SECTION 8

SAFETY PROGRAMS

SAFETY COMMITTEES

INTRODUCTION

One of the ways to motivate employees is to help them be successful and give them visibility. A great way to do this is to create a safety committee where employees feel privileged to be members and can see they actually can make a difference in the safety culture of their department.

State law requires safety committees. Effective committees are an integral part of a successful safety culture. They can create enthusiasm among employees concerning work place safety as well as recognition of the cost of job-related injuries and illnesses. Clackamas County requires each department to establish a safety committee at each establishment according to Oregon Occupational Safety and Health Administration rules. (The following pages explain the requirements and responsibilities of a safety committee.)

Safety committees foster a “grass-roots” approach that carries into areas such as employee morale, cooperation, and contribution.

We should encourage the participation in safety committees of people who are motivated and committed to making a strong safety focus successful. There should be strong organization with high visibility and attention from upper management. Recommendations should be acted on quickly.

Examples of what an effective team can achieve are:

- Identify causes of accidents so workers can be coached on safe work practices;
- Conduct periodic work group safety meetings;
- Inspect the work area for unsafe conditions;
- Help investigate accidents; and
- Respond to employee’s safety concerns.

An empowered safety committee headed by a committed chairperson is one of the keys to a positive safety culture.

SAFETY COMMITTEE RULES

Scope

Safety committees are required for all public or private employers who during the previous calendar year had:

- More than 10 employees at any one time; or
- A high Lost Workday Case for their industry; or
- A high workers’ compensation premium classification rate.

Application

Employers are required to have a safety committee at each establishment where an employer has employees.

Mobile worksites may establish a committee in a central location but are required to meet during normal working hours and comply with all the provisions of these rules.

Note: Establishment is not defined in the Safety Committee Rules but is defined in the Oregon OSHA General Rules of Administration, OAR 437 Division 1: 437-01-010 (26): "For the purpose of record keeping, a single physical location where business is conducted or where services or industrial operations are performed. Where distinctly separate activities are performed at a single physical location, each activity shall be treated as a separate establishment."

To be practical and functional, it is advisable to establish a committee that matches the structure of your department. If you have multiple locations, it may be acceptable to organize one committee for all locations. Please contact Risk Management for help in structuring your committee.

Membership

The safety committee must be composed of both employer and employee representatives. If agreed upon by labor and management the committee may have more employee representatives. The employee representatives shall be volunteers or shall be elected by their peers.

The actual number of members is required by the total size of the establishment's employment:

- Establishments with 20 or less employees: 2 members minimum; and
- Establishments with more than 20 employees: 4 members minimum.

A reasonable effort needs to be made to see that the members are representative of the major work activities.

The terms are continuous for at least one year.

The chairperson is to be elected by the members.

The authority of the committee will be determined with the employer and the authority shall be in writing.

Employee representatives attending the committee meetings and training shall be compensated by the employer at regular hourly wage.

Duties and Functions

The duties and functions of an effective safety committee include:

- Meeting once per month except when quarterly safety inspections are performed. If low hazard work environment (i.e. clerical duties), committee can meet once per quarter;
- Using agenda at each meeting. Minutes are taken and kept for 3 years;
- Posting minutes for review by all employees;
- Having employer review minutes and respond to concerns or recommendations in writing within reasonable amount of time;

- Establishing a system to allow the members to obtain safety-related suggestions, report of hazards, or other information, directly from all persons involved in the operation of the workplace;
- Evaluating employer's accident and illness prevention program;
- Conducting workplace inspections quarterly;
- Evaluating employer's accountability system; and
- Establishing procedures for investigating all safety-related accidents.

Training

Items to be discussed with all members include, at a **minimum**:

- Safety committee purpose and operation;
- Rules as covered above;
- Methods of conducting meetings;
- Hazard identification; and
- Effective accident investigations.

RESPONSIBILITIES AND ORGANIZATION

The responsibility for workplace safety and health by law is delegated to the employer. Management should be committed to safe operation from both a legal and ethical basis.

The safety committee's responsibility is to advise management on work organization and work practices for safety, and to provide leadership in protecting the safety and health of all employees. The safety committee plays an important role and serves as an important forum for communication and exchange of information on safety issues.

As a member of a committee an employee may have special duties within their own department that are separate from their committee responsibility. The supervisor may have them take part in:

- coaching workers on safe work practices and helping them correct unsafe behavior;
- conducting periodic work group safety meetings affecting their department; and
- helping to investigate accidents or safety suggestions from employees.

Each member has a special responsibility to serve as an example to fellow workers. Employees' attitudes are influenced by their observance of safety rules and procedures, wearing protective equipment, and making suggestions for improved working conditions and job procedures.

Open communication with department management on safety matters is important. Informally talking to a fellow worker about an observed unsafe practice on a personal basis is encouraged. However, using one's position as a committee member to openly criticize a fellow worker for a safety violation may exceed one's authority.

Always follow proper channels to encourage teamwork, promote positive action and avoid negative feelings.

Operations

At the safety committee's first meeting certain policy and procedures need to be decided and outlined in writing. For a safety committee to function well it is important that the committee members understand their roles and procedures.

The committee needs to agree on the following:

- A statement of purpose;
- The scope of representation; and
- The authority and functions.

Specific provisions need to be made for the following:

- Frequency of meeting;
- Quorum and attendance;
- Special meetings;
- Order of business;
- Records to be kept; and
- Training of members.

The activities include not only being involved in safety matters that arise, but also participation in the ongoing safety and prevention programs. This includes:

- Workplace inspections;
- Review accidents and near-misses;
- Review employee complaints;
- Review of occupational safety programs; and
- Review of injury and illness statistics.

Safety Inspections

The committee is responsible for regular review of the safety programs, work conditions and work procedures. This involves regular workplace inspections to identify hazards arising from the work conditions or practices and to ensure that established safety procedures and programs are being followed. (See Sec 8-7 and 8-8).

If the committee identifies safety deficiencies these should be brought to the attention of the supervisor so that corrective action can be started. These inspections should take place at least quarterly. The findings need to be documented and follow-up must be made on the identified hazards.

Investigations

The members are responsible for ensuring that accidents are investigated to determine their causes so corrective action may be taken.

Employee Safety Concerns

The members represent all employees and serve as a very important communication link with the employees. Our employees should be assured that, in talking to their safety committee representative, they do have the ear of management.

Employees need to first contact their immediate supervisor if they have safety complaints or concerns. However, an employee should notify their safety committee representative of the concern, as well.

Employees will be informed by their supervisor and/or the safety committee as to the disposition of their safety concerns. Even if no action is possible or the committee considers the concern unjustified, the employee should be told of the decision and the reasoning behind it. The committee shall inform the employee within one week from the time the decision is made.

Meetings

Each member of the committee should understand their duties do not begin and end once a month at the meeting. There should be preparation and assignments given for completion between meetings.

Whether the meetings are seen to be worthwhile and productive or merely a waste of time will depend upon the attitudes and behavior of the various members and support of management. Meetings will be productive if they are considered as problem-solving sessions that use the best knowledge and experience to develop solutions. The members should not be intimidated by another's rank; work experience is a valuable asset to the committee's purpose. Working as a team should be the goal. Meetings will not be political forums or places to air grievances. All members should be encouraged to participate equally.

Effective meetings work by consensus to develop solutions and do not decide matters by majority vote. The chairperson needs to develop consensus so all issues are brought to a conclusion.

Chairperson's Duties

Ensure each item on the agenda receives attention. A sub-committee may be necessary to review the issue and report back on it.

The chairperson is also responsible for keeping the meeting on track, cutting off irrelevant talk so that the agenda can be completed. By taking some time to prepare the chairperson can ensure the agenda is not too lengthy and the information resources (both people and materials) will be available.

The meeting should close on a positive note of achievement so the participants do not go away feeling they have wasted their time.

Other important tips for getting the most out of the meeting:

- Respect other member's time;
- Keep an open mind;
- Recognize communication problems;
- Refrain from hasty decisions;
- Recognize team goals and efforts;

- Know the mission of your group and what is expected;
- Concentrate on one subject at a time;
- Share credit for team effort;
- Thanks others for their contributions;
- Present solutions;
- Don’t be discouraged by the first obstacle you encounter;
- Know the facts;
- Use available resources;
- If you don’t know about a particular issue, find out; and
- Finish the job - arrive at a decision.

SAFETY TEAM MINUTES (EXAMPLE)

Location: **Date:** **Time:**

Attendees: (by dept.)

Absentees: (by dept.)

1. Self-Inspection Assignments: (to be done at the meeting proceeding the inspection month)

-- Include date due back, who assigned to, location, date of inspection.

