



COUNTY OF LOS ANGELES

**Public Health**

# EMPLOYEE SAFETY HANDBOOK

The Department of Public Health (DPH) Employee Safety Handbook is developed and maintained by the Risk Management Division. The Handbook provides employees with general guidance on integrating safety into the workplace and an overview of the DPH Injury and Illness Prevention Program (IIPP).

# Table of Contents

<b>OUR COMMITMENT TO SAFETY</b>	1
<b>DPH SAFETY &amp; HEALTH PROGRAMS</b>	3
<i>Your Safety Rights</i>	5
<b>ROLES AND RESPONSIBILITIES</b>	6
<i>Management's Responsibilities</i>	6
<i>Supervisor's Responsibilities</i>	6
<i>Employee's Responsibilities</i>	7
<i>Risk Management Division's Responsibilities</i>	8
<i>Disciplinary Action</i>	9
<b>TRAINING &amp; COMMUNICATION</b>	10
<i>Training</i>	10
<i>Communication</i>	11
<b>MEDICAL SURVEILLANCE</b>	12
<i>Medical Surveillance</i>	12
<i>Vaccinations</i>	12
<b>WORKPLACE ENVIRONMENTAL MONITORING</b>	13
<i>Indoor Air Quality (IAQ)</i>	13
<i>Asbestos</i>	13
<b>HEAT ILLNESS PREVENTION</b>	15
<i>Heat-Related Illness Signs and Symptoms</i>	15
<i>Provision of Water</i>	17
<i>Access to Shades</i>	17

<i>Emergency Response Procedures</i>	17
<i>Acclimatization and weather monitoring</i>	17
<i>Training</i>	17
<b>ERGONOMICS</b>	18
<i>Ergonomics</i>	18
<b>SLIPS, TRIPS, AND FALLS</b>	19
<i>Slips, Trips, and Falls</i>	19
<b>REPORTING AND MANAGEMENT OF OCCUPATIONAL INJURIES OR ILLNESSES</b>	21
<i>First Aid</i>	21
<i>Managing Work-Related Injuries or illnesses</i>	21
<i>What is considered a Serious Injury and an Accident?</i>	22
<i>Injury Reporting and Treatment Procedures</i>	23
<b>ACCIDENT INVESTIGATION</b>	25
<i>Incident and Accident Investigations</i>	25
<i>Eliminating Workplace Hazards</i>	26
<b>EMERGENCY PREPAREDNESS</b>	28
<i>Planning Ahead</i>	28
<i>Building Emergency Response Plan</i>	28
<i>Personal Emergency Preparedness</i>	29
<i>Fire Safety</i>	29
<i>Electrical Safety</i>	32
<i>Seismic Safety</i>	33
<i>Workplace Violence</i>	35

<i>Bomb Threat and Suspicious Packages</i>	36
<b>FIELD OPERATIONS SAFETY</b>	37
<i>Field Work</i>	37
<i>Driver Safety</i>	38
<b>HEALTHCARE SAFETY</b>	40
<b>HAZARD COMMUNICATION</b>	41
<b>INFECTION CONTROL</b>	43
<i>Hand Hygiene</i>	43
<i>Fingernails</i>	44
<i>Cleaning and Disinfection</i>	45
<i>Transmission of Infectious Diseases</i>	45
<i>Standard Precautions</i>	45
<i>Transmission and Isolation Precautions</i>	46
<i>Personal Protective Equipment (PPE)</i>	47
<b>BLOODBORNE PATHOGENS</b>	48
<i>Preventing Sharps Injuries</i>	49
<i>Safe Injection Practices</i>	49
<i>Injection Safety Tips for Providers</i>	50
<b>RESPIRATORY PROTECTION</b>	51
<i>Respiratory Hygiene/Cough Etiquette</i>	51
<i>Aerosol Transmissible Disease (ATD)</i>	51
<i>Tuberculosis (TB)</i>	52
<i>Respirator Requirements</i>	53

<b>LABORATORY SAFETY</b>	54
<i>Laboratory Hazards</i>	54
<i>Laboratory Safety Training</i>	54
<i>Working Safely in the Laboratory</i>	55
<i>Laboratory Security</i>	55
<i>Spill Response</i>	55
<i>Hazard Materials Waste Management</i>	57
<b>IONIZING RADIATION SAFETY</b>	57
<b>CUSTODIAL SAFETY</b>	59
<b>FACILITIES MANAGEMENT &amp; WAREHOUSE SAFETY</b>	61
<b>WAYS TO BE PREPARED</b>	63
<b>ACRONYMS</b>	64
<b>REFERENCES</b>	65
<b>IMAGE REFERENCES</b>	66

Page Intentionally Left Blank

# OUR COMMITMENT TO SAFETY

Dear Public Health Employee:

The Department of Public Health (DPH) is committed to protecting the safety and well-being of our workforce, and we vigorously support programs that prevent injuries and promote health.

The Public Health Administration Risk Management Division is responsible for implementing safety principles, policies and training for the Department and will work with you to maintain a healthy and safe work environment.

This Employee Safety Handbook is one of the resources developed by the Risk Management Division to provide general guidance to help you integrate safety into the workplace. Depending on the potential hazards associated with your specific job, you may require additional resources and training. I strongly encourage you to work with your supervisor to ensure your safety rights are protected and your workplace is free of safety hazards.

Safety can only be established if our employees, supervisors, and management work together and are fully involved in the identification of potential hazards, development of a robust safety program, and follow DPH safety and health rules.

Each of us have a vital role in maintaining safety in the workplace and must take personal responsibility for our own safety and the safety of DPH clients.

For additional resources, please visit the [Risk Management Division Website](#).

Thank you for your commitment to maintaining a healthy and safe workplace.

Sincerely,

A handwritten signature in black ink that reads "David Dijkstra". The signature is written in a cursive, flowing style.

David Dijkstra  
Administrative Deputy

Page Intentionally Left Blank

# DPH SAFETY & HEALTH PROGRAMS

The safety and health of each Department of Public Health (DPH) employee is of primary importance to its management. DPH is committed to maintaining a safe and healthful work environment. Management will provide all necessary safeguards, programs, tools, equipment, and training required to reduce the potential for accidents and injuries.

The California Senate Bill 198 was written in October 1989 and became effective on July 1, 1991. The legal mandate requires all employers to establish, implement, and maintain an effective safety program called an Injury and Illness Prevention Program, also known as IIPP. Requirements and elements of the IIPP are described in California Code of Regulations, Title 8, Section 3203 (CCR Title 8 §3203 – Injury and Illness Prevention Program).

County of Los Angeles Department of Human Resources (DHR) Policy 611 (found at <http://dhr.mylacounty.info/>) also requires that each County Department develop and implement an IIPP adapted to its specialized needs.

To achieve this goal, DPH has developed and implemented a comprehensive Injury and Illness Prevention Program, which is designed to prevent workplace accidents, injuries, and illnesses. A complete copy of the IIPP (DPH Policy 912) is maintained at the Risk Management Division's website at: [Risk Management Division Website / Manuals and Documents Section](#)

## **The IIPP is the basic written workplace safety program. The program:**

- Describes the Department's safety program and objectives.
- Identifies the responsibilities of supervisors, employees, and other safety representatives in regards to IIPP.
- Provides for inspection of workplace to identify potential workplace hazard for mitigation or minimization.
- Requires mitigating and minimizing workplace hazards in a timely manner.
- Requires providing necessary safety notification to all staff.
- Ensures proper protocol and procedure is followed during all accidents, incidents, and near misses.
- Ensures proper management and reporting of occupational injuries and illnesses.
- Identifies and provides the necessary training and documentation.
- Ensures compliance with safety policies.

It is the intent of DPH to comply with all laws relating to occupational safety and health.

Therefore, the IIPP program includes components from each of the following regulations:

- California Code of Regulations, Title 8, Section 3380 (CCR Title 8 §3380) – Personal Protective Devices
- California Code of Regulations, Title 8, Section 5193 (CCR Title 8 §5193) – Bloodborne Pathogens
- California Code of Regulations, Title 8, Section 5144 (CCR Title 8 §5144) – Respiratory Protective Equipment
- California Code of Regulations, Title 8, Section 5199 (CCR Title 8 §5199) – Aerosol Transmissible Diseases

Our objective is to implement safety and health programs and policies that will reduce the occurrence of injuries and illnesses. We require the active participation and assistance of all DPH employees. The policies and procedures contained in the Employee Safety Handbook are mandatory. Employees should constantly be aware of work area conditions that can lead to injury or illness.

No employee will be retaliated or discriminated against for reporting safety concerns to management, if the job is asked to be performed in potentially unsafe conditions. Employees should never hesitate to inform their supervisor and/or Risk Management Division of any potentially hazardous situation or condition that is beyond their ability or authority to correct immediately.

It is the responsibility of each employee to support this safety program by performing in a manner that assures his or her own personal safety and the safety of others, including co-workers, patients, visitors and other individuals.

Ask your supervisor for information about the IIPP and how you can be actively involved. Your program may use the DPH IIPP, or an approved amended version, providing additional safety information and requirements that are specific to your unit/program.

