resources to assist departments in the design and implementation of comprehensive training programs.

- ❑ **Implementing Inspections**
Working with the Employee Safety Committee, the Coordinator will implement periodic safety inspections to identify unsafe conditions and work practices.
- ❑ **Program Evaluation**
The Coordinator will review injury and illness data, accident reports, workers' compensation claims and other available information to evaluate the safety program's overall effectiveness. The Coordinator will also make recommendations as to program enhancements and provide periodic reports on program efforts.
- ❑ **Wellness Programs**
Wellness programming needs to work in concert with safety initiatives. Recognizing this, the Coordinator shall be the City's overall Wellness Program Coordinator.

1.3 Supervisors/Team Leaders

Supervisors and team leaders are the life blood of Safety Program administration. Every supervisor and team leader must ensure job sites and work practices are regularly reviewed for the identification and control of hazards. Identified hazards should be eliminated to the extent possible, and otherwise controlled to avoid accidents. Formal job safety procedures should be developed and comprehensive training on equipment and practices provided. Supervisors and team leaders must provide leadership and set a personal example with respect to safety. Accidents that do occur should be thoroughly investigated and causes determined to prevent similar situations.

Supervisors and team leaders shall:

- ❑ Ensure job sites and work practices are regularly reviewed for the purpose of identifying and controlling potential hazards.
- ❑ Ensure identified hazards are eliminated or controlled, using appropriate techniques, that those at risk are notified immediately and that outside assistance be sought when necessary to remove or control a hazard.
- ❑ Develop formal safety procedures for each position, working closely with employees to identify hazardous operations and how to reduce the risks involved in the work. These procedures shall be included in the employee's safety manual (see Section 6).
- ❑ Provide leadership and set a personal example regarding safety. Compliance will be monitored by supervisors and corrective actions taken, including disciplinary action, for non-compliance with job safety procedures.
- ❑ Carry on an ongoing, job specific training program as well as general safety training. "Tailgate" safety training should be practiced on an on-going basis and documented appropriately.
- ❑ Investigate and report on all injuries/accidents to higher levels.
- ❑ Attend departmental safety meetings regularly and Employee Health and Safety Committee meetings as required.
- ❑ Have their safety performance evaluated by their supervisor on a regular basis. This information will be included in regular performance evaluations and manager achievement plans.
- ❑ Develop departmental training plans and equipment certification procedures.

1.4 Employees

Employees are responsible for learning to perform their jobs to prescribed standards while complying with all of the related safety rules and work practices. Employees are often in the best position to identify hazards, as well as come up with ideas on how to reduce the hazards; they have the responsibility to do so. All injuries and accidents must be reported immediately.

Every employee of the City of Concord is responsible for:

- ❑ Reviewing work sites and procedures for the purpose of identifying potential hazards and either eliminate them or report them to their immediate supervisor
- ❑ Reporting all injuries and accidents to the appropriate authorities
- ❑ Assisting in the development of job specific safety standards
- ❑ Performing work in accordance with established job safety procedures
- ❑ Utilizing all available Personal Protective Equipment in accordance with proper work procedures
- ❑ Actively participating in all safety training provided
- ❑ Asking questions when uncertain about the safe way to perform an assignment or operate equipment, and in no event, operate hazardous equipment or operate equipment which constitutes a hazard
- ❑ Review their safety manuals on a monthly basis and keep updated as materials are received on a regular basis

1.5 Departmental Safety and Training Representative

Appointed by the Department Head, this person acts as the department's safety coordinator, assisting in the development of training and inspection schedules, attending safety meetings, helping establish a departmental safety committee (as applicable) and working with the City-wide Safety Coordinator in developing various safety program initiatives.

Representatives will:

- ❑ Attend all Employee Safety Committee meetings
- ❑ Assist in the development of departmental and work unit training and inspection plans for the upcoming fiscal year, to be turned in to the Human Resources Department no later than June 1st of each year
- ❑ Assist supervisors with accident investigations, training and inspections
- ❑ Act as a promoter and focal point for the department's safety program
- ❑ Periodically review safety manuals to ensure they are updated
- ❑ Help supervisors develop an equipment certification program

There is a safe way to do every job - find it!

2.0 Safety Training

The purpose of safety training is to teach all levels of the organization the what, when, where, how and why of safety. It ensures the orientation of new employees and provides on-the-job training. It permits a continuous follow-up to ensure each employee is familiar with current safety standards and operational safety.

Effective safety training is one of the best means of preventing accidents. Therefore, training should be conducted on a continuous basis. New employees should receive a comprehensive safety orientation to their jobs and be checked out thoroughly prior to operating equipment or undertaking hazardous work processes.

General safety and hazardous substance information will be given on an ongoing basis. This training should include a review of applicable information on the Federal Hazard Communication Standard, Material Safety Data Sheets (MSDS) labeling program, as applicable.

The City will provide general safety training on a regular basis, but job and site specific training must be conducted continuously. All training is to be documented on the PER-23 Safety Meeting/Safety Training Log.

Each Department is responsible for designing and implementing function specific training schedules by work section. These schedules should be developed at the work section level and include all annual training requirements. Various resources are available to assist in developing a training schedule (see RESOURCES, Section 4.0). **All schedules must be submitted through the Department Head for review and approval and a copy sent to the Human Resources Department no later than June 1st for the following fiscal year. Training plans should also be included in the manager's achievement plans.**

2.1 Departmental Training Plan/Schedule

Each department must develop a schedule of training that ensures employees receive training in all areas of their jobs. Departments and work units are in the best position to develop meaningful training programs. An annual plan for training should be developed for the following fiscal year no later than June 1st of each year.

The training plan should include:

- ❑ **Topic.** The subject matter to be covered during the training.
- ❑ **Frequency.** How often the topic will be covered.
- ❑ **Schedule.** When the training will be conducted.
- ❑ **Resources.** The information/expertise needed to provide training.

Your departmental safety and training coordinator will be the lead person for the development of the plan, but he/she will certainly need each employee's assistance.

2.2 Departmental Equipment Certification Program

Each job has different types of equipment required to help task accomplishment. This ranges from computers to dump trucks.

Departments must certify employees are capable of safely operating equipment before letting them use that piece of equipment. This certification should be documented to show that the employee has been trained and certified to operate specific pieces of equipment. Each department, division and work unit should inventory their equipment, list equipment used in each job, develop a checklist of safe operating procedures, and certify the employee knows these procedures and puts them into practice. Anytime a new piece of equipment is added to the job, certification must be made. Employees should check with their supervisor to determine which equipment certification is needed for their specific job duties.

3.0 Safety Promotion and Education

Safety must become part of every working day. Such a level of awareness doesn't just "happen" but is brought about by keeping safety a constant topic of discussion. This can be accomplished in many ways, including the following:

- ❑ Encourage active interest and reporting of hazardous conditions by employees. Employees who recognize unsafe and hazardous conditions should be commended.
- ❑ Post all safety information distributed and add items of interest related to your particular work.
- ❑ Instill pride into your safety activities. Understand the importance of safety as a critical element of your job.
- ❑ Utilize the HEALTH AND SAFETY educational materials provided for training discussions.
- ❑ Place HEALTH AND SAFETY education materials and other promotional information in your binder behind this tab.
- ❑ Consider developing a Safety Incentive program in your work section or department.
- ❑ Support City-wide safety initiatives and training events.

**PLEASE FILE YOUR HEALTH AND SAFETY RELATED
EDUCATIONAL MATERIALS IN THIS SECTION.**

4.0 Training Resources

4.1 City of Concord Health and Safety Resource Library

The City of Concord has an extensive Health and Safety Resource Library that includes videos, books, booklets and training handouts. A complete listing of resources is available from the Human Resources Department or on the City's Intranet site at <http://concordnews/reference/ref-index.htm>.

5.0 Accident Investigation, Analysis and Reporting

OTHER PUBLICATIONS AT THE END OF THIS SECTION

Employee's Report of Injury/Illness (PER-34)
Supervisor's Report of Injury/Illness (PER-34.1)
State Worker's Compensation Claim form (DWC-1)

The cornerstone to accident prevention is gathering facts regarding an accident/injury and the study of those facts to determine the real causes of such accidents to help prevent similar incidents in the future. These activities must be performed for all accidents regardless of the severity of the injury or the dollar amount of a motor vehicle accident. Accident investigation and analysis performed correctly on minor accidents will often prevent a more serious accident from occurring.

Accidents are to be investigated and reported by the supervisor to whom the accident is first reported. The purpose of an investigation is to determine the cause of the accident. Investigations must be fact finding, not fault finding. Of course, where personal failure has caused the injury, you may be held accountable. However, the investigation itself should only be concerned with the facts and the consequences must not be considered. These investigations should be made at the accident scene whenever possible.

After the investigation has uncovered the cause of the accident, you can take corrective action to prevent similar accidents from occurring. Providing accurate information to whomever is investigating the accident is critical to preventing similar accidents/injuries to other employees. Investigations should be made promptly so information is fresh and evidence is still available.

Proper analysis of information can:

- Identify and locate principle sources of accidents
- Disclose the nature and size of the accident problem by department
- Pinpoint unsafe conditions so that corrective action can be taken
- Indicate unsafe acts and/or practices which need special attention
- Supply necessary information to conduct meaningful safety talks and training

All Supervisor's Reports of Injury and Hazard Reports are reviewed by the Employee Safety Committee on a monthly basis. This review will determine whether further investigation is warranted and whether action by the committee is needed to bring about accident prevention. Incomplete information may result in further investigation and referral to the appropriate department head.

5.1 Investigation—How To's

After any accident occurs, the supervisor, manager, and/or a safety committee member will investigate the injury. The purpose of the investigation is to provide information for determining the cause of the accident and what can be done to prevent a similar one from recurring.

During any investigation, remember that the objective is **FACT FINDING, NOT FAULT FINDING!**

In any investigation, the following information should be gathered:

- What was the injured person doing at the time of the injury/accident?
- What tools or equipment were involved?
- Where did the accident occur (location, area, or job site)?
- What was happening around the work area (external influences)?
- Did the injured person know what the hazard was?
- Was the injured person trained to do the job?
- What contributed to the accident, i.e. another work group, defective tools, etc.?
- Was more than one person involved? If so, who and how.
- Were there any witnesses. If so, who are they and what did they see?
- Was the accident preventable in your opinion?

Based on answers received during your investigation, make recommendations to prevent recurrence. Recommendations must be action oriented. "Being more careful" does not qualify as a correction of a hazard.

In order to perform a useful investigation, the investigator will have to interview witnesses. The investigating person will attempt to recreate the entire incident. The investigator needs to identify what was going on before and during the accident in order to prevent it from recurring.

The following guidelines will help the investigator conduct an investigation:

- Complete the investigation as soon after the incident as possible
- Photograph the area, tools, equipment and processes
- Interview all persons involved in the incident
 - Put each person at ease, make them as comfortable as possible
 - Don't place blame, get the facts
 - Interview separately so employees don't influence each other
 - Ask open ended questions, rather than "yes-no" questions
 - Let the witnesses know what is being done to help injured worker
 - Do not accept, deny, or promise anything...this is fact finding only

After ALL injury accidents, the forms listed below (inserts at the end of this section) must be completed:

- Employee's Report of Injury/Illness (PER-34)
- Supervisor's Report of Injury/Illness (PER-34.1)
- State Workers' Compensation Claim form (DWC-1, if seen by doctor or loses time from work)

After asking the injured employee and witnesses to describe what happened in regards to the particular accident, review the following questions to be sure everything has been covered. Ask additional questions to the employee and witnesses if the information is not already obtained.

Repeat questions if you need to qualify any of the answers you have already been given. If the answers to these questions indicate an apparent lack of safety preparedness, follow-up on those points to ensure accuracy of the answers.

Accident investigations are completed to get to the root cause of the accident, not to place blame. Facts are facts...information must flow freely to protect each and every employee from similar accidents.

- ❑ Were there adequate procedures for the employee to follow?
- ❑ Are procedures enforced?
- ❑ If there are adequate procedures, was training received/given?
- ❑ Did peer pressure have anything to do with the unsafe activity?
- ❑ Was a hazard involved in the accident?
- ❑ If so, had the hazard been previously identified?
- ❑ What had been done to correct the hazard?
- ❑ Had there been any other similar accidents or close calls?
- ❑ Was housekeeping in the area around the accident a problem?
- ❑ Were there any unusual circumstances at the time of the accident (weather, etc.)?
- ❑ Was proper equipment available for the job? If so, was the equipment used properly?
- ❑ Was training given/received on the equipment?
- ❑ Was personal protective equipment used properly?
- ❑ Had management and supervisors emphasized the expectations for safe work?

How can the accident be prevented in the future?

5.2 Medical Service Locations for Injured Employees

- ❑ Medical treatment for injured employees will be referred to:

Muir/Diablo Occupational Medicine	Hours: Weekdays	8:00 a.m. – 7:00 p.m.
2231 Galaxy Court	Saturday:	9:00 a.m. – 3:00 p.m.
Concord, California	Sunday:	Closed
(925) 685-7744	Holidays:	Closed

For after hours treatment or if an injury requires extensive medical treatment, i.e., hospitalization or surgery, employees may be seen at:

Mt. Diablo Medical Center Emergency Room
 2425 East Street
 Concord, California
 (925) 674-2333

- ❑ Employees who have a Designation of Personal Physician form on file in the Human Resources Department, **prior to the injury**, may be treated by their own doctor. Employees who self-procure treatment from non-designated medical providers may be responsible for payment of expenses incurred.
- ❑ Please notify Human Resources at 671-3431 or 671-3346 of any work related injuries needing medical attention so that authorization may be given for treatment.



CITY OF CONCORD
EMPLOYEE'S REPORT OF OCCUPATIONAL INJURY/ILLNESS

Instructions: This report is to be completed by the employee within 24 hours of the accident or diagnosis of illness. If the employee is unable to complete the report, the employee's supervisor shall complete the report on his/her behalf, obtaining the information from the employee. The original of the report shall be sent to the Human Resources Office (MS/30) **immediately** and a copy is to be retained by the supervisor for review and investigation of the incident.

PLEASE ATTACH ADDITIONAL SHEETS OF PAPER IF MORE SPACE IS NEEDED.

EMPLOYEE					
EMPLOYEE NAME (Last, First)		DEPARTMENT		JOB CLASSIFICATION	
NORMAL WORK SCHEDULE (CHECK NORMAL WORK DAYS) S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		NORMAL WORK HOURS FROM TO		IF PART-TIME, SHOW AVERAGE NUMBER OF HOURS WORKED PER WEEK	
DATE AND TIME OF VISIT TO DOCTOR OR MEDICAL FACILITY			NAME OF DOCTOR OR MEDICAL FACILITY		
WERE YOU HOSPITALIZED (INPATIENT)? <input type="checkbox"/> YES <input type="checkbox"/> NO		Please request form from doctor at each visit which outlines return to work date and/or work restrictions if applicable. Copies of this slip should be given to your supervisor and Human Resources as soon as possible.		IF SO, NAME OF HOSPITAL	
INCIDENT					
DATE		DAY OF WEEK		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
TIME EMPLOYEE BEGAN WORK		LOCATION			
		WITNESSES			
INJURY					
NATURE OF INJURY <input type="checkbox"/> Amputation <input type="checkbox"/> Burn/scald (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion <input type="checkbox"/> Crushing injury <input type="checkbox"/> Cut/laceration/puncture/abrasion Description of Injury:			PART OF BODY <input type="checkbox"/> Head, face, neck <input type="checkbox"/> Eyes <input type="checkbox"/> Back <input type="checkbox"/> Internal <input type="checkbox"/> Trunk (except back) <input type="checkbox"/> Arm <input type="checkbox"/> Hand/wrist <input type="checkbox"/> Knee		
<input type="checkbox"/> Fracture <input type="checkbox"/> Hernia <input type="checkbox"/> Bruise/contusion <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Other (describe)			<input type="checkbox"/> Fingers <input type="checkbox"/> Feet <input type="checkbox"/> Ankle <input type="checkbox"/> Toe <input type="checkbox"/> Other (describe)		
EXPLAIN IN DETAIL HOW YOU BELIEVE THE ACCIDENT OCCURRED					
ILLNESS					
NATURE OF ILLNESS					
<input type="checkbox"/> Respiratory (including Tuberculosis and Meningitis) <input type="checkbox"/> Internal infection (including AIDS virus and Hepatitis) <input type="checkbox"/> Skin disease <input type="checkbox"/> Poisoning (toxic materials)			<input type="checkbox"/> Disorder due to non-toxic condition, material or substance (e.g., sunburn, welding flash, temperature) <input type="checkbox"/> Emotional <input type="checkbox"/> Cardiovascular		
EXPLAIN HOW YOU BELIEVE THIS ILLNESS IS RELATED TO YOUR EMPLOYMENT					
DATE OF DIAGNOSIS					
WORK STATUS					
<input type="checkbox"/> Returned to work same day as incident <input type="checkbox"/> Returned to work on: <input type="checkbox"/> Have not returned but expect to return on:			If applicable, first day of work lost due to injury/illness: Work capacity: <input type="checkbox"/> Full Duty <input type="checkbox"/> Modified Duty Work capacity: <input type="checkbox"/> Full Duty <input type="checkbox"/> Modified Duty		
EMPLOYEE'S SIGNATURE		DATE		SUPERVISOR'S SIGNATURE	
				DATE	



**EMPLOYEE'S CLAIM FOR
WORKERS' COMPENSATION BENEFITS**

If you are injured or become ill because of your job, you may be entitled to worker's compensation benefits.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

**PETICION DEL EMPLEADO PARA BENEFICIOS
DE COMPENSACIÓN DEL TRABAJADOR**

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud tiene derecho a recibir beneficios de compensación al trabajador.

Complete la sección "**Empleado**" y entregue la forma a su empleador. Quédese con la copia designada "**Recibo Temporal del Empleado**" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la Division de Compensación al Trabajador llamando al 1-800-736-7401. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiend los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o causa que se produzca cualquier declaración material or representación falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee: Empleado:

1. Name. *Nombre* _____ Today's Date. *Fecha de Hoy* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal* _____
4. Date of Injury. *Fecha de la lesión(accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar donde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

**Employer ---- complete this section and give the employee a copy immediately as a receipt.
Empleador -- complete esta sección y déle inmediatamente una copia al empleado como recibo.**

9. Name of employer. *Nombre del empleador.* City of Concord
10. Address. *Dirección.* 1950 Parkside Drive, Concord, CA 94519
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date employer provided claim form to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employee returned claim form to employer. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* Claims Management Inc., PO Box 3042, Sacramento, CA 95812-3042
15. Insurance Policy Number. *El número de la póliza del Seguro.* Self Insured
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

WORKERS' COMPENSATION BENEFITS

Medical Care. All medical care for your work injury or illness will be paid for by your employer or employer's insurance company. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your employer or employer's insurance company will pay the cost directly so you should never see a bill.

Payment for Lost Wages. If you can't work because of a job injury or illness, you will receive "temporary disability" benefit payments. The payments will stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized or cannot work for more than 14 days.

Payment for Permanent Disability. If the injury or illness results in a permanent disability, permanent disability benefit payments will be paid after recovery. The amount of benefits will depend on the type of injury, and your age and occupation.

Rehabilitation. If the injury or illness prevents you from returning to the same type of job, you may qualify for "vocational rehabilitation benefits". These benefits include services to help you get back to work. If you qualify for vocational rehabilitation the costs will be paid by your employer or employer's insurance company, up to a maximum set by law.

Death Benefits. If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the worker.

Disclosure of Medical Records. After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that people usually expect for medical records. Records of all medical treatment you have received, even for injuries or illnesses that are not caused by your work, may be read by a variety of people. If you do not agree to voluntarily release medical records, they can be "subpoenaed" and ordered to be released. A workers' compensation judge may "seal" (keep private) certain medical records if the worker requests privacy.

For More Information. If you need help filling out this form, or if you have questions about workers' compensation benefits, please call an Information and Assistance Officer in the local office of the Division of Workers' Compensation. You may hearrecorded information and a list of local offices by calling this toll free number: 1-800-736-7401. This is a free service of the State of California. You may also consult an attorney.

BENEFICIOS DE COMPENSACIÓN AL TRABAJADOR

Cuidado Médico. Todo el cuidado médico por su lesión o enfermedad causada en el trabajo será pagado por su empleador/patrón o su compañía de seguros. Los beneficios médicos pueden incluir tratamiento por un doctor, servicios de hospital, fisioterapia, análisis de laboratorio, rayos-x, y medicamentos. Su empleador o la compañía de seguros de su empleador pagará directamente el costo, así Ud. nunca tendrá que ver una cuenta.

Pago por Pérdida de Sueldos. Si Ud. no puede trabajar debido a una enfermedad or lesión causada en el trabajo, Ud. recibirá pagos de beneficio de "incapacidad temporal". Los pagos se detendrán cuando su médico indique que Ud. puede volver a su trabajo. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos-tercios del promedio de su pago semanal, hasta un máximo asignado por la ley del estado. No se efectúa pago por los tres primeros días que Ud. esta incapacitado a menos que Ud. este hospitalizado o no pueda trabajar por mas de 14 días.

Pagos por Incapacidad Premanente. Si los resultados de la lesión o enfermedad producen un impedimento o incapacidad permanente, se efectuarán pagos de incapacidad permanente después de la recuperación

Rehabilitación. Si la lesión o enfermedad le impide a Ud. volver al mismo trabajo, puede ser que Ud. califique para los "beneficios de rehabilitación vocacional". Estos beneficios incluyen servicios para ayudarlo a que Ud. vuelva a trabajar. Si Ud. Califica para rehabilitación vocacional, los costos serán pagados pos su empleador o su copañia de seguros, hasta un máximo asignado por la ley del estado.

Beneficios de Muerte. Si la lesión o enfermedad resulta en muerte, los pagos pueden ser efectuados a parientes o a miembros de la familia quienes dependen financieramente del trabajador.

Revelación de Expedientes Médicos. Después de que Ud. Efectúa un reclamo para beneficios de compensación del trabajador sus expedientes médicos no tendrán la misma privacidad que la gente por lo general espera de los expedientes médicos. Un expediente de todos los tratamientos médicos que Ud. hayan recibido, inclusive de lesiones o enfermedades que no hayan sido causadas por su trabajo, pueden ser leídos por distintas personas. Si Ud. no esta de acuerdo a entregar voluntariamente los archivos médicos, pueden ser ordenados en un "comparendo" (orden judicial) y que ordenan su entrega. Un juez de compensaciones al trabajador, puede "cerrar" (mantenidos en privado) ciertos expedientes médicos si el trabajador solicita privacidad.

Información y Asistencia. Si Ud. necesita ayuda para completar esta forma, o si Ud. tiene preguntas relacionadas con sus beneficios, por favor póngase en contacto con un Oficial de Información y Asistencia en la oficina local de la División de Compensación al Trajabador. Ud. puede escuchar información grabada y una lista de las oficinas locales llamando gratis al número: 1-800-736-7401 Este es un servicio gratis del Estado de California. Ud. también puede consultar a un abogado.

State law requires that the *Employee's Claim for Workers' Compensation Benefits* form (DWC Form 1) be given to the employee **within one working day** of notice of injury. This does not include minor injuries such as first aid unless the employee requests the form. State law does not require the employee to complete the form. It is the employee's right to choose not to do so. Returning the form provides certain legal rights with Workers' Compensation. If the employee chooses not to return the form, he/she will still be eligible for Workers' Compensation benefits.

Step 1: The employer representative should complete the following:

Employee Section

Line 1 (Employee Name)

Employer Section

Line 11 (Date employer first knew of injury)

Line 12 (Date claim form provided to employee) – Obtain employee's initials acknowledging receipt of form. If you cannot personally provide the form to the employee, follow step one and send it by first class mail to the employee's home address. On line 12, write the date sent and "mailed."

Step 2: Make two photocopies of the form. Keep one copy for the Department's records and send the other copy (or, you may fax a copy) to Human Resources (671-3496). Give the original to the employee.

Step 3: The employee should complete the following:

Employee Section

Line 1 (Today's Date) through Line 8

IF THE EMPLOYEE COMPLETES AND RETURNS THE FORM:

Step 4: The employer representative should complete the following:

Employer Section

Lines 13 through 18.

Step 5: Make two photocopies of the form. Keep one copy for the Department's records and provide the other copy to the employee. Send the original form to Human Resources, M/S 30, along with the Employer's Report of Occupational Illness or Injury. Follow up by completing the Supervisor's Follow-up Analysis of Injury/Illness.

If you need assistance completing this form, please call Human Resources at (925) 671-3431.

6.0 City-Wide Safety Rules

Safety rules have been developed from experience: experience that may have cost a life, disfigurement, or loss of function. Safety Rules have been developed in order to prevent similar accidents and injuries from occurring. Training should be conducted on a regular basis covering these rules. What follows are general safety rules...more specific rules which apply to your operations developed by your department are included after this section.

Employees are encouraged to make suggestions for changes to these rules. Any suggestions should be made to either a supervisor or a member of the Employee Safety Committee. These suggestions will be reviewed by the appropriate committee and included as approved. If changes are made, all employees will receive training on those changes.

6.1 General Rules

- ❑ Any injury, no matter how slight, shall be reported at once to a supervisor (see Section 5, Accident Investigation).
- ❑ Any vehicle accident, regardless of the extent of injury or damage to the vehicle(s) must be reported immediately (See Section 9, Motor Vehicle Safety).
- ❑ Damage to any City property must be reported to a supervisor immediately.
- ❑ Any unsafe condition or practice shall be reported at once to a supervisor.
- ❑ Work areas shall be maintained in a clean, orderly manner.
 - ❑ Housekeeping practices shall be the responsibility of all employees.
 - ❑ Debris and litter shall be placed in appropriate waste receptacles.
 - ❑ Waste receptacles will be kept in convenient locations, but out of the way of foot traffic.
 - ❑ Broken glass, pins, or other sharp objects should be wrapped and marked for the custodial staff.
 - ❑ Trash build up is a bad housekeeping practice and a violation of fire codes. Always empty trash before receptacles overflow.
 - ❑ Work areas must be kept free of tripping, slipping and obstruction hazards.
 - ❑ Storage areas must be kept orderly and materials securely piled or stacked with heavier items on lower shelves.
 - ❑ "Horseplay" is prohibited.
 - ❑ Barriers, warnings, or signs shall be installed whenever temporary or permanent uncorrectable hazards exist. Employees shall follow such posted instructions.

6.1.1 Moving and Lifting

Statistics show that more than 25% of occupational injuries can be attributed to the handling of materials (lifting, pushing, etc.). The most common injuries are overexertion or muscle strain, but injuries may also come from dropping objects on feet or hands, getting hands, arms, or legs caught between objects, and striking other persons or objects.

- ❑ Before moving any objects, size up the load. Be aware of your capacity--strength, grip, reach, height. Any load near your capacity, or one that is awkward because of shape or weight distribution may require assistance. **IF IN DOUBT, GET HELP!**
- ❑ Consider available mechanical aids, such as hand trucks, dollies, rollers, carts, hoists, cranes, jacks, fork lifts, etc.

- ❑ If mechanical aids are unavailable, use helpers. Teamwork is essential in moving objects...coordinate and communicate! One person should be designated to call signals, i.e. when to lift, direction of movement, etc.
- ❑ When handling materials:
 - ❑ Move smoothly. Jerking greatly increases the stress on the body and potential for mishaps.
 - ❑ Make sure you have a good grip on the object, preferably with two hands.
 - ❑ Watch your step and be sure of your footing.
 - ❑ Watch clearances in every direction.
 - ❑ Make certain you have on suitable shoes/boots.
 - ❑ Avoid bending, twisting, or leaning when lifting or carrying. Keep the load as close to your body as possible.

6.1.2 Tool Safety: Working Safely With Power Tools

As every worker knows, power tools are great time and work savers. But they pack a double whammy if used in an unsafe way. The tool can hurt you, and then the electricity that powers the tool can add to the injury. And because the tools are so powerful, the injuries tend to be severe.

Not only rookies get hurt. Experienced workers who think they've mastered a machine can get careless and experience an injury. You do have the power to protect yourself, though. Here's how:

General Rules...all power tools

- ❑ Keep work area clean, well lit and dry. Sawdust, paper and oily rags are a fire hazard and can damage the tool.
- ❑ Keep tools sharp, well-oiled and stored in a safe, dry place.
- ❑ Regularly inspect tools and cords. Do NOT try to service the tool unless you're trained. A fire or injury could result.
- ❑ Choose tools with safety equipment, including 3-prong plugs, double insulation, and safety switches.
- ❑ Make sure machine guards are in place! Use safety glasses, ear plugs, and masks when called for.
- ❑ Never wear clothing or jewelry that could get tangled in the machines.
- ❑ Never carry a tool by its cord. Keep all cords clean and free from kinks.
- ❑ Size the tool to the job. Never force a small tool to do a big job.

Grounding is Important!

The ground wire on a power tool carries stray electricity away from your body. This could prevent a major shock. Make sure the whole system is grounded and all connections are tight.

Portable Power Tools

Here are the safety rules for the most often used portable power tools:

Circular saws, saber saws, and chainsaws

- ❑ Before cutting, check the material for nails or other objects.
- ❑ Inspect the blade regularly (Be sure the tool is unplugged first). Don't use dull or loose blades. Be sure blade guards are in place.
- ❑ Don't overload the motor by pushing too hard or cutting material that is too heavy.
- ❑ Be sure you have firm footing and balance. A fall with a power saw can be deadly!
- ❑ Stay alert! Saws are noisy and the sound may drown out warning shouts or instructions.

Drills

- ❑ Use the proper drill bit and be sure the material is clamped or secured before drilling.
- ❑ Don't force the drill or lean on it with all your strength. It could slip if pushed too hard.
- ❑ Always remove the bit when you're done.

Routers

- ❑ Never start the router with the bit touching the work.
- ❑ Hold firmly, especially when starting.
- ❑ Turn off the motor before lifting the tool from the work.

Grinding Wheels

- ❑ Keep guards in place and wear eye, nose, and face protection.
- ❑ Before use, be sure wheels are firmly held on the spindles and the work rests are tight.
- ❑ Stand to one side while starting the motor, and until it's up to regular speed. A faulty wheel can break apart.
- ❑ Use light pressure at first. Too much pressure on a cold wheel can cause failure.

Sanders

- ❑ Keep the cord away from the moving belt.
- ❑ Hold the sander when you plug it in. Work it with both hands.
- ❑ Clean dust & chips from the motor and vent holes regularly and oil when needed.

Other Common Portable Tools:

Impact Wrenches - These use electricity or air pressure to deliver a powerful, hammerlike blow for loosening or tightening bolts. Don't use standard hand sockets or drivers with an impact tool; they can't take the blows. Don't force the wrench to do a bigger job than it's made for and don't reverse direction or rotation while the trigger is pulled.

Soldering Irons or "guns" - Always treat as if dangerously hot! Rest it on its rack or a metal surface. Never swing an iron to remove solder. Use pliers to hold small jobs, don't use your hands. Store the tool in its proper place.

Propane and Gas Torches - Never use a flame to test for leaks! Store and use only in well vented areas. Avoid breathing the fumes torches produce.

Glue Guns - Avoid contact with the hot nozzle or the glue, which may be as hot as 450°

6.1.3 Office Safety

Most employees forget that offices can be hazardous, but many of our most expensive claims arise from office injuries. Office workers and those who frequently visit office spaces must be aware hazards do exist even in these seemingly safe areas. Good housekeeping is an essential important element of accident prevention in offices. You are responsible for maintaining your work area in a clean and uncluttered manner.

- ❑ Office equipment should be placed only on solid surfaces and away from edges.
- ❑ Desks, file cabinets and other equipment should be arranged based on efficiency, convenience, and SAFETY.
- ❑ Heavy equipment and files should be placed against walls or columns and bolted in place if unstable.
- ❑ Desk and file drawers should have safety stops so they do not come out unexpectedly.
- ❑ Handling of materials (lifting and carrying), slips, falls, and dropped objects cause most office injuries.
- ❑ Don't open more than one drawer of one file cabinet at a time. Drawers are to be closed after items have been retrieved. **DO NOT LEAVE FILE OR DESK DRAWERS OPEN.**
- ❑ Passageways should be free and clear of obstructions.
- ❑ Damaged chairs can be especially hazardous. Notify your supervisor if there is damaged equipment in your work area.
- ❑ Use a step stool or ladder to reach high objects. Never climb on chairs or tables.

(See General Rules, 6.1, and Moving & Lifting, 6.1.1, for more information).

6.1.4 Fire Prevention

Every employee in the City is responsible for fire prevention. Preventing fire saves loss of property, injuries, and possibly life. Prevention centers around the control of the elements of heat, fuel, oxygen, and their resulting chain reaction.

Heat is the most common cause of fires. Common sources of heat are:

- ❑ Electricity - sparks, shorts, overloads
- ❑ Smoking - improper disposal of cigarettes
- ❑ Friction - bearings, machine parts, motors
- ❑ Hot materials/surfaces - light bulbs, driers, ducts, abnormal temps
- ❑ Burner flames - incinerators, torches
- ❑ Welding/cutting
- ❑ Spontaneous ignition - oily rags
- ❑ Mechanical or static sparks - spontaneous or from impact
- ❑ Lightning

Some basic rules should be followed in order to prevent fires:

- ❑ **Clean the clutter:** Fire feeds on junk...scraps materials, grease, oily rags. And clutter can trip you up in trying to escape a burning room. Clean up your workplace.
- ❑ **Handle flammables safely:** Solvents, fuels, cleaners...all burn when lit. They also give off dangerous vapors, that build at floor level all over the area. One spark from a hand tool, or a tossed cigarette and a fire has started.