2. Old Business:

-- Review of previous meeting's minutes
-- Reports on status of each recommendation (identify recommendation by date (i.e. 97-001 = January 2, 1997)
-- Identify progress or indicate "Completed"
-- Determine if additional time is needed to complete and give target date

3. New Business:

-- Results of inspection items (if inspections done previous month)
-- Any employee concerns

4. Discussion of New Injuries:

-- Description of injury (Names should be omitted.)
-- Identify causes
-- Notation of prevention action

5. Other Items:

-- OSHA incidence rates

Clackamas County
Safety Committee Inspection Report

Inspection Date: _____ Inspectors: _____

Facility ID: _____

Address: _____ Area/Dept. Inspected: _____

ERGONOMICS (EG)

C = Compliant NC = Non-Compliant

C	NC	Description of Requirement:
☐	☐	Are all task requirements visible from comfortable positions? [1]
☐	☐	Are armrests and footrests provided where needed? [2]
☐	☐	Are cushioned floor mats or carpet provided for workers who are required to stand for long periods? [3]
☐	☐	Are mechanical aides and equipment provided where feasible? [4]
☐	☐	Are employee's hands and wrists or arms subjected to pressure from sharp edges on work surfaces? [5]
☐	☐	Are wrist supports present or available for computer workstations? [6]
☐	☐	Does the working space allow for a full range of work movements? [7]
☐	☐	Is the work surface height proper and adjustable? [8]
☐	☐	Is the workstation designed to minimize or eliminate twisting at the waist, reaching above the shoulder, bending at the waist, static muscle overloading, extension of the arms, bending or twisting of the wrist and elevation of elbows? [9]
☐	☐	Is the workstation equipped with an anti-glare computer screen or other measures taken? [10]
☐	☐	Where chairs or stools are provided are they easily adjustable and suited to the task? Do employees know how to adjust them? [11]

GENERAL/WALKWAYS/HOUSKEEPING (GWH)

C = Compliant NC = Non-Compliant

C	NC	Description of Requirement:
☐	☐	Are all kitchens and washing facilities clean and sanitary? [1]
☐	☐	Are all work areas clean, sanitary, and orderly with proper lighting? [2]
☐	☐	Any problems/issues with common areas (HVAC, restrooms, etc.)? [3]
☐	☐	Are waste receptacles emptied on a regular basis? [4]
☐	☐	Are aisles and passageways kept clear? Proper lighting? Clear of obstructions? [5]
☐	☐	Are aisles and passageways at minimum 22 inches wide to 36 inches wide? [6]
☐	☐	Are materials or equipment stored in such a way that sharp objects will not interfere with the walkway? [7]
☐	☐	Are the cords, including under desks, stored in a manner that protects them against damage and eliminates tripping hazards? [8]
☐	☐	Is access to storage kept clear? Are there boxes or other items stored in front of shelves?[9]

ELECTRICAL (E)

C = Compliant NC = Non-Compliant

C	NC	Description of Requirement:
☐	☐	Are all electrical units such as computers, printers, calculators, etc. grounded or are they double insulated type? [1]
☐	☐	Are all electrical enclosures such as switches, receptacles, and junction boxes provided with tight fitting covers or plates? [2]
☐	☐	Are flexible cords and cables free of splices or taps? [3]
☐	☐	Do extension cords have grounding conductors? Are multiple plug adapters prohibited? Surge suppressors must go into an outlet and not be plugged into another device. [4]
☐	☐	Are there any exposed wiring and cords with frayed or deteriorated insulation? [5]
☐	☐	Are there any extension cords being used as permanent wiring? [6]

FIRE PROTECTION (FP)

C = Compliant NC = Non-Compliant

C	NC	Description of Requirement:
☐	☐	Are fire doors and shutters in good operating condition? [1]
☐	☐	Are fire doors and shutters unobstructed and protected against obstructions? [2]
☐	☐	Are fire extinguishers mounted in readily accessible locations? [3]
☐	☐	Are portable fire extinguishers provided in adequate # and type? [4]
☐	☐	Is there a minimum clearance of 18 inches below all fire sprinkler heads? [5]
☐	☐	Is fire extinguisher recharging noted on the inspection tag? [6]
☐	☐	Are fire extinguishers inspected monthly and noted on inspection tag? [7]

EXITS (Ex)

C = Compliant NC = Non-Compliant

C	NC	Description of Requirement:
☐	☐	Are all non-exit doorways/passageways marked or labeled as "NOT AN EXIT" or other? [1]
☐	☐	Are exits kept free of obstructions? [2]
☐	☐	Are exits properly marked and illuminated by a reliable light source? Is the light source maintained in working order? [3]
☐	☐	Are the directions to exits, when not immediately apparent, marked with visible signs? [4]
☐	☐	Can exit doors be opened from the direction of exit of travel without use of a key or any special knowledge or effort when building is occupied? [5]

EMERGENCY PRECUATIONS AND FIRST AID (EPFA)

C = Compliant NC = Non-Compliant

C	NC	Description of Requirement:
☐	☐	Are emergency phone #'s posted where they can be readily found in case of an emergency? [1]
☐	☐	Are fire evacuation routes and procedures posted? [2]
☐	☐	Are first -aid kits readily accessible, stocked and periodically inspected? [3]
☐	☐	Are MSDS's available for chemicals in use in the work area? (Not consumer products) [4]
☐	☐	Are signs concerning exiting, room capacities, biohazards, exposure to other harmful radiation or substances posted where appropriate? [5]
☐	☐	AED's - Is green ready light flashing? Is unit secured by seal? Is quick response kit attached and unit in good condition? [6]

COMMENTS:

_____

_____

_____

OSHA Recordable Incidents

An occupational injury or illness is recordable if it is work related and it meets one or more of the following criteria:

1) it results in death
2) there is loss of consciousness
3) there are days away from work, restriction of work or motion, or transfer to another job
4) there is medical treatment beyond first aid
5) a significant injury or illness is diagnosed by a licensed health-care professional

IMPORTANT: The following is a **complete** list of treatments considered by OSHA to be first aid. If the injured worker receives any of these treatments, and **none** of the (five) criteria listed above apply, **the injury is not recordable.**

- Non-prescription medication at non-prescription strength.
- Leaning, flushing, or soaking of wounds on the surface of the skin.
- Covering wounds with items such as Band-Aids®, gauze pads, butterfly bandages, or Steri-Strips®.
- Heat or cold therapy.
- Non-rigid support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Temporary immobilization during transport as an accident victim.
- Drilling of fingernail or toenail to relieve pressure, or draining fluid from a blister.
- Eye patches.
- Removal of foreign bodies from the eye by irrigation or with a cotton swab.
- Removal of splinters or foreign material from areas of the body other than the eyes by irrigation, tweezers, cotton swab, or other simple means.
- Use of finger guards.
- Massage therapy.
- Drinking fluids for relief of heat stress.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed to protect our employees from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV).

HIV lasts 30 minutes maximum outside of the body. HBV lasts 7 days in dried blood: it incubates in the body for 120 days average before symptoms show up.

This Standard applies to all occupational exposures to *blood* or *other potentially infectious materials*. An occupational exposure is defined as "a reasonably anticipated skin, eye, mucous membrane, or parenteral (introduced otherwise than by way of the intestines) contact with *blood* or *other potentially infectious materials* that may result from the performance of an employee's duties."

"*Other Potentially Infectious Materials*" (*OPIM*) are defined as

1. the following human body fluids: semen, vaginal secretions, cerebrospinal (brain/spine) fluid, synovial (joint) fluid, pleural (lung) fluid, pericardial (heart) fluid, peritoneal fluid, amniotic (uterus) fluid, saliva in dental procedures, and any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
2. any unfixed tissue or organ from a human; and
3. HIV or HBV-containing cell or tissue cultures, organ cultures, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

1. Exposure Determination

OSHA requires employers to determine which employees may incur occupational exposure to *blood* or *other potentially infectious materials*. The exposure determination is made without regard to the use of personal protective equipment, such as protective clothing (i.e., employees are considered to be exposed even if they wear protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications, by department, are in this category:

COMMUNITY CORRECTIONS:	Corrections Director, Community Corrections Manager, Probation/Parole Officer, Supervisor, Community Corrections Officer, Corrections Counselor, Residential Services Supervisor, Cook, Human Service Assistant
COMMUNITY DEVELOPMENT:	Housing Rehabilitation Specialist
COMMUNITY ENVIRONMENT:	Code Compliance Coordinator, Code Compliance Specialist, Environmental Assistant
COMMUNITY HEALTH:	Physician, Nurse Practitioner, Nurse Practitioner Supervisor, Community Health Nurse I & II, Certified

	Medical Assistant, Case Management Staff, support staff who handle lab materials, selected C.H. Staff identified by Director, Lab Personnel, Clinic Aide/Health Assistant, Dental Assistant, Dentist, Housekeepers
DISASTER MANAGEMENT:	Deputy Medical Examiner, Chief Deputy Medical Examiner, Deputy Medical Examiner Senior
DOG SERVICES:	Animal Care Specialist, Animal Health Technician, Dog Services Manager, Dog Services Officer 1 &2, Dog License Enforcement Officer
FACILITIES MANAGEMENT:	Building Maintenance Coordinator, Senior Building Maintenance Specialist, Building Maintenance Specialist, Building Maintenance Assistant, Temporary Maintenance Worker
GENERAL COUNTY:	First Aid/CPR Responder, Manager/Supervisor
HOUSING AUTHORITY:	Maintenance (staff who enter housing units), Occupancy Specialist, Eligibility Specialist, Housing Inspector
JUVENILE:	Juvenile Counselor I & II, Director, Counselor Supervisor,
NORTH CLACKAMAS PARKS:	Recreation Leaders, Maintenance, Custodial (Milwaukie Center), Aquatic Park-all positions
PARKS:	All positions
TRANSPORTATION MAINTENANCE:	Vactor Truck Worker, Street Sweeper Operator, Truck Shop Mechanic
SHERIFF/JAIL:	Property Room Officer, Detective, Uniform Patrol, Traffic Unit, Civil Courthouse Deputy, Nurse, Physician, Nurse Practitioner, Correction Officer, Maintenance, Kitchen Workers
WEATHERIZATION	Weatherization Trainee, Weatherization Installer, Weatherization Crew Leader, Weatherization Energy Auditor/Inspector

2. Implementation Schedule and Methodology

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the Standard. The following complies with this requirement.