## *Your Safety Rights*

The California state occupational safety and health program is a unit within the state Division of Occupational Safety and Health (DOSH) and referred to as Cal/OSHA. It is responsible for promulgating and enforcing regulations required by California laws, pertaining to workplace safety and health. Cal/OSHA also provides free consultation services to assist employers to meet regulations and inform employees of their workplace rights.

As an employee, you have rights to ensure protection of your safety and health from workplace hazards. It is your right to participate in workplace safety and health programs and to be educated in workplace potential hazards.

Contact the Risk Management Division (RMD) via telephone at (833) 303-0033 or via email at [rmd@ph.lacounty.gov](mailto:rmd@ph.lacounty.gov) for assistance with your questions or concerns about workplace safety.

### **Your Safety and Health Rights**

(The Occupational Safety and Health Act of 1970)

- **The right to know.** You have the right to know the hazards pertaining to your job. Your supervisor must ensure that you can work safely.
- **The right to participate.** You have the right to play an active role in keeping your workplace safe. This includes training and participation on safety committees / programs.
- **The right to refuse unsafe work.** If you believe your job is likely to endanger you, you have an obligation to report the unsafe situation to management and/or RMD. If the situation is not corrected, you have the right to refuse to perform the work without reprisal.

# ROLES AND RESPONSIBILITIES

A successful Injury and Illness Prevention Program can only be achieved and maintained when there is active interest, participation, and accountability at all levels of the organization. Any employee may perform safety duties outside their regular responsibilities, if necessary to prevent accidents.

Employers and employees are responsible for the safety and health in the workplace. Each employee is responsible for working safely to protect him/ herself, co-workers, clients, patients, and the public from potential harm. All DPH employees are expected to comply and support the safety efforts that are in place.

## *Management's Responsibilities*

Managers are responsible for ensuring that the Department-specific IIPP is implemented in areas that fall under their supervision. This includes complying with regulations and establishing a Departmental process (such as a safety committee) to maintain, assess, and improve safety and health in the Department. Managers are responsible for ensuring proper training has been provided and that safety policies and procedures are in compliance with DPH policies and Cal/OSHA regulations.

### **Management Safety and Health Responsibilities**

- Ensure all supervisors are trained in IIPP.
- Develop Program/Division specific IIPP, as necessary for specialized worksites.
- Ensure work areas are safe and that employees are aware of the safety rules.
- Conduct accident, incident, and near-miss investigations.
- Provide the necessary safety training to all employees and maintain training records.
- Provide the required PPE and training for proper and appropriate use.

## *Supervisor's Responsibilities*

Supervisors play a key role in the prevention of accidents in the workplace. They have direct contact with the employees and have the knowledge to implement the necessary safety requirements for various jobs.

### **Supervisors' Responsibilities include:**

1. Train new and existing staff in IIPP requirements.
2. Investigate every near-miss and incident to prevent accidents and injuries.

3. Verify that corrective action has been taken regarding safety hazards and accident investigations.
4. Conduct periodic documented inspections of the work sites to identify and correct unsafe actions and conditions that could cause accidents.
5. Become familiar with local, State, and Federal safety regulations.
6. Instruct all employees, under their supervision, in safe work practices and job safety requirements.
7. Hold occasional and regularly scheduled safety meetings with employees.
8. Retain and store employees' training records.
9. Ensure employees are properly trained before assigning work requiring specific knowledge on special operations or equipment.
10. Communicate with all employees about safety and accident prevention activities.
11. Identify and correct the cause of any accident immediately.
12. Make sure that proper first aid and firefighting equipment are maintained and checked off monthly to be readily available when conditions warrant their use.
13. Maintain good housekeeping to ensure safe working conditions at all times.
14. Investigate all injuries and accidents immediately, to determine their cause and potential corrective action.
15. Make sure to immediately report all injuries and accidents to the proper personnel to ensure appropriate safety protocol and medical treatment is administered.

### **Supervisor Safety and Health Responsibilities**

- Ensure safe work procedures are being followed.
- Train all new and existing employees in the IIPP, proper safety policies and procedures, and the hazards of the job.
- Enforce all safety rules in the IIPP.
- Act as a leader in safety policy and set a good example by following all safety rules.
- Make sure that all equipment and workstations are maintained in safe working condition and operate properly.
- Correct unsafe acts and conditions that could lead to accidents.
- Ensure Personal Protective Equipment (PPE) is properly maintained.

### ***Employee's Responsibilities***

You must follow all established safety and health procedures, including use of personal protective equipment (PPE) when required. When a risk or potential hazard is present, you must inform a supervisor or Risk Management Division.

If possible, safely minimize or eliminate the hazard. If you are injured, report the incident immediately to a supervisor to receive necessary treatment.

**Employee’s responsibilities include:**

1. If you are unsure how to perform job duties safely, ask your supervisor.
2. Read and abide by all requirements of the Employee Safety Handbook and Injury and Illness Prevention Program (IIPP).
3. Know and follow the IIPP and all DPH safety policies and rules.
4. Wear all required Personal Protective Equipment (PPE).
5. Report all accidents and injuries, no matter how minor, to your supervisor immediately.
6. Do not operate any equipment you have not been trained or authorized to use.
7. Report any safety hazard or defective equipment immediately to your supervisor.
8. Never possess or be under the influence of alcohol or controlled substances on County time (Board of Supervisor’s Policy 9.050: Drug Free Workplace Program).
9. Participate and actively support the Safety Program.

**Employee Safety and Health Responsibilities**

1. Follow all safety rules and standard safety operating procedures.
2. Report hazards promptly.
3. Use appropriate engineering and administrative controls.
4. Use and maintain required PPE.
5. Report accidents and injuries immediately.
6. Attend required safety training courses.

***Risk Management Division’s Responsibilities***

The mission of Risk Management Division (RMD) is to promote a safe and healthy workplace for all covered employees, contractors, clients, and the general public.

**RMD fulfills this mission through:**

- Monitoring and maintaining regulatory compliance.
- Training and communication.
- Accident investigation.
- Collaborating with internal and external parties.

Risk Management Division manages the Cal/OSHA inspections for the Department and reports them to the Loss Control and Prevention Section of the CEO Risk Management Branch, as required by DHR Policy 614.

## **Risk Management Safety and Health Responsibilities**

- Provide necessary safety training programs to all DPH employees.
- Designate a Safety Coordinator within each Program/Division to be responsible for the safety and health programs.
- Ensure the Risk Management Program is in compliance with applicable laws, regulations, and accreditation standards.
- Ensure employees are aware of the safety rules.
- Conduct near-miss, incident, and accident investigations.
- Review and update safety programs and the IIPP.
- Report occupational serious injuries or fatalities to Cal/OSHA.

More information can also be found on the [Risk Management Division Website](#).

### ***Disciplinary Action***

When safety rules are violated, supervisors must maintain consistency in the enforcement of all safety rules and disciplinary actions.

The failure of an employee to adhere to safety policies and procedures established by the County of Los Angeles, DPH and employee's program/division can lead to serious consequences to surrounding personnel. An unsafe act committed by the negligence of an employee can threaten their health and well-being as well as co-workers and clients/patient. Employees who do not adhere to any safety policy will be subject to disciplinary action.

Note: Failure to promptly report any on-the-job accident or injury may be considered a violation of the IIPP, as appropriate to the incident.

Discipline for safety violations will be administered in a manner that is consistent with the County of Los Angeles disciplinary guidelines.

All disciplinary actions are dealt with on a case by case approach. Each situation is to be carefully evaluated and investigated. Steps taken in the disciplinary process will depend on the severity of the violation, employee's history and intent.

Supervisors should consult with their Program Director and work with DPH Human Resources/Performance Management Unit, if there is any question about whether or not disciplinary action is warranted.

# TRAINING & COMMUNICATION

## *Training*

DPH is committed to providing every DPH employee with the necessary training to perform their job duties safely and correctly. Training plays an important role in RMD's efforts to create a safe work environment for the Department, while maintaining regulatory compliance.

New employees must receive training in accordance with the requirements of their unit before participating in work operations where specialized training is required (i.e., laboratory, or building maintenance, etc.). New employees are not to be assigned duties exposing them to hazardous conditions for which they have not been trained.

All employees' safety training records must be documented and maintained for no less than five (5) year.

The need to provide specific training to contract workers must be evaluated on a case-by-case basis. Specific training is dependent on the hazards the contract worker will be exposed to, and must be equal to the level of training that would reasonably be provided to Department employees.

### **Examples of additional information and trainings that may apply are:**

- Communicable Diseases
  - Bloodborne Pathogens
  - Aerosol Transmissible Diseases
- Personal Protective Equipment (PPE)
- Respiratory Protection
- Hazard Communication
- First Aid / CPR

### **All employees must be properly trained:**

1. When an employee is given a new job assignment for which training has not been previously provided.
2. When new substances, processes, procedures, or equipment that represents a new hazard are introduced into the workplace.
3. After all incidents and accidents.
4. At the discretion of supervisors that believe additional training is necessary.

## ***Communication***

All employees' safety suggestions, concerns, and questions shall be properly answered, either verbally or in writing, by the appropriate level of management. All employees are encouraged to bring any safety concerns they may have to the attention of their supervisor and/or the appropriate management.

DPH has an anonymous reporting system for employees, to report workplace hazards without identifying themselves.