Fire Prevention: Learn Not to Burn!

“Fire!” Even the sound of the word is frightening in a busy workplace. It should be! Today's jobsites are complex places, full of helpful chemicals that also can start or feed a fire, and common packing materials, such as plastic, foam blocks, cardboard or excelsior, that burn and may also give off deadly fumes. For these reasons, the best defense against fire is to keep it from starting in the first place.

If you handle flammables in drums, follow these tips:

- ❑ Use flammables as little as possible
- ❑ Transfer from larger containers into safety cans only
- ❑ Store in a safety cabinet
- ❑ When a drum is unloaded, remove the bung cap and screw in a drum vent.
- ❑ Connect the drums to a grounding system to cut static buildup

Be familiar with the City's fire prevention plan, location of alarms and fire extinguishers, and whom to call in emergencies.

The Four Types of Fire: Suppose, with all you've done, fire still breaks out. Here are the four classes of fire set up by the National Fire Protection Association (NFPA). . .and how to fight them.

<u>FIRE TYPE</u>	<u>MATERIALS</u>
A	Wood, paper; cloth, rubber, plastic (Most fires are Type A)
B	Flammable liquids such as gasoline, greases, paints, solvents
C	Electrical fires
D	Combustible metals, including magnesium, titanium, and sodium

Matching Fire With Extinguisher

In most workplaces, the key tool for fighting fire is the fire extinguisher. Check the fire extinguisher in your work area. You'll notice it's marked with a letter code, either A, B or C. The code matches the kinds of fires the unit is matched to fight. Some extinguishers carry the letters ABC. These are multi-purpose units suitable for fighting all three types of fire.

WARNING: Never try to fight a Type D (combustible metal) fire. This requires special training.

An Extinguisher Use Checklist

There are right and wrong ways to use an extinguisher. The difference can be one of life or death. Remember these four letters:

P – A – S – S
Pull the pin
Aim at the base of the fire
Squeeze the handle
Sweep from side to side

1. Hold the unit upright, pull the pin, and aim for the base of the fire from 8 to 10 feet away.
2. Sweep the base of the fire from side to side. Aiming at the flames or smoke won't work. You need to snuff out fire at the source. . .its base.
3. Act fast! Most units have just 8 - 10 seconds of operating time before they run out of agent.

Know where fire extinguishers are located in your work area.

After use, do not put a fire extinguisher back on its mounting – it must be refilled before being returned to its location.

*A Note of Major Importance! If there's any doubt as to what the fire is, or if the fire is anything but small, or if there's any doubt whether you are trained or able to handle it, **GET OUT AND SOUND***

THE ALARM! It's the best thing you can do for your co-workers...and yourself!

Where There's Smoke, There's . . .DANGER!

Most fire deaths are not caused by burns, instead, smoke enters the lungs and causes the victim to black out. Then death is caused either from poisons in the smoke, or because the fire consumes all nearby oxygen, leaving the victim to choke before the flames ever reach him!

For these reasons, it's vitally important to learn these tips to protect yourself from smoke and fumes:

- ❑ If trapped in a burning building, shut all doors within reach. Then crawl to the nearest exit on hands and knees. Smoke and fumes rise rapidly, and staying low will mean you breathe less of these harmful substances.
- ❑ Use a blanket, tarp, coat, or other large cloth as a shield, throwing it over your body. A wet cloth or handkerchief over mouth and nose also help reduce inhaled smoke.
- ❑ If you have access to a face respirator, by all means use it.
- ❑ Once outside the building, move away from the smoke. The threat to your lungs is present as long as smoke and fumes are about, indoors or out.

The Chemical Fire

Over 70,000 different chemicals are commonly used in today's workplaces. Your job as an employee is to know the hazards of the chemicals you use, so you can properly act to prevent the danger. Here are some of the dangerous properties of chemicals that relate to fire:

- ❑ Flammability - chemical catches fire very easily. Keep far from flames or heat!
- ❑ Reactivity--chemical can burn, explode or release poisons if exposed to air or water. It must be kept tightly sealed in its container.
- ❑ Explosivity--a chemical produces large amounts of heat and gas in a sudden, damaging way. Note that a chemical not marked as "Explosive" can still explode, if it's mixed with certain other chemicals. Handle with extreme care!

Note that chemical fires are especially dangerous and it takes special training to fight them. Unless you're on a fire fighting team, chances are that you won't be involved in fighting a chemical fire.

6.1.5 Earthquake Program

The purpose of this program is to outline procedures to be followed in the event of an earthquake.

DURING AN EARTHQUAKE

All persons should immediately:

- ❑ Find shelter under a sturdy desk or table, in doorways or against inside walls. Kneel down and cover your head with your arms.
- ❑ Stay away from windows, temporary walls or partitions, and freestanding objects such as files, supply cabinets, shelves, etc.
- ❑ Remain in protective area for several minutes after the quake. An initial shock usually lasts less than one minute, but other jolts may come soon after.
- ❑ **DO NOT PANIC** – Stay where you are and do not run outside. Falling debris may cause injury.
- ❑ **DO NOT USE THE ELEVATORS** – If trapped in an elevator, do not panic. Remain calm, use the emergency telephone and wait to be rescued.
- ❑ If outdoors, stay in an open area. **DO NOT** touch downed power lines or objects touched by power. **DO NOT** enter a building unless deemed safe for re-entry.

AFTER THE EARTHQUAKE

All persons should:

- ❑ Remain calm.
- ❑ Be prepared for aftershocks.
- ❑ Stay indoors. **DO NOT** leave unless a life threatening condition exists, OR you are instructed to do so by trained emergency personnel.
- ❑ Notify emergency personnel of any injuries and/or emergencies.
- ❑ Assist the disabled.
- ❑ **DO NOT** use telephone except to report fire or medical emergencies. Replace receivers that have slipped off.
- ❑ Discourage the spreading of rumors.

6.1.6 Evacuation Program

The purpose of this program is to outline a safe and speedy method for evacuating individuals from the facilities in case of an emergency.

PROCEDURE FOR EVACUATION

- ❑ Proceed to the nearest safe stairwell or exit.
- ❑ Do not use elevators.
- ❑ Do not run.
- ❑ Listen for and heed directions given by emergency personnel.
- ❑ If evacuating in a stairwell, use handrails, moving to the right-hand side if emergency crews are encountered.
- ❑ Allow other individuals entering the stairwell to enter the established flow of traffic, but do not unnecessarily delay your exit.
- ❑ If unable to descend to the ground floor, proceed to the roof.
- ❑ Do not smoke.

- ❑ Do not spread false information or rumors.
- ❑ Assist those who are slower moving, injured, or disabled.
- ❑ Upon exiting, individuals should proceed to a safe refuge area where a check for missing individuals will be conducted.
- ❑ If it has been determined that individuals are missing and might be in the building, notify the emergency personnel immediately.
- ❑ Do not return to building for coat, purse or other personal items once you are out of the building.

EVACUATING PERSONS WITH RESTRICTED MOBILITY

In every situation, a cooperative effort is necessary to achieve a safe evacuation. Any disabled or injured persons that may require assistance during an emergency should not hesitate to recruit helpers. They should inform helpers of their condition and be prepared to provide instructions on the best methods to aid them to safety.

During an evacuation, individuals with restricted mobility should proceed to the nearest exit or safe stairwell and then seek assistance to enter the flow of traffic. Planning is the best way to assure the safe evacuation of disabled and injured individuals.

6.1.7 Eye Protection

EYE PROTECTION: SEEING IS BELIEVING

You've probably heard the excuses. . .and perhaps used them. "I don't wear my goggles because my hair gets messed up!" or "I look silly in safety glasses." But excuses like these will seem pretty foolish if an on the job eye injury happens. . .as it does more than 100 times every hour in U.S. industry, 2,700 times a day.

Seven of every ten eye injuries involve objects striking the eye, including materials being worked on, tools, even swinging ropes and chains. The second largest group is caused by contact with chemicals. Here are some of the causes of eye accidents in detail, and some workplace operations where they are often found:

- ❑ Flying objects or particles, often from caulking, chiseling, grinding, hammering and metalworking. Remember, this is the most common of the injury groups.
- ❑ Dusts or powders, fumes and mists that come from scaling, light grinding, spotwelding, and woodworking.
- ❑ Gases, vapors and liquids. Workers handling acids or caustics or doing welding are often in this group.
- ❑ Splashing metal. Some sources are babbitting, casting and dipping in hot metal baths.
- ❑ Heat, glare, infrared and UV (ultraviolet). These waves of hot energy can be produced in welding, metal cutting and furnace tending.
- ❑ Electrical hazards and lasers. Sparks and arcing often occur with electrical problems. Depending on the type of laser, workers may need special kinds of eye protection.

How Can You Protect Your Eyes – There is a wide variety of safety equipment and procedures for use in protecting your eyes. Here's a sampling:

Safety Glasses

Though they may look like streetwear, safety glasses are much stronger. The model you wear will depend on the work you do. Some choices:

- ❑ Lenses with tints, anti-glare, and anti-fog coatings
- ❑ Frames made to resist heat and impact
- ❑ Plastic frames to avoid making sparks near explosives
- ❑ Models with safety side shields or eye cup side shields

Safety glasses can be ordered with prescription lenses.

Goggles

Similar to safety glasses, goggles fit closer to the eyes. They provide added protection around liquid splashes, fumes, vapors and dust. Goggles can be worn over regular prescription eyeglasses.

Face shields

These protect the entire face against splashes and can be ordered to attach to a hard hat or to wear directly over the head.

Importantly, face shields should always be used with other eye protection, such as goggles or safety glasses.

Care for your Eyewear

You should clean your safety glasses, goggles or face shield regularly. Dirty, scratched, or cracked lenses cut vision and reduce protection. Replace damaged glasses immediately!

Equipment Guards

Machines that can cause eye injuries usually have guards, screens or shields to prevent flying particles or splashing liquids. Be sure to use them! Many machine shops also have portable screens to put around lathes or welding operations.

What About Contact Lenses?

Contacts present no problems on most jobs. BUT here are some simple rules to follow:

- ❑ Do NOT wear contacts around chemical fumes, vapors, high heat, splashes, or molten metals.
- ❑ Remove contacts immediately in case of redness of the eye, blurred vision, or pain.
- ❑ Tell your supervisor that you wear contacts and carry an extra pair, should the need arise.
- ❑ Never wear contacts without additional eye protection.

Absorptive Lenses

In the workplace, you may be exposed to extreme light and glare from the sun, bright lights, welding, brazing or soldering. Scientists have always known such light can tire the eyes, but they now believe it can injure the eye. Absorptive lenses absorb or screen out unwanted light and glare. These lenses can be ordered on most eye protective devices. **Important:** Do NOT confuse

specially made absorptive lenses with ordinary sunglasses, which do NOT provide the proper protection.

Eyewash Devices

What you do in the first 15 seconds after an eye accident could decide how well you see for the rest of your life. That's what makes the eyewash so important.

Eyewashes are built as fountains, drench showers, hand-held drench hoses, and emergency bottles. All work in much the same way. They use huge amounts of water to flush away harmful objects or substances in the eye.

What to Do in an Eye Emergency

- ❑ Know the location of the closest eyewash station. Look for it now. . .before it's needed.
- ❑ If an object enters the eye, go directly to the eyewash. Flush until the harmful object has been washed out. Don't rub or scratch the eye! This can force the object further in. If the object won't wash out, bandage loosely and get medical help.
- ❑ If a chemical splashes the eye, look directly into the stream of water and flush for a least 15 minutes with the fingers used to hold the eyes open. You may wish to practice this now, as it is natural if something gets in the eyes is to shut them tightly. If you follow that reaction in an accident, it could cost you your vision.

For more information on first aid procedures for the eyes, see Section 18, First Aid Principles.

A final word about Eye Safety: The eyes you were born with are the only set you'll ever have. Follow eye safety rules and you'll have the best chance of seeing your way around eye problems and into a better future.

6.1.8 Hand Protection

HAND PROTECTION: LET YOUR FINGERS DO THE WORKING

How would you answer the question, "What's the most common tool in industry?" Some people might name a hammer, screwdriver, or perhaps a power tool. But the answer is simpler. The most used tool in any workplace is the human hand. It's used on almost every job there is.

What's more, just try doing any job without the full use of your hand. Try writing without using your thumb! Or holding a hammer with just two fingers. You'll quickly see why hand protection is so important to your ability to work.

Hazards to the Hand

Unfortunately, there are more than a half million hand and arm injuries each year. Injuries to fingers and thumbs are second on the list of most injured parts of the body. Some of the hazards your hands are exposed to are:

- ❑ Machine injuries, including cuts, punctures, crush injuries, and abrasions (as from sandpaper or grinding operations)
- ❑ Extreme heat or cold
- ❑ Electrical shock or burns

- ❑ Skin irritation from chemicals or germs

To cut down on these types of injuries:

- ❑ Never remove machine guards or change other safety features on machines or in work processes.
- ❑ Practice good housekeeping! Clean up the clutter of tools and work materials that lead to splinters, cuts and other hand injuries. Look out for worn electrical wires and plugs.
- ❑ Use wash stations and skin cleansers to remove chemicals, grease, and oil from the skin.
- ❑ Use Personal Protective Equipment (PPE) - and especially **gloves** when needed.

Love Those Gloves!

Gloves are the most commonly used PPE for hand protection. Several job-rated types are made. To help with the specific hazards on your job:

- ❑ Rubber Gloves and lineman's rubber insulating sleeves protect against electricity. The gloves are coded to tell you what level of voltage they can withstand.
- ❑ Rubber, vinyl, and neoprene gloves are used with caustic chemicals such as acids, cleansers and petroleum products.
- ❑ Leather or leather-reinforced gloves guard against scrapes when handling rough materials.
- ❑ Metal mesh gloves protect against sharp knives and saws.

Important! Gloves should not normally be worn near moving machinery, as they can get caught and pull your hand or fingers in. Check with your supervisor if you're not clear about the proper use of gloves.

Other kinds of hand protection PPE are:

- ❑ Mitts, with a single division for fingers and thumb
- ❑ Finger Cots, for a single finger or fingertips
- ❑ Thimbles, designed to protect the thumb and first two fingers
- ❑ Hand Pads, to protect the palm from burns, scrapes or cuts. These protectors are less flexible than gloves and shouldn't be used when fine handwork needs to be done.
- ❑ Sleeves or forearm cuffs to protect the wrists and arms

Proper Fit and Care are Important - Gloves that are too small can tire the hands. A size that's too large is clumsy to work in. So wear only gloves that fit! Of course, proper care is important. Clean often and check regularly for changes in shape, hardening, stretching or rips.

Barrier Creams - Creams and lotions can be used with other kinds of PPE to protect the skin. You may also want to use them when other PPE can't be used, as near moving machinery. Three types of creams are:

- ❑ Vanishing cream protects against mild acids and is easy to remove.
- ❑ Water-Repellent cream forms a film that water (usually carrying acids or other chemicals) can't get through.
- ❑ Solvent-Repellent cream helps keep solvents and oils from harming the skin.

Note: Lotions and creams will NOT protect you against highly corrosive chemicals. And if you do use them, they should be put on several times during the course of the job. Always wash hands thoroughly at the end of the work day.

About Carpal Tunnel Syndrome (CTS)

CTS is a nerve problem of the hand and wrist. Early signs are numbness and tingling in the fingers. As the problem worsens, there may be swelling, loss of strength, wrist pain, and long term disability.

CTS can be caused by certain repeated forceful motions of the hand and wrist, often performed by assembly line workers. People who do fine-finger office work on keyboard machines such as computers or VDTs are also at risk.

Minor cases of CTS may be cured by a few days of rest. But if the problem is more serious, splints, drugs, or expensive surgery may be needed. A better approach is prevention. Here are some tips to avoiding this more and more common problem:

- ❑ Keep the wrist in a straight position whenever possible, and reduce the force and speed of movement involving the wrist.
- ❑ Take short, frequent breaks from repetitive tasks. Exercise the wrist, elbows and shoulders to get blood flowing and help the body recover from repetitive work.
- ❑ Grasp items with the whole hand if possible.
- ❑ Avoid watches, bracelets, and tight clothes that cut down on blood flow to the wrist.
- ❑ Look for tools and keyboards made to ease strain on the wrist.

IF YOUR HANDS ARE INJURED...

We hope it doesn't happen, but if it does...

- ❑ For cuts, control the bleeding by pressing down on the cut.
- ❑ For broken bones, keep the hand from moving.
- ❑ For chemical or heat burns, flush under running water for 10-20 minutes. Watch out for chemicals that react with water, though! Check the label on the chemical packaging or MSDS.

*One of the worst hand injuries is a cut off hand or finger. If there's quick and correct action, these parts can often be reattached. First, control bleeding or shock. Keep the part cool, but don't freeze it. **DO NOT** apply a tourniquet unless the person is in danger of bleeding to death. And get a doctor fast!*

In fact, every hand injury should be taken seriously. Report it to your supervisor and get the person to a doctor, first aid station, or hospital emergency room as soon as possible. Follow these tips and you'll be able to protect the most valuable tools you own...your hands.

6.1.9 Foot Protection

FOOT PROTECTION: KEEPING ON YOUR TOES

The arch-shaped group of 26 bones we call the foot is worth protecting. OSHA thinks so too, and regulates foot protection in the workplace. According to OSHA, every day approximately 330 workers suffer foot injuries. Toe injuries alone make up 10% of all disabling injuries. Yet thousands of us go right on ignoring the issue and refusing to wear foot protection. Here's what you need to know to avoid injury.

Types of Injuries:

Feet can be hurt by skin diseases, cuts, punctures, burns, sprains and fractures. . . broken bones. But the most common injury is sharp or heavy objects falling on the foot. Other hazards are:

- ❑ the foot or toe is squeezed between objects or rolled over
- ❑ a sharp object like a nail punctures the sole of the shoe
- ❑ falls, often on slippery oils or chemicals or wet floors
- ❑ electricity, often from power tools
- ❑ chemicals and solvents that “melt” even a safety shoe
- ❑ extreme heat or cold
- ❑ dampness, which leads to fungal infections

Note that almost all these hazards are commonly found in most workplaces. Are any of them found in yours? The first defense against foot injury is the safety boot. Yet one study showed that less than 1 in 4 persons who suffered a foot injury were wearing such shoes at the time of the accident. Most said that such shoes weren’t needed on their jobs. But as all sadly found out, safety boots may be needed more than people think.

What Makes a Safety Shoe Safe?

Today’s safety boots and shoes may look a lot like streetwear, but there are important differences. They’re made to protect those parts of the foot most likely to be hurt. Different properties some safety shoes and boots might feature include:

- ❑ safety toe that protects against falling objects or crush injury cushion between toe cap and foot for comfort and warmth
- ❑ steel insole plate to keep sharp nails from poking through
- ❑ slip-proof soles and heels
- ❑ extra insulation, waterproofing and materials that aren’t easily hurt by chemicals

Safety shoes come as:

- ❑ Safety boots used to protect the entire foot and ankles.
- ❑ Electric hazard shoes, also called non-conductive shoes, where the toebox is insulated from the shoe so there is no exposed metal. These shoes must be kept dry and in good repair to work best. There’s also a conductive version that drains static electricity harmlessly to the ground.
- ❑ Foundry shoes that have an elastic top instead of laces, allowing for quick removal if hot metal or sparks get inside.

There are also add-on covers made of rubber or other materials that can add protection when strapped onto shoe tops or bottoms. There are even strap-on cleats for extra traction!

Meeting Safety Standards

ANSI¹ is a group that sets the standards safety equipment must live up to. The best safety footwear carries a label that says that ANSI’s rules have been met. Look for it when you shop for safety boots.

¹American National Standards Institute

Some Final Excuses...and Answers

Workers have gotten really creative when making excuses for not buying and wearing safety shoes. Here are a few common excuses...and answers....

- ❑ They're ugly! No, they're not. Many safety shoes and boots these days look just like the footwear you have on now.
- ❑ They're expensive! Well, they're not cheap, but what are your feet worth? The City may provide reimbursement if you are working in a covered classification. Ask around.
- ❑ They're uncomfortable. Not so. New designs feel just like regular shoes and boots.
- ❑ Steel toe caps will cut off my toes if crushed. Toe caps have a buffer "crush zone" for protection.
- ❑ I don't know where to buy them. Maybe, but your supervisor or fellow employees probably have an idea or two!
- ❑ Not me! I won't have an accident! Hopefully not, but you can never be too careful.

Bottom line: **Protect your feet. It's the right "step" to take!**

CITY PROVIDES REIMBURSEMENT

Through the labor negotiation process, the City has agreed to provide reimbursement to employees required to wear safety boots. See applicable Memorandum of Understanding (MOU) for details. Boots purchased must meet the prescribed standards as set by the City's Employee Safety Committee.

MANDATORY WEAR OF SAFETY BOOTS

Classifications listed on the attachment are required to wear the prescribed footwear at all times unless it presents a specific hazard for a particular task. Consult your supervisor if you have a question about required wear. Protect your feet...

Safety Boot Purchase Checklist

- ❑ Obtain Department Head concurrence that Safety Boots are necessary in your particular job.
- ❑ Inform the salesperson of what various work you do in the field so they can assist in the selection of proper safety footwear. Remember, as a minimum, the safety boot must be 6" in height and be ANSI approved. (You can check for ANSI approval on the inside tongue of the boot.)
- ❑ After you have made a decision and confirmed with the salesperson that the boots meet the established standards, ask the salesperson to indicate on the receipt that the boots meet the required standards. i.e. "6 inch, ANSI Approved". This receipt will serve as your evidence that the boots meet the standard.
- ❑ Take your receipt to your supervisor and request a Short Purchase Order Form be completed (the same as is used for pants purchase). The supervisor will confirm via your receipt that the boots you have purchased for wear in the field meet the established standards. The supervisor may also make a visual inspection of the boots to ensure compliance. The request will be processed through the department head and then sent to Finance for reimbursement.
- ❑ *You can expect a reimbursement check within 1-2 weeks. Again, see applicable MOU for details.*

6.1.10 Safety Boots Minimum Standards

All classifications require ANSI approved steel (or equivalent) toe protection.
 All standards required unless noted.
 All standards are minimums which may be exceeded.
 All standards include choice of slip-on or lace-up boots unless specified
 “EH” means Electrical Hazard.

CITY JOB FAMILY	CLASSIFICATION	MINIMUM STANDARDS
Building Maintenance	Maintenance Carpenter Maintenance Electrician Maintenance Painter Maintenance Worker	<ul style="list-style-type: none"> ▪ 6" boots ▪ shank ▪ oil, chemical resistant soles ▪ “EH” protection for electricians ▪ Painters: chemical resistant uppers
Custodial	Custodian Lead Custodian	<ul style="list-style-type: none"> ▪ 6" boots ▪ shank ▪ water & chemical resistant uppers ▪ non-slip soles
Equipment Maintenance	Equipment Mechanic Equipment Service Worker Lead Equipment Mechanic Ground Equipment Mechanic	<ul style="list-style-type: none"> ▪ 6" or 8" boots ▪ water, chemical & corrosion resistant uppers ▪ oil, solvent & corrosion resistant soles ▪ non-slip soles
Grounds Maintenance	Greenskeeper Maintenance Gardener Maintenance Lead Worker Maintenance Sprinkler Fitter Parks Lead Worker Pavilion Utility Worker Senior Greenskeeper	<ul style="list-style-type: none"> ▪ 6" or 8" boots ▪ shanks ▪ water & chemical resistant uppers and soles ▪ non-slip soles
Tree Workers	Tree Trimmer Tree Lead Worker	<ul style="list-style-type: none"> ▪ 8" laced boots ▪ non-slip soles
Pest Control	Environmental Maintenance Technician Pest Control Specialist	<ul style="list-style-type: none"> ▪ 6" or 8" boots ▪ water & chemical resistant uppers and soles ▪ rubber or polyblend boots recommended
Inspection	Building Inspector Code Enforcement Officer Construction Inspector Electrical Inspector Mechanical Inspector Senior Building Inspector	<ul style="list-style-type: none"> ▪ 6" boots ▪ shanks ▪ non-slip soles ▪ Electrical Inspector: “EH” protection
Housing Rehabilitation	Housing Rehabilitation Coordinator Housing Rehabilitation Specialist	<ul style="list-style-type: none"> ▪ 6" boots ▪ abrasion resistant soles
Equipment Operation	Heavy Equipment Operator I Heavy Equipment Operator II Sweeper Operator	<ul style="list-style-type: none"> ▪ 6" or 8" boots ▪ shank ▪ water & abrasion resistant uppers ▪ non-slip soles
Signs Field Crews	Public Works Lead Worker Maintenance Worker	<ul style="list-style-type: none"> ▪ 6" or 8" boots ▪ shank

All classifications require ANSI approved steel (or equivalent) toe protection.
 All standards required unless noted.
 All standards are minimums which may be exceeded.
 All standards include choice of slip-on or lace-up boots unless specified
 “EH” means Electrical Hazard.

CITY JOB FAMILY	CLASSIFICATION	MINIMUM STANDARDS
Streets Field Crews	Public Works Lead Worker Maintenance Worker	<ul style="list-style-type: none"> ▪ water & chemical resistant uppers ▪ heat, oil & abrasion resistant soles ▪ good traction ▪ “EH” protection recommended
Sewer Field Crews	Public Works Lead Worker Maintenance Worker	<ul style="list-style-type: none"> ▪ 6" boots ▪ shank ▪ water & corrosion resistant uppers and soles ▪ non-slip soles
Technical	Assistant Civil Engineer Assistant Transportation Engineer Senior Engineering Technician Traffic Signal Technician Traffic Operations Technician	<ul style="list-style-type: none"> ▪ 6" boots ▪ shank ▪ water resistant uppers ▪ abrasion resistant, non-slip soles ▪ Traffic Signal Technician: “EH” protection recommended
Pump Station	Pump Station Operator	<ul style="list-style-type: none"> ▪ 6" or 8" boots ▪ shank ▪ oil resistant, non-slip soles ▪ “EH” protection
Storekeeper	Central Storekeeper Equipment Storekeeper	<ul style="list-style-type: none"> ▪ 6" boots ▪ on-slip soles

6.1.11 Slips, Trips and Falls

SLIPS, TRIPS, AND FALLS: ON THE JOB SAFETY BASICS

Falls kill more people than any other kind of accident except traffic mishaps—approximately 1,500 a year. And they cause thousands of cuts, bruises, sprains, strains, broken bones and back injuries--plus loss of work time and wages. Here’s what you need to know to keep yourself from becoming a statistic:

First...the reason you stay up

Put simply, it’s the “grip” between your shoes and the ground or floor. Scientists call it friction. It’s the same force that a tire uses to grip the road. You fall for the same reason a car skids...that grip is lost.

What causes friction to be lost?

- ❑ Slippery surfaces, such as ice, snow, grease, or water
- ❑ Hurrying or running, especially on slick surfaces
- ❑ The wrong kind or size of shoes

Here are some ways to avoid these problems:

- Clear ice or snow quickly and put down sand or salt to melt icy spots
- Clean up spills right away
- Don't let grease build up on the floor near machinery
- Practice safe walking skills, especially on smooth flooring

A key safe walking skill is to take small steps on wet surfaces, with the feet pointed slightly outward. This keeps most of your weight right over your feet, instead of tilting the weight away from the body and toward a fall.

The Right Shoes

Wearing sensible shoes will help prevent slips, trips and falls. High heels, sandals and other similar footwear are accident creators.

Snow tires help your car get a better grip on slippery roads. In the same way, proper soles on your shoes can help build grip on the surfaces you walk on. Listed below are some materials that soles are made from, and when to use and not use them.

SOLE MATERIAL	GOOD ON	BAD ON
Neoprene	most wet or dry surfaces	oily surfaces
Crepe smooth	rough concrete, wet or dry	tile, wood, concrete

Note: You can buy safety shoes with non-slip soles. These are especially useful on ladders or scaffolding. Other non-skid devices are strap-on cleats, and non-skid sandals and boots that slip over shoes.

A Trip You Don't Want to Make!

When your foot hits an object, and you then lose your balance, that's called a trip. Trips are more common when work areas are cluttered, lighting is poor, or the surface is loose. And they happen more often to people in a careless rush!

Remember these safety rules to avoid trips:

- Make sure you can see where you're going. Carry only loads you can see over.
- Keep work areas well lit. Replace those burned out bulbs; use a flashlight when light is poor.
- Clean up the clutter. Store tools and materials off the floor when not in use.
- Get furniture off walkways and foot traffic areas.
- Tape down extension cords or get them off walkways.
- Store gangplanks and ramps properly on loading docks.
- Report loose or broken carpeting, flooring, stair steps, or handrails.
- Aisles, walkways, and stairways must be kept reasonably clear and free of tripping or slipping hazards or else be effectively barricaded and foot traffic rerouted.
- Lighting should be sufficient to ensure safe movement.
- Where walkways are required, a suggested minimum width is 4 feet with a 6-foot, 8-inch head room clearance.
- Exits and doorways must also be kept clear of obstructions. Any stepping hazards or low clearance hazards which cannot be corrected shall be clearly marked and guarded with a railing.

- ❑ Exits should be clearly designated.

...and Speaking of Stairways:

- ❑ Use the handrails. They're there for your safety.
- ❑ Don't run, skip steps or jump from landing to landing.
- ❑ Employees shall not congregate on stairways.

..and speaking of jumping:

- ❑ Don't jump off trucks, work stages or loading docks. Lower yourself carefully.

The Special Hazard

Ladders can be a great help on the job, extending our reach when needed. Here are some special tips for the safe use of ladders:

- ❑ Don't build "ladders" from chairs, benches or boxes.
- ❑ Don't place a ladder on boxes or blocks to make it taller.
- ❑ DO check all ladders for loose, broken, or missing parts before you climb.
- ❑ Face front and use both hands as you climb.
- ❑ Don't overreach from a ladder. If your belt buckle is higher than the top of the ladder, you're up too far. Get off and move the ladder to get closer to the job.
- ❑ Use the 4 to 1 rule when setting a ladder up. The distance between the base of the ladder and the wall should be one fourth the height of the ladder.
- ❑ Hoist tools or materials after you've climbed up.
- ❑ One person ONLY on a ladder at one time.
- ❑ Don't stand on top of a step ladder. The belt buckle rule applies here too.

Scaffolds Can be Dangerous

Here are some safety tips if you're called upon to work on one of these raised work platforms:

- ❑ Check daily for any safety defect before you get on. Poor maintenance is a leading cause of scaffold accidents.
- ❑ Never overload scaffolds with people or supplies
- ❑ Lock the casters on mobile equipment to prevent movement on the scaffold.
- ❑ Use ladder jack scaffolds only for light duty work.
- ❑ If your job requires wearing a fall protection device, do it. It could save your life
- ❑ Use safety equipment. Belts, hardhats, safety shoes, handrails can all make a big difference if an accident occurs.

Slips, trips, and falls are no joke. Take these hazards seriously and it could save you an unwanted trip...to the hospital!

7.0 Safety Committee

The purpose of a safety committee is to study, evaluate and solve safety issues. Members of the committee should be dedicated to making the working environment healthier and safer for fellow employees...others are counting on them to do so.

If you are interested in becoming a member of your departmental or City-wide committee, talk to your supervisor!

7.1 City-Wide Employee Safety Committee

The Employee Safety Committee meets on a monthly basis to: review injury/illness reports, safety awareness materials, safety policies, job safety procedures and practices, conduct inspections, review program compliance and promote the safety program. The Committee is committed to providing the employees of the City of Concord the safest possible work environment and to reduce our accident rate to zero.

This is your committee. Your department has a representative to this committee, so if you have any concerns related to safety, bring them to your representative's attention. The committee is action oriented and works to make your environment safer by making necessary changes.

Membership carries responsibility, including:

- Attending all scheduled and special meetings
- Creating and maintaining an interest in safety to prevent accidents
- Reviewing accident reports and helping with ideas to prevent future accidents
- Participating in on-site inspections, both announced and unannounced
- Conducting regularly scheduled meetings to discuss accident prevention, training, etc.
- Acting as the representative to your department regarding matters of safety
- Reviewing departmental accidents and be prepared to discuss at meetings
- Serving on at least one subcommittee to provide in-depth program enhancements

The Employee Safety Committee meets once a month. For a listing of committee meeting dates, please contact Human Resources or your department's safety representative.

7.2 Safety Committee Representatives

For a current list of Safety Committee Representatives, contact your supervisor, department safety coordinator, Human Resources or the intranet at <http://concordnews/reference/ref-index.htm>.

8.0 Safety Inspections

Safety inspections are conducted to search for, find and correct unsafe conditions and practices before they result in accidents. These inspections are the responsibility of every supervisor and take place at all levels of the organization. These inspections are mandatory and are to be performed by “qualified personnel.” Experienced operating personnel are the most qualified to conduct such inspections. Experts should be consulted for various inspections, such as fire hazards, electrical inspections, etc.

8.1 City-wide Inspection Program

All City facilities are to be inspected at least semi-annually by the Building Maintenance Supervisor and staff. These inspections are looking primarily for design and structural defects that may create a hazard. Hazards identified as a result of these inspections will be kept on file with the Building Maintenance Supervisor. Also be aware the Employee Safety Committee may conduct no-notice inspections at any time.