Responsibilities

Department Heads/Elected Officials:

- Assure compliance with this policy.

Supervisors:

- Participate in training;
- Assure employees are offered Hepatitis B vaccinations;
- Investigate reported exposure incidents;
- Complete required forms; and
- Assure that post-exposure medical attention and counseling are received.

Risk Management:

- Handles updating of this policy;
- Is a resource for training; and
- Oversees implementation of this policy.

Updating this Policy

The Bloodborne Pathogen Exposure Control Plan will be reviewed and updated at least annually. Recommended changes to this policy may be submitted at any time. The procedure for recommending a change is: 1) Submit the recommendation to the department/division Bloodborne Pathogen Coordinator. 2) This person approves the change and forwards it in writing or e-mail to the Risk Manager.

Compliance Methods

1. *Universal precautions* will be observed at the workplace in order to prevent contact with *blood* or *other potentially infectious materials*. All *blood* or *other potentially infectious material* will be considered infectious regardless of the perceived status of the source individual.
2. *Engineering and work practice controls* will be utilized to eliminate or minimize exposure to employees. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
   a) Readily accessible hand washing facilities shall be provided. Where not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
   b) Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
   c) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
   d) Where occupational exposure remains after institution of these controls, personal protective equipment will be supplied and used by the employees who may become

e) exposed. Each department will maintain adequate supplies of protective clothing, including masks and gloves, and disposal bags. Each department will have a "sharps" container with a biohazard label.

f) All sharps containers are to be returned to the designated clinic for disposal.

The above controls will be examined for changes in technology and maintained on a regular schedule by the department supervisor or supervisor's designee. Supervisors or supervisor's designee shall document annual consideration and implementation of commercially available safer medical devices. Employees must be able to take part in the identification, evaluation and selection of engineering controls (including safer medical devices) and work practice controls.

Personal Protective Equipment

All personal protective equipment used will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to *blood* or *other potentially infectious materials*. The protective equipment will be considered appropriate only if it does not permit *blood* or *other potentially infectious materials* to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. All personal protective equipment shall be removed prior to leaving the work area.

Clackamas County will provide any or all of the following, depending upon the degree of exposure:

- Gloves (including hypoallergenic);
- gowns;
- face shields or masks;
- eye protection;
- resuscitation masks (especially for rescue-breathing and CPR);
- lab coats;
- shoe coverings.

The items will be available from the supervisor and "specialists" may be identified who will consistently be responsible for clean up of an exposed area.

All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to employees. If blood or other potentially infectious materials penetrate a garment(s), the garment(s) shall be removed immediately or as soon as feasible. All repairs and replacements will be made by the employer at no cost to employees.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with *blood* or bodily fluids. Gloves will be available from the department manager or supervisor. Disposable gloves may not be decontaminated for reuse. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised (i.e., no punctures, cracks or tears). Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

3. Procedures

Universal Precautions refers to a concept of bloodborne disease control which requires that all human *blood* and *OPIM* be treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens regardless of the perceived "low risk" of a person.

When providing first aid for injured employees and/or clients where there may be exposure to *blood* or other body fluids present, *Universal Precautions* will be used as a primary procedure. This is also the practice when supervisors provide assistance in medical emergencies. Employees who respond to emergencies and provide treatment will have a supply of red biohazards waste bags and will follow established procedures in their use and disposal. In addition, they will have a supply of treatment gloves which are to be used anytime there is treatment of an open wound or contact with bodily fluids. A pocket CPR mask and set of treatment gloves must be available in a designated and accessible location. Minimally, a CPR mask with one-way valve and gloves should be used during any attempt to resuscitate a person who is not breathing.

Any materials used in treating an injured person or held for disposal will be placed in a red bag specifically designed for the purpose of holding infectious waste. These bags are readily available from medical supply companies. Arrangements should then be made for the transfer of these bags to a licensed agent for disposal in a manner prescribed by law. Contaminated sharps shall be discarded immediately or as soon as feasible according to established departmental procedures.

Department and Job Classification Practices

Practices for following the BLOODBORNE PATHOGENS STANDARD are detailed for each department and job classification as follows: (Indicated codes are for the procedures which follow each department's job classification list. The required personal protective equipment is noted to the right where applicable.)

Community Corrections:

Corrections Director	1a through 1g
Community Corrections Manager	1a through 1g
Probation/Parole Officer I & II	1a through 1g
Probation/Parole Specialist	1a through 1g
Probation/Parole Supervisor	1a through 1g
Corrections Officer I & II	1a through 1f
Corrections Counselor	1a through 1f
Residential Services Supervisor	1a through 1f
Human Service Assistants	1c
Cooks	1d, e, h

Personal Protective Equipment

Universal Precautions are used in the following procedures:

1a. Arrests - offender is combative or threatening to staff and body fluids or *blood* is present.

1b. Physical confrontations - offender is combative or threatening to staff - body fluids or *blood* are present.

1c. Monitoring and processing urinalysis. Gloves

1d.	Clean up of *blood* spills.	Gloves-Face Shield (Large Amounts)
1e.	Handling laundry (sheets, clothes, etc.) that has been contaminated with *blood* or suspected body fluids.	Gloves-Arm Protectors
1f.	Handling needles and other contaminated "sharps".	Gloves
1g.	Taking a buccal sample for DNA profiling.	Gloves
1h.	Cooking, cleaning kitchen utensils and surfaces.	Gloves

Community Health:

Case Management Staff	1a through 1d; dependent on duties; 2d,f,b,h,
Certified Medical Assistant	1a through 1d; 2a, b, c, d, e, f, g, h, i, k
Clinic Aide/Health Assistant	1a through 1d; 2a, b, c, d, e, f, g, h, i, k
Community Health Nurse I & II	1a through 1d; 2a, b, c, d, e, g, h, i, k
Dental Assistant	1a through 1d; 2b, c, d, f, g, h, j
Dentist	1a through 1d; 2e, g, i, j
Lab Personnel	1a through 1d; 2a, b, c, d
Housekeepers	1a through 1d; 2d, f, h
Nurse Practitioner	1a through 1d; 2a, b, c, d, e, g, h, i, k
Nurse Practitioner Supervisor	1a through 1d; 2a, b, c, d, e, g, h, i, k
Physician	1a through 1d; 2b, d, e g, i, l
Support staff who handle lab materials	1a through 1d; 2b, d
Selected C.H. Staff identified by Director	1a through 1d; dependent on duties

General Concerns:

1a. Employees are not permitted to eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is likelihood of occupational exposure.

1b. No food or drink can be kept in refrigerators, cabinets, freezers, shelves, or on countertops or bench tops where *blood* or *OPIM (Other Potentially Infectious Materials*) are present.

1c. Mouth pipetting or suctioning by mouth of *blood* or *OPIM* is prohibited.

1d. All procedures involving *blood* or *OPIM* shall be performed in a manner to minimize splashing, spraying, splattering, and generation of droplets from these substances.

		Personal Protective Equipment
Universal Precautions are used in the following procedures:		
2a.	Phlebotomy services.	Gloves
2b.	Handling or transport of patient specimens such as *blood*, excrement, tissue specimens or cultures.	Gloves
2c.	Cleaning of equipment used for examination or surgical procedures.	Gloves-Disinfectant
2d.	Handling of regulated waste.	Gloves
2e.	Administering injections.	Gloves
2f.	Housecleaning activities in clinical areas.	Gloves-Face Shield (Large Amounts)-Disinfectant
2g.	Examination of patients resulting in contact or potential contact with *blood* or *other potentially infectious materials.*	Gloves
2h.	Handling of contaminated laundry.	Gloves-Arm Protectors
2i.	Minor surgical procedures.	Gloves-Mask-Goggles

2j. Dental procedures.	Gloves-Mask-Goggles
2k. Ear irrigations.	Gloves
2l. Transportation of bodies, minor examination.	Gloves

Community Environment:

Code Compliance Coordinator	1a through 1c
Code Compliance Specialist	1a through 1c
Environmental Assistant	1a through 1c

	Personal Protective Equipment
Universal Precautions are used in the following procedures:	
1a. Investigation and clean up of illegal dump sites. Entails sifting through material (garbage) to attempt to determine identity of person responsible.	Heavy Rubber Gloves-Arm Protectors-Overalls
1b. Response to violation of county ordinances. Entails inspection of premises.	Gloves
1c. Assistance provided to CCSO. Entails surveying and determining what ordinances have been violated.	Gloves Available

Disaster Management:

Deputy Medical Examiner &	1a through 1d
Chief Deputy Medical Examiner	2a through 2l

General Concerns:

1a. Employees are not permitted to eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is likelihood of occupational exposure.