### **To report “Alleged Fraud/Compliance Violations” concerns and questions:**

- Report to the Audit and Investigation Division by calling the Compliance Hotline at (323) 869-8920 or by completing the Audit and Investigation Division's “Alleged Fraud/Compliance Violation Reporting Form.” Completed forms should be submitted by e-mail at [AID@ph.lacounty.gov](mailto:AID@ph.lacounty.gov) or via fax to (323) 869-8919.

### **To report “Safety in the Workplace” concerns and questions:**

- Report to RMD at [RMD Suggestion Box](#), via email at [rmd@ph.lacounty.gov](mailto:rmd@ph.lacounty.gov), or via telephone at (833) 303-0033.

DPH will not discriminate against or discipline any employee for raising safety issues or concerns. Managers or supervisors who violate this regulation may be subject to disciplinary action.

Employees may also file a discrimination complaint if they feel that management has wrongfully disciplined them for their refusal to work in a situation that compromised their safety. Complaint process and forms are provided at the following Cal/OSHA website: <http://www.dir.ca.gov/dosh/enforcementpage.htm>

# MEDICAL SURVEILLANCE

## *Medical Surveillance*

The DPH Medical surveillance process uses medical examinations, questionnaires and/or biological monitoring to determine potential changes in health as a result of exposure to hazardous chemicals or other hazards.

Confidential medical surveillance is provided to employees who may potentially be exposed to certain hazards as part of their job description or duties (e.g., Tuberculosis) and may be offered to others (DPH Policy 914).

DPH Employee Health Services (EHS) unit provides appropriate and confidential job-related medical surveillance for occupationally at-risk DPH employees. Medical treatment is not provided to workforce members, unless specifically authorized by the DPH Medical Director.

Individuals with questions regarding work-related medical surveillance are also encouraged to speak with their supervisor and/or contact EHS at (213) 240-7828 for more information.

## *Vaccinations*

In accordance with the Cal/OSHA Bloodborne Pathogens standard (CCR Title 8, §5193), DPH provides, free of charge, confidential medical assessment and Hepatitis B vaccinations, if medically indicated, to employees at risk of exposure to blood or other potentially infectious materials (OPIM) per their job duties.

Varicella (Chickenpox), influenza, MMR (measles, mumps and rubella), and Tdap (tetanus, diphtheria, and a cellular pertussis) vaccines are recommended and/or may be required for workforce members per their exposure risk in their job duties.

After confidential medical risk evaluation and counseling in EHS, workforce members can decline any recommended vaccinations by confidentially completing a mandatory vaccination declination form. If the workforce member later decides to accept the vaccination, it will be provided to them at no cost. Non-County workforce members should obtain vaccinations from their physician or appropriate medical professional.

# WORKPLACE ENVIRONMENTAL MONITORING

Individual workplace environmental and exposure assessments are available upon request or when determined necessary by RMD to evaluate potential exposures to hazardous substances. These include observing job activities, evaluating workplace safeguards, and conducting industrial hygiene sampling. Assessment methods may vary depending on the nature of the hazard and with the frequency and duration of exposure. It is the goal of RMD to reduce or eliminate any hazardous exposures to employees.

## Exposure monitoring may include:

- Hazardous chemicals (including carcinogens, reproductive toxins and particularly hazardous substances)
- Asbestos
- Lead

## *Indoor Air Quality (IAQ)*

Guidelines exist to maintain occupant comfort and air quality in indoor work environments. RMD staff can evaluate the indoor air quality and the adequacy of ventilation in your work environment.

Speak with your supervisor if you have concerns regarding your workplace's air quality and request that RMD be scheduled for an indoor air quality assessment.

## *Asbestos*

California Safety & Health Code 25915 et seq. requires employers to notify employees of known asbestos-containing construction materials located in buildings constructed prior to 1981. This notification is posted at all DPH work locations in areas accessible to all employees, such as bulletin boards next to entrances or elevators, on an annual basis.

Asbestos is only a hazard when the small particles become airborne, are inhaled and deposited within the lungs. Increased incidence of several illnesses including asbestosis, a debilitating lung disease, lung cancer and mesothelioma, a rare cancer of the lung or stomach cavity lining, have been observed in individuals who were persistently exposed to high levels of airborne asbestos in work environments such as mining, milling, shipbuilding, construction and manufacturing.



Asbestos-containing materials in buildings pose no risk to health unless asbestos fibers become airborne and are inhaled. Intact, sealed and undisturbed materials are not a hazard.

Construction products in good condition will not release asbestos particles into the air. Hard products such as vinyl floor tile and cement shingles contain binders that completely encapsulate the asbestos for added protection. Asbestos in soft products such as pipe insulation may be completely sealed within a canvas or steel jacket. Walls, ceilings and floors may also act as barriers that separate occupied building areas from asbestos products found in mechanical rooms, crawlspaces and attics.

All renovation or demolition of DPH buildings must be reviewed in advance by Facilities Management. Work that requires removal or repair of asbestos-containing material or the testing of suspect material is restricted to trained and certified individuals.

**Use the following measures to protect yourself and others from exposure to airborne asbestos:**

- Do not remove, cut, drill, sand, grind or otherwise disturb any material that may contain asbestos.
- Do not pull cable or wiring through above-ceiling spaces with asbestos.
- Do not install screws, pins, nails or hangers into asbestos ceiling or wall plasters.
- Be careful not to damage walls, ceilings or floors when moving furniture or equipment.
- Do not brush, sweep or vacuum textured asbestos ceiling plaster or plaster debris.
- Immediately report any observed damage or deterioration of suspect building materials to your supervisor, building manager, Facilities Management or DPH Risk Management Division (DPH Policy 918).

# HEAT ILLNESS PREVENTION

In accordance to California Code of Regulations, Title 8, Section 3395 (CCR Title 8 §3395), Heat Illness Prevention and DPH Policy 926 is to provide its employees with a safe and healthful work environment by implementing and maintaining an effective Heat Illness Prevention Program.

DPH employees that engage in outdoor assignments that may expose them to a combination of environmental risk factors or heat-related illnesses needs to be aware of heat illness signs and symptoms. Cal/OSHA interprets the standard's provisions to apply at all times when employees work outdoors or indoors. An outdoor place of employment is a workplace without a roof and enclosed sides.

The Heat Illness Prevention requirements includes:

- Heat Illness signs and symptoms.
- Provision of water.
- Access to shades.
- Emergency response procedures.
- Acclimatization and weather monitoring.
- Training.



Employers are responsible for providing training, access to water, shade, and implementation of the heat illness prevention procedure. Employees that are exposed to environmental heat while performing their duties are expected to take necessary precautions in order to prevent heat illnesses.

Employees that are exposed to hot temperature should be trained on the signs and symptoms of heat illnesses and how to prevent them. Heat illness is defined as a serious medical condition resulting from the body's inability to cope with heat, which includes heat cramps, heat exhaustion, heat syncope, heat stroke, and heat rash.

## *Heat-Related Illness Signs and Symptoms*

The following defines the different types of heat illness signs and symptoms and how to render first aid:

### **Heat Rash**

- Caused by skin being constantly wet from sweat and blockage of the sweat glands.

- Looks like tiny raised red blisters.

First aid:

- Clean and dry skin. If possible, try to work in a cooler and less humid environment.

### **Heat Fainting**

- Can be caused by body not being acclimated to warmer weather.
- Fainting episodes, light-headedness or dizziness.

First Aid:

- Sit or lie down in a cool place when feeling the signs and symptoms of dizziness or faintness. Drink water to cool the body down.

### **Heat Cramps**

- Caused by excessive loss of electrolytes from sweating.
- Painful cramps usually in legs or abdomen area.
- Early warning signs of heat stress.

First Aid:

- Stop activity, hydrate with an electrolyte-containing drink, and rest in a cool place. Get medical attention if condition continues.

### **Heat Exhaustion**

- The body's response to excessive water and electrolyte loss.
- Profuse sweating, pale skin, mildly elevated temperature of 102 degrees, nausea, rapid pulse, and fainting.

First Aid:

- Stop activity and seek medical treatment or 9-1-1 immediately.

### **Heat Stroke**

- Sudden collapse with loss of consciousness.
- The body's cooling mechanism shuts down.
- Hot dry skin, shallow breathing, a rapid strong pulse, and core temperature of 106 degrees or higher.

First Aid:

- Call 9-1-1 and notify your supervisor. Move the sick worker to a cool shaded area and cool down the individual by soaking their clothes with water and fanning their body.

## ***Provision of Water***

Maintain at all times, sufficient quantities of pure and cool potable drinking water that is enough to provide at least one quart per employee per hour for the entire shift.

Encourage the frequent drinking of water and remind workers not to wait until they are thirsty.

## ***Access to Shade***

Shade shall be present when the temperature exceeds 80 degrees Fahrenheit. When the outdoor temperature in the work area exceeds 80 degrees Fahrenheit, the employer shall have and maintain one or more areas with shade at all times while employees are present that are either open to the air or provide with ventilation or cooling.

## ***Emergency Response Procedures***

Ensure communication with your supervisor to implement an effective emergency response procedure. Communicate by voice, observation, or electronic means to your supervisor or emergency medical services when necessary.