8.2 Departmental Inspection Program

Every supervisor is responsible for inspecting his or her work areas and monitoring employee work practices on an on-going basis (no less than quarterly) to identify health and safety hazards. Safety Inspection Checklist forms are available from Human Resources Department. Recommended inspection intervals are included in the Injury and Illness Prevention Program (IIPP), Section 11 of this manual.

Copies of ALL inspections must be forwarded to Human Resources Department as documentation for the inspection.

In addition to these scheduled inspections and the on-going assessment of workplace hazards, the Safety Committee, and the Inspections Sub-Committee will randomly visit worksites to review safety practices, etc. Particular emphasis should be placed on the following:

- ❑ Areas where chemicals are typically stored
- ❑ Areas where safety hazards have previously been observed
- ❑ Areas where repetitive injuries/illnesses are observed

Safety inspections are critical to accident prevention. They assist in determining what safeguarding is necessary to eliminate or otherwise control hazards before accidents and personal injuries occur. The whole purpose of safety inspections should be one of helpfulness in discovering unsafe conditions, which, when corrected, will result in making our facilities a safer place to work.

One way of fulfilling your safety and health responsibilities is to conduct informal inspections of your work area on a regular, frequent basis. Each and every time you walk through your work area, you should be on the alert for any unsafe conditions or practices. Informal inspections do not conform to a set schedule, plan or checklist. You are in the best position to observe operations and facilities to identify hazards and bring them to someone’s attention to get them corrected.

BEWARE! Some hazards may become so familiar that you don't even recognize they exist. This is most likely to occur with housekeeping problems and unsafe work practices. Remember, there are three basic categories of things you should look for during your inspections.

- ❑ General conditions, such as lighting, housekeeping, ventilation, and walking/working surfaces
- ❑ Specific hazards, such as those that involve tools, equipment, machines and materials
- ❑ Employee work practices

Whenever you conduct an inspection, examine your work area for hazards. Ask yourself as you observe each step of your operation, "What conditions or practices in this operation could cause you injury?"

Your work unit should conduct regular formal inspections. If possible, you may want to have someone from outside your work unit conduct the inspection once in awhile, since they won't be as familiar with your workspace as you are. They might spot hazards that you haven't noticed.

Formal inspections are detailed examinations using checklists, such as the one included in the IIPP (see Section 11). Because these checklists are designed to be comprehensive, there may be items listed which do not apply to your operations. Also, keep in mind that no checklist, no matter how well designed, can cover all possible situations. Again, look for hazards everywhere you work.

You want to find possible hazards and have them corrected before an accident occurs. This approach is especially important in dealing with unsafe practices. Your goal should be to criticize the unsafe behavior instead of the person.

Identifying hazards does little good unless something is done about them. You must do some homework before you can start correcting hazards. Check your list of hazards and decide which are in urgent need of correcting, then immediately correct those hazards that are urgent. Set priorities for the remainder of the items.

Correcting unsafe practices and conditions is a responsibility of each of us. Do not just correct the result, leaving the problem intact. Try to correct the cause whenever possible.

Follow-up is an important part of the inspection process. It is not enough to inspect and identify hazards. You must follow-up to make sure the deficiencies identified are corrected.

9.0 Motor Vehicle Safety

Each department responsible for effective utilization of motor vehicles and/or powered mobile equipment must develop controls necessary to assure the safe, efficient, and economical operation of this equipment.

All drivers must comply with all traffic laws and applicable City regulations. Every driver is required by law to wear a seat belt/shoulder harness while the vehicle is in motion and must require passengers to do so as well. A valid driver's license, appropriate for the vehicle operated, must be in the possession of the operator any time a city vehicle is operated.

Driving a City vehicle adds responsibilities. Remember at all times you are using city property. You are borrowing it to assist in doing your job, but it belongs to the people of Concord. Also, City vehicles are highly visible and they serve as a reminder to many that a City service is in progress. Good driving = Good public image.

Vehicles are to be maintained in a safe operating condition. Unsafe vehicles are not to be driven, and you, the driver, are responsible for inspecting the vehicle prior to starting operation.

9.1 Accident Causes

Most accidents are caused by the following operator errors:

- ❑ Following too closely
- ❑ Improper lane changes
- ❑ Improper backing
- ❑ Improper parking

Following Too Closely

This dangerous habit results in the most serious of accidents. Injury to the back and neck, often irreparable, is common in these types of collisions.

City vehicle operators must be aware of their situation at all times by looking forward and providing adequate spacing for other vehicles. A good driver plans ahead. Get the picture well in advance and have a plan to avoid accidents.

Improper Lane Changes

The lane change is always a rather hazardous movement. It should only be done with extreme caution and alertness.

Traffic laws generally give the vehicle in a lane the right of way over other vehicles. Always use your mirror and back it up with a head check to see around any blind spots.

Improper Backing

Backing up is generally considered the most dangerous maneuver in vehicle operation. Thorough training is needed on all aspects of backing, including backing from a parking space, proper use of mirrors, proper clearance, and general attentiveness.

9.2 Parking

All City vehicles will be properly parked in legal spaces, except in an emergency situation or when necessary for service or repair work. Vehicles are not to be left running or have keys left in the ignition when they are unattended. Also, doors, tool boxes, etc. are to be locked.

9.3 Emergency Lights and Flashers

Emergency lights and flashers have two purposes: to warn motorists of obstructions or hazards, and to protect those in and around vehicles with flashers in operations. If it is absolutely necessary to leave a vehicle running while emergency lights are on, the operator should have two sets of keys and doors should be locked while unattended.

Do not rely on flashers for protection. Use caution in leaving or entering your vehicle and keep alert for oncoming vehicles at all times. Turn off the flashers when no longer needed. Indiscriminate use of flashers may create confusion among other drivers.

9.4 Licensing Requirements

City employees driving City vehicles or personal vehicles on City business must have in their possession a current and valid California Driver License, appropriate for the type of vehicle operated. Supervisors and individual employees are responsible for ensuring proper licensing is obtained.

- ❑ All employees who have reason to drive a City vehicle must have at least a Class “C” drivers license.
- ❑ Any employee driving a vehicle which is towing a trailer Weigh Rating of 26,001 pounds or greater must have a Class “B” license.
- ❑ Any employee driving a vehicle which is towing a trailer with a 10,000 pound Weight Rating or greater must have a Class “A” license.
- ❑ Employees holding a Class “A” or AB” license must undergo a physical exam every two years in order to keep the ratings.
- ❑ Employees driving a tank vehicle over 26,000 pounds shall also have a tank endorsement on their Class AA” or AB” license.
- ❑ Employees required to possess a commercial (A or B) license and operate such vehicles will be subject to the provisions of federal law requiring random, just cause and new employee drug and alcohol testing (see Section 16).
- ❑ All employees are entered into the DMV “Pull Notice” program, which generates a written notification to the City of all accidents and infractions reported to the DMV.

For additional information on licensing requirements, visit the California Department of Motor Vehicles website at www.dmv.ca.gov.

9.5 Vehicle Inspection Procedures

All vehicles should be inspected before operating them, including your personal vehicle. It is especially important, however, to inspect your City vehicle before operation, since you may not be the only person operating it. Vehicle inspections are for your safety and the safety of others.

To obtain a vehicle inspection checklist for passenger cars, pick-ups, trucks under 26,000 lbs. GVWR, and heavy trucks in excess of 26,000 lbs. GVWR, check with your supervisor. For additional information on vehicle inspection procedures, visit the California Department of Motor Vehicles website at www.dmv.ca.gov.

DO NOT operate any vehicle that appears unsafe until it is checked out by a mechanic.

9.6 Principles of Defensive Driving

Defensive driving is defined as: driving to prevent an accident in spite of the incorrect action of others and adverse driving conditions.

Vehicle accidents are classified as either “avoidable” or “unavoidable.” An avoidable accident is one in which the driver failed to do everything reasonably necessary to prevent the accident.

In general, reasonable actions to prevent collisions include:

- ❑ Courtesy - conceding the right of way, proper signaling, proper turning maneuvers, proper parking
- ❑ Following rules - right of way, lane position, speed
- ❑ Control of the vehicle at all times
- ❑ Foreseeing and anticipating driving situations
- ❑ Adjusting speed to vehicle condition, traffic, weather, road conditions, visibility, driver conditions, etc..

9.6.1 Vehicle Accident Reporting Procedures

All vehicle accidents, regardless of the extent of personal injury or property damage, or the location of the accident must be **reported immediately**.

If there are injuries involved, they must be attended to first. Render first aid if you are able to so, and request an ambulance if needed. Unless necessary to prevent further accident or injury, **do not move vehicles** until directed to do so by law enforcement. Place warning triangles and/or traffic cones to protect the scene.

Make no comment or statement regarding the accident, or any injury or damage, except to law enforcement personnel, your supervisor, or an identified representative of the City of Concord.

Any vehicle accident causing injury or damage to property must be reported immediately as follows:

- ❑ Notify the Police Department by radio (if available) or by phone. If on a state highway or in another locality, the highway patrol or local police should be notified.

- ❑ Indicate if there are injuries and if an ambulance is necessary.

You or the Police Officer must obtain the following information from the driver(s), passenger(s), and witnesses:

- ❑ Name(s), addresses and phone numbers
- ❑ Driver license numbers (from drivers)
- ❑ Vehicle license numbers (if applicable)
- ❑ Insurance carrier

If you happen to hit an unoccupied vehicle, and the owner cannot be located, leave a note on the damaged vehicle stating that your vehicle is owned by the City of Concord, your name, city address and city phone number. Do not leave the scene until law enforcement arrives to make a report on the incident. Then report to your supervisor as soon as possible, giving the location, make, model, type and color of vehicle, extent of damage, and the license number of the vehicle struck.

Required forms to complete if you are involved in an accident:

- AS-12: Vehicle accidents are recorded on the Vehicle Accident/Damage Report, AS-12, which is reviewed by your Department Head and the Employee Safety Committee. Be sure to have the form forwarded to the Human Resources Department within 48 hours of the accident. In addition, send a copy of the police report or case number to Human Resources.
- DWC-1: The DWC-1 form is the Workers' Compensation Claim form. Only complete this form if you were injured as a result of an accident. This form, along with a copy of the police report or case number must be forwarded to Human Resources within 48 hours of the accident.
- SR1: This traffic accident report is required by the Department of Motor Vehicles (DMV) if you have been involved in an accident resulting in damages of \$500 or more, **or** if there are any injuries. It is **your** responsibility, as the driver, to complete this form and submit the report to the DMV. Failure to do so within 10 days of the accident will result in a suspension of your driver's license, regardless of who was at fault for the accident. Please send the form directly to the DMV.

The AS-12 and DWC-1 forms can be found in each city owned vehicle, individual departments, as a template on Word, and on the city's intranet. A copy of the DMV SR-1 form is attached to this section of the safety manual. You may also obtain copies by contacting the DMV or directly from their website at www.dmv.ca.gov.

If you have any questions regarding these forms, contact Human Resources Department or a member of the Safety Committee.

10.0 Policy & Procedure No. 38

Number:	38
Authority:	Council Motion
Effective:	12-13-65
Revised:	9-28-93
Initiating Dept.:	PE
Distribution Code:	0

EMPLOYEE HEALTH AND SAFETY

1. PURPOSE

To describe the objectives, concepts, and components of the City's Health and Safety Program and to specify program implementation responsibilities.

2. SCOPE

This policy applies to all City employees and departments.

3. POLICY

The City of Concord recognizes that the responsibilities for Health & Safety are shared by the City and employees.

The City accepts responsibility for leadership of the Health & Safety program, for its effectiveness and improvement, and for providing the safeguards required to ensure safe working conditions.

Supervisors are responsible for developing proper attitudes toward Health & Safety in themselves and those they supervise, and for ensuring that all operations are performed with the utmost regard for the Health & Safety of all personnel involved, including themselves.

Employees are responsible for the whole-hearted, genuine operation of all aspects of the Health & Safety program, including compliance with all rules and regulations and for continuously practicing safety while performing their duties. To the extent possible, employees will strive to keep job-related injuries and illnesses at zero. To that end, hazards shall be systematically identified, and eliminated, or controlled, using the most effective technique possible.

4. DEFINITIONS

4.1 **Accident** means injury (or illness) which results from hazards which have not been controlled.

4.2 **Hazard** is defined as an unsafe act or unsafe condition which has the potential of causing injury or illness.

4.3 **Hazard Control Techniques** are the methods used to correct hazards. Listed from the most to the least effective, they include:

4.31 Eliminating the hazard.

4.32 Removing the person from the hazardous situation (e.g., automation).

4.33 Isolating the hazard (e.g., protective barrier).

4.34 Guarding the person (e.g., personal protective equipment or job safety procedure training).

4.35 Making the hazard obvious (e.g., warning sign).

- 4.36 Informing the person about a hazard (e.g., oral warning).
- 4.4 **Safety** is defined as hazard control.
- 4.5 **Immediate Temporary Control** means that action which is taken to control a hazard until more permanent controls can be implemented.
- 4.6 **Imminent Danger** is defined as a hazardous situation which could reasonably be expected to cause death or serious physical harm before the hazard can be eliminated.
- 4.7 **Wellness** is defined as general overall physical and mental healthfulness that enhances the employee's quality of life.

5. COMPONENTS

The following components are considered to be essential to the effective implementation of this safety policy:

- 5.1 **Illness and Injury Prevention Program (IIPP):** As required by State Senate Bill 198, the City of Concord has implemented the IIPP. The IIPP includes and expands upon some of the components listed under this paragraph.
- 5.2 **City-wide Wellness Initiatives:** The City recognizes that the health of the individual employee can have a profound impact on one's ability to effectively perform the necessary work in a safe, efficient manner. "Wellness" activities will be initiated and implemented by the Employee Safety Committee/Wellness sub-committee on a regular basis in support of this belief.
- 5.3 **Hazard Identification and Disposition Systems:** These systems include written procedures which ensure the systematic identification and recording of hazards and immediate temporary controls taken. They also include procedures for communicating unresolved hazards to other employees who might be endangered and to other work units or high levels of authority whose assistance is required to cope with the hazard.
- 5.4 **Job Safety Procedures:** These are documents developed for the purpose of identifying and communicating hazards and effective hazard control techniques associated with specific job assignments.
- 5.5 **Safety Training and Information Support Systems:** These systems include procedures for acquiring and distributing, to those who can use it most effectively, information pertinent to safety objectives.
- 5.6 **Standardized Tag, Warning Device, and Lock-Out Systems:** These systems ensure the appropriate use of tags, warning, and lock-out devices the purpose and meaning of which are clearly understood by as broad a base of the City employee population as possible. Such devices are designed to prevent accidental or inadvertent use of hazardous tools or the hazardous operation and energizing of equipment.
- 5.7 **Safety Awareness Systems:** These systems serve to maintain a high level of employee safety consciousness by promoting safety by using means such as newsletters, posters, and training films.
- 5.8 **Additional Safety and Wellness Policies/Directives:** Other City directives related to the safety and wellness of employees, including Eye Protection (Administrative Directive No. 126);

Hazardous Substance Information (Administrative Directive No. 99); Reporting Occupational Injuries/Illness (Administrative Directive No. 95); City Vehicle Accident/Damage Reporting and Review (Administrative Directive No. 85); Safety Glasses (Policy & Procedure No. 106); Employee Assistance Program (Administrative Directive No. 19); Smoking in the Workplace (Policy & Procedure No. 128); and applicable Memoranda of Understanding.

6. PROGRAM IMPLEMENTATION

- 6.1 The City Manager shall ensure the effective implementation of the City's safety policy by making appropriate assignments of duties and responsibilities throughout the organization, including the appointment of the Safety Coordinator and discretionary safety committee membership appointments and:
 - 6.12 As necessary, clarify the role of committees, department heads, supervisors, employees, and staff in respect to the achievement of safety policy objectives and the intent of City safety policy.
 - 6.13 Shall appoint a representative from the City Manager's Executive Staff to act as the liaison between the Employee Safety Committee and the Executive Staff.
 - 6.14 Will monitor departmental safety progress and statistics to determine performance success. Safety initiatives and injury prevention will be included in all performance appraisals/evaluations.
 - 6.15 Regularly conduct safety meetings with the Executive Staff.

6.2 Safety Coordinator

The Safety Coordinator shall:

- 6.21 Develop training, consultant, and other information resources pertaining to safety program components for use by line departments and safety committees.
- 6.22 Coordinate with the City Attorney and City Manager for the purpose of clarifying the intent of laws and regulations in the field of safety.
- 6.23 Prepare reports for use in monitoring the effectiveness of the City's safety efforts, evaluate the results of safety program effectiveness, and prepare recommendations for improvement.
- 6.24 Establish procedures and forms for reporting injuries, illnesses, accidents, and assist line departments in developing other procedures and documents to support the application of safety program components in their respective areas.
- 6.25 Function as staff to City safety committees.
- 6.26 Function as the City's overall Wellness Coordinator.

6.3 Department Heads

Each department head shall:

- 6.31 Determine the manner and degree that safety program components will be used within their jurisdiction considering factors such as hazards associated with the work, likelihood of injury, and other factors such as seasonal fluctuations and accident levels.
- 6.32 Communicate safety goals and emphasis to division heads and supervisors and monitor supervisory effectiveness in respect to safety. Safety supervision, training, and employee accident rates will be reviewed and evaluated by department heads on a regular basis and feedback given to supervisors.
- 6.33 Review all injury/illness and accident reports, investigate where necessary, and, regardless of whether accidents have actually occurred, take appropriate action, including discipline, for failure to follow defined safety procedures.
- 6.34 Ensure their department has at least one representative appointed to the Employee Safety Committee who is able to attend on a regular basis.
- 6.35 Regularly attend Executive Safety Committee meetings.

6.4 Division Heads and Supervisors

Division heads and supervisors shall:

- 6.41 Ensure that job sites and work practices are regularly reviewed for the purpose of identifying and controlling potential hazards.
- 6.42 Ensure that identified hazards are eliminated or controlled, using appropriate techniques, that those who might be injured are informed, and that hazards which require assistance from other work groups or high levels of authority are recorded and communicated to the appropriate recipients.
- 6.43 Identify job assignments which require the development of formal job safety procedures and initiate recommended procedures for approval following input from employees.
- 6.44 Provide leadership and set a personal example in respect to safety and insist on compliance with job safety procedures, initiating appropriate actions, including discipline, for noncompliance with job safety procedures or other instructions.
- 6.45 Carry on a safety training program to instruct employees in general safety, hazard identification, and hazards and job safety procedures associated with their job assignments. Such training shall be provided to new employees upon hire and communicated to current employees in regularly conducted safety discussions as outlined in the City's Illness and Injury Prevention Program (IIPP).
- 6.46 Determine whether a condition constitutes imminent danger and, if so, when it is once again safe to proceed with work.
- 6.47 Investigate and report all injuries and accidents to higher levels, taking appropriate action to prevent recurrence.
- 6.48 Attend Employee Safety Committee Meetings as necessary for purposes of accident review, inspection results, training documentation, etc.

6.5 Employees

Employees shall:

- 6.51 In no event, perform work in circumstances which constitute imminent danger.
- 6.52 Ask questions when uncertain about the safe way to perform an assignment or operate equipment and, in no event, operate hazardous equipment or operate equipment in a manner which constitutes a hazard.
- 6.53 Review work assignments and work sites for the purpose of identifying potential hazards and either eliminate such hazards or report to supervisors any hazards or potential hazards.
- 6.54 Report all injuries and accidents, no matter how slight.
- 6.55 Perform work in accordance with established job safety procedures, recognizing that their own safety and that of fellow employees is affected.

6.6 Executive Safety Committee

- 6.61 **Organization:** The Executive Safety Committee shall be composed of the Executive Staff. Meetings shall be held in conjunction with scheduled Executive Staff Meetings or as directed by the City Manager on a periodic basis.
- 6.62 The Executive Safety Committee shall review the effectiveness of City safety policy, initiate and review recommendations for changes to City safety policy and related procedures, and determine the appropriateness of expenditures regarding safety matters that warrant its attention. In addition, this committee will regularly review available statistical data related to injuries and determine ways to enhance safety initiatives and reduce departmental and City-wide injury rates.

6.7 Employee Safety Committee

- 6.71 **Organization.**
 - 6.711 As provided in Memoranda of Understanding, the certified employee organization for the Administrative, Technical and Clerical Representation Unit and the Field & Operations Representation Unit may appoint up to two committee members and one alternate from each representation unit. Such appointments shall be made after consulting with, and considering the concerns of the department head of the employee nominated for appointment to the committee. The City shall notify the employee organization of vacancies that occur.
 - 6.712 The City Manager may make other appointments and, when so doing, shall consider nominations from other certified employee organizations, department heads, and volunteers. Each department shall be required to appoint at least one employee to the Employee Safety Committee.
 - 6.713 Normally, committee members shall be appointed on or about the first of January of each year and shall serve a term of one year. Individuals may serve more than one term, and the timing and duration of appointments may be modified for the purpose of ensuring continuity of the committee's efforts.

- 6.714 The committee shall designate a chairperson and vice-chairperson for terms of six months. The vice-chairperson shall assume the duties of chairperson upon the expiration of the chairperson's term and/or in his/her absence.
 - 6.715 The City Manager shall appoint a liaison between the Executive Safety Committee and the Employee Safety Committee for the purpose of communicating information to/from the Executive Staff.
 - 6.716 In order to facilitate the Committee's work, its members or alternates shall be provided reasonable time to meet without causing overtime compensation and considering the needs of the City.
- 6.72 Duties.
- The committee shall:
- 6.721 Review injury/illness reports, safety awareness materials, safety policies, job safety procedures and practices, and, through the staff of the Safety Coordinator, make appropriate recommendations to individual supervisors, department heads, or the Executive Safety Committee.
 - 6.722 Meet one time per month or more frequently upon emergency call of the chairperson, City Manager, a department head, or a supervisor.
 - 6.723 Review problems presented by employees, supervisors, department heads, or the Executive Safety Committee and make appropriate recommendations.
 - 6.724 Establish appropriate sub-committees to focus efforts toward particular concerns, such as publicity (awareness), inspections, training, accident investigation, etc.
 - 6.725 Act as a means of communicating Health & Safety information between employees, the committee, and Executive management.

11.0 Injury and Illness Prevention Program (IIPP)

11.1 Commitment to Health and Safety

The City of Concord is committed to maintaining a safe and healthful workplace in compliance with all health and safety laws. Therefore, this Injury and Illness Prevention Program (IIPP) has been developed to prevent workplace accidents, illnesses and injuries.

11.2 Responsibility for Administering This Program

The program areas responsible for implementation and maintenance of the Injury and Illness Prevention Program (IIPP) are:

Title:	Manager of Facilities Maintenance	Risk Manager
Dept.:	Maintenance Services	Human Resources
Address:	1455 Gasoline Alley Concord, CA 94520	1950 Parkside Drive Concord, CA 94519
Phone:	925-671-3025	925-671-3407
Fax:	925-680-1660	925-671-3496

The duties of the Program Administrators include:

- ❑ Maintaining an occupational health and safety training program designed to instruct employees in general safe and healthy work practices.
- ❑ Implementing periodic inspections to identify unsafe conditions and work practices.
- ❑ Ensuring that all workplace hazards are identified, evaluated and corrected in a timely manner.
- ❑ Communicating with employees on occupational health and safety matters and encouraging employees to report hazards at the worksite without fear of reprisal.
- ❑ Ensuring that employees comply with safe and healthy work practices.

Other individuals responsible for carrying out these tasks include:

- ❑ Line supervisor - Responsible for providing specific instructions with respect to hazards specific to each employee's job assignment; regularly inspecting work areas under their supervision for safety hazards; and ensuring that employees comply with safe and healthy work practices.
- ❑ Supervisors, managers and department heads - Responsible for maintaining a safe and healthy workplace by ensuring that all workplace hazards that are identified are evaluated and corrected in a timely manner.

It is also the responsibility of every employee to practice safe work habits, to assist in keeping work areas clean and hazard-free, to report safety hazards to his/her supervisor, and to abide by all City safety rules and practices.

11.3 Identification and Evaluation of Workplace Hazards

Workplace areas will be physically inspected every six months by Maintenance Services to identify health and safety hazards. The inspections will be documented and the records will be kept in the Maintenance Services Department for review. Hazards identified as a result of these inspections and the actions taken to correct those hazards will be kept on file in the Maintenance Services Department for review. Contact 671-3025 to review those inspection records.

Fire inspections are also performed on these same sites every six months by the Contra Costa County Fire Protection District and those records are available for review upon request from Maintenance Services, 671-3025.

In addition, every supervisor is responsible for inspecting his/her work areas and monitoring employee work practices on an on-going basis (but no less than quarterly) to identify health and safety hazards. Safety Inspection Checklist forms to document the formal inspections are available from Human Resources upon request. A copy of each inspection is to be forwarded to Human Resources.

In addition to the scheduled inspections listed above and the on-going assessment of hazards, the Employee Safety Committee will arrange for unscheduled inspections unannounced. The subjects of these inspections will be chosen randomly but particular emphasis will be placed on:

- Areas where chemicals are routinely used and stored
- Areas where safety hazards have been previously observed
- Areas where repetitive injuries/illnesses are reported

11.3.1 Inspection of New or Previously Unrecognized Hazards

Whenever a new substance, process, procedure or equipment is introduced into the workplace, the immediate supervisor of the area will contact Maintenance Services to arrange an inspection and hazard assessment. If necessary, specialized consultants will be brought in to assist in the inspection and assessment. This procedure will also apply whenever the City of Concord is made aware of a new or previously unrecognized hazard.

11.3.2 Employee Reports of Hazards

All employees are required to report to their supervisors immediately any unsafe conditions or hazards they discover. Report of an imminent hazard should be verbal, followed up in writing, using the Report of Safety Hazard form. No employee will be disciplined or discharged for reporting any workplace hazard or unsafe condition. Employees who wish to remain anonymous may report unsafe conditions or hazards on Report of Safety Hazard form and forward the form to Human Resources or Maintenance Services without identifying themselves.

11.3.3 Documentation of Inspections

Records of scheduled and unscheduled hazard inspections will be kept and maintained at each inspection site. These records will be kept for at least three years after the inspection date.

11.3.4 Accident Investigation

All work-related accidents will be investigated in a timely manner. The immediate supervisor of the area where the accident, illness or injury took place will be responsible for investigating the incident and will complete the Supervisor's Follow-up Analysis of Accident/Injury/Illness form. Once completed, the form must be processed through the chain of command and returned to Human Resources within 5 workdays from the date of incident, with the yellow copy of the Injury/Illness Report attached.

After any accident occurs, the supervisor will investigate the incident. Any witnesses to the incident should be interviewed as part of the investigation. The purpose of the investigation is to provide information for determining the causes of the accident and what can be done to prevent a similar one from recurring. In any investigation, the following information should be gathered:

1. What was the injured person doing at the time of the accident?
2. What tools or equipment, if any, were involved?
3. Where did the accident occur (be specific, including location, area, or job site)?
4. What was happening around the work area (external influences)?
5. Did the injured person know what the hazard was?
6. Was the injured person trained to do the job?
7. What contributed to this accident, i.e., another work group, defective tool, faulty equipment?
8. Was more than one person involved? If so, who and how?
9. Were there any witnesses? If so, who are they and what did they see?
10. Was the accident preventable in your opinion?
11. Based on answers received in the investigation, make recommendations to prevent recurrence. (Recommendations must be action oriented. "Be more careful" is not satisfactory.)

11.4 Methods and Procedures for Correcting Unsafe or Unhealthy Conditions

11.4.1 Identified Hazards

All identified workplace hazards are to be controlled as specified in Employee Safety Policy & Procedure Number 38, Section 4.3 under Hazard Control Techniques. They include:

1. Eliminating the hazard
2. Removing affected person(s) from the hazardous situation (e.g., automation)
3. Isolating the hazard (e.g., protective barrier)
4. Guarding the person(s) (e.g., personal protective equipment or job safety procedure training)
5. Making the hazard obvious (e.g., warning sign)

6. Informing the person(s) about the hazard (e.g., oral and/or written warning)

11.4.2 Newly Discovered Health and Safety Hazards

Newly discovered health and safety hazards will be corrected in a timely manner. When new hazards are identified, either by scheduled or unscheduled inspections, or through employee complaints, the supervisor or the Safety Committee should be notified. All employee complaints will be evaluated and investigated.

11.4.3 Hazards That Give Rise to a Risk of Imminent Harm

Whenever possible, it is The City of Concord's intention to abate immediately any hazard which gives rise to a risk of imminent harm. When such a hazard exists which cannot be abated immediately without endangering employees, all exposed employees will be removed from the area of potential exposure except those necessary to correct the hazardous condition. All employees involved in correcting the hazardous condition will receive appropriate training in how to do so and will be provided with necessary safeguards and personal protective equipment. In situations in which it is not possible for employees to correct the hazard without placing themselves in danger, outside experts trained in abatement of the particular hazard will be hired to correct the condition immediately.

11.5 Workplace Safety and Health Training Program

Awareness of workplace safety and health hazards and knowledge of how to prevent or control such hazards is essential to a safe and healthful work environment. The City of Concord is committed to ensuring employee safety and health and to that end maintains a training program. Our training program is designed to instruct each employee regarding general safety procedures as well as hazards and safety procedures specific to each employee's work assignment.

11.5.1 Training Schedule

Training will be provided to every employee:

1. Upon hiring;
2. Whenever an employee is given a new job assignment for which training has not previously been provided;
3. Whenever new substances, processes, procedures or equipment which represent a new hazard are introduced into the workplace;
4. Whenever the City is made aware of a new or previously unrecognized hazard; and,
5. Whenever the City, the administrators of this program, or the department head or supervisor believe that additional training is necessary.

Training will be provided to supervisors and managers to familiarize them with the safety and health hazards to which employees under their immediate supervision may be exposed.

11.5.2 Documentation of Training

Except for new employee orientation, all safety and health training will be documented using the Safety Meeting/Safety Training Log. New employee training will be documented on the New Employee Safety Checklist. These safety and health training records must be kept for at least three years and must include: who was trained; training dates; type of training provided; and the identity of the person(s) providing the training.

11.5.3 Formal Training Frequency

The City has training programs that instruct every employee on general safety procedures as well as procedures and hazards specific to each employee's job. Each department has a training schedule listing the frequencies of training and subject matter. For a copy of departmental safety training schedule(s), employees should contact the manager of the department or Human Resources.

Remember, all training should be documented on the Safety Meeting/Safety Training Log and a copy sent to Human Resources. Inspections must be documented on PER-8, Safety Inspection Checklist and forwarded to Human Resources as well.

11.6 Communicating With Employees About Occupational Safety and Health Matters

11.6.1 Employee Safety Committee

There is a Citywide Employee Safety Committee. The duties of the Committee are as follows:

1. Promote employee safety in all workplaces;
2. Coordinate the IIPP among all departments;
3. Review illness/injury reports, safety awareness materials, safety policies, job safety procedures and practices, and, through the Safety Coordinator, make appropriate recommendations to individual supervisors, department heads, or the Executive Safety Committee;
4. Review and investigate any alleged hazardous condition or safety problem brought to the attention of the Committee by employees, supervisors, departments heads, or the Executive Safety Committee. No employee may be disciplined for bringing the Committee's attention to an alleged hazard;
5. When determined necessary by the Committee, conduct its own safety inspections of work areas to identify or investigate safety hazards; and,
6. Meet one time per month to conduct business, or more frequently upon emergency call of the chairperson, City Manager, a department head, or a supervisor.

11.6.2 Membership on the Safety Committee shall consist of the following:

1. As provided in the Memoranda of Understanding, the certified employee organization for the Administrative, Technical and Clerical Representation Unit and the Field and

- Operations Unit may appoint up to two committee members and one alternate from each representation unit. Such appointments shall be made after consulting with, and considering the concerns of the department head of the employee nominated for appointment to the committee. The City shall notify the employee organization of vacancies that occur.
2. The City Manager may make other appointments and, when so doing, shall consider nominations from other certified employee organizations, department heads, and volunteers.
 3. Normally, committee members shall be appointed on or about the first of January of each year and shall serve a term of at least one year. Individuals may serve more than one term, and the timing and duration of appointments may be modified for the purpose of ensuring continuity of the committee's efforts.
 4. The Committee shall designate a chairperson and vice-chairperson.
 5. In order to facilitate the Committee's work, its members or alternates shall be provided reasonable time to meet without causing overtime compensation and considering the needs of the City.
 6. The Committee shall have an Executive Staff member liaison, appointed by the City Manager, who will regularly attend the Employee Safety meetings.

Minutes of the Safety Committee's meetings shall be kept by a Committee member designated by the Committee and will be available to all employees for review in the Human Resources Department.

11.6.3 Departmental/Work Group Safety Meetings

Safety meetings will be conducted by supervisors and/or managers once per month. During these meetings, each manager and/or supervisor shall discuss with employees such issues as:

1. New hazards that have been introduced or discovered in the workplace
2. Causes of recent accidents, injuries or near-misses and the methods adopted by the City to prevent similar occurrences in the future
3. Any health and safety issue of concern to employees or deemed by the manager and/or supervisor to require further discussion or reinforcement

These safety meetings will be documented on the Training Log/Safety Meeting form and a copy will be forwarded to Human Resources to be stored with other safety records.