1b. No food or drink can be kept in refrigerators, cabinets, freezers, shelves, or on countertops or bench tops where blood or OPIM (Other Potentially Infectious Materials) are present.

1c. Mouth pipetting or suctioning by mouth or blood or OPIM is prohibited.

1d. All procedures involving blood or OPIM shall be performed in a manner to minimize splashing, spraying, splattering, and generation of droplets from these substances.

	Personal Protective Equipment
Universal Precautions are used in the following procedures:	
2a. Handling or transport of subject specimens such as blood, urine, vitreous fluid.	Gloves
2b. Cleaning of equipment used in taking of samples.	Gloves
2c. Handling of regulated waste.	Gloves
2d. Housecleaning activities in department facilities.	Gloves
2e. Examination of subjects resulting in contact or potential contact with blood or other potentially infectious materials.	Gloves
2f. Surgical Procedures.	Gloves
2g. Transportation of bodies.	Gloves
2h. Investigation of accidents.	Gloves-Masks-Eye Shield Biohazard Suit-Disinfectant
2i. Handling of evidence.	Gloves
2j. Handling laundry (sheets, clothes, etc.) that has been contaminated with blood or suspected body fluids.	Gloves-Arm Protectors
2k. Handling of needles or other contaminated sharps.	Gloves
2l. Interviewing families	

Dog Control:

Animal Care Specialist	1 and 2
Animal Health Technician	1 and 2
Dog Control Manager	1 and 2
Dog Control Officer 1 &2	1 and 2
Dog License Enforcement Officer	1 and 2
Shelter Supervisor	
Veterinarian	

General Concerns:

1. Dog blood and body fluids do not transmit the specific bloodborne pathogens dangerous to humans. However dogs may transmit other diseases such as rabies, so appropriate precautions are necessary. Additionally, humans working with dogs may get scratched and bleed, which creates first aid situations.

2. Possibility of dogs coming in with human bodily fluids on them.

Universal Precautions are used in the following procedures:

	Personal Protective Equipment
3. Responding to a first aid situation.	Gloves, Possibly Goggles

Facilities Management:

Senior Building Maintenance Specialist	1a through 1d
Building Maintenance Specialist	1a through 1d
Building Maintenance Assistant	1a through 1d
Temporary Maintenance Worker	1a through 1d
Building Maintenance Coordinator	1a through 1d

Universal Precautions are used in the following procedures:

	Personal Protective Equipment
1a. Clean up of public rest rooms.	Gloves-Face Shield (Large Amount Present)
1b. Clean up of body fluids.	Gloves-Face Shield Large Amount Present-Overalls-Disinfectant
1c. Garbage collection and disposal.	Heavy Rubber Gloves-Arm Protectors-Overalls
1d. Maintenance and repair of plumbing waste systems.	Heavy Rubber Gloves-Arm Protectors-Overalls

General County/First Aid Providers:

Responding to a first aid situation.	Gloves, Resuscitation Mask, Possibly Goggles

Housing Authority:

Maintenance	1a
Occupancy Specialist	1b
Eligibility Specialist	1b
Housing Inspector	1b
Policy Analyst	1b

	Personal Protective Equipment
Universal Precautions are used in the following procedures:	
1a. Garbage collection and disposal.	Heavy Rubber Gloves-Arm Protectors-Overalls
1b. Inspection of housing units.	Gloves

Juvenile:

Juvenile Counselor I & II	1a through 1i
Juvenile Director	1a through 1i
Counselor Supervisor	1a through 1i
Office Specialist I & II	1b through 1e, g, i
Legal Secretary	1b through 1e, g, i
Legal Office Supervisor	1b through 1e, g, i

	Personal Protective Equipment
Universal Precautions are used in the following procedures:	
1a. Custody.	
1b. Physical confrontations.	
1c. Monitoring and processing urinalysis.	Gloves
1d. Clean up of blood spills and body fluids.	Glove, Face Mask, Splash Guard Visor (Large Amounts)
1e. Handling laundry (blankets, clothes, etc.) that has been contaminated with blood or suspected body fluids.	Gloves
1f. Handling needles and other contaminated sharps.	Gloves
1g. Interviewing families and clients.	
1h. Transportation.	
1i. Searches.	Gloves

North Clackamas Parks District:

Recreation Leaders	1b
Maintenance	1a, b, c
Custodial (Milwaukie Center)	1a, b, c
Aquatics Park (all positions)	1a, b, c

	Personal Protective Equipment
Universal Precautions are used in the following procedures:	
1a. Clean up of public restrooms.	Gloves-Face Shield-Overalls
1b. Clean up of body fluids.	Gloves-Overalls-Disinfectant-Face Shield (Large Amounts)
1c. Garbage collection and disposal.	Heavy Rubber Gloves-Overalls-Arm Protectors

Parks:

All positions have all exposures	1a, b, c

Universal Precautions are used in the following procedures:

		Personal Protective Equipment
1a.	Clean up of public rest rooms.	Gloves-Face Shield (Large Amounts-Overalls
1b.	Clean up of body fluids.	Gloves-Overalls-Disinfectant-Face Shield (Large Amounts)
1c.	Garbage collection and disposal.	Heavy Rubber Gloves-Overalls-Arm Protectors

Roads:

Vactor Truck Worker	1a
Street Sweeper Operator	1a
Truck Shop Mechanic	1b
Mechanic, Fleet Services	1c

Universal Precautions are used in the following procedures:

		Personal Protective Equipment
1a.	Cleaning storm drains, catch basins, dry wells.	Gloves,Tongs
1b.	Cleaning equipment such as vactor truck, sweeper	Gloves, Coveralls
1c.	Cleaning Sheriff patrol cars containing various body fluids from people who have been arrested or transported	Gloves, Eye protection

Sheriff/Jail:

Nurse	1a through 1d; 2a through 2k
Physician	1a through 1d; 2b, d, e, g, l, k
Nurse Practitioner	1a through 1d; 2a, b, c, d, e, g, i, k
Corrections Officer	3a, b, c, e, g, h
Maintenance	3a, b, h; 4a, b
Cook	3a, f
Property Room Officer	3b, e
Detective	3b, e, g, h
Uniform Patrol	3c, e, g, h
Animal Control Officer	3b
Traffic Unit	3b, c, e
Civil Courthouse Deputy	3b, d, e, g, h

General Concerns:

1a. Employees are not permitted to eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a likelihood of occupational exposure.

1b. No food or drink can be kept in refrigerators, cabinets, freezers, shelves, or on countertops or bench tops where *blood* or *OPIM* (*Other Potentially Infectious Materials*) are present.

1c. Mouth pipetting or suctioning by mouth of *blood* or *OPIM* is prohibited.

1d. All procedures involving *blood* or *OPIM* shall be performed in a manner to minimize splashing, spraying, splattering, and generation of droplets from these substances.

Sheriff/Jail, cont.

		Personal Protective Equipment
Universal Precautions are used in the following procedures:		
2a.	Phlebotomy services.	Gloves
2b.	Handling or transport of patient specimens such as blood, excrement, tissue specimens or cultures.	Gloves
2c.	Cleaning of equipment used for examination or surgical procedures.	Gloves-Disinfectant
2d.	Handling of regulated waste.	Gloves
2e.	Administering injections.	Gloves
2f.	Housecleaning activities in clinical areas.	Gloves-Face Shield (Large Amounts-Disinfectant
2g.	Examination of patients resulting in contact or potential contact with *blood* or *other potentially infectious materials.*	Gloves
2h.	Handling of contaminated laundry.	Gloves-Arm Protectors
2i.	Minor surgical procedures.	Gloves-Mask-Goggles
2j.	Dental procedures.	Gloves-Mask-Goggles
2k.	Ear irrigations.	Gloves
3a.	Handling of food trays, laundry.	Gloves
3b.	Clean up of body fluids.	Gloves-Goggles-Mask-Overalls-Disinfectant
3c.	Investigation of accidents.	Gloves-Mask-Eye Shield-Biohazard Suit-Disinfectant
3d.	Arrests.	Gloves
3e.	Handling of evidence.	Gloves-Disinfectant
3f.	Cooking, cleaning kitchen utensils and surfaces.	Gloves
3g.	Shakedown.	Gloves Available
3h.	Altercation.	Riot Control Gear
4a.	Cleaning/Repairing sewer.	Gloves-Goggles-Face Shield-Overalls-Disinfectant
4b.	Facility cleaning.	Gloves- Goggles-Disinfectant

Weatherization:

Weatherization Trainee	1a, b, c, d
Weatherization Installer	1a, b, c, d
Weatherization Crew Leader	1a, b, c, d
Weatherization Energy Auditor/Inspector	1a, b, c, d

		Personal Protective Equipment
Universal Precautions are used in the following procedures:		
1a.	Inspection of homes.	Gloves,Coveralls
1b.	Performing minor repairs.	Gloves, Coveralls
1c.	Working in crawlspace areas.	Gloves, Coveralls
1d.	Removing contaminated materials.	Heavy Gloves, Coveralls

Housekeeping

Departments shall ensure that the work site is maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area shall be determined and implemented.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

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

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

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

Containers, Labels and Signs

The appropriate department supervisor shall ensure that biohazard labels shall be affixed to containers of regulated waste and other containers used to store or transport items contaminated with *blood* or *other potentially infectious materials*

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

The label shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with pertinent rules and regulations of the disposing organization. (Any material not in a red bag needs a standard biohazard label.)

Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

Each department will have a “sharps” container with a biohazard label.

These containers shall be:

- Puncture resistant,
- Labeled or color-coded in accordance with this standard,
- Leakproof on the sides and bottom, and

- Stored or processed, if reusable and are contaminated with blood or other potentially infectious materials, in a manner that doesn't require the employee to reach by hand into the containers where these sharps have been placed.
- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found,
- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overfill.

In the case of regulated waste, outside contamination of the regulated waste container and when moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Placed in a secondary container if leakage is possible. The second container shall be:
  - Closeable
  - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
  - Labeled or color-coded according to the guidelines above.
  - Closed prior to removal.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

The container for storage, transport, or shipping shall be labeled or color-coded according to the guidelines noted above.

Laundry

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

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

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded according to the guidelines noted above.

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

All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

Vaccinations

Clackamas County must offer the Hepatitis B vaccine and vaccination series, including the post vaccination titer test (blood test to verify the body has developed Hepatitis B antibodies), to all employees who are reasonably expected to have occupational exposure to bloodborne pathogens as identified below. Clackamas County must offer post exposure follow-up to

employees who have had an **exposure incident**, at no cost to the employee. All medical evaluations and procedures including the Hepatitis B vaccine, vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, are made available to the employee at a reasonable time and place; performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

Participation in a prescreening program shall not be a prerequisite for receiving the Hepatitis B vaccination.

If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available according to the above-noted guidelines.

If the employee declines, he/she must do so in writing using the **Voluntary Election Not to Receive Hepatitis B Vaccine Form**. If the employee changes his/her mind at a later date, the vaccine will be made available at that time.

The employee's department is in charge of the Hepatitis B vaccination program and will ensure records are kept on employee Hepatitis B vaccinations and the follow-up for treatment, and that each employee in the following job classifications is offered the vaccination:

COMMUNITY CORRECTIONS:	Probation/Parole Officer, Supervisor, Community Corrections Officer, Corrections Counselor, Residential Services Supervisor, Cook
COMMUNITY ENVIRONMENT:	Code Compliance Coordinator, Code Compliance Specialist, Environmental Assistant
COMMUNITY HEALTH:	Physician, Nurse Practitioner, Nurse Practitioner Supervisor, Community Health Nurse I & II, Certified Medical Assistant, Case Management Staff, support staff who handle lab materials, selected C.H. Staff identified by Director, Lab Personnel, Clinic Aide/Health Assistant, Dental Assistant, Dentist, Housekeepers
EMERGENCY MANAGMENT:	Deputy Medical Examiner
DOG SERVICES:	Animal Care Specialist, Animal Health Technician, Dog Services Manager, Dog Services Officer 1 &2, Dog License Enforcement Officer
FACILITIES MAINTENANCE:	Building Maintenance Specialist, Building Maintenance Assistant
GENERAL COUNTY:	First Aid/CPR Responder (if required as part of job duties)
HOUSING AUTHORITY:	Maintenance Occupancy Specialist, Housing Inspector
JUVENILE:	Juvenile Counselor I & II, Counselor Supervisor
NORTH CLACKAMAS PARKS:	Recreation Leaders, Maintenance, Custodial (Milwaukie Center), Aquatic Park-all positions
PARKS:	Laborer, Park Maintenance Assistant-Specialist-Coordinator

TRANSPORTATION MANAGEMENT:	Vactor Truck Worker, Street Sweeper Operator, Mechanic
SHERIFF/JAIL:	Property Room Officer, Detective, Uniform Patrol, Animal Control, Traffic Unit, Civil Courthouse Deputy, Nurse, Physician, Nurse Practitioner, Correction Officer, Maintenance, Kitchen Workers
WEATHERIZATION:	Weatherization Trainee, Weatherization Installer, Weatherization Crew Leader, Weatherization Energy Auditor/Inspector

Pre-exposure vaccinations are good for 7 years or more. Current recommendations advise only one set of vaccinations is needed for a lifetime. The three step vaccines cost approximately $135.00/series and the timing is 0-1-6 months. The titer test (blood test to verify the body has developed Hepatitis B antibodies) occurs three to six months following the vaccination series.

Post-exposure vaccine, including the necessary tests, costs $135.00/series.

4. Exposure Incident

In the event an employee has an **exposure incident** to *blood* or any other body fluid, the employee should immediately wash the affected area with an antibacterial soap, if available, and then report the incident to his/her supervisor without delay. The incident should be carefully documented immediately by using the **Exposure Report**. Once notified, the supervisor will be responsible for assuring that the site of the exposure is cleaned and decontaminated. The supervisor will assure that a complete investigation is performed in order to determine cause and prevent reoccurrence. The supervisor will document this investigation by using the **Exposure Incident Evaluation**.

An "**exposure incident**" is defined as a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with *blood* or *other potentially infectious materials* that results from the performance of an employee's duties.

Post Exposure Evaluation and Follow-up

All **exposure incidents** shall be reported, investigated, and documented on the Incident/Accident Report. When the employee incurs an **exposure incident**, it shall be reported to his/her supervisor.

> All employees who incur an **exposure incident** will be offered post-exposure evaluation and follow-up in accordance with the OSHA Bloodborne Pathogens Standard. Evaluation will be performed by Willamette Falls Emergency Room, 1500 Division Street, Oregon City. (503) 657-6702. All post exposure follow-up will be performed by the individual's doctor or clinic or one designated by the department.

Following a report of an **exposure incident**, the exposed employee shall **immediately** receive a confidential medical evaluation and follow-up. Immediately is defined as within 2 hours. The evaluation and follow-up must include at least the following elements:

1. Documentation of the route of exposure and the circumstances under which the **exposure incident** occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law.
3. Attempt will be made to obtain consent from the source person to determine HBV/HIV infectivity and to share the results with the exposed employee. If consent is not obtained, the department shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
4. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
5. If consent is obtained the results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
2. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

Information Provided to the Healthcare Professional

The department shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with:

1. A copy of OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 (*While the standard outlines the confidentiality requirements of the healthcare professional, it might be helpful for the employer to remind the individual of these requirements.),*
2. A written description of the exposed employee's duties as they relate to the **exposure incident**,
3. Written documentation of the route of exposure and circumstances under which the exposure occurred,
4. Results of the source individual's blood testing, if available, and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion

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

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

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

Record Keeping

Medical records shall be maintained in accordance with OSHA Bloodborne Pathogens Standard CFR 1910.20 in the department. These records shall be kept confidential, and must be maintained for at least the duration of employment plus **30 years**. They must be kept in a separate file from the personnel file.

The records shall include the following:

1. The name and social security number of the employee,
2. A copy of the employee's HBV vaccination status, including the dates of vaccination,
3. A copy of all results of examinations, medical testing, and follow-up procedures, and
4. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the **exposure incident**, and documentation of the routes of exposure and circumstances of the exposure.

Employee Training

Employees subject to this program will receive initial training prior to starting work. Employees who are employed when this policy takes effect will receive training within 90 days or as soon as practical. Thereafter, they will receive annual refresher training. This training must be documented and kept on file in the employee's personnel file within the department.

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

The training will be interactive and cover the following:

1. A copy of The Standard and an explanation of its contents.
2. A discussion of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the Clackamas County Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.
5. The recognition of tasks that may involve exposure.

6. An explanation of the use and limitation of methods to reduce exposure, for example, engineering controls, work practice controls, personal protective equipment (PPE), and Universal Precautions.
7. Information on the types, use, location, removal, handling, decontamination and disposal of PPE.
8. An explanation of the basis of selection of PPE.
9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration benefits, and that it will be offered free of charge.
10. Information on the appropriate actions to take and person to contact in an emergency involving *blood* or *other potentially infectious materials.*
11. An explanation of the procedures to follow if an **exposure incident** occurs, including the method of reporting and medical follow-up.
12. Information on the evaluation and follow-up required after an employee **exposure incident**.
13. An explanation of the signs, labels, and color coding systems.

Additional training shall be provided to employees when there are changes of tasks that would cause them to be subject to this policy or any change in procedures affecting the employee's occupational exposure.

Training Records

Training records shall be maintained in the department for three years from the date of training. The following information shall be documented:

1. The dates of the training sessions,
2. An outline describing the material presented,
3. The names and qualifications of persons conducting the training, and
4. The names and job titles of all persons attending the training sessions.

Additional Resources (Internal Use Only)

BBP Coordinator Responsibilities

BBP Core Information

BBP Exposure Report form (Employee)

BBP Incident Report form (Supervisor)

Feedback form for Work Practice Controls, Engineering Controls, and PPE

Incident/Accident Report

Meeting the Annual Refresher OSHA Requirement

Notification of Prescription Medication Form

Voluntary election not to receive Hepatitis B Vaccine form

Hazard Communication/Global Harmonization System

The purpose of the Hazard Communication Program is in its name, to communicate information on hazards. It is also known as the Worker-Right-to-Know and requires that employees are trained in the hazards associated with the chemicals or materials they may be exposed to in the workplace. It further provides information as to how these physical and health hazards can be identified and worked with in a safe manner, thereby reducing potential exposure to the employee and the public.