If a supervisor observes, or any employee reports, any signs or symptoms of heat illness in any employee, the supervisor shall take immediate action commensurate with the severity of the illness. An employee exhibiting signs or symptoms of heat illness shall be monitored and shall not be left alone or sent home without being offered onsite first aid and/or being provided with emergency medical services.

## ***Acclimatization and weather monitoring***

To determine how the weather may affect your workday, track the weather of the job site by monitoring predicted temperature highs. Determine how the weather information will be used to modify the work schedule.

An employee who has been newly assigned to a high heat area shall be closely observed by a supervisor or designee for the first 14 days of the employee's employment.

## ***Training***

Ensure all employees and supervisors are trained of the awareness of heat illness signs and symptoms before beginning work that should reasonably be anticipated to result in a heat illness.

For additional information, visit the Cal/OSHA Heat Illness Webpage at <http://www.dir.ca.gov/DOSH/HeatIllnessInfo.html>

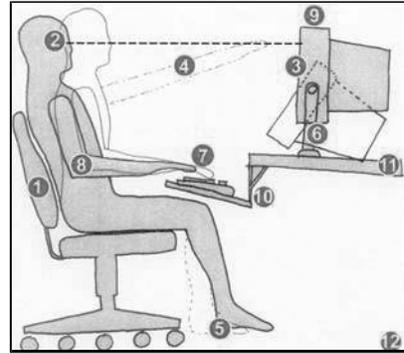
# ERGONOMICS

## *Ergonomics*

Proper ergonomics reduces the workers' exposure to workplace hazards such as repetition, force, and awkward postures.

### **Here are 12 tips to improve your workstation:**

1. Use a chair with a dynamic chair back.
2. Adjust the top of monitor casing to 2-3" (5-8 cm) above eye level.
3. Use an optical glass, anti-glare filter where needed to reduce glare on the screen.
4. Sit one arm length away from monitor.
5. Place feet flat on floor or on a stable footrest.
6. Use a document holder, preferably in-line with the computer screen.
7. Place wrists flat and straight in relation to forearms to use keyboard/mouse/input device.
8. Relax arms and elbows close to body.
9. Center monitor and keyboard in front of you.
10. Use a negative tilt keyboard tray with an upper mouse platform or downward tilt platform adjacent to keyboard.
11. Use a stable work surface and stable (no bounce) keyboard tray.
12. Take frequent short breaks (micro-breaks).



Risk Management Division staff and DPH Ergonomic Coordinators provide workstation evaluations at DPH facilities to improve worker comfort and efficiency (DPH Policies 915 and 916).

For inquiries regarding the Ergonomic Program, please refer to the Risk Management Division's website. In addition, you can contact Risk Management Division at (833) 303-0033 or email us at [rmd@ph.lacounty.gov](mailto:rmd@ph.lacounty.gov).

# SLIPS, TRIPS, AND FALLS

## *Slips, Trips, and Falls*

If not guarded against by safe practices, slips, trips and falls can account for a large portion of workplace injuries.

Slips occur when there is too little friction or traction between feet (footwear) and walking/working surfaces, resulting in loss of balance. Slips can be caused by wet surfaces, spills, debris or weather hazards like ice and snow.

### **Slip Protection**

- ./ Cover and report spills.
- ./ Post warning notices on freshly-mopped floors.

Trips occur when the foot or lower leg hits an object and the upper body continues moving, resulting in loss of balance. Trips can also occur when stepping down to lower surfaces causes a loss in balance.

### **Trip Protection**

- ./ Report uneven surfaces.
- ./ Report uncovered cables, wires.

Falls can occur when an individual's body weight is too far off center to maintain balance. Falls also can occur due to unguarded openings in the floor or ground, or other causes.

### **Fall Protection**

- ./ Follow safe ladder practices.
- ./ Hold handrails when using stairs and ramps.
- ./ Don't climb on chairs to reach objects.

Slips, Trips, and Falls can result in injuries, like head and back injuries, or even death. Many of these accidents occur indoors and are often the result of unsecured wires, cords, unreported spills, or loose flooring or outside of buildings on stairs and walkways.

**The following are simple ways to reduce risk of a slip, trip or fall incident, for yourself and others:**

- **Practice good housekeeping.** Keep work area clean and free of spills or debris. Immediately clean or report spills and debris problems.
- **Be a cautious carrier.** Don't carry loads, or objects, that obstruct your view while walking. Make sure the path is clear.
- **Wear proper footwear.** Use footwear that is appropriate for your work tasks and environmental demands.
- **Use stepstools.** If you have to reach items on high shelves, use a safe and stable step stool or stepladder rather than a chair. Never stand on a chair with wheels.
- **Take your time.** Walk with caution, especially if you anticipate any slip or trip hazards along the way.

# REPORTING AND MANAGEMENT OF OCCUPATIONAL INJURIES OR ILLNESSES

## *First Aid*

All DPH facilities must maintain and have readily available an adequate first aid kit. The quantity, dimensions, or volumes for each item in a first aid kit must be appropriate to the type and size of the worksite.

In accordance to California Code of Regulations, Title 8, Section 3400 (CCR Title 8 §3400), Medical Services and First Aid), the content of the first aid kit are approved by the DPH or the CEO's Occupational Health chief physician. A frequent inspection shall be made of all first-aid materials, which shall be replenished as necessary. Injured employees shall be provided with first aid by an individual adequately trained to render first aid if an infirmary, clinic, or hospital is not within proximity of the facility.

The supervisor, employee, or the first aid responder should determine whether or not outside medical attention is needed. When uncertainty exists on the part of any individual, employee should be provided with the option of obtaining medical care from their pre-designated physician or one of the County Medical Providers listed at:

[http://ceo.lacounty.gov/mpn/mpn\\_default.htm](http://ceo.lacounty.gov/mpn/mpn_default.htm)

Automated External Defibrillators (AEDs) are available at the DPH health centers and designated staffs are trained at each facility to use the device, if necessary.

## *Managing Work-Related Injuries or illnesses*

Employees must report all work related exposures or injuries to their supervisors immediately, even if the incident does not require medical attention.

### **Supervisor or designee responsibilities include:**

1. Assess the injury, call for assistance as needed, and provide first aid measures to stop any bleeding or stabilize other injuries, and call 9-1-1 (Dial \*9-9-1-1, if in office) if necessary.
2. Notify RMD of serious injuries and fatalities. Such injuries are subject to the 8 hour OSHA reporting deadline.
3. Provide the employee with the Industrial Accident Packet and follow the Leave Management Unit's process for reporting work related injuries.
4. Send Employee's Claim for Worker's Compensation form and First Alert form to Human Resources within 24 hours.

5. Complete the Supervisor's Investigative Report and submit to Human Resources with the Industrial Accident.
6. Send a copy of the Employee's Report of Accident and Supervisor's Investigative Report to RMD.
7. Complete the Sharps Injury Log, if applicable.

**Risk Management Division's responsibilities include:**

Immediately report work related fatalities and serious injuries to Cal/OSHA District Offices [California Code of Regulations, Title 8, Section 8342 (CCR Title 8 §8342) - Reporting Work-Connected Fatalities and Serious Injuries]: "(a) Every employer shall report immediately by telephone or fax to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. **Immediately** means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident."

***What is considered a Serious Injury and an Accident?***

An "accident" is defined as any unexpected occurrence that results in injury to personnel, damage to equipment, facilities, or material, or interruption of normal operations.

"Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death (California Code of Regulations, Title 8, Section 330 (CCR, Title 8, §342 - Reporting Work-Connected Fatalities and Serious Injuries.)"

**Serious injury or illness includes:**

- Amputations
- Burns
- Concussions
- Crush Injuries
- Death
- Fractures
- Hospitalization greater than 24 hours
- Lacerations requiring stitches

**Employees who are seriously injured or witness a Serious Injury must:**

1. Call 9-1-1 immediately. (Dial \*9-9-1-1, if in office).
2. Notify their supervisor, or designee, of the accident.

**Supervisors who witness or are informed of an occupational illness or injury must:**

1. Report serious injuries to Risk Management Division and the Leave Management Unit immediately and no later than 8 hours after they occur.
2. Complete Form 5020, Employer's Report of Occupational Injury and illness, and the other forms included that can be located at the DPH Forms Intranet Website under the Human Resources Leave Management Unit:  
<http://intranet/ph/Forms.htm> **or**  
[http://intranet.laph.local/ph/PDFs/Forms/HR/LeaveManagement/IA\\_Packet.pdf](http://intranet.laph.local/ph/PDFs/Forms/HR/LeaveManagement/IA_Packet.pdf)

## *Injury Reporting and Treatment Procedures*

### **Reporting Vehicle Accidents and Injuries:**

1. Permittee drivers or employees driving a County vehicle while performing their assigned duties must report vehicle accidents to their immediate supervisor.
2. Employees and Supervisors must complete the Vehicle Damage Claim Forms. The forms can be located at the DPH Forms Intranet Website under the Finance Mileage Section: <http://intranet/ph/Forms.htm> or <http://intranet.laph.local/ph/PDFs/Finance/VDCForms.pdf>
3. If injuries occur, supervisors must provide the Industrial Accident Packet to the employee. The forms can be located at the DPH Forms Intranet Website under the Human Resources Leave Management Unit: <http://intranet/ph/Forms.htm> **or** [http://intranet.laph.local/ph/PDFs/Forms/HR/LeaveManagement/IA\\_Packet.pdf](http://intranet.laph.local/ph/PDFs/Forms/HR/LeaveManagement/IA_Packet.pdf)
4. Supervisors must report fatalities immediately to:
  - Risk Management Division (833) 303-0033 / [RMD@ph.lacounty.gov](mailto:RMD@ph.lacounty.gov))
  - Leave Management Unit (323) 914-7600 / [LM@ph.lacounty.gov](mailto:LM@ph.lacounty.gov))
  - Carl Warren & Company (818) 247-2206).