11.6.4 Anonymous Notification of Health and Safety Hazards

It is not necessary for employees to identify themselves when reporting health or safety hazards. Employees who wish to remain anonymous may do so by filling out the Report of Safety Hazard form and sending it to Human Resources, or to Maintenance Services, who shall investigate the report promptly and thoroughly.

11.6.5 Newsletter

Safety and Health features will appear in the Safety and Health Bulletins that are distributed monthly.

11.6.6 Program Compliance

Compliance with this program is essential to the safety and well being of all employees. Disciplinary procedures for non-compliance will follow the rules outlined in Policy and Procedure Number 37, Personnel Rules.

Questions, comments and suggestions regarding the content of this program should be referred to Maintenance Services at 671-3025 or Human Resources at 671-3407.

11.7 Workplace Security

Our City's Injury and Illness Prevention Program for Workplace Security addresses the hazards known to be associated with the three major types of workplace violence.

- ❑ Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act.
- ❑ Type II involves a violent act by a recipient of a service provided by our City, such as a client, customer, or a criminal suspect or prisoner.
- ❑ Type III involves a violent act by a current/former employee, or another person who has some employment-related involvement with our establishment, such as an employee's spouse or lover, and employee's relative or friend, or another person who has a dispute with one of our employees.

11.7.1 Responsibility

The IIPP administrator with the authority and responsibility for implementing the provisions of this security program for the City of Concord is the Risk Manager.

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

11.7.2 Compliance

City managers and supervisors are responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees.

All employees are responsible for using safe work practices, for following all administrative directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

Our system of ensuring that all employees comply with work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions which create a security hazard for others in the workplace, include:

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

11.7.3 Communication

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

1. New employee orientation on our workplace security policies, procedures and work practices
2. Review of our IIPP for Workplace Security
3. Training programs designed to address specific aspects of workplace security
4. Regularly scheduled safety meetings to discuss workplace security
5. Effective communication of safety, health and security concerns between employee, supervisors and managers, including translation where appropriate
6. Posted or distributed workplace security information
7. A system for workers to inform management about workplace security hazards and verbal or physical threats of violence that includes protecting employees from retaliation by the person making the threats
8. A safety and health committee that meets regularly, prepares written records of the safety and health committee meetings, reviews results of the periodic scheduled workplace security inspections, reviews investigations of workplace violence and makes suggestions to management for the prevention of future incidents, reviews threats and incidents, and submits recommendations to assist in the evaluation, training, and counseling of employees

11.7.4 Hazard Assessment

Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence will be performed regularly in conjunction with other safety and structural inspections by Building Maintenance/Maintenance Services. Other inspections will be undertaken when:

- New, previously unidentified hazards are recognized;
- Occupational injuries or threats of injury occur; and
- Whenever workplace security conditions warrant an inspection.

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

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

- Inspections for Type II workplace security hazards include assessing:
 1. Access to, and freedom of movement within, the workplace
 2. Adequacy of workplace security systems, such as door locks, security windows, physical barriers and restraint systems
 3. Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of the City
 4. Employees' skill in safely handling threatening or hostile customers
 5. Effectiveness of systems to warn others of a security danger or to summon assistance, e.g. alarms or panic buttons
 6. The use of work practices such as "buddy" systems for specified situations
 7. The availability of employee escape routes

- Inspections for Type III workplace security hazards include assessing:
 1. How effectively our establishment's anti-violence policy has been made known to employee's, supervisors or managers
 2. Awareness by employees, supervisors, and managers of the warning signs of potential workplace violence
 3. Access to and freedom of movement within, the workplace by non-employees, including recently discharged employees or persons with whom one of our employees is having a dispute
 4. Frequency and severity of employee reports of threats of physical or verbal abuse by managers, supervisors, and other employees
 5. How effectively violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled by management
 6. How effectively employee disciplinary and discharge procedures are handled

11.7.5 Incident Investigations

Procedures for investigating incidents of workplace violence include:

1. Reviewing all previous incidents involving violence at our workplace, including threats of violence and verbal abuse
2. Visiting the scene of an incident as soon as possible
3. Interviewing injured and threatened employees and witnesses
4. Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator
5. Determining the cause of the incident
6. Taking corrective action to prevent the incident from recurring
7. Recording the findings and corrective actions taken

11.7.6 Training and Instruction

All employees shall have training and instruction on general and job-specific workplace security practices. Training and instruction shall be provided as follows:

- ❑ When the IIPP is first established
- ❑ To all new employees and all other employees for which training has not been previously provided
- ❑ To all employees given new job assignments for which specific workplace security training for that job assignment has not been given
- ❑ Whenever the employer is made aware of a new or previously unrecognized security hazard

Training and instruction includes, but is not limited to:

- ❑ Explanation of the IIPP, including reporting any violent acts, threats of violence, or verbal abuse
- ❑ Recognition of workplace security hazards including the risk factors associated with the three types of workplace violence
- ❑ Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to supervisors or managers
- ❑ Ways to diffuse hostile or threatening situations
- ❑ Measures to summon others for assistance
- ❑ Employee routes of escape
- ❑ Emergency action and post-emergency procedures

11.8 Code of Safe Practices

- ❑ All persons shall follow these safe practice rules, render every possible aid to safe operations, and report all unsafe conditions or practices to their supervisor.
- ❑ Supervisors shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain observance.
- ❑ All employees shall be given frequent accident prevention instructions.

- ❑ Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
- ❑ Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
- ❑ Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
- ❑ Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless it has been determined that is safe to enter.
- ❑ Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to their supervisor.
- ❑ Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
- ❑ Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their supervisor.
- ❑ All injuries shall be reported promptly to the supervisor so that arrangements can be made for medical or first aid treatment.
- ❑ Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
- ❑ Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.

11.9 Safety Forms

Safety related forms are available upon request from Human Resources. They are also available on the City's Intranet and in the Safety Manual, Section 11. A copy of the Safety Manual is available in each department. For more information, contact your supervisor, Departmental Safety Coordinator, or Human Resources.

Forms available:

- ❑ Safety Inspection Checklist (PER-8)
- ❑ Report of Safety Hazard (PER-24)
- ❑ Supervisor's Follow-up Analysis of Injury/Illness (PER 34.1)
- ❑ Safety Meeting/Safety Training Log (PER-23)
- ❑ New Employee Safety Checklist (PER-20)

12.0 Ergonomics Guidelines

12.1 Purpose

The City of Concord, recognizing its employees need for guidelines and information on ergonomics, has prepared this Guide to Ergonomic Standards. The Guide was developed to provide employees of the City with an understanding of ergonomic principles, basic application, an overview of ergonomic issues that may be encountered, and general methods to control or eliminate them. By fitting the job to the person, we can improve both employee well-being and workplace efficiency.

Ergonomics is an approach to improving performance and reducing costs. Good use of ergonomics in the design of tool, equipment and workplace can:

- ❑ Reduce injuries, errors, defects and costs
- ❑ Reduce employee turnover and absenteeism
- ❑ Improve ease of use, morale and satisfaction
- ❑ Improve quality, productivity and customer service
- ❑ Stimulate innovation

12.2 Health Problems Associated with the Use of Computers

PATHOPHYSIOLOGY

12.2.1 Introduction

The human body was not made to keep pace with the speed of machines. As technology becomes more and more advanced, the capability to perform work practices are enhanced. However, the human body continues to have a finite physical capacity. Due to the fact that the human body has been trying to keep up with the speed of machines, various problems have emerged. **These problems include repetitive motion injuries.**

There are many factors that contribute to the cause of repetitive motion injuries. They are overuse or repetitive movements, excessive force, static-loading, poor posture, and poor personal and behavioral health. The following section will briefly explain the causes of these disorders, the symptoms that are attributed, the implications involved, and ways to prevent cumulative trauma disorders.

12.2.2 Repetitive Motion Injuries

There are many names for the problems that can result from working at computer workstations. Some of the names include Repetitive Motion Injuries (RMIs), Repetitive Strain Injuries (RSIs), and Cumulative Trauma Disorders (CTDs).

The most common problems which result from computer use are: tendinitis, inflammation of a tendon; tenosynovitis, inflammation of the tendon and its coating (sheath); epicondylitis, inflammation of the area where a tendon and bone are joined; and tenderness and pain in muscles, strain/myalgia/tension syndromes. Much less common, but more frequently discussed are problems involving nerves that

supply the upper extremities. These are called nerve entrapment syndromes or neuropathies, the most common of which is carpal tunnel syndrome.

12.2.3 Symptom Identification

In order to understand the symptoms of carpal tunnel syndrome, it is helpful to be familiar with the anatomy of the wrist. The carpal tunnel has nine tendons and one nerve that run through this space which is bound by a non-giving sheath, the retinaculum. When one tendon is overused, (i.e., from frequent, forceful hitting of the space key) a sequence of events begins. The tendon becomes stressed which leads to inflammation of the tendon and possibly its sheath. This takes up valuable space in the carpal canal. The individual perceives pain with use, and eventually tenderness, and possibly redness and swelling.

In trying to favor that tendon, another one may be used instead. This compensation can lead to a vicious cycle. What began as tendinitis in a single tendon, may lead to multiple tendon involvement and pressure on the median curve. Then, more serious and wide spread problems can occur, including pain even when not at the keyboard. Numbness or tingling, and discomfort with activities involving use of the hand may also be noticed.

12.2.4 Reporting Symptoms

If you or anyone you know has experienced any of the above-mentioned symptoms, it is important to report them to your/their supervisor immediately. **An early referral to a medical provider for repetitive motion injuries has proven effective in reducing both the severity of injury and the length of recovery.**

12.3 Laws and Regulations

CAL/OSHA is targeting safety and health issues that can be addressed through good ergonomics programs. The City is responding to changing laws and regulations Title 8-CAC Section 5110 to meet the needs of its employees. New laws such as the American with Disabilities Act (ADA) requires reasonable accommodations for individuals with special limitations be made.

12.4 Principles of Ergonomics

Ergonomics is a wide and diverse field of study that is difficult to summarize in a few simple rules. However, there are a number of basic design principles that can aid in making ergonomic improvements in the workplace. The Principles described in this guide are:

- ❑ Keep Everything in Easy Reach
- ❑ Work at Proper Heights
- ❑ Work in Good Postures
- ❑ Reduce Excessive Force
- ❑ Reduce Excessive Repetition
- ❑ Provide Change and Adjustability
- ❑ Provide Clearance
- ❑ Maintain a Comfortable Environment
- ❑ Provide Good Work Organization

Note: This section of the Ergonomics Standards lists good principles of ergonomic design along with examples of how they might be applied. Some applications may not be feasible, or even desirable, in specific situations. A case-by-case review of each task is necessary, and good judgement used in all cases.

The employee should feel free to report any Cumulative Trauma Disorders to their supervisor. Work site evaluations for any employee who makes a request can be arranged by contacting Human Resources.

12.4.1 Keep Everything in Easy Reach

Make layout changes to eliminate awkward and excessive reaches.

A good rule to follow is “watch where the elbow is.” If the elbow is anywhere but at its neutral position at the side of the body, it may indicate an excessive reach. Examples of ways to reduce reaches are:

- ❑ Reduce dimensions of the work surface
- ❑ Tilt the work surface
- ❑ Provide cut-outs into the work surface

12.4.2 Work at Proper Heights

- ❑ Adjust equipment for the height of each individual
- ❑ Adjust equipment for the nature of the work
- ❑ Allow for change
- ❑ Use a properly designed chair with a seat that curves down in front, supports the lower back and allows the height to be changed to suit different users. The back should keep the spine at a 90° angle to the thighs. Height should be adjusted to permit correct placement of the head, hands, and knees (you shouldn't have to hunch over to see the screen or bend the elbows more than 90° to reach the keys). Knees should be at about the same level as the hips.

Generally, you should do all work at elbow height whether sitting or standing. Contact Purchasing about chair information and cost.

12.4.3 Work with Good Posture

- ❑ Keep wrists in neutral posture
- ❑ Keep elbows at your side
- ❑ Keep back with natural curve of spine intact
- ❑ Correct hand and wrist placement are important. Shoulder muscles can become tense when arms and hands are held too high. Arms should be held comfortably at the user's side with the user's upper arm and forearm at about a right angle. Wrists should be in line with the forearm; wrist problems (such as carpal tunnel syndrome) can develop if they are bent at extreme angles.
- ❑ Good posture is essential for the user's comfort and well being, especially when sitting several hours a day. To prevent neck and back strain, the spine and head should be kept upright, and the user should sit well back into the chair. Placing feet on a footrest helps to take the strain off legs and back.

Changes in workstations and work methods can be made to keep the wrist in good posture. You can easily identify the neutral wrist position for yourself by dangling your arms relaxed at your side. Changes can be made in a variety of ways to keep the arms low and elbows in.

12.4.4 Reduce Excessive Force

- ❑ Reduce grasping force
- ❑ Reduce loads on shoulders and lower back
- ❑ Reduce the amount of force used when using the keyboard
- ❑ Reduce the amount of weights lifted by using mechanical aids (i.e., hand truck)

The amount of force needed to use a computer keyboard is less than eight (8) pounds per square inch. That means that a light touch is needed. If you are pounding the keyboard (i.e., making a lot of noise) you are applying over sixty (60) pounds per square inch. This adds extra stress to your fingers and wrist.

12.4.5 Reduce Excessive Repetitions

Work to improve your work station layout by eliminating many of the unnecessary hand and arm motions. Other ways to reduce excessive repetitions:

- ❑ Use power tools and equipment (i.e., electric stapler)
- ❑ Improve the way you handle material
- ❑ Eliminate double handing

12.4.6 Provide Clearance; Reduce Pressure Points

Make sure that you have enough space to work. Provide clearance for:

- ❑ Head
- ❑ Arms
- ❑ Torso
- ❑ Knees
- ❑ Feet

Work to reduce pressure points on the body. A closely related problem is when employees must lean against a sharp or hard edge or object. To reduce the hard edge use a form of padding. (i.e., keyboard pad)

12.4.7 Provide Change and Adjustability

There is no one “correct” posture best for an entire working day. The human body needs changes and mobility. For example, alternate between standing and sitting, or change work heights for variety.

12.4.8 Maintain a Comfortable Environment

Provide good lighting and eliminate shadows from your work. Reduce the amount of glare on your work area. Improvements can include:

- ❑ Task lighting focused on the areas where it may be needed
- ❑ Use indirect lighting to reduce direct glare
- ❑ Improve diffusers or shields to reduce direct glare

Good lighting is not always bright lighting. Glare can be reduced by pulling drapes or repositioning the VDT screen. Other options such as hoods, glare screens and/or special lighting should be utilized for further eye comfort.

12.4.9 Provide Good Work Organization

Good workplace design includes more than physical issues such as proper heights and good lighting. The bottom line is to be organized, ranging from task allocation to various administrative practices.

Ways to Improve Organization:

- ❑ Good Planning: anticipate, think ahead, and discuss
- ❑ Job Decision Latitude: Provide people with as much control as possible over the daily events of work life.
- ❑ Employee Involvement: Encourage employee ideas and input in decision making.
- ❑ Job Enlargement: Allocate more tasks and responsibilities to a job, rather than create an extremely narrow subdivision of labor.
- ❑ Communications: Provide mechanisms to share information, coordinate, and help plan.
- ❑ Team Building: Provide a sense of belonging and being valued, particularly in the small work group.
- ❑ Training: Conduct on-going programs to train personnel in the job and interpersonal skills.

12.5 Office Ergonomics

Ergonomic design in City offices has become increasingly important to all employees. Here are several things you can do to improve your workstation.

- ❑ Use a hard copy holder close to the monitor to reduce eye motions and discomfort and allow proper neck posture.
- ❑ The top of the monitor should be placed at eye level to allow proper head and neck position.
- ❑ Use a padded wrist rest to reduce arm and shoulder discomfort.
- ❑ Adjust your chair to the right height.
- ❑ Place keyboard at elbow height with a slight incline. All keyboards can be adjusted to meet your needs.
- ❑ Place both feet flat on the floor or use a footrest to provide stability.

12.6 Video Display Terminal

The following approaches are recommended for all video display users

- ❑ Employees engaged in extended periods of usage shall take a break from the terminal for fifteen (15) minutes after two (2) hours of consecutive work at the terminal.
- ❑ An Anti-glare filter will reduce the total amount of glare from lights and outside sources.
- ❑ Tilt the Monitor to 35 degrees to reduce glare and eye and strain.
- ❑ A well-designed video display terminal (VDT) lets the user make individual adjustments. For comfortable head and neck placement, the top of the screen should be positioned at eye level. The screen should also be 18" to 28" from the users eyes. To minimize tension in the shoulder muscles, the keyboard should be low enough so that the arms hang freely and elbows are bent at right angles. Depending on chair height, this would put the keyboard between 25" to 29" from the floor. Detachable keyboards and desks having a split-level design are ideal for this. Contrast should be adjusted to a comfortable level; not so bright as to cause flicker or be hard on the eyes.
- ❑ The work being copied should be near the VDT screen, at the same height and distance, to prevent eye and neck muscle strain from looking up and down between the work and the VDT screen.
- ❑ Good eye care can help prevent visual problems. Focusing at close range for long periods of time can sometimes cause blurred vision or eye soreness; common but temporary problems experienced by many people who work on jobs requiring a high degree of detail. To lessen the strain on eye muscles, as mentioned under design factors, the VDT screen should be at least 18" to 28" from the users eyes. Also, the user should look up and focus on something in the distance every 15 minutes or so. Itching and burning may be caused by dryness, but blinking now and then will help keep the eyes moist.

12.7 Risk Factors for Cumulative Trauma

	RISK FACTORS	PREVENTION
Repetition	The number of wrist, arm or back motions per day.	Reduce the number of motions, or smooth these motions
Force	The amount of exertion used, whether grip force, exertion on the arm, or compression on the back.	Reduce the exertion needed to accomplish the task.
Awkward Posture	The degree to which the body is in an awkward posture, or percentage of time in that posture; i.e., bent wrist, elbows away from the body, bent or twisted back.	Design task, equipment and tools to keep the wrists in neutral position elbows at the sides and the back with the natural curve of the spine intact.
Direct Pressure	Excess pressure on any part of the body.	Improve tool and equipment design to eliminate the pressure or provide cushioning.
Vibration	Exposure to vibrating tools or equipment.	Isolate the hand or body from the vibration
Temperature	Exposure to temperature extremes.	Prevent the exposure or provide insulation.

12.7.1 Risk Factors

Important considerations in understanding these risk factors are:

- ❑ The more factors involved, the greater the possibility of developing cumulative trauma.
- ❑ Conversely, if any or all of these factors can be reduced or eliminated, the risk of the problem can be lessened.
- ❑ Not all employees exposed to these factors will be affected. The risk of getting a disorder may be higher or lower depending upon the exposure, but it's not a guarantee.
- ❑ The levels of exposure (how many motions, at what levels of force) which can trigger a disorder are not yet known. Precise measurement of these factors is often difficult.

13.0 OSHA Bloodborne Pathogens Exposure Control Plan

As Required by 29 Code of Federal Regulations 1910.1030

13.1 Statement of Policy on Biological Safety Issues: Message from the City Manager

To our employees:

Each of you is important and integral to the success of our City. I am concerned for your health and welfare, and it is the intent of the Management of this city to do everything reasonably possible to assure that your health is not adversely affected by occupational exposures to hazardous materials or infectious agents.

Because of the potential hazards associated with bloodborne disease viruses (i.e. Human Immunodeficiency Virus, or the Hepatitis B Virus) that you may be exposed to during the completion of certain work tasks, the City has instituted an Exposure Control Program. This Exposure Control Plan is the cornerstone of the Exposure Control Program and describes the safety policies and procedures established to protect our employees from potential biological hazards. The associated training program will provide you with the information you need to do your job safely and effectively. Our supervisors will provide you with further guidance.

The City's Bloodborne Pathogen Exposure Control Plan and Illness and Injury Prevention Program are the core of the City of Concord's safety policies. It is vital that every employee reads and understands the safety policies and procedures described in both documents.

City Manager

13.2 Introduction

This Exposure Control Plan has been developed in response to both the Federal Occupational Safety and Health Administration's Bloodborne Pathogen Standard (codified under 29 CFR 1910.1030) and the City's concerns for employee safety. An employee only has to be accidentally exposed ONCE to pathogen-contaminated materials to become a carrier of a virus and, perhaps, to eventually become ill with the disease. Accidental exposures often occur because employees are unaware of correct handling procedures or because they choose not to follow standard safety practices.

To aid you in understanding how you may become exposed to infectious agents, the Exposure Control Plan developed by the City of Concord contains a chapter entitled "Employee Exposure Situations and Safe Work Practices." This chapter provides an overview of how exposure risks are assessed at the City, describes some job classifications in which occupational exposures to bloodborne pathogens may occur, and lists potential occupational exposure situations.

□ **EMPLOYEE EXPOSURE EVALUATION**

It is vital to the health and safety of employees to thoroughly analyze any exposure incidents which occur during the performance of work-related duties. A description of the City's process for evaluating circumstances surrounding actual exposure incidents is provided in the chapter entitled "Exposure Incident Evaluation."

□ **SCHEDULE FOR REVIEW AND IMPLEMENTATION OF EXPOSURE CONTROL PLAN**

The specific methods instituted to implement each of these sections of the Exposure Control Plan at the City of Concord are described in the designated chapters of this Exposure Control Plan. A schedule for program implementation is also provided in the chapter entitled "Schedule for Implementation of the Bloodborne Pathogen Standard." The Exposure Control Plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks or procedures which affect potential occupational exposure situations.

□ **AVAILABILITY OF THE EXPOSURE CONTROL PLAN**

The City of Concord makes the Exposure Control Plan available to all employees during working hours at the following locations: Human Resources, Police Department, Pump Station, Maintenance Services Department, and the Parks & Recreation Department.

The Bloodborne Pathogen Exposure Control Plan Summary is available as above, and in each worksite's Safety Manual.

13.3 Personnel Implementing the Exposure Control Program

The health and safety of each employee is extremely important to the management of the City of Concord. Any concerns regarding health and safety should be brought to the attention of a Department Head, Supervisor, or Human Resources.

Implementation of the Exposure Control Program is the responsibility of all management personnel. Titles and associated responsibilities of those directly in charge are given in the following paragraphs.

13.3.1 City Manager

This person holds the ultimate responsibility for all biological safety issues at the City. The City Manager, in cooperation with other administrators, provides continuing support, both motivational and financial, for the Exposure Control Program.

13.3.2 Exposure Control Program Administrator – Human Resources

This person must work with administrators and other employees and implement the policies of the City of Concord. Duties of this staff member include:

- ❑ Monitor procedures involving potential occupational exposure to potentially infectious materials;
- ❑ Guide the development of precautionary procedures and assure that adequate facilities are available for the storage and disposal of the kind of potentially infectious material to which employees may be exposed;
- ❑ Know the Bloodborne Pathogen Standard requirements concerning potentially infectious materials;
- ❑ Ensure that medical practices and training programs are in accordance with the requirements of the Bloodborne Pathogen Standard; and,
- ❑ Revise, review and improve the Exposure Control Program.

13.3.3 Supervisors

Supervisors are directly responsible for the safety of those they supervise. Supervisors are accountable to senior management for all safety issues concerning the workers they supervise. Among the supervisor's responsibilities:

- ❑ Ensure workers know and follow the procedures defined in this Exposure Control Plan;
- ❑ Ensure that protective equipment is available and in good working order;
- ❑ Ensure that training in both the proper procedures and the proper use of personal protective clothing and safety equipment has been provided;
- ❑ Provide regular hygiene, housekeeping and equipment maintenance inspections;
- ❑ Determine required levels of personal protective equipment;
- ❑ Inform Human Resources when an exposure incident has occurred;
- ❑ Ensure that facilities and training for tasks involving potential contact with potential infectious materials are adequate; and,
- ❑ Provide complete first aid kits (including gloves and resuscitation devices) that are accessible to all employees.

13.3.4 Employees

The City of Concord wants to provide the safest work environment possible. Ultimately, however:

YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY !!!

Employees must accept this responsibility and comply with City safety policies described in this Exposure Control Plan and in the associated training program. Everyone is expected to:

- ❑ Minimize all potential exposures to infectious materials or contaminated items;
- ❑ Avoid unsafe practices;
- ❑ Report unsafe conditions to supervisors;
- ❑ Label containers and samples holding potentially infectious materials appropriately;
- ❑ Be familiar with all hazards in their work area, biological or otherwise;
- ❑ Learn what precautions and protective equipment are needed for specific jobs;
- ❑ Practice good hygiene;
- ❑ Take responsibility for themselves and co-workers.

In summary, employees need to be familiar with all the procedures, techniques, policies and equipment that are there to help them work safely.

13.4 Methods of Compliance with Standard Safety Procedures

This section describes the engineering controls and personal protective equipment at the City of Concord for employees who may come in contact with blood, blood products, or other potentially infectious materials. This section also delineates specific safe work practices which must be followed by every employee who may be exposed to infectious agents.

- **UNIVERSAL PRECAUTIONS.** The principle of Universal Precautions is a conservative approach to infection control. Simply stated, the concept behind Universal Precautions is that:

All Human Blood and Body Fluids are Treated as if they are Known to Contain Hepatitis B Virus, Human Immunodeficiency Virus, or Other Bloodborne Pathogens.

This approach must be used by employees at the City whenever they handle blood, bodily fluids, or other potentially infectious materials. By making this assumption, employees will stringently avoid all contact with potentially contaminated items by following standard safety precautions, using proper safety controls, and wearing the appropriate personal protective equipment.

The advantages in this approach are obvious. Employees who come in contact with people or who handle blood, blood products, or other bodily fluids often have no idea whether they may be exposed to Hepatitis B Virus, Human Immunodeficiency Virus, or other bloodborne viruses. For example, source individuals may show no obvious symptom of carrying the virus. Unconscious accident victims will not be able to inform rescue units of their medical status. Vials of blood or blood products may not have appropriate warning labels, or these items may not have been tested for bloodborne pathogens. Waste containers may hold needles, personal hygiene items, or contaminated wastes from laboratories which may be engaged in work with infectious agents. Using Universal Precautions takes the guesswork out of how to respond to potential exposure situations safely.

- **ENGINEERING AND WORK PRACTICE CONTROLS.** It is the policy of the City of Concord to use engineering controls and work practices whenever possible to eliminate or minimize employee exposures to bloodborne pathogens. Personal protective equipment will be worn when the potential for occupational exposures remain after these controls have been implemented. The following sections describe the engineering controls and work practices currently in place. These engineering and work practice controls, as well as personal protective equipment, will be inspected regularly as provided for in Concord's Injury and Illness Prevention Program.
- **ENGINEERING CONTROLS.** Engineering controls are those devices which isolate or remove the bloodborne pathogen hazard from the work place. These engineering controls are routinely examined as part of a stringent inspection program. Table 3, below, lists the engineering controls which have been implemented, where appropriate, to protect employees from potential exposure situations. Table 3 also provides information on the inspection schedule for these controls.

TABLE 3. Engineering Controls and Inspection Schedule

ENGINEERING CONTROL	INSPECTION	COMMENT
Sharps Containers	Bi-annual	<p>Located in Jail & Main Property Room. Dayshift jailer is responsible for emptying containers on Monday and Friday, or when containers become full.</p> <p>Sharps containers for individual needles or syringes will be provided by Parks & Recreation Department to employees who may be expected to pick up litter which could include such sharps.</p>
Hand Washing Facilities	Bi-annual	Weekly cleaning by custodians. Facilities will have antiseptic soap.
Biohazard Waste Containers	Bi-annual	<p>Located in Jail & Main Property Room. Dayshift jailer is responsible for emptying containers on Monday and Friday, or when containers become full.</p> <p>Employees who recontainer waste products or who have need to dispose of soiled personal protective equipment will be provided with biohazard bags.</p>

- **HAND-WASHING FACILITIES.** Hand-washing facilities which are readily accessible have been made available to employees whenever feasible, in accordance with the Federal standard. Employees must wash their hands at these facilities every time they come in contact with items containing or contaminated with potentially infectious agents.

Where the construction of hand-washing facilities is not feasible, the City of Concord provides a water-less antiseptic hand cleanser. Employees must wash their hands with soap and running water as soon as possible after using these antiseptic cleansers.

The principal of good hand washing is that of using friction to mechanically remove microorganisms. Hand washing is the single most important means of preventing the spread of infection. Using proper hand washing techniques is important to the overall effectiveness of this preventive practice.

Site locations of hand-washing facilities:

- Police Department - Jail, Identification Room, Restrooms
 - Maintenance Services - Pump Station, Each Truck
 - Parks & Recreation - Maintenance Headquarters for Each Facility
- **WORK PRACTICES.** Work practices are defined as those procedures which have been developed by the City of Concord to reduce or eliminate employee exposures to bloodborne pathogens during the execution of their work tasks. In terms of basic safety during potential exposure situations, the chief safety policy of the City of Concord is to eliminate all exposures. Employees must understand these procedures fully, and they must implement these practices when appropriate.

- **THE IMPORTANCE OF AVOIDING ROUTINE EXPOSURES.** Employees must realize that one accidental exposure to bloodborne pathogens can result in serious health effects. All the procedures described in this Exposure Control Plan and associated training program must be strictly followed by employees.

The following procedures are mandatory under the Bloodborne Pathogen Standard, 29 CFR 1910.1030. These procedures have been implemented by the City and must be followed by all employees who may be exposed to bloodborne pathogens.

- **BASIC HYGIENE.** All procedures involving blood or other potentially infectious materials shall be performed in such a manner to prevent or minimize splashing, spraying, spattering, and generation of droplets of these substances. Employees must wash their hands immediately (or as soon as possible) after removal of gloves or other personal protective equipment.

If accidental skin contamination occurs, the area will be washed with copious amounts of soap and water for 15 minutes. If the eyes or mucous membranes are accidentally contaminated, they should be flushed with water for at least 15 minutes. All accidental exposures must be immediately reported to Human Resources and the area supervisor.

- **CONTAMINATED NEEDLES AND OTHER SHARPS HANDLING PROCEDURES.** Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure. Contaminated needles and other contaminated sharps will not be removed, bent, or recapped, unless it is through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is forbidden.

All sharps will be placed in appropriate containers immediately after use (or as soon as reasonably possible). These containers must be puncture resistant, labeled (and/or color coded) in accordance with the Federal standard. For further information, refer to the section entitled "Label Requirements" in this document. All sharps containers must be leak-proof on the sides and bottom.

- **ACTIONS PROHIBITED IN WORK AREAS.** Eating, drinking, smoking, applying cosmetics (including lip balm) and handling contact lenses is forbidden in areas where significant amounts of potentially infectious materials are generated or stored. This does not include public restrooms, unless they are visibly contaminated. Food and beverages must not be kept in refrigerators, freezers, shelves, cabinets, or on bench-tops where blood or other potentially infectious materials are present.
- **POLICE EVIDENCE.** At times the Police Department is required to preserve evidence that is potentially contaminated with bloodborne pathogens. In such cases, the materials will be air dried in a marked, restricted access room. Then the evidence will be labeled and stored, and the room disinfected. Employees will do everything possible to limit exposures while maintaining the integrity of the evidence.
- **CONTAINERING PROCEDURES.** Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping. These containers must be closed prior to being

stored, transported, or shipped. Containers for storage, transport, or shipping will be labeled in accordance with the standard and the procedures described in the chapter on labels in this document.

If outside contamination of the primary container occurs (or if specimens contained within the primary container could puncture that container), the primary container will be placed within a secondary container which prevents leakage during handling, processing, storage, transport, or shipping. The secondary container has to be puncture-resistant and labeled/color-coded under the requirements of the standard and the section entitled "Label Requirements" in this document.

- **EQUIPMENT-HANDLING PROCEDURES.** Prior to servicing or shipping, equipment which may become contaminated with blood or other potentially infectious materials will be examined and decontaminated, when necessary. A label prepared in accordance with the Federal standard and the section on labels in this document will be attached (if necessary) to the equipment, stating which portions remain contaminated. Designated employees of the City will ensure that appropriate hazard information is conveyed to all affected employees, as well as to servicing and repair representatives.

Procedures for equipment that is not being serviced or shipped are detailed in the section on housekeeping.

- **ADDITIONAL SAFE-WORK PROCEDURES.** All areas of potentially exposed skin shall be washed before leaving the work area. Water and a mild soap, or an antiseptic cleanser, should be used for skin cleansing. Solvents are not to be used as skin cleansers. They remove the natural protective oils from the skin and can cause irritation and inflammation.

Employees with acne, dermatitis, open wounds, or other skin problems should be extremely cautious when involved in potential exposure situations. Employees with skin problems will review safe work procedures with their supervisors or members of Human Resources.

- **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The City of Concord provides, at no cost to the employee, appropriate personal protective equipment for personnel who may be exposed to bloodborne pathogens. PPE will be considered appropriate only if it does not permit potentially infectious materials to pass through to or reach the employee's work clothes, undergarments, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used. Each department is responsible for determining the level of protection required and for providing the equipment. Table 4, below, is a general list of the personal protective clothing available at the City and how to obtain these supplies. Employees should consult their supervisor for details about the personal protective equipment required for their specific job.

If protective clothing is penetrated by blood or potentially infectious materials, these items must be removed immediately (or as soon as feasible). All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. Laundering, disposal, repair and replacement of this equipment will be done at no cost to the employee.