The full text of the rules can be found in Oregon OSHA General Industry Standards, Division 2/Z, 1910.1200. It includes training and labeling requirements, Material Safety Data Sheets (MSDS)/Safety Data Sheets (SDS) and access to information.

The following are the key elements of a Hazard Communication Program:

The rules specifically state that it must a **written hazard communication program.** It does not need to be a lengthy or complex document but must cover the requirements of Division 2/Z that are applicable to your operation. Be sure to include information on how to respond to incidental spills.

Oregon OSHA has a sample program in their publication “Hazard Communication - A safe work practice guide” (2034) which is available through their website. If you use this or one from another source, be sure to fill in all of the information specific to your site and operation.

An **inventory** or list of all of the chemicals in use in your workplace, cross referenced to the appropriate Safety Data Sheet.

This can be an opportunity to do some housekeeping. Since you have to locate a SDS for each of the products you keep, maybe you will find that you don’t need so many. However, be sure to properly dispose of any old products.

Safety Data Sheets (SDS) for each product in use. The supplier is responsible for providing them to the purchaser. The sheets can be kept at the work location where the product is used or in a central location which is accessible to the employees.

If you are buying a product, check to see if the SDS is already on hand. If it is not, get one when you make the purchase. If you are unable to find a SDS for a product that you work with, contact the supplier and have one sent. It is an ongoing project to keep the information current.

Safety Data Sheets are collected, maintained and monitored at the department (user) location. Departments may elect to have printed copies on hand, or have SDSs saved electronically. Both are acceptable practices, as long as the SDSs can easily be retrieved and reviewed by employees.

Ensure that each original container and all secondary containers are **labeled** with the name of the product, identity of any hazardous ingredient, and the appropriate hazard warnings like what personal protective equipment to use.

Ensure that each employee is given adequate hazard communication **training** for all chemicals he uses or may be exposed to. Training of employees must include:

- the location and availability of the written program document

- the chemical inventory list and safety data sheets
- what operation in their respective work areas where hazardous chemicals are present the physical and the health hazards of the chemicals, and
- the personal protective measures to be used to protect against exposure

Consumer Products

The Hazard Communication (HazComm) rules do not apply to consumer products like cleaning or office supplies as long as they are present in the workplace in quantities, concentrations, and usage typical of consumer use. By way of illustration, if there is a janitorial crew that is using the product everyday or buying it in concentrated form for dilution, that is beyond consumer use. If there is a container or two kept on hand to deal with the odd smudged surface or slow drain, that is typical consumer use. The third variation is if the product is being used as an ingredient in another process that is outside of consumer use.

For office products, items like marking pens and white-out do not need to be included in a Hazard Communication Program. The ink cartridges used in most desktop printers aren't normally included because these are self-contained and readily available to consumers. A SDS should be available for office copier products like toner.

Old MSDS/SDS

Material Safety Data Sheets for products no longer in use should be removed from the current information and archived. The rules require that this information be retained for at least 30 years.

Contractors

Contractors are responsible for having the Safety Data Sheets for the products that they bring to your location. They must make them available for review if an employee has questions about a chemical. The host employer has the same duty to make information available to the contractor.

Hazardous Materials/Community Right-to-Know

People sometimes confuse Hazardous Materials (HazMat) rules with the Hazard Communication Program (HazComm). Pretty much everything is included in HazComm, just because it is present in the workplace. The rules that use the term "hazardous" (materials, substances, waste, clean up) are limited to materials that are flammable, combustible, highly reactive, toxic, or have a known health hazard. Use, storage, handling, disposal, and emergency response are serious business and must be done only by trained and qualified workers.

Oregon OSHA Division 2/H, is the standard that addresses a number of chemical issues including releases and spill response for hazardous materials. The primary audience for this rule consists of employers who manufacturer or use high hazard chemicals, emergency response teams, and employers who do clean up. There are a lot of chemicals not classified as "hazardous substances" that also have the potential for being spilled. Safety comes in knowing which you are dealing with at any given spill.

Hearing Conservation

Hearing conservation is intended to preserve employees' hearing through monitoring, noise control, testing, and training.

OSHA (Occupational Safety & Health Administration) addresses the risk of noise-induced hearing loss at two different levels. They require the implementation of a hearing conservation program when employees are exposed to noise at or above 85 decibels (dBA) in a time-weighted average. Engineering controls, as opposed to relying just on muffs or earplugs, are called for when the exposure is above 90 dBA. NIOSH (National Institute of Occupational Safety & Health) considers noise above 80 dBA as hazardous to hearing.

Fatigue, headaches, or irritability can also result from excessive noise exposure. Like many other things, there is great variation in individual sensitivity to noise. The fact that you can tolerate the noise does not mean that your hearing is safe. Audiologists encourage you to err on the side of caution when it comes to protecting your hearing. It can not be restored once lost. Helen Keller, who was both deaf and blind, said that blindness separated her from things, but deafness separated her from people.

A Hearing Conservation Program consists of

Exposure Monitoring - sound level data is a first step, but the key information is dosimetry, which measures the actual employee exposure. Exposure is calculated without regard to using any kind of hearing protection.

Audiometric Testing - nearly everyone is familiar with the ping test. A baseline test is taken at hire or once exposure has been identified. The test is repeated annually and analyzed for changes indicating over exposure.

Hearing Protection - there are a number of types of hearing protection devices (HPD) available and in common use. Employees must have at least three options to choose from. However, personal protective equipment (PPE) is considered the least effective method in the hierarchy of controls and the goal would be engineering or administrative control where possible.

Employee Training - this is where the employer makes sure that the employees are getting the most from their HPDs, recognizing the hazard, and understanding the implications. This is also a forum for translating this into a wellness initiative to help people protect themselves in off-the-job noise exposures.

Recordkeeping - the documentation includes the sample data, audiometric test results, training tracking, and the potential of OSHA recordable hearing loss events. Companies that do audiometric testing can be a valuable partner and resource when it comes to recordkeeping but be certain to check that they are handling everything.

Oregon OSHA has more information on hearing protection in their publication “Quiet” (3349) which is available through their website.

Personal Protective Equipment

The Oregon OSHA rules regarding personal protective equipment (PPE) specifically include hazard assessment and employee training. A written workplace assessment to determine if hazards are present and what personal protective equipment is needed.

The full text of the rules can be found in Oregon OSHA General Industry Standards, Div 2, Subdivision I. The following is an overview for your information.

The standard includes equipment for protection of the eyes, face, head, feet, hands, clothing, respiratory devices, and electrical protective equipment.

The employer must look at hazards of process, environment, chemicals, radiation, or any other encountered in a manner capable of causing injury or impaired function.

The employer must assess the workplace to determine if hazards exist and then make decisions regarding the types of PPE required. The assessment must be recorded through a written certification.

The information from the assessment must be communicated to employees along with training. The training must cover the selection, use, care and limitation of PPE.

The employees must be able to demonstrate an understanding of the training and retraining must be done in the event of changes in the workplace, the type of PPE, or indications of inadequacy.

Written Certification

There are a variety of techniques for documenting the hazard assessment. The rule does not specify which method the employer use, only that it be written, signed, and dated. Job Hazard Analysis (JHA) or Job Safety Analysis (JSA) techniques are designed to evaluate a single task in a step by step breakdown. This will provide valuable information to document standard operating procedures as well as information about specific PPE.

Some groups have used a table or spreadsheet format. Typically the hazards or body parts are listed along one axis and the different tasks or positions within the department are listed on the other.

Hazards → Position ↓	Head	Face & eyes	Hearing	Hands	Feet	Clothing	Visibility to Traffic	Weather	Harmful atmospheres
Technician	Hard hat	safety glasses, face shield	plugs & muffs	nitrile, leather, rubber gloves	Steel toe, waterproof boots, & waders	Uniform	Vest	Rain gear	
Mechanic	Hard hat	safety glasses, face shield	plugs & muffs	nitrile, leather, rubber gloves	Steel toe, waterproof boots	Uniform	Vest	Rain gear	
Operator	Hard hat	safety glasses	plugs & muffs	nitrile, leather, rubber gloves	Steel toe, waterproof boots	Uniform		Rain gear	Full face respirator (Cl)

It is not that paperwork makes us safe; rather that systematic evaluation and documentation results in better understanding of hazards and development of safe work practices. A well written program will also be the basis for training.

Training

Once the assessment is done, the information is put into action. Employees are fitted for the equipment required by their job. They are trained in the proper use, care, and cleaning of the equipment as well as its limitations. For example, some solvents will dissolve natural rubber.

Employees should be able to demonstrate that they understand the content of the training program. This is done by written testing, putting on and removing the equipment for the instructor, and work observations. Retraining should be provided if observation shows that the employee(s) are not using the PPE correctly.

It is strongly recommended that the training and the skill demonstration be documented. However, the ultimate test will be how the employees perform the work everyday.

Respiratory Protection

Those tasks that require or permit the voluntary use of respiratory protection have further requirements that must be followed. Someone within the department will need to serve as the administrator of a Respiratory Protection Program. Specific requirements include medical evaluation, fit testing, limits, filter replacement, maintenance, and training.

County Procedures for Onsite OSHA Inspection

County departments typically will not receive advance notice of when an OSHA compliance officer will arrive on site to conduct a safety inspection. As a result, supervisors must fully prepare their worksites for an OSHA inspection and ensure their employees are trained in how to interact with a compliance officer in the course of an inspection.