All serious injuries or fatalities are subject to the 8 hour OSHA reporting deadline.

### **Reporting Non-Employee Accidents and Injuries:**

1. Immediately report all Non-employees (ex. Contractors, visitors, etc.) injuries to RMD, regardless if medical treatment is needed.
2. Complete and submit the Non-Employee Injury Report form to RMD, no later than 24 hours of the incident. RMD will notify Carl Warren & Company.

Original non-exposure accident or injury reports and documents are maintained by the appropriate Human Resources unit, based on their records retention requirements.

**Reporting Critical Clinical Events:** (e.g., patient's with adverse reaction to medication, disease outbreak, etc.)

1. Complete and report field and clinical events to the UHC-Patient Safety Net from any DPH workstation by going to the Department Intranet link called “Quick Links”.

# ACCIDENT INVESTIGATION

## *Incident and Accident Investigations*

Supervisors must implement the required safety and health programs in their workplaces and worksites.

All unexpected events (accidents, incidents, and near-misses) must be investigated by the supervisors, management, and RMD, as appropriate to their scope. Investigations will focus on all causal factors, including the identification and correction of hazards that may have contributed to the accident, incident, or near-miss.

DPH Safety Committee monitors accident investigation and workplace inspection reports to identify potential hazards, and recommends methods for eliminating or controlling those hazards.

### **The Purpose of Investigations:**

- To document circumstances of injury/illness events that have occurred.
- To prevent or decrease the likelihood of similar events.
- To identify and correct unsafe work practices and physical hazards. Accidents are often caused by a combination of these two factors:
  - Negligence of safety protocols.
  - Lack of safety protocol awareness and information.
- To identify training needs.

### **What Types of Events Are Investigated?**

- Accidents
- Incidents
- Near misses
- Minor injuries
- Serious injuries
- Fatalities
- Property damage

### **Supervisor or Designee Investigation procedures:**

- Respond immediately to the accident/incident/near-miss scene to assess and render first aid or to ensure medical attention for the injured employee(s), if any.
- Make sure all hazardous conditions to which other employees or patients could be exposed are corrected and removed.

- Inform Risk Management Division, if a site-safety inspection is warranted before operations resume.
- If possible, interview witnesses in private.
- Focus on causes and hazards of the accident/incident/near-miss. Develop an analysis of what happened, how it happened, how it could have been prevented, and determine the root cause of the event.

**Once the investigation is completed:**

- Implement or recommend corrective action.
- Document the event, investigation, and corrective action in the appropriate form.
- Conduct follow-up reports.
- File and maintain all investigation reports for a minimum of five (5) years.

***Eliminating Workplace Hazards***

Whenever possible, safety hazards in the workplace should be eliminated. Workplace safety hazards may include, but are not limited to; biological, chemical, environmental, physical, and radiological.

If hazards cannot be eliminated from the workplace, the employer must provide necessary training and equipment in order to safely perform the duties, including Standard Operating Procedures (SOPs).

Your supervisor will review your job description and determine if safeguards and/or PPE are required. Items such as eye and face protection, hearing protection, safety shoes, and protective clothing will be provided by your supervisor.

*If Personal Protective Equipment (PPE), such as a respirator is required to perform job duties, your employer will have a Respiratory Protection Program in compliance to California Code of Regulations, Title 8, Section 5144 (CCR Title 8 §5144 - Respiratory Protection). This will require employees to obtain medical clearance prior to fit testing or respirator use, and to have training, fit testing, and other procedures before being allowed to wear respirators in the workplace.*

**Hazard Assessment Safety Inspections:**

- May be conducted by the facility administrators, RMD staff, or other agencies.
- May be announced or unannounced.
- Should be conducted when new substances, process, procedures, and/or equipment are introduced in the workplace.
- Required by the IIPP to verify required Federal and California postings, proper material storage and labeling, housekeeping, personal protective equipment, etc.

- Required when new or previously unrecognized hazards are identified. Should focus on both unsafe employee actions as well as unsafe conditions.

A qualified individual to inspect facilities will evaluate, prioritize, and correct identified safety hazards. Hazards will be corrected in order of priority, with the most serious corrected first.

**Factors that will be considered when evaluating hazards include:**

- Potential severity – the potential for serious injury, illness, or fatality
- Likelihood of exposure – the probability of the employee coming into contact with the hazard
- Frequency of exposure – how often employees come into contact with the hazard
- Number of employees exposed
- Possible corrective actions – what can be done to minimize or eliminate the hazard
- Time necessary to correct – the time necessary to minimize or eliminate the hazard

**Safety inspection documents must include the following:**

- Date on which the inspection was performed.
- Address of building and the work location of each area inspected.
- The name, title, and signature of person who performed the inspection.
- Any hazardous conditions noted or discovered with recommendation for steps to mitigate such hazard.
- The corrective actions and follow-up date.

**Hazards correction verification and method depends on the nature of identified hazard and could require:**

- Facility repairs to remove the identified hazard, such as uneven pavement.
- Administrative resolution, such as providing staff training.
- Providing the appropriate Personal Protective Equipment (PPE) to staff.

All corrective actions taken to mitigate hazards should be documented. All hazards identified during the inspection along with recommendation to mitigate the hazards will be rechecked on each subsequent inspection and notations made as to their status. All inspection reports shall be kept on file for a minimum of two (2) years.

# EMERGENCY PREPAREDNESS

Emergencies by definition are unexpected and cannot be predicted. Therefore, being prepared for emergencies or disasters is critical to maintaining your safety and ensuring a quick recovery.

The [Office of Emergency Management website](#) provides numerous resources to help you prepare, including resources for personal preparedness, earthquakes, fires, and evacuation.

## *Planning Ahead*

Planning ahead for emergencies is critical for remaining safe during an emergency and a quick recovery process.

**Know the emergency procedures for your building and work area.** Fire drills are routinely held at facilities to ensure that employees know how to respond to fires and other emergencies.



**Identify the location of emergency contacts and equipment. Learn how to use the emergency equipment.** Commonly used equipment includes fire extinguishers, fire alarm pull stations, first aid kits, emergency eyewash, and safety showers.

**Know the hazards and the proper precautions.** Materials and equipment in your building and work area may pose different hazards. These hazards may require special precautions to avoid or minimize risk. If your facility maintains chemicals, refer to the chemical's Safety Data Sheet (SDS) for potential exposures.

**Identify more than one exit route around your work area.** One of them may be inaccessible during an emergency.

**If you have a disability that could interfere with emergency evacuation,** work with your supervisor to plan for emergency situations. Identify a colleague who can help you during evacuations or emergency responses. Study and remember the features of buildings, including stairways, exits, emergency phone locations and elevators.

## *Building Emergency Response Plan*

Each facility shall have a Building Emergency Plan (BEP) and a designated Building Emergency Coordinator (BEC). The BEC is the first point of contact for questions about the emergency procedures and the BEP. Be familiar with the BEP for your facility and your building's evacuation area.

**For additional information, please review DPH Policy 910 and visit the BEC intranet site at:**

<http://intranet/ph/PHDirector/BioterrorismPrepPHEmergencyResp/BuildingEmergencyCoordinators.htm>

## ***Personal Emergency Preparedness***

Employees are encouraged to be personally prepared for emergencies. This includes having a personal emergency plan and a kit of emergency supplies. The emergency plan should include information on what an employee plans to do during and after an emergency, how to communicate with family and how to obtain up-to-date emergency information.

Recommended supplies for emergency kits vary from employee to employee, but at a minimum, employees are recommended to have a 72-hour supply of food, water and essential medications. Additional information and guidance is available at the [Office of Emergency Management website](#).

## ***Fire Safety***

Fire safety is everyone's responsibility. You can help prevent fires by using good housekeeping practices, report fires, and participate in evacuation drills. Employees are not required to fight fires, but may extinguish small fires (e.g., a trash can fire) with a fire extinguisher if they are properly trained and feel comfortable to do so. Knowing how to respond to a fire can save your life and others. All employees should know the location of safety equipment, such as fire extinguishers and fire alarm pull stations. It is helpful to know about the different types of fire extinguishers and how to operate them.