TABLE 4. Concord Personal Protective Clothing Policies

ITEM	HOW TO OBTAIN	COMMENT
Single-use Gloves	Available in Jail, Police cars, Parks & Recreation facilities and all City first-aid kits. Order supplies through Materials Management division.	Wear latex gloves whenever there is an opportunity for hand-contact with blood, blood products, mucous membranes, non-intact skin, other potentially infectious materials, or contaminated items and surfaces. Check for leaks, tears or punctures before each use. Use gloves only one time. Dispose in proper Biohazard container.
Utility Gloves	Available in Pump Station, through Parks Division and Maintenance Services. Order supplies through Materials Management division.	Use in the same circumstances as single-use gloves. Check for leaks, tears, punctures before each use. Dispose of contaminated gloves in proper Biohazard container.
Full Personal Protective Outfits for Gross Contamination	Available from Police Investigations or Property Room.	Outfits are for a single use and should be disposed of in proper Biohazard containers. Do not re-use.
Mouthpieces/Resuscitation Bags/Pocket Masks/Other Ventilation Devices	Available in Jail, at Parks & Recreation facilities, and in all City first-aid kits.	Each employee is responsible for disinfecting the device immediately after use.

- **GLOVES.** The routine use of gloves is one of the most basic safety procedures used to protect employees from the hazards associated with infectious agents. Gloves must be worn whenever there is an opportunity for hand-contact with blood, blood products, mucous membranes, non-intact skin, and other potentially infectious materials or contaminated items and surfaces.
- **DISPOSABLE GLOVES.** Disposable gloves (such as surgical or examination gloves) should be replaced promptly if they are torn, punctured, or their ability to function as a protective barrier is compromised in any way. Disposable gloves will not be washed or decontaminated for re-use.
- **GLOVES THAT ARE RE-USED.** Utility gloves (gloves designed for use more than a single time) may be decontaminated for re-use if the integrity of the glove is not compromised. Gloves used by the waste water division will be decontaminated as needed, but not less than once per week. Prior to use, to ensure that these gloves have no leaks, employees should blow air into the glove; seal the glove at the neck; and determine if air is released from holes in the glove. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.

- **HYPOALLERGENIC GLOVES.** Hypoallergenic gloves, glove liners, powderless gloves, or other similar protective gear are available to employees who are allergic to the gloves normally provided. Employees who require such items should contact their supervisor or members of Human Resources.
- **FACE PROTECTION.** Masks, in combination with eye protection devices (i.e. goggles, safety glasses with shields, face shields) must be worn when splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and contamination of the eyes, nose, or mouth can be reasonably anticipated. Employees with acne, dermatitis, or other ailments involving the facial region should consider wearing face protection while conducting operations where potential exposure may occur.
- **OTHER PROTECTIVE APPAREL.** Gowns, aprons, lab coats, or other similar outer garments may be worn in occupational exposure situations. The type of garment will be selected based on the degree of anticipated exposure. Employees should contact their supervisor or members of Human Resources if they have any questions concerning the type of personal protective apparel appropriate for certain job tasks. Such clothing will not be worn outside of designated work areas.

Surgical caps, hoods, shoe covers, or boots shall be worn in instances when gross contamination can be reasonably anticipated (i.e. autopsies, surgeries, clean-up of a significant release of potentially infectious materials). For routine work situations, close-toed shoes should be worn at all times.

- **USE OF PERSONAL PROTECTIVE EQUIPMENT.** Employees will use the appropriate personal protective equipment whenever they are potentially exposed to bloodborne pathogens. According to the Federal standard, the employee may temporarily and briefly decline to use this equipment when, in the employee's professional judgement, its use prevents the delivery of health care or poses an increased hazard to the employee or a co-worker. However, the City of Concord does not encourage this action. When an employee makes this judgement, the circumstances shall be thoroughly investigated in order to determine whether changes can be made to prevent other, similar occurrences.

If an employee declines to use personal protective equipment when they are potentially exposed to bloodborne pathogens, it will be treated as a "near miss" or exposure incident, depending on the circumstances. All exposure incidents and "near misses" must be reported. Please see the chapter titled "Exposure Incident Evaluation" for further details.

13.5 Housekeeping Procedures

Effective housekeeping is essential to minimize all occupational hazards. Good housekeeping is so important to protect workers from the hazards associated with potentially infectious agents that this section is dedicated to describing the pertinent housekeeping procedures at the City.

The City of Concord strives to maintain its work sites in a clean and sanitary condition. To do so, a rigorous cleaning schedule for the various work areas which contain potentially infectious materials has been instituted. Table 5, below, describes the cleaning protocol used at the City.

TABLE 5. Facility Schedule for Cleaning and Method of Decontamination

ITEM OR AREA	METHOD OF DECONTAMINATION	CLEANING SCHEDULE	DONE BY
Property Room	Clean with bleach solution or other approved disinfectant	Monthly or when visibly contaminated	Custodian
Jail Cells/ Holding Rooms	Clean with bleach solution or other approved disinfectant	Weekly or when visibly contaminated	Custodian
Police Cars	Clean with bleach solution or other approved disinfectant	Weekly or when visibly contaminated	Police Officer
I.D. Room	Clean with bleach solution or other approved disinfectant	Monthly or when visibly contaminated	Custodian
Booking Areas	Clean with bleach solution or other approved disinfectant	Weekly or when visibly contaminated	Custodian

- **SPECIFIC HOUSEKEEPING PROCEDURES.** The following housekeeping procedures are mandatory under the Bloodborne Pathogen Standard, 29 CFR 1910.1030. These procedures have been implemented by the City and must be followed by employees who are potentially exposed to bloodborne pathogens.
 - **DECONTAMINATION OF EQUIPMENT AND WORK SURFACES.** All equipment and working surfaces will be decontaminated after contact with blood or other potentially infectious materials. Work surfaces will be washed with disinfectant after completion of procedures which lead to contamination of these surfaces. All bins, pails, cans, and similar receptacles intended for reuse which may be expected to become contaminated with blood or other potentially infectious materials will be routinely inspected, cleaned, and decontaminated. These receptacles shall also be immediately decontaminated whenever they become visibly contaminated.
 - **BROKEN GLASSWARE.** Broken glassware which may be contaminated will never be picked up directly with the hands. A brush and dustpan, tongs, or forceps will be used to clean-up broken glassware. Employees must wear gloves every time they clean-up broken glassware.
 - **POTENTIALLY INFECTIOUS WASTE.** Contaminated sharps and other regulated waste must be discarded immediately after use. Containers for waste shall be:
 - Closable
 - Puncture resistant if used for contaminated sharps
 - Constructed to contain all contents and to prevent leakage of fluids during handling, storage, transport or shipping
 - Labeled/color-coded according to the Federal standard and the section on labels in this document
 - Easily accessible to personnel (i.e., found close to the work areas where potentially infectious materials are handled)
 - Maintained upright throughout use
 - Replaced routinely and not allowed to be overfilled

When moving containers of potentially infectious waste from the area of use, the containers will be closed immediately prior to removal to prevent the accidental release of contents and placed in a secondary container if leakage is possible or if outside contamination of the waste container occurs. This secondary container must be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and labeled/color-coded according to the Federal standard and the section designated "Label Requirements" in this document.

- **LAUNDERED ITEMS.** Contaminated laundry will be handled as little as possible with a minimum of agitation. Contaminated laundry will be containered in the area of use and shall not be sorted or rinsed in the location of use. Wet laundry which presents a potential leak problem will be placed in leak-proof containers. Contaminated laundry will be placed in containers which are labeled/color-coded according to the Federal standard and the section on labels in this document.

Waste water division laundry will be cleaned and disinfected at the pump station. Employees will use disinfecting detergent and a washing machine on site which are provided by the City.

All other potentially contaminated laundry, including Police Department laundry, will be sent to a specified laundry service - which complies with 29 CFR 1910.1030 - for cleaning and disinfecting. Each department is responsible for determining contaminated laundry practices, and paying for the cleaning. Department heads should implement a plan that allows employees to have contaminated laundry cleaned without cost to the employee and assures a minimum of abuse of the policy. Specific information can be found in Appendix B: "Vendor Information."

Employees who have contact with contaminated laundry must wear gloves and other appropriate personal protective equipment, as deemed necessary. Employees should contact their supervisor if they have any questions concerning the type of personal protective apparel appropriate for certain job tasks or about laundry procedures.

13.6 Employee Exposure Situations and Safe Work Practices

This chapter describes typical employee exposure situations and how to address exposure hazards through specific safe work practices. Typical employee exposure situations and the classifications they impact were determined through a survey of department heads and supervisors, and a thorough review of the City's Classification Specifications. In some classifications, impacted employees were interviewed as well. Employees who feel that their classification was wrongfully excluded from this plan should contact Human Resources to initiate a further review of job duties. This review may result in the classification being included under the plan's requirements.

Job categories and work tasks for City employees impacted by the standard are provided in a series of tables. Following every table is a description of specific safe work practices for each group. Appendix E lists specific City job classifications for each job category. **All employees should review Universal Precautions in Safe Work Practices for general practices used throughout the City.** The aim of safe work practices is to eliminate or reduce the exposure hazards which are associated with the work tasks

listed in each table. These procedures are based on the recommendations of the Center for Disease Control.¹

- **UNIVERSAL PRECAUTIONS IN SAFE WORK PRACTICES.** Since medical history and examinations cannot reliably identify all persons infected with bloodborne pathogens, precautions must be used by employees to prevent any contact with blood and bodily fluids. This approach, which is recommended by the Center for Disease Control, is referred to as "Universal Blood and Bodily Fluid Precautions" or "Universal Precautions."

The following safe work practices are advocated by the Center for Disease Control. The following set of safe work practices should be used by all employees in addition to the safe work practices specified for each group.

1. All workers will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or bodily fluids is anticipated.
 2. Gloves must be worn whenever employees anticipate touching blood, bodily fluids, mucous membranes, or non-intact skin.
 3. Gloves must be worn when handling items or surfaces contaminated with blood or bodily fluids.
 4. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other bodily fluids in order to prevent exposures of the mucous membranes of the mouth, nose, and eyes.
 5. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids.
 6. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
 7. Hands should be immediately washed after gloves are removed.
 8. Employees must take precautions to prevent injuries caused by needles, scalpels, syringes and other sharp instruments. Employees should always pay attention to their hands whenever they handle these sharps.
 9. To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
 10. After they are used, disposable syringes, needles, scalpel blades, and other sharp items must be placed in puncture-resistant containers for disposal. These containers should be as close as practical to the area where disposable sharps are used.
 11. Mouthpieces, resuscitation bags, or other ventilation devices should be available for employees who may reasonably be expected to perform CPR.
 12. Pregnant employees should review safe work procedures with their supervisor or Human Resources.
- **POTENTIAL EXPOSURE SITUATIONS FOR EMPLOYEES OF LAW ENFORCEMENT AGENCIES.** The following descriptions are geared toward the general duties associated with law enforcement. Procedures specific to certain operations may not be fully described.

¹ *Recommendations for the Prevention of HIV Transmission in Health Care Settings*, Morbidity and Mortality Weekly Report, Center for Disease Control, August 21, 1987.

JOB CATEGORY	WORK TASK	EXPOSURE SITUATION
Law Enforcement Employees:	Contact with drug paraphernalia.	Accidental self-inoculation and needle sticks.
Police Officers Reserve Officers	First-aid on victims of accidents, violence, or those experiencing medical emergencies.	Contact with blood, bodily fluids.
Police Lieutenants Police Sergeants	Administration of Cardio-Pulmonary Resuscitation.	Contact with saliva, open wounds of the mouth, aerosol droplets.
	Handling uncooperative individuals.	Getting bitten. Contact with blood, other bodily fluids.
	Contact with knives and other weapons.	Cuts from potentially contaminated items.
	Processing of crime scene during investigations.	Contact with blood, other bodily fluids, potentially contaminated items or surfaces.
	Searches of individuals or institutional facilities	Contact with drug paraphernalia (accidental self-inoculation and needle sticks). Contact with personal items (such as discarded condoms).

□ **SAFE WORK PRACTICES FOR EMPLOYEES OF LAW ENFORCEMENT AGENCIES**

The following safe work practices apply to the general duties associated with law enforcement operations. Practices which should be implemented during specific situations may not be fully represented.

1. Clothing which becomes contaminated with blood or other bodily fluids during operations should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.
2. Areas and equipment which become contaminated with blood or other bodily fluids should be cleaned immediately with a bleach solution (1:10 to 1:100 dilution of household bleach).
3. Whenever employees handle uncooperative individuals, they should attempt to keep sufficient control of the individual to minimize the opportunity to be bitten or spat on. Employees should always endeavor to obtain additional assistance whenever they handle an uncooperative individual. Follow Police Department policies and procedures.

- **POTENTIAL EXPOSURE SITUATIONS FOR LIFEGUARDS AND OTHER DESIGNATED FIRST AID/CPR RESPONDERS.** The following descriptions are geared toward the general duties associated with lifeguards and other designated First Aid/CPR responders. Procedures specific to certain operations may not be fully described. Note: This section is for personnel whose primary duties include first aid or CPR. Other employees are considered Incidentally Exposed (see section titled Incidentally Exposed Employees).

JOB CATEGORY	WORK TASK	EXPOSURE SITUATION
Lifeguards Parks & Recreation classes as assigned	First-aid on accident victims or those experiencing medical difficulties.	Contact with blood, other bodily fluids.
Sewer Field Crews	Performing Cardio-Pulmonary resuscitation on patients.	Contact with saliva, open sores in and around mouth, and other bodily fluids.

- **SAFE WORK PRACTICES FOR LIFEGUARDS AND OTHER DESIGNATED FIRST AID/CPR RESPONDERS.** The following safe work practices apply to the general duties associated with first aid and CPR practices. Practices which should be implemented during specific situations may not be fully represented.
1. Clothing which becomes contaminated with blood or other bodily fluids during responses should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.
 2. Areas and equipment which become contaminated with blood or other bodily fluids should be cleaned immediately with a bleach solution (1:10 to 1:100 dilution of household bleach).
 3. Mouthpieces, resuscitation bags, or other ventilation devices should be used whenever administering CPR.
- **POTENTIAL EXPOSURE SITUATIONS FOR EMPLOYEES OF CUSTODIAL SERVICES.** The following descriptions are geared toward the general duties associated with custodial services. Procedures specific to certain operations may not be fully described.

JOB CATEGORY	WORK TASK	EXPOSURE SITUATION
Custodian Lead Custodian	Cleaning sinks, toilets, other bathroom fixtures.	Contact with blood and other bodily fluids.
	Clean-up of vomit, other bodily fluids.	Contact with potentially infectious fluids and materials.
	Removal of wastes.	Contact with feminine sanitary items and other potentially contaminated materials. Handling disposed syringe needles and other potentially infectious materials.
	General site clean-up.	Contact with disposed syringe needles, disposed personal items, and other potentially infectious materials.
	Recontainering Materials	Accidental sticks and cuts from improperly discarded needles, syringes, and other sharps.

- **SAFE WORK PRACTICES FOR CUSTODIAL EMPLOYEES.** The following safe work practices apply to the general duties associated with custodial services. Practices which should be implemented during specific situations may not be fully represented.
 1. Employees should wear eye protection whenever they are cleaning toilets, sinks, or other facilities, or are handling waste containers.
 2. Clothing which becomes contaminated with blood or other bodily fluids during custodial activities should be removed immediately (or as soon as possible) and separated from other clothing until properly laundered.
 3. Areas and equipment which become contaminated with blood or other bodily fluids should be cleaned immediately with a bleach solution (1:10 to 1:100 dilution of household bleach).
 4. Utility (re-usable) gloves must be worn when removing wastes, recontainering materials, picking up litter or performing other work tasks which could lead to accidental sticks or cuts from discarded sharps.

- **POTENTIAL EXPOSURE SITUATIONS FOR EMPLOYEES OF THE WASTE WATER PUMPING STATION AND SEWER FIELD CREWS.** The following descriptions are geared toward the general duties associated with waste water operations. Procedures specific to certain operations may not be fully described.

JOB CATEGORY	WORK TASK	EXPOSURE SITUATION
Waste Water Pumping Station and Sewer Field Crews	Repairing Sewer Lines Cleaning & Washing Wet Well	Direct contact with raw sewage that is immediately downstream of a medical facility.
	TV Inspection Hydrocleaning Power Rodding Pump Repair	Contact with equipment that has been contaminated with raw sewage.

- **SAFE WORK PRACTICES FOR EMPLOYEES OF THE WASTE WATER PUMPING STATION AND SEWER FIELD CREWS**
 1. Utility (re-usable) gloves, water-proof boots, and other personal protective equipment as needed must be worn when doing work that involves contact with raw sewage.
 2. All personal protective equipment and clothing should be washed with a disinfectant at the end of each shift.
 3. Gloves should be worn whenever employees are cleaning and disinfecting equipment which might be contaminated.

- **INCIDENTALLY EXPOSED EMPLOYEES.** Certain City classifications have been determined to have incidental exposures to bloodborne pathogens. Due to the infrequency or nature of the job tasks entailed, these employees are considered to have almost no risk. Since there is still a slight risk of exposure, employees in these classifications will be provided with the same training and personal protective equipment as exposed employees.

With the low risk of exposure to bloodborne pathogens in some job types, OSHA believes that post-exposure prevention - including hepatitis B vaccinations within 24 hours of exposure -

minimize the risks to employees². Any employee who has an occupational exposure incident with bloodborne pathogens will be provided with post-exposure prevention measures. See the section titled Post-Exposure Vaccinations and Medical Evaluations for details.

The classifications which were studied and determined to have incidental exposure are listed in Appendix E.

- **HEPATITIS B VACCINATIONS.** Hepatitis B vaccinations are an important part of the Exposure Control Program which has been instituted at Concord. In keeping with the City's concerns for employee safety and the criteria that the City must meet under the Bloodborne Pathogen Standard, the City of Concord has implemented the guidelines described in this chapter for the Hepatitis B vaccination program.

Hepatitis B vaccinations are available, at no charge to the employee, to all employees who have reasonably anticipated occupational exposure to bloodborne pathogens. The vaccinations will be administered by or under the supervision of a licensed physician (or another licensed healthcare professional).

- **BOOSTER VACCINATIONS.** If, in the future, routine booster doses of Hepatitis B vaccine are recommended by the U.S. Public Health Service, these booster shots will be made available to City of Concord employees. These vaccinations are provided at no cost to the employee and are provided by or under the supervision of a licensed physician (or another licensed healthcare professional).
- **OBTAINING HEPATITIS B VACCINATIONS.** Vaccinations are provided after appropriate training, and within ten (10) working days of initial assignment to all employees who have occupational exposures to bloodborne pathogens.
- **EXEMPTIONS TO THE HEPATITIS B VACCINATION PROGRAM.** Employees who have already completed the Hepatitis B vaccination series are exempt from the City's vaccination requirements. Employees for whom antibody testing has revealed an immunity to the Hepatitis B virus or for whom vaccination is contraindicated for medical reasons are also exempt from the vaccination requirements.
- **EMPLOYEES WHO DECLINE THE HEPATITIS B VACCINATION SERIES.** Employees may decline the Hepatitis B vaccination. When an employee elects not to participate in the Hepatitis B vaccination program, the employee declining treatment must sign the following statement.

² OSHA Will Allow Hepatitis B Vaccinations After Some Workers Give First Aid, OSHA Up-To-Date, National Safety Council, October 1992.

□ **MANDATORY HEPATITIS B VACCINATION DECLINATION STATEMENT.**

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

Signature of the Employee

As indicated by the above statement, employees who decline Hepatitis B virus vaccination may receive the vaccination series at a later date. These vaccinations will be provided at no cost to the employee at that time.

- **POST-EXPOSURE VACCINATIONS AND MEDICAL EVALUATIONS.** An exposure incident is defined as a specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or potentially infectious materials that result from an employee's duties.

Post-exposure vaccinations and medical evaluations following an exposure incident are essential to an effective Exposure Control Program. These vaccinations and medical evaluations are available to all employees who have had an exposure incident, are provided at no cost to the employee, and are provided by or under the supervision of a licensed physician (or another licensed healthcare professional) at a reasonable time and place.

All necessary laboratory tests are conducted by an accredited laboratory. Accreditation of these facilities will be confirmed by a designate of Human Resources.

- **AVAILABILITY OF EVALUATIONS AND THEIR RESULTS.** Confidential medical evaluations and follow-ups will be made available to all affected employees following the report of an exposure incident. These medical evaluations will include the following elements (in accordance with the Bloodborne Pathogen Standard and the City's concerns for employee health and safety):
- Documentation of the routes of exposure and circumstances by which exposure occurred.
 - Identification and documentation of the source individual, unless such identification is not possible or prohibited by state or local law.
 - The source individual's blood will be tested as soon as feasible after consent is obtained in order to obtain the person's HIV/HBV status.
 - When the source individual's consent is not required by law, this individual's blood will be tested to determine HIV/HBV status.
 - When the source individual is already known to be infected with Hepatitis B Virus or Human Immunodeficiency Virus, testing for the person's HIV/HBV status need not be repeated.

- **MANDATORY TESTING FOR HIV.** The following laws and procedures are now in effect relating to police officers or victims:

1. Health and Safety Code, Section 199.97 deals with assaults on peace officers. If the accused is charged with a crime and it is alleged that the accused interfered with the official duties of the officer by biting, scratching, spitting, or transferring blood or other bodily fluid to that officer, the officer has the right to petition the court for a blood test of the accused for the AIDS virus and other communicable diseases.

Petitioning the Court – The court will promptly hold a hearing on the petition. If the courts find probable cause to believe that a possible transfer of blood, saliva, semen, or other bodily fluid took place between the accused and the peace officer, the court shall order the accused's blood to be tested.

Test Results – Copies of the test results will be sent to the accused and each requesting victim.

2. Penal Code Section 1524.1, Chapter 1088 authorizes a court, on request of a crime victim (including police officers) to issue a search warrant for the purpose of testing the accused's blood for the AIDS virus; as long as the accused has been charged with any crime (felony or misdemeanor) and there is probable cause to believe that the accused committed an offense that involved transmission of blood, semen, or any other bodily fluid identified in State Department of Health Services regulations as capable of transmitting the AIDS virus. Thus, any victim of any charged crime may request the court to issue a search warrant under this section.
3. The County Coroner's Office will test deceased person(s) for communicable diseases upon the request of police, fire, ambulance, or hospital personnel in appropriate cases.
4. Forms and further instructions are available in the Police Watch Commander's Office.

Results of the source individual's testing will be made available to the exposed employee. The employee will then be informed of the applicable laws concerning disclosure of the identity and infectious status of the source individual.

- **OBTAINING POST-EXPOSURE EVALUATIONS.**

In the event of a potential Bloodborne Pathogen exposure incident, it is extremely important to report the incident and be referred for medical evaluation immediately. It is highly recommended for exposed employees to be evaluated for Post Exposure Prophylaxis (PEP) within 2 hours of exposure.

POST EXPOSURE PREVENTION, INCLUDING HEPATITIS B VACCINATIONS WITHIN 24 HOURS OF EXPOSURE, IS BELIEVED TO MINIMIZE THE RISK OF ACQUIRING HEPATITIS B.

Medical evaluations for bloodborne pathogens will be handled by Muir/Diablo Occupational Medicine, in accordance with established workers' compensation procedures. To initiate the workers' compensation process the employee must complete the "Employee's Report of Injury" and the supervisor must complete the "Supervisor's Follow-up Analysis of Injury" forms. These forms should be completed and sent to Human Resources within one (1) working day. These forms are available from each City department.

If medical treatment is provided or there is lost time from work beyond the date of injury, the employee should complete the State of California Employee Claim Form (DWC-1). Employees shall also complete a "Possible Communicable Disease Exposure" form, which will enable health officials to notify the employee(s) if it is later determined that the source individual had a communicable disease. These forms are provided by Contra Costa County Health Services and are available at all hospital emergency rooms, in the Police Watch Commander's Office and in the Police Administration Division. Please see Administrative Directive No. 95 - Reporting Occupational Injuries and Illness - for more details on incident reporting procedures.

Post-exposure measures designed to prevent the spread of disease or development of disease symptoms will be made available to the employee, when medically indicated. This program follows the recommendations of the U.S. Public Health Service and includes counseling and evaluation of reported illnesses.

- **COLLECTION AND TESTING OF EMPLOYEE BLOOD SAMPLES.** A sample of the employee's blood will be collected as soon as possible after the exposure incident. The sample shall be tested for HIV/HBV status as soon as employee consent is obtained.

If the employee consents to baseline blood collection, but does not give consent at that time for Human Immunodeficiency Virus serologic testing, the sample shall be preserved for at least 90 days. If the employee elects to have the baseline sample tested within this 90 day period, such testing will be done as soon as possible after the decision has been made.

- **HEALTHCARE PROFESSIONAL'S WRITTEN OPINION.** The City of Concord will obtain a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. This written opinion will be immediately made available to the employee.

In terms of Hepatitis B Virus evaluations, the healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination. Written opinions concerning other results of post-exposure evaluations are limited to the following information, in accordance with the regulation:

- An indication that the employee has been informed of the results of the evaluation.
- An indication that the employee has been told about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

- All other findings or diagnoses not specified in the above paragraphs will remain confidential and cannot be included in the written report.
- **MEDICAL RECORDKEEPING.** The City of Concord maintains accurate medical records (in accordance with 29 CFR 1910.20) for employees with occupational exposures. These records include:
 - The name and social security number of the employee
 - A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations and any medical records related to the employee's ability to receive such vaccination
 - A copy of all results of examinations, medical testing, and follow-up procedures
 - A copy of the healthcare professional's written opinion
 - A copy of the exposure information supplied to the healthcare professional

These medical records will be kept confidential and will not be disclosed without the employee's express written consent to any person within or outside the work place (except as may be required by law). The City of Concord maintains these records for the duration of an employee's employment plus 30 years thereafter. These records will be maintained for the City of Concord by a contracted vendor in order to ensure accuracy and confidentiality. (Please see Table 6 - Record Keeping Procedures).

13.7 Labeling and Marking

- **COMMUNICATION OF HAZARDS TO EMPLOYEES.** Communication of the hazards associated with blood, blood products, or other potentially infectious materials is extremely important. The City of Concord provides such hazard information to employees through the use of labels and signs. The City also provides information and training programs which review the hazards associated with bloodborne pathogens. Information on training is provided in the next chapter on training.
- **LABEL REQUIREMENTS.** Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels should also be affixed to containers used to store, transport, or ship blood or other potentially infectious material.

Labels must include the universal biohazard symbol and be fluorescent orange or orange-red, with lettering or symbols in a contrasting color. The figure below depicts the universal biohazard symbol:



Labels are also required for equipment which has been contaminated with potentially infectious materials. Such labels will meet the requirements described in the previous paragraph, and specify which areas of the equipment are contaminated. Labels can be obtained through the Materials Management division.

- ❑ **MATERIALS EXEMPT FROM LABEL REQUIREMENTS.** Red bags or red containers may be substituted for labels. Individual containers placed in a labeled container during storage, transport, shipment, or disposal are also exempted from the label requirements. Regulated waste that has been decontaminated need not be labeled or color-coded. However, it is prudent practice to label all containers holding potentially infectious materials with the contents and the hazards associated with the materials.

13.8 Information and Training

The City of Concord provides all potentially exposed employees with appropriate training, in accordance with the Federal regulation and the City's concerns for employee health and safety. Such training shall be provided:

- ❑ At the time of initial assignment to tasks where occupational exposure may occur
- ❑ Within 90 days after the effective date of the standard
- ❑ Refresher training is provided annually. Additional refresher training may also be provided to employees on the recommendation of Human Resources or supervisors

Additional training will be provided when changes in equipment, tasks, or procedures create new potential exposure situations. This additional training will be provided to employees on the recommendation of their supervisor or members of the City's Human Resources Department.

- ❑ **TOPICS COVERED DURING TRAINING.** The training programs offered by the City of Concord include the following elements:
 - ❑ An accessible copy of the regulatory text of the Bloodborne Pathogen Standard, 29 CFR 1910.1030, and an explanation of its contents
 - ❑ A general explanation of the modes of transmission of bloodborne pathogens
 - ❑ An explanation of the Exposure Control Plan
 - ❑ An explanation of the appropriate methods for recognizing tasks that may involve exposure to potentially infectious materials
 - ❑ Information on:
 - ❑ The types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
 - ❑ Hepatitis B vaccine
 - ❑ Appropriate actions to take in an emergency involving potentially infectious materials
 - ❑ Emergency incident reporting procedures and medical evaluations which will be made available
 - ❑ Post-exposure evaluations and vaccinations that are provided after an exposure incident
 - ❑ An explanation of the signs and labels used to convey hazard information
 - ❑ An opportunity for interactive questions and answers with the person conducting the training session

Employees should contact their supervisor or Human Resources if they have any questions concerning these training subjects or when they feel they need additional training.

- **EXPOSURE INCIDENT TRAINING.** Exposure incidents which occur at the City will be reviewed during the training sessions. Items to be discussed during this portion of the training will include:
 - Pathogen (if known) to which personnel were exposed
 - Specific location of exposure
 - Description of how exposure occurred
 - Sequence of exposure incident
 - Task and activity at time of exposure
 - Causal factors
 - Nature of exposure and part of body contaminated
 - Corrective actions

- **TRAINING RECORDS.** Training records for the City are kept in Human Resources, except the Police Department keeps its own records. These records include the following items:
 - The dates of the training session;
 - A summary of the training session;
 - The names and qualification of all persons conducting the training; and,
 - The names and the job titles of all persons attending the training sessions.

The training records are maintained for at least three years from the date on which the training occurred.

13.9 Recordkeeping Procedures

The OSHA Bloodborne Pathogen Standard describes stringent requirements for the maintenance of medical and training records. This information can be extremely important in assessing the exposure and health history of the employee. Detailed reviews of the record-keeping procedures specific to medical records and training records which are implemented at the City of Concord (and required by the Bloodborne Pathogen Standard) are provided within the chapters on medical evaluations and training in this document. Additional information concerning medical and training records is given in the following sections.

- **EMPLOYEE RECORDS.** Employee medical and training records are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to designated representatives of the Federal Occupational Health and Safety Administration. Such records shall be maintained for at least the duration of employment plus 30 years in accordance with Title 8 GISO Section 3204. Should an employee leave the City and be hired by another company, their medical records will be transferred in accordance with the procedures set forth in 29 CFR 1910.20.

- **MAINTENANCE OF RECORDS.** Table 6, below, summarizes the record-keeping procedures in place at the City of Concord for the records required by the Bloodborne Pathogen Standard, as well as other records which may be pertinent to employee health and safety.

TABLE 6. Recordkeeping Procedures

RECORD	LOCATION	RESPONSIBLE PERSONNEL	COMMENT
Medical	Muir/Diablo Occupational Medicine	Human Resources	
Training	Human Resources Office or Police Department	Human Resources and Police Department	

13.10 Schedule for Implementation of the Bloodborne Pathogen Requirements

Table 7, below, outlines the schedule for this City's implementation of the applicable elements of the Bloodborne Pathogen Standard.

TABLE 7. Schedule for Implementation of Exposure Control Program

ELEMENT OF THE STANDARD	SLATED IMPLEMENTATION DATE AT THE CITY	ACTUAL IMPLEMENTATION DATE AT THE CITY
Exposure Control Plan	Oct. 30, 1992	Nov. 30, 1992
Training and Information	Nov. 30, 1992	Nov. 30, 1992
Record-keeping	Nov. 30, 1992	Nov. 30, 1992
Engineering Controls	Nov. 30, 1992	Nov. 30, 1992
Work Practices	Nov. 30, 1992	Nov. 30, 1992
Personal Protective Equipment	Nov. 30, 1992	Nov. 30, 1992
Housekeeping	Dec. 21, 1992	Nov. 30, 1992
Special Practices for HIV/HBV research laboratories and production facilities		
Hepatitis B Vaccination Program	Nov. 30, 1992	Nov. 30, 1992
Post-Exposure Vaccinations and Medical Follow-ups	Nov. 30, 1992	Nov. 30, 1992
Labels and Signs	Nov. 30, 1992	Nov. 30, 1992

13.11 Exposure Incident Evaluation

Exposure incident investigation is a necessary and effective technique for preventing future occurrences. When an exposure occurs, it is vital that supervisors and employees take the opportunity to determine the causes of an incident and to determine how to eliminate them. This section of the Exposure Control Plan describes the incident investigation policies for the City of Concord.

- **EXPOSURE INCIDENT REPORTING.** All exposure incidents and "near misses" must be reported. Employees and supervisors must consider that even near misses represent warnings of

future exposure incidents. All accidents and incidents should also be investigated and the underlying causes determined.