The following (2) notification steps should be implemented immediately upon the arrival of an OSHA compliance officer on site:

1. Employees should immediately contact their supervisor to alert them that a compliance officer is on site to conduct a safety inspection.

2. The supervisor notified by the employee should contact Risk Management (the Risk and Safety Analyst assigned to your group or Risk Manager in their absence) to alert them of the inspection.

In a perfect scenario, both the supervisor and a safety professional from Risk Management will be available to meet the compliance officer at the worksite before the safety inspection begins. However, the attendance of one of these individuals will suffice.

If deemed necessary, an employee may request the compliance officer hold off from beginning an inspection until his/her supervisor and/or Risk Management safety professional arrives. It should be communicated with the compliance officer that the request to briefly delay is to reasonably accommodate the travel time for the supervisor and/or safety professional to arrive on site. However, the compliance officer does have the authority to refuse this request and begin without delay.

The Inspection Process

OSHA follows a general procedure when it decides to inspect a jobsite. The following outlines this procedure, along with suggestions on how to act and respond during the actual inspection:

1. Verify the OSHA Compliance Officer's Credentials

When the compliance officer arrives, he or she should display official credentials. These credentials can be verified by contacting the nearest OSHA office. If the compliance officer does not offer credentials, employers should request to see them. Under no circumstance should a compliance officer collect money or promote the sale of any product at any time during the inspection. If such an instance occurs, the compliance officer is conducting OSHA business improperly or is an imposter and should be reported to the local OSHA office or the local authorities.

2. Be Polite and Respectful

Once a compliance officer arrives on a jobsite, it is important to maintain a business-like manner. If a supervisor or safety representative is not usually on the jobsite, make sure employees know how to act. An employee or lead worker should request permission to contact

their supervisor, but the inspection will not be delayed indefinitely. The inspection will typically take place during normal business hours.

3. Participate in an Opening Conference

Upon arrival, the compliance officer will ask County representatives to participate in an opening conference. The compliance officer will explain how the site was selected and explain the purpose of the visit and the scope of the inspection. Usually, County representatives will be given information on how to obtain details on OSHA safety and health standards, as well as a copy of any complaint that may have been lodged.

During the opening conference, the compliance officer may also examine workplace records such as the OSHA 300 injury and illness log and the written safety and health program for the department.

4. Select Employer Representatives

Before the compliance officer begins the inspection, the County representative(s) will normally be asked to select an employee to accompany the inspector. An employer representative should accompany the inspector at all times during the walk-around.

5. Participate in the Walk-around

During the walk-around, the compliance officer will observe safety and health conditions and practices; consult with employees privately, if necessary; take photos or videotape; take air and noise samples; and survey engineering controls. The scope of the walk-around is limited to the scope and purpose of the inspection.

The compliance officer will assess compliance with OSHA's safety standards and the General Duty Clause of the Occupational Safety and Health Act, which is…

> (a) Each employer shall furnish to each of his/her employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his/her employees;
> (b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his/her own actions and conduct.

The compliance officer will sometimes point out any unsafe or unhealthy conditions during the inspection. The compliance officer may also discuss possible corrective actions.

6. Take Notes and Pictures

The compliance officer will take notes, pictures and/or videotape. Departments should attempt to take a matching set of photographs from the same angle as the compliance officer and take notes on what the inspector has said and also note any items that were corrected immediately. In addition, departments should take additional photos from other angles that may eventually support a defense to citations, should citations be appealed.

7. Participate in a Closing Conference

After the walk-around is concluded, the compliance officer will conduct a closing conference with all County representatives (this closing conference may occur at a later time). The compliance officer will describe the alleged violations and the OSHA safety standards that may have been violated. At the closing conference stage, the citations are not final. Thus, compliance officers will not typically discuss proposed penalties at the closing conference. Any citations and penalties will be received later by certified mail, which could take up to six months to be issued.

During the closing conference, departments should produce any records to show compliance efforts with OSHA standards, such as a written safety program, training logs, etc. Any effort to show good faith compliance can help to reduce proposed penalties. The compliance officer will also explain the appeals process for contesting citations.

OSHA: Employee Interviews - Understanding Your Role

During an onsite OSHA inspection, a compliance officer may ask to speak with employees at random. Departments should make sure all employees are prepared to answer questions truthfully.

- Listen carefully to the question; answer only the question asked; give short, concise answers, and wait for the next question (do not fill awkward silences); Keep the inspection focused. Don't volunteer additional information.
- Stick to the facts and provide only firsthand knowledge; do not guess or speculate; "I don't know" and "I don't remember" are acceptable if true; be positive and confident; and do not let OSHA put words into your mouth.
- Any employee has the right to refuse an interview, request an employee representative or a manager be with him/her or may speak to the inspector in private. (Interviews are voluntary, but OSHA can issue investigative subpoenas to compel testimony.)

Interview Locations and Times:

- OSHA should schedule employee interviews in advance;
- If not, departments should object to impromptu, onsite interviews that last more than ten (10) minutes;
- Departments can request alternative times and locations for interview if the interview unduly hinders work production and/or services;
- OSHA must be reasonable in its response to alternative time and location requests.

Below are possible topics and/or questions an OSHA inspector may ask during an employee interview:

1. How do you report safety concerns? (i.e., open door policy, locked comments box, take issue to safety rep or manager, etc.)
2. Do employees feel safe here?
3. Are you provided with the appropriate Personal Protective Equipment when performing job duties?
4. Any recent incident/accidents for occupational injuries or illnesses? Were they investigated and did corrective action take place?

5. Have you participated in an annual evacuation? Do you know where or who to report in with?
6. Have you received training on hazard assessment and control? (when applicable)
7. Have you received training on confined space entry? (when applicable)
8. Do you think management is committed to health & safety?
9. Do you think there is an accountability system in place? (i.e. for positive or negative behaviors)
10. Are employees involved in the health & safety effort?
11. Have you voiced a safety concern in the past? Was it corrected or reviewed?
12. Where are MSDS/SDS located or how do you find information about chemicals?
13. Ask questions about documents (written programs, training records, operating procedures, etc.)

Again, this is just a short list to get your department and employees thinking about possible questions they might be asked. Each question depends on the "*scope of the OSHA inspection*" and types of work each department performs. Each can be implemented a little differently depending on the organization and culture of the department.

The primary goal is to prepare **all** employees for an OSHA interview and offer interview tips to assist with the process.

Asbestos

1. Purpose

To establish the means to prevent personal asbestos exposures to Clackamas County employees, contractors and the general public by managing and controlling asbestos containing materials (ACM) and presumed asbestos containing material (PACM). Clackamas County will adhere to the Oregon OSHA asbestos standard for general industry, 1910.1001, and construction, 1926.1101 as well as all Oregon DEQ asbestos abatement related regulations found in OAR 340-248-0270.

2. Scope

A comprehensive asbestos survey of all Clackamas County buildings or those leased has not been performed. Asbestos surveys, however, have been and are performed (1) in areas where suspected ACM has been accidentally disturbed or is in deteriorated or friable condition or (2) where construction activities are scheduled. The abatement of non-friable asbestos may be performed by qualified Facilities Management (FM) employees, trained in Asbestos Awareness, provided that the material remains non-friable during abatement.

3. Definitions

Asbestos Containing Material (ACM) - Material containing more than 1% asbestos.

Presumed asbestos containing material (PACM) - Thermal system insulation and surfacing material found in buildings constructed no later than 1980.

Disturbance - Activities that disrupt the matrix of ACM or presumed ACM, crumble or pulverize ACM or presumed ACM, or generate visible debris from ACM or presumed ACM.

Friable - Material, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure.

Permissible exposure limit (PEL) — Employers must ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air (f/cc) as an eight-hour time-weighted average (TWA).

Excursion limit — Employers must ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1 f/cc as averaged over a sampling period of 30 minutes.

Threshold-limit value – short-term exposure limit (TLV-STEL) - Threshold-limit value – short-term exposure limit (TLV-STEL) is the maximum concentration to which workers can be continuously exposed for a period of up to 15 minutes without suffering irritation, chronic or irreversible tissue change, or narcosis of sufficient degree to increase accident proneness, impair self rescue, or materially reduce work efficiency, provided that no more than four

excursions per day are permitted, with at least 60 minutes between exposure periods, and provided that the daily PEL also isn't exceeded. The STEL is a maximum allowable concentration, or ceiling, not to be exceeded during the 15 - minute excursions.

Exposure assessments and monitoring — Employers must assess all asbestos operations for their potential to generate airborne fibers. Employers must use exposure-monitoring data to assess employee exposures.