### **Other practices include:**

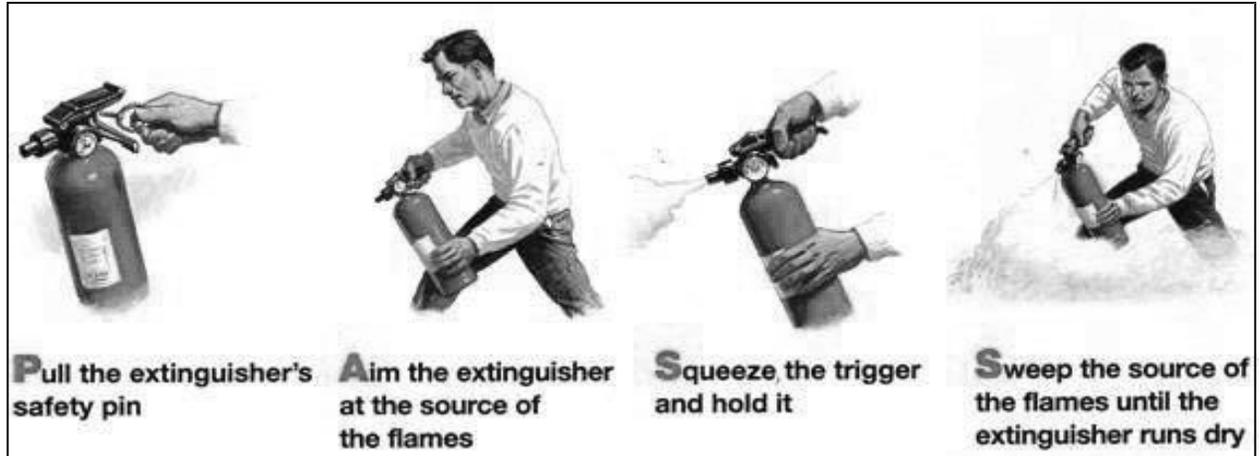
- Use UL (Under Writers Laboratory) approved microwaves and toaster ovens in authorized locations only.
- Eliminate the use of unauthorized personal appliances, such as hot plates, toasters, and portable heaters.
- Keep walkways and exits clear of obstructions.
- Keep fire doors closed when not in use (never prop doors open).
- Notify Facilities Management at 323-890-8465 when a fire extinguisher is used or discharged.
- Store supplies and equipment in appropriate locations and limit the quantities of stored flammable materials (All storage must be in compliance with the California Fire Code and applicable laws and regulations).

## FIRE SAFETY

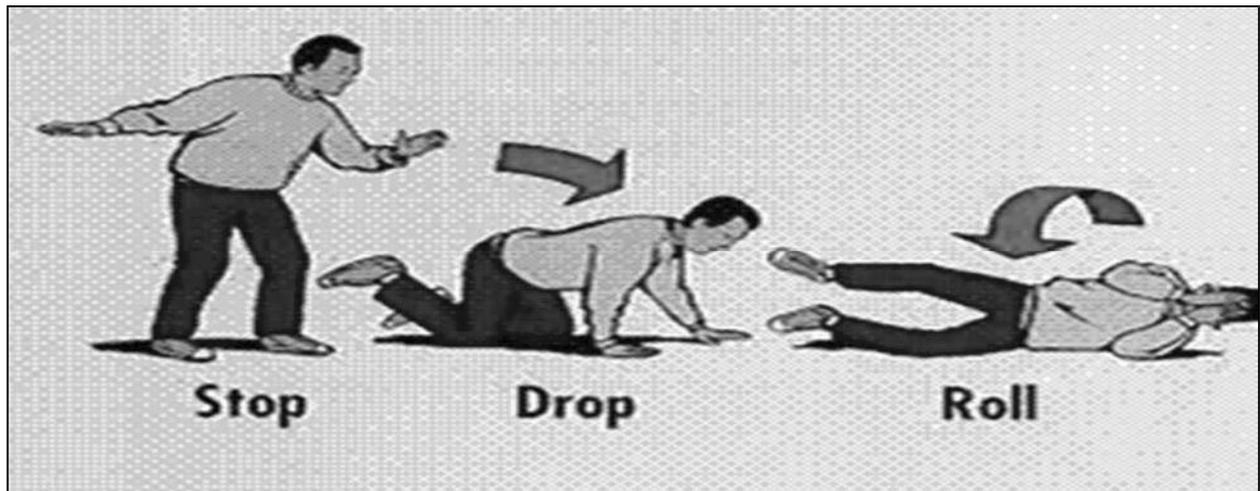
DO	DO NOT
<ul style="list-style-type: none"><li>• Report ALL fires immediately regardless of size by calling 9-1-1 (Dial *9-9-1-1, if in office) and Facilities Management at 323-890-8465.</li><li>• Pull the fire alarm and follow the evacuation procedure. Use stairwells.</li><li>• Alert everyone in the immediate area.</li><li>• Attempt to extinguish small fires if you are trained and comfortable to do so.</li><li>• If your clothing catches on fire, protect your face and stop, drop and roll. If you are near an emergency shower, use it immediately to extinguish the flames.</li><li>• Test doors for heat with the back of your hand before entering or exiting any room. If smoke is present, crawl on your hands and knees to keep your head low and away from the smoke.</li><li>• Follow your facility evacuation plan, evacuate the building, and meet at designated assembly area(s).<ul style="list-style-type: none"><li>• Floor Wardens will ensure employees have been accounted for.</li><li>• BEC will maintain control of evacuated personnel.</li></ul></li><li>• Remain in evacuation area until further instructions by the first responders or Department Emergency Desk.</li></ul>	<ul style="list-style-type: none"><li>• Assume someone else will report the fire.</li><li>• Turn off any fume hoods, as they will continue to control fumes/vapors within the hood.</li><li>• Arbitrarily break windows. Falling glass is a serious threat to pedestrians and rescue personnel below.</li><li>• Open the exit door, until you have felt the top of the door. If the door is hot or if excessive smoke prevents your exit, keep the door closed.</li><li>• Use elevators to exit during a fire even if it appears safe to do so.</li><li>• Go back for personal belongings.</li><li>• Re-enter the building until an emergency response personnel deems the building safe for re-entry.</li></ul>

If using a fire extinguisher, be careful not to shoot directly into someone's face. Immediately seek medical attention and report the incident to a supervisor.

If an extinguisher needs to be used, it is recommended to utilize the Pull, Aim, Squeeze, Sweep (PASS) technique.



If your clothing catches fire, protect your face and stop, drop, and roll. If you are near an emergency shower, use it immediately to extinguish the flames.



## Electrical Safety

Only trained employees shall work on electrical assignments and must take precaution when working with electricity. Electricity can damage sensitive equipment, ignite combustible material, cause flesh burns, and potentially be fatal.

For electrical safety, employees must take necessary precautions to be aware of their surroundings and follow safety protocols.



Training is an essential component of electrical safety. Training requirements depend on different factors including an employee's job description and the particular types of electrical equipment used. Employees working in shops, laboratories, construction (e.g., Facilities Management personnel) and other areas where electrical equipment is used, will be required to attend electrical safety training.

Your supervisor will determine which training is required and ensure that you receive it. If you have additional questions, you can contact RMD via telephone at (833) 303-0033 or via email RMD at [rmd@ph.lacounty.gov](mailto:rmd@ph.lacounty.gov).

<b>ELECTRICAL SAFETY</b>	
<b>DO</b>	<b>DO NOT</b>
<ul style="list-style-type: none"> <li>• Call 9-1-1 (Dial *9-9-1-1, if in office) or notify a supervisor or qualified person.</li> <li>• If the current can't be turned off, use a non-conducting object (broom, chair, rug, or rubber doormat) to push the person away from the source of the current.</li> <li>• If possible, stand on something dry that doesn't conduct electricity, such as a rubber mat or folded newspapers.</li> <li>• Once the person is away from the source of electricity, check the person's airway, breathing, and pulse. If either has stopped, start CPR, if you are trained and certified.</li> </ul>	<ul style="list-style-type: none"> <li>• Rescue a person near active high-voltage lines.</li> <li>• Move the person's head or neck if the spine may be injured.</li> <li>• Touch the person with your bare hands if they are still in contact with the source of electricity.</li> <li>• Apply ice, butter, ointments, medications, fluffy cotton dressings, or adhesive bandages to a burn.</li> <li>• Remove dead skin or break blisters if the person has been burned.</li> <li>• Move the person unless there is a risk of fire or explosion.</li> <li>• Use equipment with faulty insulation such as, improper grounding, defective parts or loose connections.</li> </ul>

<b>ELECTRICAL SAFETY</b>	
<b>DO</b>	<b>DO NOT</b>
<ul style="list-style-type: none"> <li>Stay with the person until medical help arrives.</li> </ul>	<ul style="list-style-type: none"> <li>Work in wet or damp environments.</li> <li>Overload circuits by connecting multiple items into a single outlet.</li> <li>Utilize extension cords and/or plug strip together (daisy chain) as a permanent fixture. Unless approved by Facilities Management, extension cords are meant for temporary use (30 days or less) and not as permanent installations.</li> </ul>

***Seismic Safety***

Earthquakes are a frequent occurrence in California. Preparation in advance is essential to minimizing injuries and recovering quickly. Every employee can play a part in seismic safety by following some basic guidelines:

- Secure heavy equipment, shelves over five feet, and properly store hazardous materials.** Never try to hold onto equipment during an earthquake. Install appropriate anchors and restraints to hold heavy equipment and shelves in place.



Keep file cabinet and desk drawers locked, as drawers may shake open during an earthquake to block your exit or you may run into them trying to exit the room.