- **IMMEDIATE ACTIONS TO TAKE IN THE EVENT OF THE EXPOSURE.** The safety and health of employees and visitors is of primary concern. Supervisors must insure exposed employees receive the medical attention appropriate to the exposure they received. Contact members of Human Resources to initiate the appropriate exposure incident response procedures at the City of Concord.
- **SECURE THE SITE OF THE EXPOSURE INCIDENT.** During certain incidents, the site of the exposure incident may need to be isolated for the duration of emergency response procedures and subsequent investigation. Nothing should be removed from the exposure site without approval from the personnel in charge of the situation. Investigations will be more effective if the site is maintained as it was when the exposure occurred, insofar as is possible.
- **PRESERVING EVIDENCE.** Area supervisors/safety personnel may be required to gather evidence quickly and efficiently. Observing and recording fragile or perishable evidence, reviewing environmental conditions, the use of photography and interviewing witnesses are all techniques used to gather data for the subsequent exposure investigation.
- **REPORTS.** The purpose of exposure incident reporting is to alert and inform people about the circumstances of an accident. The report should be clear and concise and describe the events and details of the investigation. Some of the information that should be in an exposure incident evaluation report (based on the Federal Occupational Safety and Health Administration's Form 101), includes the following items:
 - Name of personnel exposed
 - Social Security Number
 - Sex and Age of exposed personnel
 - Home address
 - Date of exposure incident
 - Occupation at time of exposure
 - Employment category (regular, seasonal, etc.)
 - Length of employment
 - Time in occupation or job assignment at time of exposure
 - Specific location of exposure
 - Pathogen (if known) to which personnel was exposed
 - Phase of employee's work day at time of exposure
 - Description of how exposure occurred
 - Sequence of exposure incident
 - Task and activity at time of exposure
 - Posture of employee (i.e. standing at lab bench)
 - Supervision at time of exposure
 - Causal factors
 - Nature of exposure and part of body contaminated
 - Time of exposure
 - Quantity of material to which personnel was exposed
 - Name and address of physician and hospital performing post-exposure examinations

- ❑ Names of others potentially exposed in same incident
- ❑ Date of subsequent diagnosis of illness resulting from incident
- ❑ Corrective actions

Additional information that may be included in a report to management could include a cost analysis of the accident and comments on corrective actions and training needs.

Employee's Report of Injury and Supervisor's Follow-up Analysis of Injury forms are used to investigate exposure incidents. These forms are available in each City department. All exposure incident investigation records are maintained by Human Resources.

13.12 Glossary

The following is a summary of important terms which can be found in the OSHA Bloodborne Pathogen Standard and reference materials that are provided to employees as part of this Company's information and training programs. Supervisors and employees may wish to review and become familiar with these definitions.

- ❑ **ANTIBODY.** A molecule made by lymph tissue that defends the body against bacteria, viruses, or other foreign bodies. Also called immunoglobulins.
- ❑ **ANTIGEN.** A substance foreign to the body that causes the body to produce antibodies.
- ❑ **ASSISTANT SECRETARY.** The Assistant Secretary of Labor for Occupational Safety and Health or a designated representative.
- ❑ **BACTERIA.** A one-celled microorganism that can cause infection.
- ❑ **BLOOD.** Human blood, human blood components, and products made of human blood.
- ❑ **BLOODBORNE PATHOGEN.** Pathogenic microorganisms present in human blood and that can cause disease in humans.
- ❑ **CHAIN OF INFECTION.** The sequence of events that must occur for an infection to spread.
- ❑ **CLINICAL LABORATORY.** A work place where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- ❑ **COMMUNICABLE.** Capable of being transmitted from person to person.
- ❑ **COMMUNICABLE DISEASE.** Any disease carried from one person or animal to another by direct or indirect contact.
- ❑ **CONTAMINATED.** Presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- ❑ **CONTAMINATED LAUNDRY.** Laundry which has been soiled with blood or other potentially infectious materials on an item or surface.
- ❑ **CONTAMINATED SHARPS.** Any contaminated object that can penetrate skin.
- ❑ **DECONTAMINATION.** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point they are no longer capable of transmitting infectious particles.
- ❑ **DIRECTOR.** Director of the National Institute of Occupational Health and Safety, U.S. Department of Health and Human Services, or designated representatives.
- ❑ **DISEASE.** A condition of abnormal function involving any structure, part, or system of an organism that may or may not stem from an infection.
- ❑ **ENGINEERING CONTROLS.** Controls that isolate or remove bloodborne pathogens from the work place.

- ❑ **EXPOSURE INCIDENT.** Specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that result from the performance of an employee's duties.
- ❑ **FUNGUS.** A parasitic plant that lacks chlorophyll.
- ❑ **HAND-WASHING FACILITIES.** A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
- ❑ **HBV.** Hepatitis B virus.
- ❑ **HIV.** Human immunodeficiency virus.

- ❑ **HOST.** Person who becomes diseased by being infected by bacteria, viruses, or fungi.
- ❑ **INFECTION.** The invasion of the body by organisms that reproduce and cause disease.
- ❑ **INFECTIOUS AGENT.** An organism responsible for a disease.
- ❑ **LICENSED HEALTHCARE PROFESSIONALS.** Persons whose legally permitted scope of practices allows them to perform Hepatitis B vaccinations, post-exposure evaluations, and medical follow-ups.
- ❑ **MODE OF TRANSMISSION.** The way in which organisms are carried from reservoirs to hosts.
- ❑ **OCCUPATIONAL EXPOSURE.** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties.
- ❑ **OTHER POTENTIALLY INFECTIOUS MATERIALS.** These materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. Potentially infectious materials also include any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult to differentiate between body fluids. Other potentially infectious materials also include any unfixed tissue or organ (other than intact skin) from a human (living or dead); 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 Human Immunodeficiency Virus or Hepatitis B Virus.
- ❑ **PARENTERAL.** The action of 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 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.
- ❑ **PRODUCTION FACILITY.** A facility engaged in industrial-scale, large-volume or high concentration production of Human Immunodeficiency Virus or Hepatitis B Virus.
- ❑ **REGULATED WASTE.** Liquid or semi-liquid blood or other potentially infectious materials and contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Regulated wastes also include items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious materials.
- ❑ **RESEARCH LABORATORY.** Laboratory producing or using research laboratory-scale amounts of Human Immunodeficiency Virus or Hepatitis B Virus.
- ❑ **RESERVOIR.** A place where organisms can survive and multiply without necessarily causing or exhibiting disease in a potential host population.
- ❑ **ROUTE OF ENTRY.** The way in which an organism enters a host.
- ❑ **SOURCE INDIVIDUAL.** Any individual, living or dead, whose blood or other potentially infectious fluids may be a source of occupational exposure to the employee.

- ❑ **STERILIZE.** The use of physical or chemical procedures to destroy all microbial life.
- ❑ **UNIVERSAL PRECAUTIONS.** An infection control approach in which all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus, Hepatitis B Virus, and other bloodborne pathogens.
- ❑ **VIRUS.** Extremely small microorganisms that can only grow in the cells of other organisms.

13.13 Vendor Information

- ❑ **PERSONAL PROTECTIVE EQUIPMENT AND ENGINEERING CONTROLS**

Local

- Brenton Safety, Benicia, CA (800) 713-4888
- Grainger, Concord, CA..... (925) 686-6654
- Industrial Safety Supply, Emeryville, CA (800) 441-1598

24 - 72 Hour Delivery

- Lab Safety Supply, Janesville, WI..... (800) 356-0783
- NorMed Medical, Seattle, WA (800) 288-8200

- ❑ **POST-EXPOSURE EVALUATIONS**

- Muir/Diablo Occupational Medicine(925) 685-7744

- ❑ **HBV VACCINATIONS**

- Muir/Diablo Occupational Medicine(925) 685-7744

- ❑ **WASTE DISPOSAL**

- Integrated Waste Control (510) 583-7980

13.14 Employee Exposure Evaluation Form

This form will be used when an employee requests a re-evaluation of occupational exposure hazards. Please complete this form to the best of your ability. The information you provide will be used in the City of Concord's review of potential employee exposures to bloodborne pathogens (i.e. the Hepatitis B Virus, the Human Immunodeficiency Virus). The information requested in this document ONLY refers to occupational exposures that you may experience during your work for the City. The information you provide will be kept confidential and will be reviewed ONLY by designated City employees.

All questions concerning this form should be directed to Human Resources.

Name: _____ Job Title: _____

Brief description of job duties: _____

Please circle the appropriate responses:

How often do you come in direct contact with a human body by handling a person (living or dead) as a routine part of your work duties?

Never Daily Weekly Monthly Other: _____

What types of biological materials do you have greatest potential to come in contact with on the job?

HUMAN:

- | | |
|---|---|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Cerebrospinal Fluid |
| <input type="checkbox"/> Saliva | <input type="checkbox"/> Synovial Fluid |
| <input type="checkbox"/> Vomit | <input type="checkbox"/> Pleural Fluid |
| <input type="checkbox"/> Serum | <input type="checkbox"/> Pericardial Fluid |
| <input type="checkbox"/> Plasma | <input type="checkbox"/> Peritoneal Fluid |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Amniotic Fluid |
| <input type="checkbox"/> Vaginal Secretions | <input type="checkbox"/> Cell/Tissue Cultures |
| <input type="checkbox"/> Tissue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Organs | <input type="checkbox"/> All of the Above |

ANIMAL:

- Blood
- Organ
- Tissue
- Other: _____
- All of the Above

Have these animals been infected with Human Immunodeficiency Virus or Hepatitis B virus?

Yes No

Are you:

- a) A member of an emergency response team?
- b) Trained in first aid and authorized to practice first aid on the job?
- c) Trained in Cardio-Pulmonary Resuscitation (CPR) and authorized to perform CPR on the job?
- d) A healthcare worker?
- e) A police officer, fire-fighter, emergency medical technician, or other person who may come in contact with a human body (living or dead) during an emergency situation?

Do you ever see the following symbol on containers you handle or in work areas that you enter?

Yes No

Have you received immunization for the Hepatitis B Virus? Yes No



Are you likely to handle the following items during the performance of your work duties? How often?

ITEM	DO YOU HANDLE THE ITEM (YES OR NO)	FREQUENCY OF CONTACT (I.E., DAILY, WEEKLY)
Syringes		
Needles		
Uniforms		
Linens		
Discarded Condoms		
Feminine Sanitary Products		
Discarded Bandages		
Discarded Diapers		
Infectious Waste Containers		
Other Waste Containers		
Potentially Contaminated Broken Glass		
Equipment Containing Blood, Bodily Fluids		
Vials, Test Tubes, Bags, Other Containers Holding Blood, Other Bodily Fluids		
Other:		

Have you ever been sprayed or splashed with blood or other bodily fluids? Yes No

Provide a brief description of incident? _____

Have you ever been pricked by a needle while performing work-related duties? Yes No

Provide a brief description of incident? _____

Have you been cut by broken glass or other objects potentially contaminated with infectious materials while performing work related duties? Yes No

Provide a brief description of incident? _____

Have you ever been bitten by a person during the performance of your work duties? Yes No

Provide a brief description of incident? _____

Do you perform housekeeping or maintenance in areas where potentially infectious materials are used?

Yes No

Have you ever cleaned up blood or other bodily fluids?

Yes No

Have you cleaned areas (i.e. lab benches, sinks) obviously contaminated with blood or other bodily fluids?

Yes No

13.15 Occupational Exposure to Bloodborne Pathogens: OSHA'S Safety Standard

- **INTRODUCTION TO THE BLOODBORNE PATHOGEN STANDARD.** Protecting employees from occupational exposures to disease-causing viruses and bacteria has become an extremely significant issue in many work places. Work situations which present the possibility for contact with blood, bodily fluid, or biological agents pose infectious disease risks. For example, the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) are pathogens that are transmitted through blood and other bodily fluids. Employees who have occupational contact with blood or other potentially infectious materials face the possibility of contracting these viruses and developing severe health problems.

Several safety studies have been conducted which have focused on the transmission of diseases through occupational exposures. Many of these studies have focused on occupational exposures to Human Immunodeficiency Virus, because most individuals who contract this virus later develop Acquired Immune Deficiency Syndrome (AIDS). A few of the published cases are described in the following paragraphs to provide examples of occupational exposures to bloodborne pathogens.

- **Case 1:** A hospital worker sustained an accidental self-inflicted injection of "several milliliters of blood while obtaining blood in a vacuum collection tube from an AIDS patient." The worker subsequently sero-converted to an HIV-antibody positive status and has since developed AIDS.
- **Case 2:** A U.S. Navy hospital corpsman punctured his fingertip while disposing a phlebotomy needle from a patient (who was LATER diagnosed with AIDS). The corpsman remained HIV-negative for 6 months before sero-converting to a HIV-positive status.
- **Case 3:** A laboratory worker who handled HIV-concentrated materials tested sero-positive for the virus. The worker did not recall any direct skin exposure, but did report having dermatitis of the arm. The worker also reported instances of handling materials while wearing gloves which had pinholes and tears.

To address the hazards associated with occupational exposures to disease-causing agents, The Federal Occupational Safety and Health Administration (OSHA) issued a final rule³ which covers all employees who may be exposed to bloodborne pathogens through work-related contact with blood or other potentially infectious materials. The regulation is codified under 29 CFR 1910.1030. Employers at **ANY** facility who have workers who handle, or who have the potential to come into contact with blood, other bodily fluids which may contain bloodborne pathogens, or contaminated items, must comply with this regulation.

³ Federal Register vol. 56 pp 64175 et seq.

□ **OVERVIEW OF REGULATED FACILITIES**

The reason that the Bloodborne Pathogen Standard impacts so many diverse fields becomes obvious after analyzing work-related duties to determine where the potential for exposure to bloodborne pathogens occurs. For example, office staff in research laboratories or medical clinics may occasionally enter areas in which samples containing bloodborne pathogens are handled or where potentially infectious items are stored.

Custodial staff may manage wastes containing contaminated items, or clean toilets and sinks which are potentially contaminated with infectious materials. Linen and laundry service personnel may routinely handle items contaminated with blood or bodily fluids.

Though the Human Immunodeficiency Virus does not readily survive in environments such as toilets, sinks, and linens, the Hepatitis B Virus is viable in conditions which immediately destroy other bloodborne pathogens. Custodial staff and laundry service personnel must protect themselves from exposures to bodily fluids and potentially infectious materials.

Medical and dental staff always face the possibility of contact with blood or other bodily fluids whenever they handle patients. Because these employees have the opportunity for direct contact with blood or other bodily fluids, they are at risk for contracting the Human Immunodeficiency Virus, Hepatitis B, and other bloodborne pathogens. Phlebotomists at blood banks and employees at hemodialysis centers may be exposed to bloodborne pathogens while conducting routine procedures; they face many of the same risks as medical and dental staff.

Emergency medical personnel, lifeguards, and fire department rescue units also have the potential to be exposed to bloodborne pathogens when they treat accident victims or people experiencing medical difficulties. Police officers, in the line of duty, may be exposed to contaminated drug paraphernalia or come into contact with people who are injured (or who, through violence, present an exposure risk). Employees at correctional facilities may be exposed to the blood or bodily fluids of the individuals they supervise (i.e. getting bitten).

Care-givers for nursing homes, hospices, or home health care services experience potential exposure situations whenever they come into contact with the bodily fluids of the individuals in their charge. Employees at funeral homes may be exposed to blood or other bodily fluids whenever they handle a body.

Staff members of HIV/HBV research laboratories and production facilities may routinely handle large volumes of potentially infected material or samples which contain high concentrations of bloodborne pathogens. Employees at medical and dental laboratories may handle blood or tissue samples which are contaminated with bloodborne pathogens. Emergency response personnel could be called on to mitigate an emergency incident involving a biological hazard. Waste removal personnel may handle containers of potentially infectious materials.

- **EVENTS LEADING TO THE BLOODBORNE PATHOGEN STANDARD.** Prior to the promulgation of the Bloodborne Pathogen Standard, OSHA had no specific regulation designed to control or reduce occupational exposures to bloodborne viruses. Subsequently, OSHA relied on general occupational standards for regulatory guidance on issues pertaining to biological hazards. Table 2 provides a brief description of these standards.

TABLE 2. Other Pertinent OSHA Regulations

TITLE OF STANDARD	CODIFICATION	BRIEF DESCRIPTION OF REGULATION
General Requirements for Walking and Working Surfaces	29 CFR 1910.22(a)	Requires that employers keep the workplace in an ordered and sanitary condition.
Sanitation	29 CFR 1910.141(a)(4)(I)	Specifies general requirements for the capacities and maintenance of containers used for solid and liquid wastes.
Personal Protective Equipment: General Requirements	29 CFR 1910.132	Employers must provide personal protective equipment to employees whenever it is necessary to protect the worker from process or environmental hazards.
Specifications for Accident Prevention Tags and Signs	29 CFR 1910.145(f)	Biological hazard tags will be used to identify potential biological hazards. Provides the requirements for these tags.
General Duty Clause	Section 5(a)(1) of the OSHA Act	Requires that each employer furnish to each employee a place of employment which is free from recognized hazards that cause or are likely to cause death or serious physical harm to the employee.

- **REQUESTS FOR AN OCCUPATIONAL SAFETY STANDARD.** OSHA issued a set of voluntary guidelines in 1983 designed to reduce the risk of occupational exposure to the Hepatitis B Virus. The Hepatitis B Virus has long been recognized as a pathogen capable of causing serious illness and death. The voluntary guidelines, which were sent to employers in the healthcare industry, included a description of the disease, recommended work practices, and recommendations for use of the Hepatitis B vaccine.

After the guidelines were in place, the American Federation of State, County and Municipal Employees indicated that their members considered the voluntary standard insufficient. This organization petitioned OSHA to issue an occupational standard addressing safety in work environments where there was the potential for exposure to the Hepatitis B Virus.

In 1986, The American Federation of State, County and Municipal Employees requested that OSHA issue a standard which mandated that employers implement the work practice guidelines developed by the Center for Disease Control and amend the Hazard Communication Standard to require training for employees exposed to infectious diseases. Also in that year, several agencies (the Service Employees International Union, the National Union of Hospital and Healthcare Employees, and the Drug, Hospital and Healthcare Union) petitioned the agency to promulgate a standard to protect healthcare workers by adopting the voluntary guidelines as regulatory requirements.

- **DEVELOPMENT OF THE BLOODBORNE PATHOGEN STANDARD.** In response to these requests, OSHA published an Advance Notice of Proposed Rule-making in 1987⁴. Another motivation for OSHA's notice of proposed rule-making publication was the results of studies which focused on the Human Immunodeficiency Virus. Though the transmission of the Human Immunodeficiency Virus is considerably less efficient than Hepatitis B Virus, occupational contact with Human Immunodeficiency Virus became a significant concern because exposure to Human Immunodeficiency Virus apparently leads to the development of Acquired Immune Deficiency Syndrome (AIDS). This health threat led to further demands for an occupational safety standard protecting employees in potential Human Immunodeficiency Virus exposure situations.

OSHA published the Notice of Proposed Rule-making⁵ in 1989, after reviewing the overwhelming response to its initial advance notice. Based on the Agency's review of the comments it received from the advance notice, OSHA published the following conclusion in the 1989 Notice of Proposed Rule-making:

- Certain employees face a significant health risk because of occupational exposures to blood and other potentially infectious materials.
- Significant health risks can be minimized by a combination of engineering controls, work practices, personal protective equipment, training, medical follow-ups after exposure incidents, vaccinations, and other provisions.

The final standard, published in 1991, is based on the written comments and the comments received during public hearings from employees, labor union representatives, members of trade and professional organizations, and other affected parties. The following documents are also significant, in terms of both the development and implementation of the standard. They are valuable references to employees, supervisors, and safety staff.

- Centers for Disease Control. Acquired Immunodeficiency Syndrome – Recommendations and Guidelines, November 1982 to November 1986.
- Centers for Disease Control Morbidity and Mortality Weekly Report. *Update on Hepatitis B Prevention*, June 19, 1987; Volume 36, No. 23.
- Centers for Disease Control Morbidity and Mortality Weekly Report. 1988 Agent Summary Statement for Human Immunodeficiency Virus and Report on Laboratory Acquired Infection with Human Immunodeficiency Virus, April 1, 1988; Volume 37, No. S-4.
- OSHA Instruction CPL-2-2.36, November 30, 1983, *Hepatitis B Risks in the Health Care System*.
- OSHA Instruction CPL 2-2.44B, February 27, 1990, Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus.
- OSHA Instruction CPL-2-2.44C, March 6, 1992, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogen Standard*, 29 CFR 1910.1030.

⁴ 52 Federal Register 45438

⁵ 54 Federal Register 23042

- **OVERVIEW OF COMPLIANCE REQUIREMENTS.** The Bloodborne Pathogen Standard provides specific safe-work procedures to be adopted by facilities in which employees may come in contact with potentially infectious materials. A summary of the important items which must be addressed in the compliance program is as follows:
 - A. Development of an Exposure Control Plan that describes the compliance program implemented by the facility.
 - B. Establishment of specific safety policies involving engineering controls, work practices, personal protective equipment, and housekeeping procedures designed to minimize or eliminate employee exposures to bloodborne pathogens.
 - C. Provisions for informing and training workers regarding the hazards associated with bloodborne pathogens that they may be exposed to during their work, as well as safety precautions which must be taken to avoid exposure. Refresher training must occur on an annual basis.
 - D. Provisions for employees to obtain Hepatitis B vaccinations, post-exposure evaluations, and medical follow-ups from licensed healthcare professionals.
 - E. Use of appropriate labels and signs, which warn employees of the potential hazards of the materials they handle.
 - F. Establishment of thorough record-keeping procedures for both medical and training records.

- **EMPLOYEE RESPONSIBILITIES.** This document describes the safe-work procedures that have been developed to specifically address the types of exposure hazards employees may face during the performance of their duties. The Exposure Control Plan is a valuable reference document which can aid employees in assessing the exposure hazards they face, in following proper work practices, and in selecting the best equipment to use to eliminate or reduce those hazards.

The use of universal precautions and the use of specific engineering controls and protective equipment outlined is mandatory. Employees that do not follow these requirements are subject to disciplinary action.

13.16 Impacted Classifications by Job Category

POLICE DEPARTMENT EMPLOYEES AND OTHER SECURITY PERSONNEL:

Community Service Officer
Community Service Officer - Detention
Pavilion Security Agent
Pavilion Security Leader
Police Captain
Police Intern
Police Lieutenant
Police Officer
Police Sergeant

DESIGNATED FIRST AID/CPR RESPONDERS

Aquatics Instructor
Aquatics Lead Assistant
Aquatics Lifeguard
Camp Nurse
Community Recreation Assistant – Parks &
Recreation and Related Enterprises
Community Recreation Specialist – Parks &
Recreation and Related Enterprises

CUSTODIAL AND GENERAL CLEAN-UP PERSONNEL

Custodial Supervisor
Custodian
Environmental Maintenance Technician
Equipment Mechanic - Police Cars
General Laborer – Parks & Recreation
(Except Streets Division) and Related
Enterprises
Heavy Equipment Operator I
Heavy Equipment Operator II
Lead Custodian
Lead Equipment Mechanic
Maintenance Gardener
Maintenance Utility Mechanic
Maintenance Worker - Aquatics and General
Services Building Division
Parks Lead Worker
Pavilion Aide
Pavilion Assistant
Pavilion Lead Assistant

Pavilion Maintenance Supervisor
Pavilion Utility Worker
Pest Control Specialist
Tree Lead Worker
Tree Trimmer

WASTE WATER PUMPING STATION AND SEWER FIELD CREWS

Heavy Equipment Operator I & II
Maintenance Worker
Maintenance Lead Worker
Pump Station Operator

INCIDENTALLY EXPOSED EMPLOYEES

Equipment Mechanic
Fleet Manager
Pavilion Operations Supervisor
Pavilion Parking Leader
Pavilion Parking Lot Attendant
Persons on Matron Duty
Police Cadet
Operations Assistant

14.0 HAZCOM - Hazard Communication Program

14.0 Introduction

The purpose of this document is two fold. First, it is intended to provide a foundation on which to build the Hazard Communication program in a way that ensures complete compliance with all regulations and policies laid down by CAL/OSHA in regards to the Hazard Communication Standard, (Title 8, Section 5194 located in the Human Resources Department). Second, it is intended to work as an organizational tool to aid in the establishment and maintenance of a healthier, safer working environment.

The basis of the Hazard Communication Program is employee/employer education. By increasing the employee's knowledge of hazardous substances that he/she may encounter during the course of his/her job, it is likely that the employee would be better prepared to insure his/her own safety. The forms of education used to accomplish this goal will be as follows:

1. Container Labeling - The appropriate labeling of all hazardous substance containers.
2. Material Safety Data Sheets - A detailed description of a substance with a summary of potential hazards and suggested precautions.
3. Classroom Education - Intended to orient employees to their rights under the standard and to explain the mechanism of the program.

The success of this program will require constant maintenance, and the cooperation of all City employees and outside contractors. The effectiveness of the program will remain under close and constant scrutiny and changes will be made where and when they are needed or required. Suggestions are always welcome and any input regarding this program should be directed to the Human Resources Department.

14.1 Labeling of Hazardous Materials

This section deals with the procedures that are to be followed to ensure that all hazardous material containers are properly identified and labeled. Currently, under CAL/OSHA regulations, all hazardous material containers must be labeled by the manufacturer or supplier before being shipped to their destination. Therefore, any arriving container should already be correctly labeled prior to its arrival at The City of Concord. However, once the container is received, it will become the City's responsibility to ensure that the container is properly labeled and identified. Therefore, a labeling system has been devised for inter-facility use. The following section will explain the mechanics of that system.

- 14.1.1 Inter-facility Labeling.** The labeling system used within this facility is very much like that utilized by the chemical or product manufacturers and suppliers. It was chosen for its uniformity and comprehensiveness. Any container label which is applied within this facility will utilize the NFPA hazard labeling system which utilizes numerical severity rating of the three hazard categories, health, fire and reactivity and a symbolic hazard/protective equipment message. The label will also give the name of the substance as it is found in the MSDS listing.

14.1.2 The minimum container labeling requirements from the manufacture/distributor are:

- A. The identity of the hazardous chemical
- B. The appropriate hazard warning (physical and or health)
- C. The name and address of the chemical manufacturer, importer, or distributor responsible for the chemical product

14.1.3 Program Managers are responsible for assuring compliance with this labeling requirement in their respective operations. All containers developed for use by the City involving hazardous shall be labeled with at least the following:

- A. Identity of the hazardous material
- B. Appropriate Hazard warning
- C. As prescribed in Department/Division Labeling SOP's

No label shall be removed or defaced when a material is received or in use.

An unlabeled container may be used provided the employee using the unlabeled container is the same employee who filled the container, the material is completely used by the end of that same employee's work shift, and the material in the unlabeled container is used only by this same employee.

14.2 NFPA Hazard Chart

The NFPA is a universally recognizable hazard recognition system which rates a hazard's severity numerically in three areas.

1. Health Hazard
2. Fire Hazard
3. Reactivity Hazard

Each area is represented as a square with the corners pointing in the direction of a compass, i.e., one corner is up - North, another is down - south etc. The squares are color coded as follows: blue indicates health hazards, red fire hazards, and yellow reactivity hazards. A fourth white colored area refers to a specific hazard of the substance.

14.2.1 Below is a listing of some abbreviations used to describe these specific hazards.

1. OXY - Oxidizer
2. COR - Corrosive
3. ALK - Alkali
4. Acid

A "W" with a line going horizontally through it indicates that the substance should not come in contact with water. An example is Sodium.

14.2.2 A numerical rating is given for each of the hazard areas from 0-4. The list below indicates the meaning of each hazard rating.

- 0 = No Hazard
- 1 = Slight
- 2 = Moderate
- 3 = Severe
- 4 = Serious

An example of the NFPA Hazard Chart is available on your work area bulletin board. For exact definitions of each rating, see the NFPA Hazardous Materials Handling Guide Section 704.

14.3 Hazard Protection Symbols

Under the NFPA hazard chart, there will be an area devoted to graphic symbols that represent types of hazards associated with the material and any personal protective equipment which is to be worn when handling exposed material. The symbols and their definitions can be seen in figure 2 in the appendix. Every employee should become familiar with their meanings. If any questions arise about the meaning of a symbol on the hazard chart, a supervisor should be consulted prior to using the material. When working with any hazardous substance, safety depends on a clear understanding of the potential risk and the steps to be taken to minimize those risks.

14.3.1 Incoming Containers. The Purchasing Department will take responsibility for ensuring that all incoming containers of any potentially hazardous material are properly labeled and identified. Only containers that conform to the previous standard will be considered properly labeled, and only properly labeled containers are to be accepted. Containers that do not conform to the standard are to be rejected and not accepted into the City.

14.3.2 Department Stock. It is the responsibility of the Department Supervisors to ensure that any potential hazardous material container which is situated in that department for that department's use is properly labeled as stated in this program. Of special attention are portable containers, such as those used by the Maintenance Services Department. Whenever storing a hazardous substance in a portable container for longer than the amount of time necessary for one use, that container must be labeled appropriately. All portable containers must have an approved label that identifies its contents and the potential hazards associated with its use. Furthermore, chemicals are not to be filled into containers from other products. Only approved containers will be used for transportation, storage or dispensing of chemicals.

14.4 Material Safety Data Sheets

Material Safety Data Sheets, (MSDS) will be kept on any chemicals or products which may pose a potential safety hazard. The term hazard includes any chemicals which are flammable, carcinogenic, toxic, or are reproductive toxins. These include irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic system, and any agents which may damage the lungs, skin, eyes and

or mucus membranes. These MSDS' will be kept where they are available for employee's review and inspection at all times.

The City of Concord, will rely on the chemical manufacturer or the supplier for the generation of the MSDS'. It will be the responsibility of the Risk and Insurance to collect organize and distribute all MSDS'. Specific departmental folders will hold all MSDS' for that department and will be accessible to all employees at all times. Specific folders are colored yellow and have "MSDS" printed on the cover in red.

It will be the responsibility of the Finance Department, Purchasing Division to ensure that all incoming chemicals have a corresponding MSDS on file. Under no circumstances will a potentially hazardous chemical be used until adequate information regarding health hazards is received and relayed to those employees who will be working with the chemical.

14.4.1 Responsibilities. Each Department shall identify at least one person who will be responsible for the coordination of their Departments 1) Hazardous Chemicals Inventory; 2) MSDS files; and 3) container labeling program.

Each Department/Division shall conduct an periodic inventory of hazardous materials used in their operations(s). Those materials no longer in use shall be disposed of in accordance with state and local requirements. Those materials in use shall be compiled on a list of "Hazardous Materials."

The inventory list, as established by each Department by Division, shall become the "Approved Inventory of Hazards Materials" for that Department or Division. This list will be updated as needed.

Program Managers need to update the Approved Inventory list for new orders and or new chemicals that are not on the list. Information should include brand name and product name. These brands are subject to change through the competitive bidding system. A copy of all MSDS must be sent to the Purchasing Department.

14.5 Spill or Leak Procedures

Regular inspections will be made of the storage site to ensure there are no leaking or spilled containers. If a spill or leak is found, the following actions will be taken:

- ❑ Before attempting to clean up any hazardous chemical spill or splash, know what the chemical is.
- ❑ Follow the directions according to the established procedures for cleaning up that kind of chemical spill or leak (refer to the MSDS).
- ❑ Evacuate all personnel from the area.
- ❑ If a fire occurs, set off the alarm.
- ❑ Extinguish all flames, if possible.
- ❑ Ensure adequate ventilation.
- ❑ Wait by the spill area, well out of danger, until help arrives. Avoid tracking through the spill.
- ❑ Complete an incident report on the spill or leak.
- ❑ Any major spills, splashes, leak, burns, etc., from a hazardous chemical substance will be reported to the Safety Coordinator.

14.6 Employee Training System

Each employee working in a production or production support capacity will receive as part of his orientation training classroom training consisting of the following three parts:

1. Classroom lecture
2. Audiovisual Presentation
3. Discussion of the Program

14.5.1 Classroom Lecture. The classroom lecture will consist of information in the following areas:

- A. Introduction to the Hazardous Communication Standard
- B. Employee rights under the "Right to Know" laws
- C. Material Safety Data Sheets (MSDS). This section will provide specific information on the proper way to utilize the MSDS and the system with which they are collected and maintained. Included in the training will be how to read and interpret MSDSs. It will also include definitions of certain terms commonly found on an MSDS.
- D. Product Handling Information. Specific information on the potential health hazards associated with chemicals commonly utilized in their work areas will be discussed along with selecting the proper Personal Protective Equipment (PPE) to use when handling hazardous substances. Also included are basic first aid steps to be taken in the event of a chemical related injury.

14.5.2 Audiovisual Presentation. The Hazard Communication video tape/over head presentation will be shown to all employees during the classroom training session. This presentation reemphasizes the elements of the training discussed in the above section.

14.5.3 Discussion. A minimum of 15 minutes will be allotted for discussion in order to provide an opportunity to answer questions that may have arisen during the course of the session.

A log will be maintained of all employees attending these training sessions and will be kept on file in the Human Resources Department.

14.7 Outside Contractors

Under policy laid down under the "Right to Know" laws, outside contractors are also to be warned about the presence of hazardous chemicals at the City. Therefore a notice will be posted near all entrances to the City that states the presence of hazardous chemicals within the facility.

14.8 Definitions

Hematopoietic system - The system which forms red blood cells in the human body.

Hepatotoxins - Toxins which have specific destructive effect on the liver.

Neurotoxin - Toxins which have specific destructive effect on the nervous system.

Nephrotoxins - Toxins which have specific destructive effect on the kidneys.

NFPA - National Fire Protection Association

15.0 Hearing Conservation Program

Introduction

The City of Concord Hearing Conservation Program techniques, equipment, personnel and training are now sufficiently developed to safely allow the generalization that occupation-related hearing impairment can be eliminated as a significant health hazard in the City. Achievement of this goal requires commitment to all program elements and to all characteristics of program success. A responsible hearing conservation program includes five elements:

1. Noise survey and analysis
2. Engineering controls
3. Professionally supervised hearing testing
4. Personal hearing protection
5. Education

Noise can affect health in various ways. A very intense noise, such as that caused by a discharge of a high explosive device, can damage the conductive mechanism of the human ear. Continuous exposure to relatively loud noise over a period of time can damage the inner ear. In either case a hearing impairment results.