4. Responsibilities

Facilities Management (FM)

- Obtaining the services of qualified asbestos inspectors to perform asbestos inspections, abatement contractors to perform asbestos abatement work, and air monitoring specialist to perform air sampling, as needed
- Barricading areas where suspect or confirmed friable ACM that is disturbed or spilled
- Maintaining records of asbestos inspections and abatement work on county property
- Maintaining records of confirmed ACM in buildings, including material description, location, and condition
- Labeling identified building ACM
- Verifying its applicable employees have received two hour asbestos awareness training and knowing how to properly respond to potential asbestos hazards
- Maintaining current training records of their personnel
- Isolating areas in which suspect or confirmed friable ACM is damaged or spilled and notifying Risk Management (RM)

FM Construction Manager(s) and Maintenance Supervisor(s)

- Verifying that asbestos contracted work, including inspections and abatement work, is performed in accordance with the Oregon Department of Environmental Quality (ODEQ) and the Oregon Occupational Safety and Health Administration (OR-OSHA) regulations and or guidelines.
- Verifying that any asbestos contractor performing work on site has adequate training;
- Notifying RM of proposed construction activities in which a potential asbestos hazard exists
- Providing RM with contractor documents, including Statements of Work, asbestos monitoring reports, and any other relevant documents concerning construction activities in which asbestos is involved
- Verifying county employees are adequately notified of and protected from asbestos abatement activities.

5. Requirements

- Asbestos inspections and abatement activities must be performed in accordance with Oregon Department of Environmental Quality (ODEQ) and the Oregon Occupational Safety and Health Administration (OR-OSHA) regulations and or guidelines.
  FM or, if applicable, other building owner is responsible for ensuring the abatement contractor meets the State requirements. For abatement projects, the abatement contractor and the air monitoring specialist shall be obtained be separately by the university, not by a contractor. The air monitoring specialist must be independent of the general contractor or abatement contractor to avoid possible conflict of interest.
- FM will act as a consultant for contracted asbestos work, by reviewing relevant documents and providing recommendations to ensure compliance with State and Federal regulations.
- An Operations and Maintenance (O&M) plan (see appendix 1) is in place to manage identified asbestos. The plan provides for notification of affected persons, surveillance of existing ACM, proper work practices, recordkeeping, and training. FM will perform an annual hazard assessment of existing friable (if any) ACM, to include abatement recommendations. Update as needed by FM
- In the event of a spill episode or the accidental disturbance of confirmed or suspected ACM the area will be immediately isolated or otherwise protected from additional disturbance or personnel access. This may include evacuating personnel and/or isolating the building ventilation system. RM should be notified immediately of any potential asbestos hazardous situation**.** FM will provide recommended response actions to RM and a written assessment of potential personal exposures that may have occurred.
- Suspect or confirmed asbestos materials that are friable and damaged will be immediately secured or barricaded so as to prevent disturbance. If the content of the material is unknown a bulk asbestos sample will be collected by a State certified asbestos inspector to determine if the material contains asbestos. If the material is confirmed to contain asbestos the Construction Manager will perform a hazard assessment to determine the proper abatement of the material.
- Employees should avoid disturbing suspect ACM or PACM. Work that involves contact with suspect ACM such as hammering nails or cutting into suspect material should be reviewed by Construction Manager.

6. Training requirements

All FM personnel will initially receive sixteen (16) hours of asbestos training and annual refresher training thereafter in accordance with EPA 40 CFR 763.92(a)(2) and OSHA 1926.1101(o)(4) to address the following:

- Federal, state, and local asbestos regulations
- Proper asbestos-related work practices
- Description of various types of asbestos and health issues
- Descriptions of the proper methods of handling ACM, including waste handling and disposal
- Respirator use, care, and fit-testing
- Protective clothing donning, use, and handling
- Hands-on exercises for techniques such as glovebag work and HEPA vacuum use and maintenance
- Appropriate and proper worker decontamination procedures.

Indoor Air Quality (IAQ)

1. Purpose

It is the intent of Clackamas County to provide a healthy working environment for building occupants. This procedure sets forth the process to follow when reporting Indoor Air Quality (IAQ) concerns within County occupied space as well as setting forth the responsibilities of all involved parties to clarify their respective roles in addressing IAQ concerns. This policy will comply with the following regulations:

- OAR 437-001-760 “Rules for all Workplaces;”
- ASHRAE 62.1-2004 “Ventilation for Acceptable Indoor Air Quality”
- ASHRAE 55-1992 “Thermal Environmental Conditions for Human Occupancy”

2. Scope

The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) defines acceptable indoor air quality (IAQ) as air in which there is no know contaminants at harmful concentrations and where a substantial majority of building occupants are not expressing dissatisfaction. Examples of harmful concentrations would include carbon monoxide (CO), lead or other hazardous dust, asbestos concentrations exceeding OSHA permitted levels, or any other regulated air contaminant.

3. Reporting Procedures

- **Always** report any indoor air quality issue immediately to your supervisor, and if needed follow emergency response/evacuation plans if employees feel unsafe.

- **Always** complete and submit a county incident/accident report to Risk Management.

- If the likely source of the problem can be easily identified and is related to building occupants’ activities (e.g. excessive cooking, perishable food being left in desks/trash cans, office staff using excessive amounts of cleaner), then supervisors/managers will see that the activity is stopped and let the regular ventilation system air out the building. These are considered nuisance odors, NOT indoor air quality problems for the purposes of this procedure.

- Housekeeping problems that are likely due to poor janitorial practices should be reported by the supervisor/manager to Facilities Management (FM) preferably by submitting a work order through the Mpulse system and request priority as urgent.

- If the source cannot be identified, or it is more than a nuisance (e.g. strong rotten egg smell, vehicle exhaust or other), then the supervisor/manager should report the problem immediately to Risk Management and Facilities Management and also:
    - Possibly evacuate area of concern
    - Possibly notify other adjacent departments or divisions
-

Here is what we send to people requesting IAQs.

I reviewed the work order that you recently submitted for Indoor Air Quality Test (IAQ). I just want to ensure that you fully understand the methodology of successfully resolving IAQ issues. We can do the test, but here is the process that we need to go through to get there.

1. Facilities Management (FM) Actions.

a. Building System Group Actions.

1) System Inspections. All HVAC system temperatures, airflows and settings are checked to ensure that the system is operating as per design. I believe that we have completed this over the past few months of fighting through the numerous issues in your building.

2) IAQ Testing. If the event that IAQ testing is requested by the tenant, Building Systems will coordinate and schedule the testing with one of our contracted environmental testing contractors.

a) Positive Test. If the tests are positive and we have an IAQ issue, FM will pay for the test (normally approximately $1,500 per test).

b) Negative Test. If the IAQ test is negative and the air is determined to be clean the requesting department will be billed for the test.

3) Ventilation Ducting. HVAC system air duct cleaning is very expensive and only required in extreme cases when all other required actions have been taken and they have all been unsuccessful in resolving the issue. If required, Building Systems will coordinate the contracting of the vent duct cleaning only after departmental or capital funds have been authorized. The cost of cleaning the ventilation ducting will run into the thousands of dollars depending on the size of the building and size and type of ventilation system.

4) Air Filters. FM changes the pre-filters and filters for the building's HVAC system on a quarterly basis.

b. Services Group Actions.

1) The Services Group is responsible for janitorial contracting and contract oversight.

2) The janitorial contractor and FM are both required to perform regular inspections of the facility to ensure that all janitorial services are being performed as required in the attached janitorial services matrix spreadsheet. Additionally, we need the assistance of County employees in our buildings to inform us of any and all problems.

2. Janitorial Contractor Actions.

a. As part of our janitorial contractor's responsibilities they are required to clean ventilation supply and discharge vents/louvers, horizontal surfaces, etc. as listed in the attached janitorial services matrix spreadsheet. The clinics require a higher level of cleaning, disinfecting, and attention to detail far and above the normal office building.

b. Again, the janitorial contractor is required to perform inspections and monitor their work crews to ensure that all contracted work is truly performed in accordance with the janitorial contract and the matrix spreadsheet.

3. **Building Tenants Actions.** The majority of cleaning is performed by the janitorial contractor, but there are two things to help keep the facility and the air in those environments clean.
   a. Cleaning Personal Work Areas. The janitorial contractor will regularly clean and wipe down the phones and common area horizontal work surfaces, but our janitorial contractors have been given instructions to not clean personal work surfaces (their desk tops) or personal book cases due to issues of moving paperwork or damaging personal items. They do not clean in or around photos, beanie babies, actions figures, or personal memorabilia. Through frequent inspections we have found that most of our dust problems are actually self-created due to allowing the building up of significant amounts of dust on or around these personal areas.

      Note: FM currently does not provide any spray and wipe for our buildings, but we are currently in discussions with our janitorial contractors to provide a minimum of six (6) spray bottles in each lunchroom and kitchette for the employees to use for cleaning. Please purchase a couple of bottles of spray and wipe disinfecting cleaner for your immediate use.
   b. Personal Plants. As a matter of policy, the County does allow personal plants due to their many benefits, but there is also a down side to plants in an enclosed environment. The janitors will NOT clean or dust plants in our buildings. Plants are a breeding ground for allergens and the creation of molds and mildew. If your staff are suffering from severe allergies or allergic reactions, you may need to remove all the live plants. Also, fake plants are still an area where large amount of dust are collected. If live or fake plants are brought into your building it is up to you and your staff to perform the cleaning. Normally you can use water or a very mild cleaner to clean and dust live plant leaves, but if required, you may need to remove those plants altogether if the IAQ problems persist.
   c. Again, we need the assistance of County employees to inform us of any and all problems in their facilities.

If you feel there is an issue with your building's IAQ, we need to work through the various actions listed above. After working through the actions above, we will schedule an IAQ test if that is what you desire.