- DPH Facilities Management can assist with the anchoring of equipment and furniture to walls. To request services, complete and submit a DPH service request form. The forms can be located at the DPH Forms Intranet Website under the Building, Security & Property Section: <http://intranet/ph/Forms.htm> **or** <http://intranet/ph/PDFs/Forms/BldgSecProperty/DPH-FM-PHServiceRequest.pdf> Submit forms to Facility Management Division or contact them at (323) 890-8465.
- Advanced preparation and practice will help you to remain calm and safe during an actual emergency.** You can prepare for an earthquake by familiarizing yourself with the Departmental Building Emergency Plan. Participate in earthquake drills to know evacuation plan and protocols.

- **Practice Drop, Cover and Hold On.** Practice taking cover so that it becomes second nature to you in the event of an earthquake. Immediately take cover during an earthquake. Do not try to exit the building during an earthquake, as the greatest risk for injury is falling debris.

<b>SEISMIC SAFETY</b>	
<b>DO</b>	<b>DO NOT</b>
<ul style="list-style-type: none"> <li>• Drop, cover and hold on. Get under a strong desk or table. If there is not adequate cover, move to a corridor, sit on the floor and brace yourself against a wall while covering your head.</li> <li>• Avoid windows and objects that can fall.</li> <li>• Be prepared for aftershocks.</li> <li>• If possible, provide first aid to injured individuals in your work area. Remain in building if quake was minor.</li> <li>• Evacuate when it is safe and proceed to your designated emergency evacuation point.</li> <li>• <b>If you are outdoors:</b> <ul style="list-style-type: none"> <li>• Move to a clear area, avoiding buildings and trees.</li> </ul> </li> <li>• <b>If you are trapped in debris:</b> <ul style="list-style-type: none"> <li>• Move as little as possible so that you don't kick up dust. Cover your nose and mouth with a handkerchief or clothing.</li> <li>• Tap on a pipe or wall so that rescuers can hear you. Use a whistle if one is available.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use elevators during an earthquake, even if they appear to be safe.</li> <li>• Run outdoors. You can be killed or injured by falling debris. It is safer to remain indoors, unless there is a fire or gas leak.</li> <li>• Move an individual that has sustained serious injuries unless they are in immediate danger due to a gas leak, hazardous material spill, fire or falling debris.</li> <li>• Store heavy items on top of cabinets, shelves or place them around exits.</li> </ul>

## ***Workplace Violence***

The Department has a zero tolerance policy that prohibits any workplace violence, threats, intimidation, or harassment by employees.

Any reported threat will initiate an investigation and the necessary security measures to be taken.

Criminal threats, stalking, carrying a weapon, harassment, and other such actions are not tolerated at the DPH workplaces.

### **Supervisors/Managers:**

- Must ensure that employees and other appropriate personnel are immediately notified of any threat and the identity of the threatening party, if known.
- Take all measures to ensure the safety of staff and other individuals on premises, including informing law enforcement.
- Make Employee Assistance Program (EAP) information available to staff.
- Develop a security plan for their area of responsibility.
- Provide training to staff regarding Workplace Violence / Threat Management.
- Provide post-incident stress debriefing and trauma counseling to employees, after a violent incident occurs at work.

### **If you suspect imminent danger in the workplace, immediately respond by:**

- Notifying on-site security personnel.
- Call 911. (Dial \*9-9-1-1, if in office).
- Warn potential victim(s).
- Seek safety.
- Inform your supervisor.

If a non-imminent threat is directed at you or someone at the workplace by an identifiable party, notify the on-site facility security personnel, your supervisor, and other potential victim(s).

If a threat is ambiguous or “veiled” but concerns you, report it to your supervisor.

An employee, who independently obtains a restraining order or injunction against another individual, must notify their supervisor and provide a copy of the document to the workplace’s local law enforcement agency.

Supervisors/Managers have a responsibility to respond to such notifications and report such incidents to the DPH RMD and the Office of Security Management (OSM).

## ***Bomb Threat and Suspicious Packages***

### **If you receive a bomb threat:**

- Remain calm;
- Call 9-1-1 immediately. (Dial \*9-9-1-1, if in office);
- Notify your supervisor.

### **If you receive or find a suspicious package:**

- Treat it as suspect;
- Do not handle it unnecessarily;
- Notify your supervisor;
- Call 911 immediately in a safe area. (Dial \*9-9-1-1, if in office);
- Do not operate any power switch and do not activate the fire alarm, as they can trigger an explosive device.

Your supervisor and/or BEC may determine that a building evacuation is necessary. They will follow the BEP and DPH Policy 900 – Security Incident and Building Evacuation and Closure, to ensure employees safely evacuate the facility and allow law enforcement to evaluate the bomb threat.

### **If there is an explosion:**

- DROP to the floor and take cover;
- Stay away from windows;
- Leave the building, if safe to do so, or directed by your DPH BEC or Floor Warden;
- Use stairs only. Do not use elevators;
- Move away from the site of the hazard to your designated safe area;

Your BEC will provide further instructions about safely returning to the facility.

# FIELD OPERATIONS SAFETY

Some DPH employees have work assignments within the scope of their classifications that require travelling throughout the County of Los Angeles.

Supervisors/Managers must ensure that staff required to perform field work are provided with safety training focused on preventing injuries.

## *Field Work*

Never begin field operations without first informing someone of your destination, your route, and when you will return (check-out/check-in). Stick to your plan.

Ensure your supervisor or designee knows your County issued cellular phone number and the phone is adequately charged at the beginning of your shift.

Ensure you have adequate Personal Protective Equipment (PPE), if applicable to your field assignment.

Ensure you have entered your field visits in your Microsoft Outlook e-mail calendar, provide access to your supervisor for viewing, and communicate major changes to your itinerary with your supervisor.

Perform a walk around to visually inspect your vehicle before and after each site visit to ensure your vehicle does not have a flat tire; items are not hindering visibility, or other safety hazards that should be addressed before using your vehicle.

Cultivate a situational awareness when out in the field. Always proceed with precaution whenever approaching new or frequented sites.

Be alert to warning signs during encounters with individuals.

If you feel that your safety is compromised in any situation, do not hesitate to leave the area. You should not feel obligated to complete the visit if it is unsafe to do so. The task can always be completed at a later time, when you feel safe.

Be aware of potential criminal activity in remote areas and be prepared to leave the area immediately, if necessary, because persons engaged in such criminal activity can be hostile and violent if discovered.

If you encounter a member of the public who is or becomes hostile, continue to remain polite and non-threatening, while leaving the area as soon as possible. Report the incident to your supervisor and law enforcement authorities, if appropriate.

## ***Driver Safety***

Many DPH employees must drive their own vehicle or a County vehicle to conduct County business. Prior to usage, be sure the vehicle (personal or County) is in good condition and has adequate amount of gas.

During winter weather, drive at speed deemed to be safe and obey traffic laws. Visually inspect vehicle to ensure each tire is in good condition. Do not speed or drive erratically. During summer weather, have water available to prevent dehydration and if possible ensure that the air conditioning in the car is in working order.

Adhere to all State and Federal driving laws and regulations. Maintain and carry your driver's license, special certificates, medical cards, endorsements and County self-insurance documentation. If you have a DMV action or pending against your license, you must promptly inform your management or HR Employee Relations.

### **DPH Driver's Responsibilities**

- You must be at least 18 years of age and have a valid California driver's license.
- You must be a valid DPH permittee driver.
- You must be enrolled in the DPH Employee Pull Notice Program or opt out as required by DPH Policy 717.
- You must carry your valid California driver's license with you when you drive a County vehicle or operate your own vehicle as a Mileage Permittee.
- You must wear a seat belt when driving or riding in a motorized vehicle.
- Do not use a cell phone while driving on County business.
- If a personal vehicle is used for County business, store "Notice of Self-Insurance" form in the vehicle.
- If you are involved in an accident while driving a County vehicle, you must follow the instructions in the Driver's Accident Reporting Packet located in the vehicle's glove compartment.

Follow the speed limit laws, drive safely and defensively.

#### **Defensive drivers:**

- Make allowances for their own deficiencies.
- Make allowances for lack of skill and knowledge of others.
- Understand they have no control over:
  - Unpredictable actions of other drivers.
  - Unpredictable actions of pedestrians.
  - Weather or road conditions.

- Will give up their right-of-way.
- Take actions needed to avoid collisions.

### **Buckle Up:**

California law requires drivers and all passengers to use a seat belt while in a moving motor vehicle.

### **Cell Phones:**

DPH policy 860, County Pool Vehicle Usage, recommends that employees operating a County vehicle not talk or text on a cellular telephone (even with hands-free-device), but should pull over to a safe location or parking lot to conduct a telephone conversation. Sending text messages, reading, and/or holding a cellphone to use as a navigation device is strictly prohibited.

### **Drugs and Alcohol:**

It is the policy of the County of Los Angeles that the abuse of drugs, including alcohol, by employees or contract personnel is unacceptable.

Using or being under the influence of illegal drugs while driving is unlawful, dangerous and absolutely prohibited at the workplace, including on the field. Further, the use of alcohol or prescribed drugs to any extent while on duty which impairs safe and effective job performance is also prohibited.

Inform your supervisor if you are prescribed medications that may impair your ability to drive safely. Violation of any element of this policy shall result in disciplinary action up to and including discharge from County service.