Non-Hearing effects of noise can also affect health. These effects include disturbance and annoyance which can interfere with sleep and communication and thus impair performance and efficiency. It is important to protect your hearing at all times.

15.1 Scope

This section covers the City of Concord's requirements and responsibilities for implementing and maintaining an acceptable Hearing Conservation Program.

15.2 Purpose

The Purpose of this standard is to establish operating procedures for the City of Concord Hearing Conservation Program. It is to follow guidelines set by CAL/OSHA, which is designed to protect workers with significant occupational noise exposures from suffering material hearing impairment even if they are subject to such noise exposures over their entire working lifetime.

15.3 Responsibilities

The Employee Safety Committee has the responsibility to ensure that an effective hearing conservation program is established for the City. It is the responsibility of the Program Manager to ensure that the hearing conservation program is maintained in his/her area.

It is the responsibility of the supervisor to ensure employees are supplied with appropriate hearing protection equipment when required and to enforce the use of such hearing protection, and to ensure employees are trained in the use of hearing protection.

15.3.1 Operational departments are responsible for:

1. Implementing a monitoring program
2. Maintaining data and all records on noise measurements made within the City
3. Notifying all City Departments of all work areas where noise exposure may equal or exceed a time weighted average of 80 dba
4. Recommending audiometric examinations as needed
5. Providing hearing conservation training for employees in qualifying areas
6. Assisting program managers and supervisors in investigating noise controls for equipment that produces noise levels in excess of 85 dba
7. Assisting supervisors in assessing potential noise output

15.4 Procedures

Employees included in the Hearing Conservation Program are informed of the following:

- The purpose of audiometric testing
- An explanation of the procedure
- The results of the test
- Audiometric testing is performed by a certified Hearing Conservationist (Audiometric Technician)
- Results of all audiometric tests are maintained in the employees medical files
- Employees included in the Hearing Conservation Program receive an audiogram upon termination
- Management is provided with an annual report summarizing audiometric test results and trends in hearing loss

It is the responsibility of employees to wear hearing protection where required.

15.5 Noise Exposure

Protection against the effects of noise exposure shall be provided when the sound levels exceed those in Table 1.

When employees are subject to noise exposures exceeding those listed in Table 1, feasible administration or engineering controls shall be utilized. If such controls fail to reduce noise exposures within the levels of table 1, personal protective equipment shall be provided and used to reduce noise exposures with the levels of the Table. Radio headsets shall not be used as hearing protective devices. Exposure to impulse or impact noise shall not exceed 140 db peak sound pressure level. Continuous noise exposures are measured with a calibrated standard sound level meter set on the A-scale at slow response or with calibrated audiodosimeters.

Table 1 Noise Exposure Limits	
Sound Level dBa	Permissible Exposure (hours)
80	16
85	8
90	4
95	2
100	1
105	0.5

Noise exposures shown in this table are equivalent to an 8-hour audiometer reading of 100%.

HEARING CONSERVATION PROGRAM

A hearing conservation program shall be administered whenever employee noise exposures equal or exceed an 8 hour time-weighted average sound level of 80 decibels measured on the A scale or a dose of 50%.

The worker's first line of defense against noise is the Hearing Protection Device (HPD). Four types are generally used:

- ❑ **Enclosure** - This is a full coverage helmet such as an astronaut wears. Due to size, weight, and cost, enclosure HPDs are the least commonly used.
- ❑ **Earplugs** (also called Aurals) - These little plugs fit in the ear canal, and can reduce sound levels by 25-30 dB. Three types are used:
 - ❑ **Formable** - Made of waxed cotton or fibers, they fit all ears and are thrown away after one use.
 - ❑ **Custom molded** - These are specially molded in the exact shape of one person's ears and cannot be used by others.
 - ❑ **Molded inserts** - Made of soft rubber or plastic, these are reusable, but must be washed in warm, soapy water after each use to prevent infection. Store them in their carrying case.
- ❑ **Canal Caps** (Superaurals) - Made of a soft rubber, these seal the outside edge of the ear canal and are held in place by a headband. Useful for workers who cannot wear earplugs or those who enter and leave noisy areas all day and want an HPD that is easy to put on and take off.
- ❑ **Earmuffs** (Circumaurals) - Often seen on airport workers, earmuffs cover the whole ear and can reduce sound levels by 15 to 30 dB. Special models for use around high voltages are made without metal parts. Other special models have electronic circuits that damp most noises but make voices louder. Folding models and those attached to safety hats are also available. Earmuffs are sometimes used with earplugs for 5 - 10 dB added protection.

15.6 Monitoring

The City will provide affected employees with an opportunity to observe any noise measurements conducted within the City. A sound level meter may be used to screen noise exposures. If these exposure measurements and estimated exposure durations exceed a time-weighted average of 80 dBA a more complete evaluation of employee noise dose is required. All continuous, intermittent and impulsive sound levels from 80 decibels to 130 decibels shall be integrated. Each employee exposed at or above an 8-hour TWA (Time Weighted Average) of 80 decibels or 50% shall be notified of the result of the monitoring.

15.7 Audiometric Testing

A baseline audiogram shall be taken within 90 days for each employee who is initially assigned or reassigned to work areas where the noise exposure equals or exceeds an 8-hour time-weighted average or 80 dBA or a dose of 50%

An annual audiogram shall be taken for:

1. Each employee with noise exposure which equals or exceeds an 8-hour time-weighted average or 80 dBA or a dose of 50 percent
2. Employees having a detected hearing loss

Each employee shall be notified of their audiometric test results in writing by provider of the testing.

Note: A standard threshold shift is a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear. If this occurs, the employee must complete form PER-34, Employee's Report of Occupational Injury/Illness.

15.8 Employee Training

Employee training on Hearing Conservation will be made available to all employees exposed to noise at or above 80 decibels 8-hour TWA of 80 decibels. The Hearing Conservation training program will be held annually and will include information on hearing protection, effects of noise on the ear, and testing information.

15.9 Record Keeping

All records shall be maintained for a period of 30 years and shall include the following information:

1. Employee name and identification number
2. Date the monitoring was performed
3. Employee job assignment and work location
4. Noise levels, exposure duration and/or other appropriate measurements of the work area
5. Equipment records

Audiometric Testing Records

1. Employee Name and Number
2. Employee job assignment and work location
3. Date, time, and location of test
4. Name of person performing the test
5. Records, information on test equipment, model, serial number and calibration date

16.0 "Safety Sensitive" Drug/Alcohol Testing Program

ALCOHOL & DRUG TESTING REQUIREMENTS FOR COMMERCIAL MOTOR VEHICLE DRIVERS

POLICY & PROCEDURE NO. 156

EFFECTIVE: 5/95

1. PURPOSE

The purpose of this policy is to explain the alcohol and testing requirements for commercial motor vehicle drivers employed by the City of Concord as required by Federal Government regulations, Part 382. In February, 1994, the Department of Transportation (DOT) issued its final regulations implementing the Omnibus Transportation Employee Testing Act of 1991. These regulations require that drivers having a commercial driver's license (CDL) who occupy safety-sensitive positions be subject to controlled substance and alcohol testing rules. The City of Concord must comply with these rules no later than January 1, 1996, for the City of Concord. Any questions regarding these new regulations should be referred to the Personnel Department.

2. DEFINITIONS

Following are the definitions of terms related to the Omnibus Transportation Employee Testing Act and referenced in this policy:

- 2.1 Alcohol - The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including methyl and isopropyl alcohol.
- 2.2 Alcohol Use - The consumption of any beverage, mixture, or preparation, including any medication containing alcohol.
- 2.3 Breath Alcohol Technician (BAT) - An individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing device (EBT).
- 2.4 Commercial Motor Vehicle - A motor vehicle or combination of motor vehicles which:
 - 2.41 has a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
 - 2.42 has a gross vehicle weight rating of 26,001 or more pounds; or
 - 2.43 is designed to transport 16 or more passengers, including the driver; or
 - 2.44 is of any size and is used in the transportation of hazardous materials requiring placards.
- 2.5 Confirmation Test - for alcohol testing means a second test, following a screening test with a result of 0.02 grams or greater of alcohol per 210 liters of breath, that provides quantitative data of alcohol concentration. For controlled substances testing means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy.

- 2.6 Driver - any person who operates a commercial motor vehicle. For the purposes of pre-employment testing, the term driver includes a person applying to drive a commercial motor vehicle and current City employee transferring into a position which requires driving of a commercial vehicle.
- 2.7 Employee - For the purposes of this section, employee refers to any employee of the City of Concord, holding a California commercial driver's license, and occupying or applying for transfer to a position performing safety-sensitive functions as described herein. Those classifications which may require Class A or B California Driver's Licenses and/or hazardous materials or tanker endorsements include, but are not limited, to the following:
- Maintenance Gardener
 - Parks Lead Worker
 - Heavy Equipment Operator I
 - Heavy Equipment Operator II
 - Tree Lead Worker
 - Driver (some part-time)
 - Maintenance Worker II
 - Equipment Maintenance Operator
 - Lead Equipment Mechanic
 - Pavilion Utility Worker
 - Parks Field Supervisor
 - Pavilion Maintenance Supervisor
 - Sweeper Operator
 - Tree Trimmer
 - Maintenance Services Lead Workers
 - Traffic Signal Technician
 - Fleet Manager
- 2.8 Employer - Any person or entity who owns or leases a commercial motor vehicle or assigns persons to operate such a vehicle, including agents, officers and representatives of the employer.
- 2.9 Evidential Breath Testing Device (EBT) - A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's CONFORMING Products List of Evidential Breath Measurement Devices (CPL).
- 2.10 Medical Review Officer - A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the City's drug testing program or his/her designee who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.
- 2.11 Performing a Safety Sensitive Function - Any period in which the driver is actually performing, ready to perform, or immediately able to perform any safety-sensitive functions.
- 2.12 Reasonable Suspicion - Belief that the driver has violated the alcohol or controlled substances prohibitions, based on objective facts and reasonable inference drawn from those facts, that an employee is under the influence of a drug and/or alcohol. Such facts may include characteristics of the employee's appearance, behavior, mannerisms, speech or body odors. Examples include but are not limited to:

- 2.121 Inability to perform work properly.
- 2.122 Behavior is creating a safety hazard.
- 2.123 Difficulties walking or standing, problems with dexterity, or other physical activity impairment.
- 2.124 Impaired ability to speak (slurred, thick speech).
- 2.125 Belligerent or violent behavior or wide mood swings.
- 2.126 Excessive unauthorized absenteeism.
- 2.127 Any conduct which constitutes a significant change from the individual's usual behavior, or which indicates impairment of sound judgment.
- 2.128 Glazed/fixed stare.
- 2.129 Abnormally dilated or constricted pupils.
- 2.1210 Glassy or bloodshot eyes.
 - 2.1211 Unusual odor of breath or skin.
 - 2.1212 Nose bleeds and excessive sniffing.
 - 2.1213 Involvement during work time in any accident involving a vehicle or equipment causing substantial damage to property or person, which may be coupled with any of the above listed characteristics, behaviors, or physical signs.

"Reasonable Suspicion" may also be based on actual observation of the ingestion or use of alcohol or a drug by an employee, or be based upon reliable information that an employee is using or has recently used or possessed a controlled substance or was observed with an open container on City premises during work hours.

Reasonable suspicion must be based on short-term indicators. Supervision shall not rely only on long-term signs such as a history of absences or tardiness.

Reasonable suspicion alcohol tests must be administered within two hours of observation. If not, supervision must document in writing why the test was not conducted promptly. No alcohol test based on reasonable suspicion may be given after eight hours from observation.

- 2.13 Refusal to Submit (to an alcohol or controlled substance test) - A driver 1) fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing; 2) fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing; or 3) engages in conduct that clearly obstructs the testing process.
- 2.14 Safety-Sensitive Function - Any of those on-duty functions as follows:

- 2.141 All time at a terminal, facility, or other property waiting to be dispatched, unless the driver has been relieved from duty by the City.
 - 2.142 All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations (FMCSR) or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time.
 - 2.143 All time spent at the driving controls of a commercial motor vehicle.
 - 2.144 All time, other than driving time, spent on or in a commercial motor vehicle.
 - 2.145 All time loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
 - 2.146 All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.
- 2.15 Screening Test (initial test) - In alcohol testing this means an analytical procedure to determine whether a driver may have a prohibited concentration of alcohol in his or her system. In controlled substance testing it means an immunoassay screen to eliminate negative urine specimens from further consideration.
- 2.16 Substance Abuse Professional - A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

3. PROHIBITED ACTIVITY

The following alcohol and controlled substance-related activities are prohibited by the City of Concord's Drug and Alcohol Free Workplace Environment Policy for drivers of commercial motor vehicles and may result in discipline up to and including termination:

- 3.1 Reporting for duty or remaining on duty to perform safety-sensitive functions while having an alcohol concentration of 0.04 or greater.
- 3.2 Performing safety-sensitive job duties within four hours of consuming alcohol.
- 3.3 Being on duty or operating a commercial motor vehicle while the driver possesses alcohol, unless the alcohol is manifested and transported as part of a shipment. This includes the possession of medicines containing alcohol, unless the packaging seal is unbroken.
- 3.4 Using alcohol while performing safety-sensitive functions.
- 3.5 When required to take a post-accident alcohol test, using alcohol within eight hours following the accident or prior to undergoing a post-accident alcohol test, whichever comes first.
- 3.6 Refusing to submit to an alcohol or controlled substance test required by pre-employment, promotional, post-accident, random, reasonable suspicion or follow-up testing requirements.

- 3.7 Reporting for duty or remaining on duty, requiring the performance of safety sensitive functions, when the driver uses any controlled substance, except when instructed by a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle. Use of controlled substances as defined by law must be in accordance with a physician's authorized prescription.
- 3.8 Reporting for duty, remaining on duty, or performing a safety-sensitive function if the driver tests positive for controlled substances.

4. TYPES OF TESTING

4.1 Pre-Employment Controlled Substance Testing - Commercial Drivers

Prior to the employment of any individual who will occupy a classification designated to perform safety-sensitive functions (as listed in 2. Definitions), and prior to the transfer of any current City employee into a position which performs safety-sensitive functions, that individual must submit to testing for controlled substances.

No candidate for City employment or current City employee involved in a transfer to a position designated to perform safety-sensitive functions as defined in Section 2. above shall be deemed qualified for appointment or transfer unless he/she has received a controlled substance test result from the City's testing facility with a verified negative result.

4.2 Random Testing

4.21 Random alcohol testing shall be administered at a minimum annual rate of 25 percent of the average number of commercial driver positions.

4.22 Random controlled substances testing shall be administered at a minimum annual rate of 50 percent of the average number of commercial driver positions.

4.23 The City shall ensure that random alcohol and/or controlled substances tests are unannounced and spread reasonably throughout the calendar year. It is possible under this random testing program that one qualified employee could be tested more than once during a calendar year, while other employees may not be tested at all during that same time.

4.24 The City shall ensure that commercial drivers selected for random alcohol and/or controlled substance tests are taken immediately to the designated testing facility upon written notification of being selected.

4.25 Under this section, the employee shall only be tested for alcohol while he/she is performing safety-sensitive functions, immediately prior to performing, or immediately after performing safety-sensitive functions.

4.26 In the event the employee who is selected for a random alcohol and/or controlled substances test is on vacation or an extended medical absence, the City may either select another employee for testing or keep the original selection confidential until the employee returns from leave.

4.3 Random Selection Process

- 4.31 Safety sensitive employees will be entered into the eligible pool for selection upon implementation of the program. Newly hired safety sensitive employees will be entered into the random pool the day they begin work with the City.
- 4.32 Two pools will be developed, one for drug testing and one for alcohol testing. All safety sensitive employees will be entered into these two pools by having their name indicated on slips of paper and placed into the drawing boxes.
- 4.33 Drawings will be unannounced and dates for testing will be spread out during the course of the year. The drawings will be conducted in a manner that ensures confidentiality and randomness of selections. The drawing will be held in a public place to be witnessed as being a random selection, but the selectees names will remain confidential.
- 4.34 After the drawing is completed, each selectee will be immediately notified in writing they have been selected for a random alcohol and/or drug test and are to be taken immediately to the testing facility.

4.4 Reasonable Suspicion Testing

Employee is required to submit to an alcohol or controlled substance test when there is reasonable suspicion as defined herein to believe such employee has violated the alcohol or controlled substances prohibitions.

The required observations for alcohol and/or controlled substances reasonable suspicion testing shall be made by a supervisor or manager who has been trained in accordance with this program.

4.5 Post-Accident Alcohol and Controlled Substances Testing

As soon as practicable following an accident involving a commercial motor vehicle, the City shall test for alcohol and controlled substances each surviving employee when:

- 4.51 The accident involved a fatality; or
- 4.52 The employee receives a citation under state or local law for a moving traffic violation arising from the accident; or
- 4.53 The vehicular accident caused substantial damage to property or person which may be coupled with any of the signs or characteristics constituting reasonable suspicion as defined in Section 2.

For the purposes of this section, accident is defined as an accident involving a commercial motor vehicle in which there is either a fatality, an injury treated away from the scene, there is substantial damage to property or the vehicle, or a vehicle is required to be towed from the scene.

If a required controlled substances test has not been administered within a reasonable time frame following the accident, the following action shall be taken:

<u>Time Elapsed</u>	<u>Action Required</u>
2 hours	If the employee has not submitted to an alcohol test at this time, the City shall prepare and maintain on file a record stating the reason a test was not promptly administered.

8 hours	Cease attempts to administer alcohol tests, and prepare and maintain records described above.
32 hours	If the employee has not submitted to a controlled substance test at this time, the City shall cease attempts to administer the test and prepare and maintain the records described above.

Employee's Responsibility: Any employee who is subject to post-accident testing must remain available for testing, or the City may consider the employee to have refused to submit to testing. The employee subject to post accident testing must refrain from consuming alcohol for eight hours following the accident, or until he/she submits to an alcohol test, whichever comes first. Failure to comply with these directions constitutes insubordination which may lead to disciplinary action up to and including removal.

4.6 Positive Alcohol/Controlled Substance Test

In the event positive test results occur, the Personnel Department will contact the Division/Section and provide assistance to the supervisor for follow-up action based on the supervisor's documentation and test results. Appropriate action will be determined by the Division with the assistance of the Personnel Department. Action may include referral of the employee for participation in a mandatory Drug/Alcohol Rehabilitation Program, and may include temporary reassignment to non-safety-sensitive job functions.

4.7 Mandatory Drug/Alcohol Rehabilitation Program

Any employee enrolled in a mandatory drug/alcohol rehabilitation program is subject to the terms and conditions of that agreement, which include in part the requirement that all counseling be completed during non-work time and at the employee's own expense, and the requirement to submit to drug and/or alcohol tests at any time when requested by a supervisor.

The affected employee receives a copy of the written agreement between the employee and the City stating the terms and conditions of the mandatory Drug/Alcohol Rehabilitation Program. Any employee participant in the mandatory Drug/Alcohol Rehabilitation Program must voluntarily submit to random drug/alcohol testing. An employee refusing to participate in the mandatory Drug/Alcohol Rehabilitation Program may be subject to further disciplinary action including termination. Once enrolled in a mandatory drug/alcohol rehabilitation program, such employee may not be considered for any driving, hazardous duty, or safety-sensitive duty until a negative finding on a return-to-duty test is confirmed.

Employees unable to work because of a positive test result will be allowed to use available sick leave, vacation leave, or compensatory time of during the rehabilitation period. Employees may be eligible to sell up to 30 days (240 hours) of vacation or compensatory time for cash payment to pay rehabilitation costs as part of the terms of the agreement stated above. The City will make payment of such cash-out directly to the rehabilitation facility on the employee's behalf.

4.8 Return to Duty Testing

4.81 Alcohol Misuse

The City shall ensure that before an employee returns to duty requiring the performance of a safety-sensitive function, after engaging in prohibited conduct regarding alcohol

misuse, such employee shall undergo a return-to-duty alcohol test indicating a breath alcohol concentration of less than 0.02.

4.82 Controlled Substances Abuse

The City shall also ensure that before such employee returns to duty requiring the performance of a safety-sensitive function, after engaging in prohibited conduct regarding controlled substance use, the employee shall undergo a return-to-duty controlled substances test with a result indicating a verified negative result for controlled substances use.

4.9 Follow-Up Testing

Following a determination that an employee is in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances, the City shall ensure that the employee is subject to unannounced follow-up alcohol and/or controlled substances testing as directed by the Substance Abuse Professional. The subject employee shall be subject to a minimum of six random follow-up controlled substance and/or alcohol tests in the first 12 months after testing positive under this section.

Alcohol follow-up testing shall be performed only when the employee is performing safety-sensitive functions, or immediately prior to performing, or immediately after performing safety-sensitive functions.

5. PROCEDURE

5.1 Alcohol Testing

Alcohol testing will be conducted using evidential breath testing devices (EBT) approved by the National Highway Traffic Safety Administration. A screening test must be conducted first. If the result is an alcohol concentration level of less than 0.02, the test is considered a negative test. If the alcohol concentration level is 0.02 or more, a second confirmation test must be conducted.

Alcohol testing shall be accomplished by the City's designated testing facility.

5.2 Controlled Substance Testing

5.21 The test must be conducted by analyzing the employees' urine.

5.22 The urinalysis must be done at a laboratory certified by the Department of Health and Human Services.

5.23 The urine specimen must be split into two bottles labeled as primary and split specimen. Both bottles must be sent to the lab.

5.24 If the urinalysis of the primary specimen tests positive for the presence of illegal, controlled substances, the employee has 72 hours to request that the split specimen be analyzed by a different certified lab.

5.25 The urine sample must be tested for the following: marijuana, cocaine, opiates, amphetamines and phencyclidine.

- 5.26 If the test is positive for one or more of the drugs listed in 5.25 above, a confirmation test must be performed using gas chromatography/mass spectrometry analysis.
- 5.27 All drug test results will be reviewed and interpreted by the Medical Review Officer before they are reported to the City's Personnel Department.
- 5.28 With all positive drug tests, the MRO will contact the employee to determine if there is an alternative medical explanation for the positive test result. If documentation is provided and the MRO determines that there was a legitimate medical use for the prohibited drug, the test result may be reported to the City as negative.

6. CONSEQUENCES TO EMPLOYEES ENGAGING IN CONDUCT PROHIBITED BY THE FEDERAL HIGHWAY ADMINISTRATION'S DRUG USE AND ALCOHOL MISUSE RULES

Employees who are known to have engaged in prohibited behavior with regard to alcohol misuse or use of controlled substances are subject to disciplinary action up to and including termination.

- 6.1 The employee shall not be permitted to perform safety-sensitive functions.
- 6.2 The employee shall be advised by the City of the resources available to him/her in evaluating and resolving problems associated with the misuse of alcohol or use of controlled RLL substances.
- 6.3 In accordance with the City's Alcohol and Drug-Free Workplace Environment Policy, the Division shall determine appropriate disciplinary action, which must include evaluation by a substance abuse professional who shall determine what assistance if any the employee needs in resolving problems associated with alcohol misuse and controlled substance use.
- 6.4 Any employee identified as needing assistance in resolving problems associated with alcohol or controlled substances shall be evaluated by the Substance Abuse Professional to determine that the employee has followed the rehabilitation program prescribed.
- 6.5 Before the employee returns to duty performing safety-sensitive functions, he/she shall undergo a return-to-duty alcohol test with a result indicating a breath alcohol level of less than 0.02 if the conduct involved alcohol or a controlled substance test with a verified negative result if the conduct involved controlled substance.
- 6.6 The employee shall also be subject to unannounced follow-up alcohol and controlled substance testing as described in Section 4.9 above. The number and frequency of such follow-up testing shall be as directed by the Substance Abuse Professional and consist of at least six tests in the first 12 months after enrollment in the prescribed rehabilitation program.

7. TRAINING

7.1 Informational Material

As required by the Department of Transportation, the City of Concord will provide information on drug use and treatment resources to safety-sensitive employees.

7.2 Mandatory Supervisory Training

All supervisors of safety-sensitive employees shall attend at least two hours of training on the signs and symptoms of drug abuse. This training shall cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and the use of controlled substances, and is intended to assist supervisors in making appropriate determinations for reasonable suspicion testing.

17.0 Modified/Light Duty Work Program

MODIFIED DUTY PROCEDURE AND GUIDELINES

1. PURPOSE

To set forth a uniform procedure and guidelines for City employees regarding temporary modified duty work assignments for injuries or illnesses arising out of the course of employment as determined by workers' compensation law and guidelines. This directive may apply to certain non-work related injuries or illnesses as determined by the specific facts and circumstances.

2. GENERAL

It is the goal of the City of Concord Temporary Modified Duty Program to provide modified duty work assignments when available for employees recovering from an injury or illness when medical approval has been granted by the treating physician and/or the City physician. Medical authorities and rehabilitation specialists agree that many temporarily disabled employees benefit both psychologically and physically from returning to work at the earliest date. Modified duty is temporary duty provided to a disabled employee whose medical prognosis indicates that the employee can progress to full duty.

3. OBJECTIVES

The objectives of providing work for temporarily disabled employees through modified duty are to:

- 3.1 Provide such therapeutic benefits as can be made available through work for a temporarily disabled employee.
- 3.2 Avoid deterioration of basic work skills and loss of self-confidence that might result from a prolonged absence from work.
- 3.3 Demonstrate concern for disabled employees and recognize their contributions as members of the work force.
- 3.4 Minimize the loss of human resources, maximize productivity, and reduce disability costs.

4. RESPONSIBILITY

4.1 Departments

- 4.11 Appoint a Modified Duty Coordinator to coordinate the department's efforts to provide temporary modified duty when available for qualified employees, under the direction of the department head.
- 4.12 Develop an inventory of modified duty work assignments available in each department.
- 4.13 Inform employees and, when appropriate, their physicians of the Temporary Modified Duty Program, and request the physician's statement.
- 4.14 Assign temporary modified duty for qualified employees as soon as medically feasible.
- 4.15 Monitor modified duty work assignments on an ongoing basis.

4.2 Employee

- 4.21 Notify the department of an injury or illness in accordance with City policy.
- 4.22 Seek prompt medical care. Obtain needed medical information, including physician's statement(s), from the physician.
- 4.23 Modified duty work assignments must be approved by the treating physician and/or City physician, the department's Modified Duty Coordinator, and the Human Resources Department.
- 4.24 Immediately notify the department Modified Duty Coordinator when they are released to regular work.

4.3 Human Resources Department

- 4.31 Monitor the implementation of the Temporary Modified Duty Program throughout the City.
- 4.32 Provide coordination, as needed, between the employee, department Modified Duty Coordinator, physician, rehabilitation counselor, and workers' compensation administrator.
- 4.33 Assist departments in identifying existing available modified duty work assignment.
- 4.34 Assist departments in resolving questions regarding medical diagnoses, work restrictions, and modified duty placements.
- 4.35 Monitor long-term disabilities and initiate modified work proposals when the employee appears capable of such work.

4.4 Employee Rehabilitation Counselor

- 4.41 Assist department in identifying existing available modified duty work assignment.
- 4.42 Assist department in resolving questions regarding medical diagnoses, work restrictions, and modified duty placements.
- 4.43 Provide, as necessary, counseling and other rehabilitative services to the employee placed on modified duty.
- 4.44 Review and monitor modified duty work assignment.

5. PROCEDURE

- 5.1 Employee shall obtain a physician's statement including a description of the injury/illness, diagnosis, prognosis, work restrictions, and length of time the employee may work in a modified duty capacity. The physician's statement is required and must be submitted by the employee to the department within 72 hours after the initial diagnosis by the physician and thereafter whenever there is a significant change in an employee's ability to work. If there is any question concerning a physician's statement, the Human Resources Department will provide a description of the proposed modified position for review by the physician and/or coordinate between the interested parties as needed.
- 5.2 Based on the physician's statement, the Human Resources Department and the department Modified Duty Coordinator shall determine whether it is practical to grant the modified duty work assignment. The Human Resources Department will have final authority to approve modified duty placements. Modified duty shall not exceed sixty (60) calendar days without

- a formal review and an approved extension. The extension will be up to an additional sixty (60) calendar days. If the work assignment is not granted, the employee would be placed on the appropriate leave.
- 5.3 Modified duty will be available until the employee is able to resume normal duties, or is permanent and stationary, whichever is earlier, but not to exceed 365 calendar days aggregate duration. If an employee's condition necessitates that the employee be on modified duty for more than 365 calendar days aggregate duration, the employee must be placed off work on temporary total disability (TTD), until such time that the employee is released by their physician for regular job duties.
 - 5.4 If an appropriate modified duty work assignment is offered within the physician's guidelines, but is rejected by the employee, the employee must utilize any personal leave time to remain in paid status.
 - 5.5 The City reserves the right to discontinue a modified duty work assignment at any time. If it appears such work assignment is interfering with the full recovery of the employee, the City shall temporarily discontinue it until such time as a medical evaluation can be obtained

18.0 First Aid Principles

18.1 The Decision-Making Process

First Aid is the immediate care given to victims of injury or sudden illness. When administering first aid you must be prepared to deal with the victim's physical condition, his or her emotional state, and the conditions surrounding the accident scene.

Urgent Care is first aid given in a life-threatening situation. A life-threatening situation involves: stopped breathing, heart failure, heavy bleeding, shock and poisoning. It is important to take care of these situations before seeking help.

Because of the potential for exposure to bloodborne diseases, it is important for anyone who might give aid and/or CPR to be aware of the hazards that contact with human blood and certain human body fluids may present. For most employees, providing first aid to someone in need is a personal choice. For other employees, providing first aid is a requirement of their job position and part of their assigned duties. The City of Concord has a legally required Bloodborne Pathogens Program, with the purpose of protecting employees from exposure to disease-causing organisms found in human blood and certain human body fluids (See Bloodborne Pathogens Exposure Control Plan – Section 13 of this manual).

Using good judgment in an emergency situation is a vital part of first aid. Evaluating the type of accident or illness, surveying the scene for existing hazards and potential hazards and knowing the number of injured people will be key factors in deciding what to do first.

When you do not know exactly what is wrong, you must first evaluate the situation and look for injuries that are most likely to have occurred. Then check for other possibilities.

Evaluate and respond to an emergency situation using the following checklist. Evaluate each situation and respond accordingly.

- (A) Rescue the victim and yourself
- (B) Restore or maintain breathing and heartbeat
- (C) Control heavy bleeding
- (D) Treat for burns
- (E) Treat for poisoning
- (F) Treat for shock
- (G) Treat for specific injury
- (H) Examine the victim carefully
- (I) Seek medical help
- (J) Keep checking the victim until medical help arrives

Due to potential contact with human blood and potentially infectious body fluids, it is recommended that disposable latex rubber gloves and CPR masks be used instead of bare hand contact and direct mouth to mouth procedures. If gloves, pocket masks, compresses or any other items become contaminated with human blood or potentially infectious body fluids, they must be disposed of safely. Place contaminated materials in a closed and leak-proof container. Collect any contaminated sharps (needles, razor blades,

broken glass, etc) in a container that is also puncture-resistant. Mark the container with a “BIOHAZARD” label and autoclave to decontaminate.

If there has been contact of human blood or potentially infectious body fluids with broken skin, eyes or mouth, wash contaminated skin with soap and water and flush eyes and mouth immediately. Then contact your supervisor or Human Resources immediately.

18.2 Artificial Respiration

Of all the cells in the body, the brain cells are most sensitive to the lack of oxygen. If the breathing has stopped and the heart has not been beating more than 4-6 minutes the brain is probably permanently damaged to the extent that even if breathing resumes, the victim may never recover consciousness.

The mouth-to-mouth or mouth-to-nose technique of artificial respiration is the most effective method of emergency ventilation of a person of any age who has stopped breathing. Mouth-to-mouth and mouth-to-nose forms of artificial respiration also enable the rescuer to obtain more accurate information on the volume of air entering the lungs and the timing of breath that are necessary to sustain life.

The average person may die in 6 minutes or less if his oxygen supply is cut off. Since it is often difficult to tell exactly when a person has stopped breathing, he may be very near death when you discover him. Therefore, your immediate response should be to start artificial respiration as soon as possible.

Recovery is usually rapid. The exceptions are: in case of carbon monoxide poisoning, drug overdose, or electrical shock. In these cases it may be necessary to continue artificial respiration for a long period of time.

When a victim revives, he/she should be treated for shock. In all cases, the victim should receive medical attention.

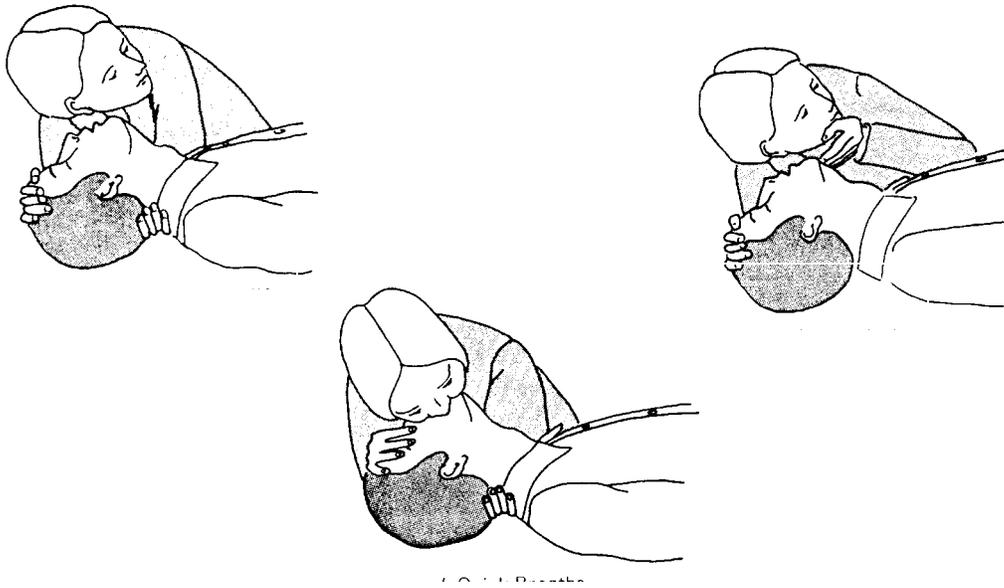
Artificial respiration should always be continued until:

- (A) Victim begins to breathe by himself
- (B) Victim is pronounced deceased by a doctor, or is beyond any doubt deceased

Mouth-to-Mouth (Mouth-to-Nose) Breathing

Determine consciousness by tapping the victim on the shoulder and asking him loudly “ARE YOU O.K.?” Do not shake the person vigorously, especially if there is any chance of neck or back injury. If the person does not respond, alert other people in the area to call for medical assistance.

With the palm of one hand, exert a backwards force on the forehead and gently lift the victim’s neck or chin with your other hand. Check for breathing. If there are no signs of continued breathing...



Give 4 quick breaths that are rapid enough to prevent full deflation of the victim's lungs between each breath. Your mouth should be removed from the victim's mouth just long enough to get a fast gulp of air for the next breath.



Check the pulse on the side of the neck. Keep the head tipped with your hand on the forehead to maintain an open airway. At this time you should look, listen and feel to see if the person has begun breathing again. This is easily done by placing your ear and cheek near the victim's nose and mouth. "LOOK" for the chest to rise, "LISTEN" for air entering and leaving the victim's nose and mouth, and "FEEL" the air moving past your cheek. This check step should last between 5 and 10 seconds.

Be prepared to continue giving mouth-to-mouth or mouth-to-nose breathing if victim is not breathing on his own. Your breathing pattern should follow 1 breath every 5 seconds.

If no pulse is detected cardio-pulmonary resuscitation (CPR) must begin. CPR should be provided by trained individuals only.

18.3 Wounds

A wound is a break in the continuity of the tissues of the body, either internally or externally. Wounds fall into 2 classifications: open wounds and closed wounds. An open wound involves a break in the skin, while a closed wound involves injury of underlying tissues. Closed wounds are represented by contusions and bruises where the skin is not actually broken.

18.3.1 Lacerations



Lacerations are usually jagged and irregular breaks or tears in the soft tissues. Lacerations are generally more destructive than incisions and usually result in profuse bleeding. These injuries are usually deep and often contaminated, increasing the risk of infection.

18.3.2 Incisions



Incisions are cuts caused by sharp objects such as knives, broken glass and metal edges. Deep incisions in which blood vessels or arteries may be lacerated can cause great loss of blood. These incisions may also create muscle damage, tendon damage and nerve damage.

18.3.3 Abrasions



Abrasions are wounds to the outer layers of the skin. These usually result when the skin is scraped against a hard, generally rough surface. Bleeding is usually minor. As with all open wounds there is a chance of infection from contamination of dirt, bacteria and other foreign matter.

18.3.4 Punctures



Punctures are caused by objects such as pins, nails and splinters. These wounds may be deep with very little external bleeding, and damage to internal organs. Tetanus and other infections are more likely to develop in puncture wounds than in other wounds because there is little natural flushing that takes place with external bleeding.

18.3.5 Avulsion



Avulsion are injuries that result in tissues being cut or torn away from the body. These detached body parts can many times be re-attached through surgery. It is important to wrap the body part that has been torn away in something clean and send it to the hospital with the victim. Keep the body part cool and slow the decay process. Do not let the body part freeze or come in direct contact with the eyes.

18.4 First Aid for Open Wounds

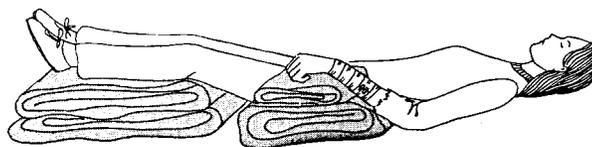
The objectives for providing first aid for open wounds are:

1. Stop the bleeding immediately
2. Protect the wound from contamination and infection
3. Provide shock care
4. Obtain medical help as soon as possible

If a wound is not deep or bleeding severely, clean it gently and cover it with sterile dressing and bandage.

18.4.1 Severe Bleeding Causes Shock

Whenever a person has experienced a traumatic injury causing rapid loss of blood and other body fluids, shock and loss of consciousness may occur. Shock depresses the body functions and may prevent the heart and lungs and other body organs from working normally. Extreme pain and fright may make this condition worse and may cause death. In all cases, where traumatic injuries involve massive bleeding, you must first stop the bleeding, then treat for shock and get medical help.



18.4.2 Signs and Symptoms

During early stages of shock, the body compensates for decreased blood flow to the tissues by constricting the blood vessels to the surface layers of the skin. As the victim continues to lose blood, blood flow is further restricted from reaching the skeletal muscles and other soft tissues. Eventually, this condition will cause death. The following signs are noted when the person is in shock:

- ❑ The skin is pale (or bluish) and cold to the touch. In the case of victims with normally dark colored skin, it may be necessary to rely on the color of the fingernails, tissues inside the mouth or inside the eyelid.
- ❑ The victim may be weak.
- ❑ The victim's skin may be moist and clammy.
- ❑ The pulse is quite rapid and often too faint to be felt at the wrist, but easily detected at the carotid artery or femoral artery in the leg.
- ❑ The rate of breathing is usually fast and may be shallow, especially if the injuries are to the chest or abdomen.
- ❑ Vomiting and nausea may occur as a result of pain, and the victim may complain of severe thirst (an early sign of oxygen deficiency).

18.4.3 Treatment

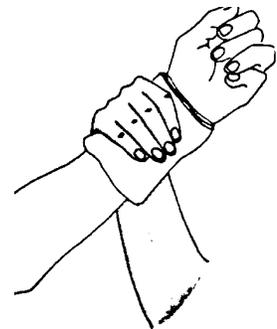
- ❑ Always administer first aid immediately to eliminate the cause of shock.
- ❑ Keep the victim lying down; naturally, this position will be determined by the type of injuries. The most satisfactory position for an injured person is lying down on his back with his feet elevated. If head injuries are involved elevate the head and shoulders. If back or spine injuries are suspected do not move the person until they have been properly prepared. Victims suffering from severe face injuries should be placed on their sides to allow blood and other fluids to drain out and avoid blockage of airways.
- ❑ Fluids should only be given to a victim by mouth and only when medical assistance is not available within a reasonable length of time (1 hour). Fluids should not be given to an unconscious person. Never give fluids to a victim that will likely require surgery or require a general anesthetic.
- ❑ For best results, fluids should be warm solutions of one teaspoon salt and 2 teaspoon baking soda. Adults should receive about four ounces every 15 minutes. Children aged 1-12 should receive about two ounces every 15 minutes.
- ❑ Discontinue fluids if the victim feels nauseated or vomits.

18.5 First Aid for Severe Bleeding

18.5.1 Direct Pressure

The preferred method for the control of severe bleeding is direct pressure by placing the hand over the dressing. This stops additional loss of blood without interfering with normal blood circulation.

A thick pad of cloth held between the hand and the wound helps to control the bleeding by absorbing the blood and allowing it to clot. Do not disturb the blood clots after they have formed within the cloth. If blood soaks through the entire pad without clotting, do not remove the pad but add additional thick layers of cloth and continue administering direct pressure.

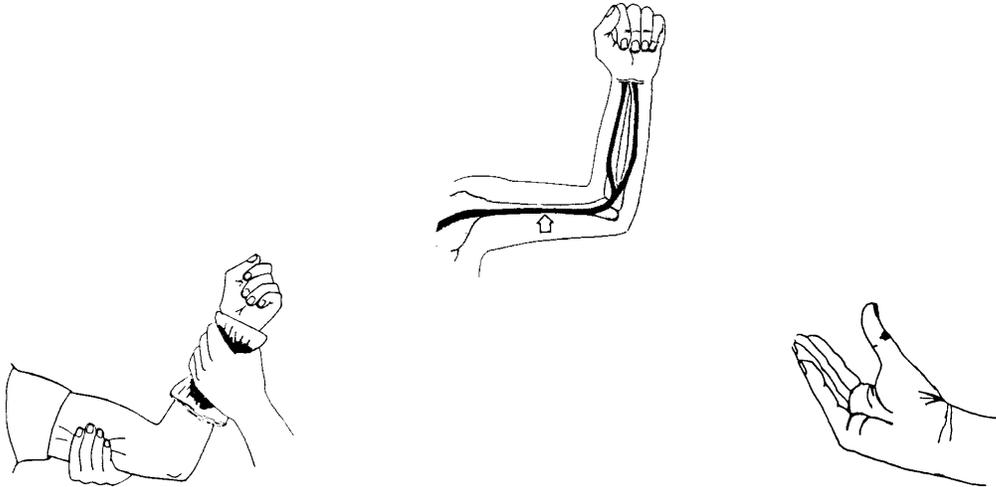


18.5.2 Elevation

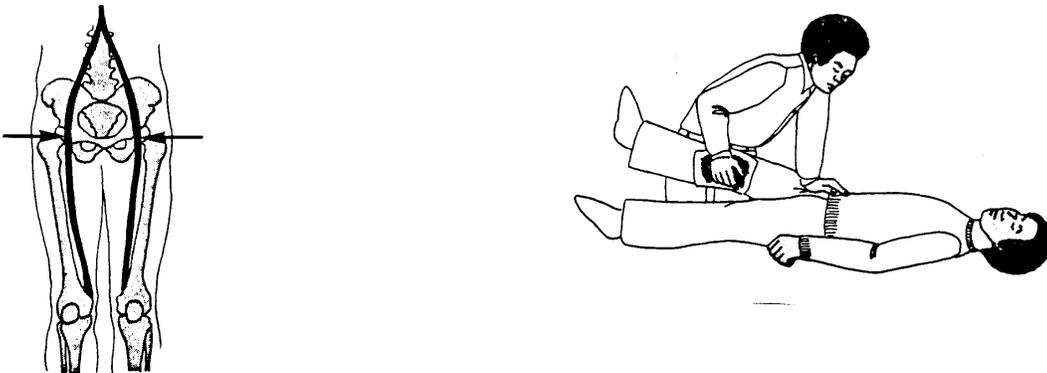
Elevate the injured part of the body above the level of the victim's heart unless there is evidence of a fracture. A severely bleeding open wound of the hand, neck or leg should be elevated to help restrict blood flow and slow the bleeding.

18.6 Pressure Points

If bleeding from an open wound of the leg or an arm does not stop after application of direct pressure plus elevation, the pressure point technique may be required. This technique involves applying direct pressure to the supplying artery. The artery is squeezed against underlying bone, slowing or stopping the flow of blood into the entire limb. This technique should always be used in addition to direct pressure and elevation. To restrict the blood flow to an open arm or hand wound, pressure is applied to the brachial (BRAY-KEY-AL) artery located inside the arm in the groove between the biceps muscle and the triceps muscle, and about midway between the armpit and elbow.



To use the brachial artery, grasp the middle of the victim's arm with your thumb on the outside of his arm and your fingers on the inside. Use the flat part of your fingers to press the artery against the arm bone and restrict blood flow through the rest of the arm.



To control severe bleeding from an open leg wound, the femoral (FEM-O-RAL) artery is restricted. Pressure is applied to this artery by pushing it against the pelvic bone. The artery is easily located by locating the crease between the body and the leg, not on the leg itself. The femoral artery is located about where the bottom edge of a short swimsuit would fall.

To properly apply pressure to this artery, the victim should be lying flat on his back. With the heel of your hand, apply direct pressure to the pelvic bone. Your arm should remain straight to eliminate muscle fatigue and you should lean forward over the straightened arm to apply the amount of pressure needed. If blood is

not controlled, it will be necessary to place your fingers over the heel of your hand and re-apply the pressure. The elevation and direct pressure is recommended to be used in conjunction with the pressure point.

18.7 Eye Injuries

Foreign objects often enter the eye through industrial accidents; they are blown into the eyes and rubbed into the eyes during normal daily activities. Such objects may be harmful not only because of irritating effects, but they may also scratch the surface or become embedded in the eye.

Foreign objects in the eyes may have any or all of the following effects:

- ❑ Cause the eyes to become red
- ❑ Cause the eyes to burn
- ❑ Cause severe pain
- ❑ Cause headaches
- ❑ Cause excessive production of tears.

When an eye is injured, the damage may involve the entire eye causing the loss of vision. Immediate medical care is required for all serious eye injuries.

18.7.1 Foreign Objects on the Surface of the Eye or Eyelid

To remove a foreign object from the outside of the eyeball or from the inside of the eyelid:

- ❑ Do not rub the eye. Rubbing may push the object into the eye or eyelid making removal a difficult matter.
- ❑ Blink and try to make tears. The dirt may be loosened and swept away by tears.
- ❑ Wash your hand thoroughly before examining your eye or a victim's eye.
- ❑ Pull down the lower lid to see if the speck is on the inner surface of the lid. If so, lift it off gently with a corner of a clean handkerchief.
- ❑ If you cannot see the speck, it may be on the inside of the upper lid. Grasp the lashes of the upper lid gently between the thumb and forefinger and pull the lid out and down over the lower lid. This may dislodge the dirt.
- ❑ To examine the inside of the lower lid, place a match stick or similar object on top of the lid, invert the lid by pulling upward on the eyelashes against the match stick. Pull the lid in place with the fingers on one hand and lift off the dirt with the corner of a clean handkerchief.
- ❑ Flush the eye with clean water, using an eye dropper or small bowled syringe.



If these steps do not work, put a clean dressing over the eye and bandage both eyes gently. Get medical help as soon as possible. If the person must see to get to safety or medical help, bandage only the injured eye; however, bandaging both eyes will assure that the eyes are immobilized and reduce the chance of further irritation caused by the foreign object in the eye.

Never try to use a solid object such as a match stick or toothpick to remove an object from the eye. Do not use dry cotton around the eye.

If an object is sticking in or embedded in the eye, do not try to remove the object or wash the eye. First, place padding all around the object and the eye socket to keep the object from moving and keep the bandage from pressing on the eye. Then cover both eyes with a bandage to effectively immobilize the eye. Get medical attention immediately. Call ahead to the emergency department of the hospital so that they can call an eye specialist and meet the victim. The victim should be transported lying down. The sooner medical care is obtained, the greater the chances of saving the victim's sight.

18.8 Infection

The period of time a wound takes to heal may be prolonged by infection. An infection is caused by an invasion and growth of bacteria within the tissues of the body. A dangerous infection may develop even in a very minor wound. Bacteria enters the body through breaks in the skin or mucous membranes, and serious infections may develop within hours or days following an injury. The threat of tetanus infection should never be overlooked and a physician should always be consulted when personal protection against this type of infection is questioned. Tetanus can infect any open wound and can cause death. Tetanus bacteria is more likely to infect puncture wounds. Therefore, wounds of this type should receive doctor's attention and be closely watched by the individual for any signs of infection.

18.8.1 Signs and Symptoms

- ❑ Swelling of the affected part
- ❑ Redness in the immediate area surrounding the affected part
- ❑ A sensation of heat in this area
- ❑ Throbbing pain and tenderness
- ❑ Fever
- ❑ Evidence of pus, either collecting beneath the skin or draining from the wound
- ❑ Swollen lymph glands; hard "kernels" may be present in the arm pits (arm infection), neck (head infection), or groin (leg infection).

Red streaks emanating from the wound indicate the infection is spreading through the lymphatic circulation channels.

Cleaning can greatly reduce the chance of infection; however, only small wounds that have not been bleeding heavily should be cleaned by a non-trained medical professional.

Ordinary mild hand soap should be used to clean a wound. First, wash your hands, then wash in and around the wound. Rinse thoroughly with clean water - running tap is best. Remove small slightly embedded objects, such as gravel and dirt in abrasions. Blot, do not rub the wound with clean, dry gauze or a clean cloth. Take care not to use soft fuzzy materials, such as loose cotton, that may stick to the wound. Cover the wound with a clean dry dressing that is slightly larger than the wound to help keep dirt out of the open wound. Dressings should be changed as they become soiled, at least once daily.

Do not attempt to clean a serious wound that has stopped bleeding, for it may start bleeding again. Leave the compress in place and transport to a doctor as soon as possible.

It is always important to seek medical attention for an infected wound. In the event that a lengthy delay must occur, the following temporary steps should be taken:

- (a) Keep victim lying down and quiet; immobilize the entire infected area.
- (b) Elevate the affected body part if possible.
- (c) Apply heat to affected area with hot water bottles or by placing warm moist towels or cloths over the wound.
- (d) Apply the warm packs for 30 minutes, changing them as necessary to keep them warm. At the end of 30 minutes the warm packs should be removed and replaced with a dry dressing to keep out air and absorb drainage. This should be left on for another 30 minutes, or until medical help is available. This process may be repeated as necessary.
- (e) Never delay efforts to seek medical care for the victim. These suggested activities are only interim measures.

18.9 Burns

A burn is an injury that results from heat, chemical agents, or radiation. A burn may vary in depth, size and severity. Besides the obvious effects of heat on the skin and other body tissues, the heat may also have a devastating effect on the blood, lungs and body parts such as eyes, hands, feet, legs and arms.

- ❑ Severity of a burn is determined by 3 factors: depth, size and location.
- ❑ Depth of a burn also describes the “degree.” Typical descriptions include first-degree, second degree, and third-degree burns.
- ❑ Size or extent of the burn, describes the physical area which the burn covers.
- ❑ Location of the burn describes the area of the body affected by the burn. There are 4 critical areas that may be affected and these are: the hands, face, feet and genital organs.

In addition to depth, size and location the age and physical condition of the victim can contribute to the seriousness of this type of injury and to the length time necessary for healing.

TYPES OF BURNS

18.9.1 First degree burns

First degree burns are not very deep. They involve only the surface layer of skin, as compared to second degree burns that are deeper and also involve the under layers of skin.

A first-degree burn on a fair skinned person is pink, or reddish. (e.g., a mild sunburn, or mild contact with a heat source.) A person with dark skin might not show any visual signs of a first degree burn. There are few if any blisters, mild swelling, and pain. These burns usually heal rapidly with no chance of infection.

First degree burns - First Aid procedures: Cool water can be directly applied to any burn that is not open and not very deep. The burn should be cooled until the pain subsides. Do not add anything to the water. Do not apply ointments, sprays or salves. Once the victim feels comfortable gently pat the burn area dry and apply dry sterile gauze if necessary. This bandage should be changed daily, or as it becomes soiled.

18.9.2 Second degree burns

Second degree burns are more serious in nature. These burns are deeper than first-degree burns and usually involve destruction of nerve endings in the skin. Second-degree burns may be very painful and may require

medical assistance to alleviate the pain and discomfort associated with them. There is some swelling associated with second-degree burns and small blisters may form over portions of the burned area. The surface of the skin may appear wet in the more serious second-degree burns. This is associated with the loss of plasma and other fluids through damage to the skin cells.

Second degree burns – First Aid procedures: Burns that do not have open areas may also be cooled with water. These areas should be gently patted dry and sterile dressing used to cover the burn. Cold packs may be placed on top of the bandages to help control the pain, providing the weight of the cold pack does not irritate the burn. Care must also be taken to keep the bandage and burn area dry. Do not apply any ointments, sprays or salves.

18.9.3 Third degree burns

Third degree burns are always deep and usually cause large amounts of swelling in the surrounding tissue. Moderate third-degree burns cause blisters and may allow the skin to peel back, exposing small areas of raw, red tissues. Deeper third-degree burns will produce large blisters and allow some skin to actually be burned away. If the burn is open, plasma and body fluids will ooze from the open areas.

In the most serious third-degree burns skin, nerves, and other body tissues are destroyed. Red, raw areas may be surrounded by charred areas that are ashy, white or black. In many instances the victim does not experience much pain.

Third-degree burns will not heal properly without medical care. Burns greater than 1+ inches in diameter will never heal without skin grafts and medical attention. These types of burns will always become infected.

Third degree burns – First Aid procedures: Do not put water directly on a third-degree burn to cool it if blisters have broken or the skin has been burned away. This will greatly increase the possibility for infection to set in.

Cover the burn with thick, dry sterile dressing and bandage. Do not apply any ointments, sprays or salves. Never try and remove clothing or material that is sticking to the burn area; just place the bandages right over it. Cold packs may be used to make the victim more comfortable; however, great care must be taken to ensure the burn and bandages stay completely dry. Never use cold packs that are too heavy and cause pain to the victim. Whenever possible, elevate the burn area and treat the victim for shock.

18.9.4 Chemical Burns

If hazardous chemicals should come into contact with the skin or eyes, follow the first aid procedures. **DO NOT** become a victim. Wear gloves and safety goggles to protect yourself if you are attempting to assist someone covered in chemicals(s).

Skin –

- Remove victim's clothes – don't let modesty stand in the way
- Remove victim's shoes – chemicals may collect in the shoes
- Rinse the area with large quantities of water for at least 15 minutes (sink, shower or hose).
- DO NOT apply burn ointments/sprays to affected areas
- Cover with dry clean or sterile material.

- For large affected areas, call 911.

Eyes –

- Call 911
- Eyelids have to be forcibly opened to ensure effective washing behind the eyelid.
- Be sure to wash from the nose out to the ear, this will avoid washing chemicals back into the eye or into an unaffected eye.
- Flood eyes and eyelids with water/eye solution for a minimum of 15 minutes.
- Remove contact lenses as soon as possible to rinse eyes of any harmful chemicals.
- Cover both of the victim's eyes with a clean or sterile gauze.

18.9.5 Ingestion of Chemicals

Call 911 Immediately! If the victim is awake and able to swallow, give water or milk. If they become nauseated, do not continue to administer fluids. If the victim is unconscious, turn their head or entire body onto their left side. If properly trained, be prepared to start CPR, but be cautious about exposing yourself to chemical poisoning via mouth-to-mouth resuscitation. If available, use a CPR mask.

18.8.6 Inhalation of Chemicals

Evacuate the area and move the victim into fresh air. Call 911. If the victim is not breathing and you are properly trained, perform CPR until the rescue squad arrives. Be careful to avoid exposure to chemical poisoning via mouth-to-mouth resuscitation. If available, use a CPR mask.

18.10 Bandaging

The way dressings and bandages are applied will be determined by a number of factors such as how large an area is injured, where the injuries are physically located, and in many cases the types of bandaging materials that are available. In a number of instances you will have to rely on your own imagination to determine the types of materials to use and the basic bandages to tie.

As a basic guideline:

Wash small cuts and scrapes thoroughly. Pat them dry with something such as clean gauze before bandaging them. Do not wash large wounds, deep wounds, or wounds that have been bleeding heavily. Bandage serious wounds without washing them and transport the victim to medical care as soon as possible.

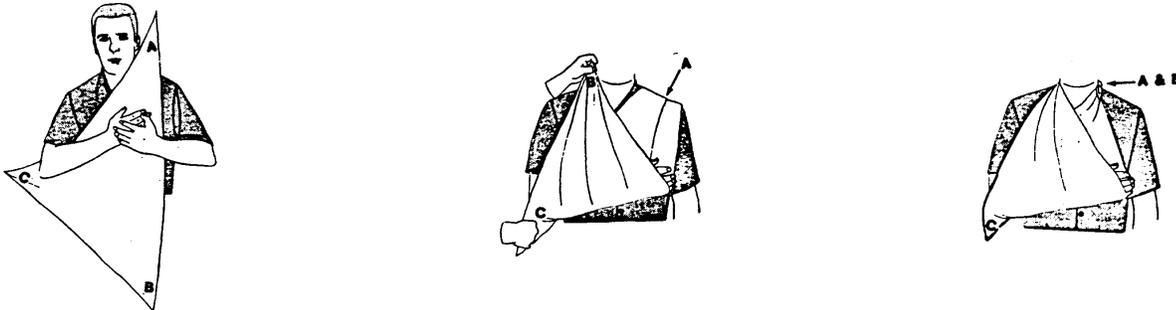
To keep from contaminating a dressing, hold it from the corners. Do not breathe or cough on it. Use a dressing that is large enough to extend beyond the edges of the wound on all sides. Do not try to bandage over clothing. It is recommended to cut or tear clothing away from the injury before bandaging. Do not slide a dressing into a wound from the side; put it straight down onto the wound. **Do not put fluffy cotton over an open wound because it will stick.**

A bandage should be snug enough to keep the dressing from slipping, but not so tight that it impairs circulation. Leave fingers and toes exposed so you may check them for swelling, changing color, or coldness. These signs accompanied with numbness or tingling may indicate the bandage is too tight and require the bandage to be loosened. Be especially careful not to wrap an elastic bandage too tight.

Do not use wet bandages that may shrink as they dry. Never apply a tight, circular bandage to the neck, for it may strangle the person.

Do not wrap tape entirely around a wounded part, for it may exert excess pressure in the event of swelling.

18.10.1 Arm Sling



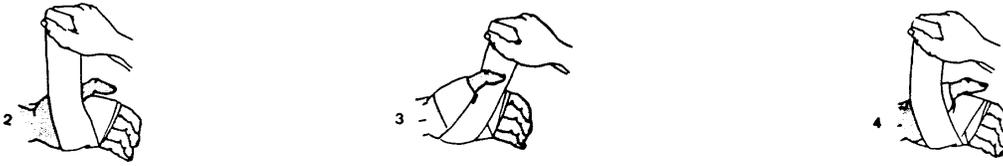
A sling can be used to support an injured hand, arm or shoulder. To tie a sling, hold a triangle bandage by one of the longer sides (A) and by the shorter side (C). This will facilitate the long side to run up and down the body. Gently place the triangle bandage under the arm as depicted in the above picture. The short end (C) should be under victim's elbow. Bring the lower end (B) over the arm at a point alongside the neck. Before tying the knot, be sure the hand is elevated approximately 4B5 inches above the elbow. This will be more comfortable for the victim and will help to reduce swelling. Tie side (A) and side (B) at the side of the neck. This will be most comfortable for the victim.

To keep the arm from slipping, pin the excess portion of the back of the sling (C) to the front side of the sling. If a safety pin is not available, the same results can be obtained by twisting the sling until it is snug and tying an overhand knot to hold the elbow in place.

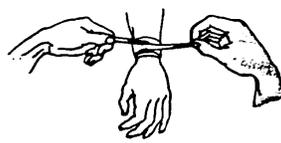
18.10.2 Figure Eight Bandage



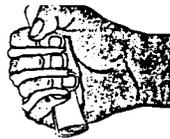
A figure eight bandage is used to wrap a wound on the palm. The bandage should be anchored by 2 wraps around the center of the palm.



Next, the bandage is brought diagonally across the palm, around the hand and wrapped twice around the wrist, then back around the hand. This process is repeated until the bandage is secured, at which time the bandage is tied off.

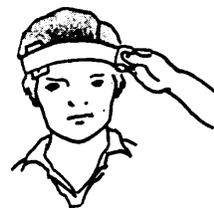


The bandage can be tied off by splitting the end of the bandage and tying an overhand knot.



Another method of bandaging a palm until medical assistance is available is to place a roll of bandage material, cloth, gauze or other material about the size of a tennis racquet handle (about 12 inches) into the victim's hand, over a sterile bandage. The fingers should be gently curved around this roll. The fingers should be separated with cloth or gauze and the entire hand should be covered with a clean cloth. If possible, the arm should be placed in a sling and elevated.

18.10.3 Circular Bandage



This bandage is most effectively used on a body part that is mostly all the same size, such as a wrist, ankle, or forehead. Each successive wrap is placed right on top of the other. When the bandage is held firmly in place, the wrap is tied off. This is accomplished by splitting the roll and tying an overhand knot. This type of wrap can be effectively used to cover the ears and eyes, especially when both eyes need to be immobilized.

18.10.4 Closed Spiral Bandage



The closed spiral is most effectively used to bandage a body part that tapers. Each successive turn overlaps approximately 1/3 to 2 the width of the bandage and when completed properly, no skin or dressing shows through.

This bandage is tied off by splitting the wrapping material and tying it in an overhand knot.

18.10.5 Open Spiral Bandage



An open spiral is like a closed spiral except the turns do not overlap and areas of the skin or underlying dressing are allowed to show through between the turns. You can use an open spiral bandage to hold a dressing in place temporarily.

Once the dressing has been secured with open spiral turns, you can finish the bandage with closed spiral turns, if necessary. You can also use an open spiral when you do not have enough bandage material to make a closed spiral bandage.

Remember: Always wash your hands before (if possible) and after giving first aid to avoid the risk of infection and transmission of disease. If possible, use latex gloves before giving first aid.

19.0 Stress Management

Stress is the "wear and tear" our bodies experience as we adjust to our continually changing environment. Stress has physical and emotional effects on us and can create positive or negative feelings. As a positive influence, stress can help compel us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in feelings of distrust, rejection, anger, and depression, which in turn can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. Stress will help or hinder us depending on how we react to it.

How Can I Eliminate Stress from My Life?

As we have seen, positive stress adds anticipation and excitement to life, and we all thrive under a certain amount of stress. Deadlines, competitions, confrontations, and even our frustrations and sorrows add depth and enrichment to our lives. Our goal is not to eliminate stress but to learn how to manage it and how to use it to help us. Insufficient stress acts as a depressant and may leave us feeling bored or dejected; on the other hand, excessive stress may leave us feeling "tied up in knots." What we need to do is find the optimal level of stress which will individually motivate but not overwhelm each of us.

How Can I Tell What is Optimal Stress for Me?

There is no single level of stress that is optimal for all people. We are all individual creatures with unique requirements. What is distressing to one may be a joy to another. Even when we agree that a particular event is distressing, we are likely to differ in our physiological and psychological responses to it. The person who loves to arbitrate disputes and moves from job site to job site would be stressed in a job which was stable and routine, whereas the person who thrives under stable conditions would very likely be stressed on a job where duties were highly varied. Our personal stress requirements and the amount which we can tolerate before we become distressed can change as we age.

It has been found that most illness is related to unrelieved stress. If you are experiencing stress symptoms, you have gone beyond your optimal stress level; you need to reduce the stress in your life and/or improve your ability to manage it.

How Can I Manage Stress Better?

Identifying unrelieved stress and being aware of its effect on our lives is not sufficient for reducing its harmful effects. Just as there are many sources of stress, there are many possibilities for its management. Changing the source of stress and/or changing your reaction to it requires work. How do you proceed?

1. **Become aware of your stressors and your emotional and physical reactions**

- Notice your distress. Don't ignore it. Don't gloss over your problems.
- Determine what events distress you. What are you telling yourself about the meaning of these events?
- Determine how your body responds to the stress. Do you become nervous or physically upset? If so, in what specific ways?

2. **Recognize what you can change**

- Can you change your stressors by avoiding or eliminating them completely?
- Can you reduce their intensity (manage them over a period of time instead of on a daily or weekly basis)?

- ❑ Can you shorten your exposure to stress (take a break, leave the physical premises)?
- ❑ Can you devote the time and energy necessary to making a change ? (goal setting, time management techniques, and delayed gratification strategies may be helpful).

3. Reduce the intensity of your emotional reactions to stress

- ❑ The stress reaction is triggered by your perception of danger...physical danger and/or emotional danger. Are you viewing your stressors in exaggerated terms and/or taking a difficult situation and making it a disaster?
- ❑ Are you expecting to please everyone?
- ❑ Are you overreacting and viewing things as absolutely critical and urgent? Do you feel you must always prevail in every situation?
- ❑ Work at adopting more moderate views; try to see the stress as something you can cope with rather than something that overpowers you.
- ❑ Try to temper your excess emotions. Put the situation in perspective. Do not labor on the negative aspects and the "what if's."

4. Learn to moderate your physical reactions to stress

- ❑ Slow, deep breathing will bring your heart rate and respiration back to normal.
- ❑ Relaxation techniques can reduce muscle tension. Learning to moderate these reactions on your own is a preferable long-term solution.

5. Build your physical reserves

- ❑ Exercise for cardiovascular fitness three to four times a week (moderate, prolonged rhythmic exercise is best, such as walking, swimming, cycling, or jogging).
- ❑ Eat well-balanced, nutritious meals.
- ❑ Maintain your ideal weight.
- ❑ Avoid nicotine, excessive caffeine, and other stimulants.
- ❑ Mix leisure with work. Take breaks and get away when you can.
- ❑ Get enough sleep. Be as consistent with your sleep schedule as possible.

6. Maintain your emotional reserves

- ❑ Develop some mutually supportive friendships/relationships.
- ❑ Pursue realistic goals which are meaningful to you, rather than goals others have for you that you do not share.
- ❑ Expect some frustrations, failures, and sorrows.
- ❑ Always be kind and gentle with yourself —be a friend to yourself.

If you are feeling overwhelmed, you may want to seek professional advice to cope with the challenges you are facing. You can contact your physician and ask for a referral for counseling services. Another option is to contact the Employee Assistance Program, Managed Health Network at **1-800-227-1060**. They can set up counseling with a certified professional here in the Concord area.