### **Emotions:**

Stress, fatigue, and emotions may impair your ability to drive safely. If you are worried, upset, or otherwise emotional, your driving skills may be as impacted as if you were driving under the influence of alcohol or drugs. This makes your driving unsafe for yourself and others on the road.

**Note** – The County of Los Angeles is enrolled in the Department of Motor Vehicles Employer Pull Notice Program. The Department of Motor Vehicles notifies the Department when there is a change in status in an employee's driver's license record.

### **Vehicle Accident Review Committee (VARC):**

DPH VARC is responsible for establishing the DPH Driver Safety Program. As part of this Program, the Committee will review and investigate all vehicle accidents involving the DPH employees operating a vehicle owned by the County of Los Angeles or operating his/her personal vehicle as an authorized mileage permittee.

# HEALTHCARE SAFETY

Cal/OSHA General Industry Standards apply to all employees, and special standards which apply to employees working in healthcare settings, like outpatient clinics and laboratories. Additional training is required for employees that are at reasonable risk of exposure to blood or other potentially infectious materials.

There are a number of potential safety and health hazards at healthcare facilities, such as chemicals, gases, radiation from x-ray machines, communicable diseases (e.g., Tuberculosis, Influenza, measles, etc.).

Employees who provide support services to healthcare facilities, such as Facilities Management and custodial staff, require training in protecting themselves from risk of exposure to infectious materials and other such hazards.

All DPH employees are declared Disaster Service Workers (DPH Policy 911) and subject to disaster and emergency service duties and responsibilities. Therefore, employees may be temporarily assigned to a role outside their normal duty assignments during an emergent event, which may expose them to communicable disease.

Employees that are not assigned to or do not usually work at healthcare settings, but who may have risk of exposure to similar hazards, also require training in the understanding of applicable Cal/OSHA standards. Examples of such staff are physicians and nurses that work for Programs such as Sexually Transmitted Diseases and Tuberculosis Control Programs.

# HAZARD COMMUNICATION

Hazard communication provides employees with the necessary information about potential health hazards that can result from handling hazardous substances and informs employees of the control measures to mitigate these hazards. Hazard communication is required in every facility, but it plays an especially large role in areas where there is routine handling of hazardous materials, such as in laboratories and health centers.

The Globally Harmonized System (GHS) is an international approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and safety data sheets.

OSHA has modified the Hazard Communication Standard (HCS) to adopt the GHS to improve the safety and health of workers through more effective communication on chemical hazards. The effective completion date for implementing the new rule is June 1, 2016; however, employers must train employees on the new label elements and safety data sheet (SDS) format by December 1, 2013.

Training, hazard identification, hazardous material inventories, safety data sheets (SDS) and labeling are all important parts of DPH's Hazard Communication Program. The information required on the safety data sheet (SDS) will remain essentially the same as that in the current standard (HazCom 1994). The revised Hazard Communication Standard (HazCom 2012) requires that the information on the SDS be presented using specific headings in a specified sequence.

## Labels will require the following elements:

- **Pictogram:** a symbol plus other graphic elements, such as a border, background pattern, or color that is intended to convey specific information about the hazards of a chemical. Each pictogram consists of a different symbol on a white background within a red square frame set on a point (i.e. a red diamond). There are nine pictograms under the GHS. However, only eight pictograms are required under the HCS.
- **Signal words:** a single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for less severe hazards.
- **Hazard Statement:** a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.
- **Precautionary Statement:** a phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling of a hazardous chemical.

## HazCom Pictograms and Hazards

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

# INFECTION CONTROL

## *Hand Hygiene*

Hand hygiene is the most important intervention in preventing the spread of germs and infections (DPH Policy 325). Practice good hygiene by washing your hands with soap and water for 15 – 20 seconds.

Use alcohol-based hand sanitizer when soap and water hand washing facilities are not available. To use, take a small amount of the product and vigorously rub it onto the surface of your hands, including between fingers, under fingernails, and around thumbs, until the hands are dry.

<b>Proper Steps on Performing Hand Hygiene</b>	
<b>Faucet / Sink</b>	<b>Sanitizing Gel (If Soap and Water Are Not Available)</b>
<ul style="list-style-type: none"> <li>• Wet both hands.</li> <li>• Obtain 2-3 “pumps” of soap in the palm of one hand.</li> <li>• Vigorously rub all surfaces of both hands.</li> <li>• Scrub for at least a full 15 seconds.</li> <li>• Rinse well.</li> <li>• Dry thoroughly with paper towels.</li> <li>• Do not touch faucet/sink/counter.</li> <li>• Do not touch door knob with your clean, bare hands.</li> <li>• Keep paper towel in hand to shut faucet off and to open door.</li> <li>• Discard towel in trash.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply enough sanitizer to open palm.</li> <li>• Rub hands together palm to palm.</li> <li>• Rub in between and around fingers.</li> <li>• Rub back of each hand with palm of other hand.</li> <li>• Rub fingertips of each hand in opposite palm.</li> <li>• Rub each thumb clasped in opposite hand.</li> <li>• Rub each wrist clasped in opposite hand.</li> <li>• Keep rubbing hand surfaces until hands are dry.</li> </ul>

**Hand Hygiene should be performed:**

- Before start of shift and end of shift.
- Before and after any contact with patients.
- Before donning sterile gloves.
- Before eating, preparing and serving food.
- Before applying make-up and handling contact lenses.
- After contact with patient’s intact skin.

- After contact with body fluids, mucous membranes, non-intact skin and wound dressings.
- After contact with inanimate objects (medical equipment, etc.) in patient's immediate area.
- After removing gloves (clean or dirty).
- After using the bathroom, sneezing, coughing or blowing your nose.

### **Wash Hands with Soap and Water:**

- When hands are visibly soiled or contaminated.
- Before eating or preparing food.
- After using the restroom.
- After direct contact or indirect environmental contact with patients.
- After every 5-10 applications of the alcohol-based hand rub (follow the manufacturer's guidelines).
- When contact with *Clostridium difficile* (c-diff) is suspected.



Staff should encourage patients to perform hand hygiene prior to meals and after using the toilet or commode.

### ***Fingernails***

Artificial fingernails are not recommended for those who have direct contact with patients (who touch the patient a part of their care or service), handle instruments or equipment that will be used by a patient or used directly on a patient, or for those who have contact with food.

Artificial fingernail is defined as any material applied to the fingernail for the purpose of strengthening or lengthening nails (e.g., tips, acrylic, porcelain, silk, jewelry, overlays, wraps, fillers, superglue, any appliqués other than those made of nail polish, nail-piercing jewelry of any kind, etc.).

Natural nails must be clean, with tips less than ¼ inch long. If fingernail polish is worn, it must be in good condition, free of chips, and preferably clear in color. Wearing rings with stones on fingers is also discouraged, because they can harbor bacteria and may tear gloves.

## ***Cleaning and Disinfection***

Patient care equipment must be cleaned with a facility-approved detergent/disinfectant, following manufacturers' instructions for the appropriate contact time. Sanitized patient care equipment must be stored in a clean storage area. Equipment should not be stored around the sink and all other equipment that are not cleaned or cannot be cleaned immediately after use should be removed. Only soiled equipment is stored in the soiled or "dirty area". If it is unclear whether patient care equipment has been cleaned, it must be cleaned before patient use.

## ***Transmission of Infectious Diseases***

The goal of the Infection Control program is to prevent and control the spread of infectious diseases between patients, visitors, and workforce members. Infectious diseases can be spread through direct or indirect transmission. Infectious organism can enter the body or blood stream through open skin (cut, puncture, rash, wound or burn) or mucous membrane (eyes, nose or mouth).

Implementing procedures of cleaning, disinfection, sterilization, hand hygiene, and isolation precautions can interrupt transmission of infectious diseases. It is impossible to know who is infected and who is not. Therefore, it is important to follow Standard Precautions and consider **ALL** blood and body fluids from **ALL** persons as potentially infectious.

## ***Standard Precautions***

Standard Precautions apply to all patients receiving care in facilities regardless of their diagnosis or presumed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

### **These apply to:**

- Blood
- All bodily fluids, secretions, and excretions (except sweat), regardless of whether or not they contain visible blood.
- Non-intact skin.
- Mucous membranes.

### **REMEMBER!!!**

Even if you feel that you may not be susceptible to a particular disease, the next patient you work with may. Therefore, these standards are to be followed by all workforce members at **ALL TIMES!**

## ***Transmission and Isolation Precautions***

Follow transmission and isolation precautions for any patient diagnosed with or suspected of having a contagious disease. Know the precautions and work practices to use in your work area or job duties to prevent exposure to blood or body fluids or to airborne infections.

Report suspected exposure or outbreak of communicable diseases to your supervisor. Supervisors are to report these exposures or outbreaks to EHS at (213) 240-7828.

There are three categories of isolation: Droplet, Airborne, and Contact Precautions.

<b>DROPLET</b>	Infections or exposures of pathogens can be transmitted by large respiratory droplets by a patient's coughing, sneezing or speaking, which can travel short distances of up to three feet. Some pathogens include, but are not limited to Influenza, Bacterial Meningitis, Mumps, Scarlet Fever, Pertussis, and Rubella.
	<b>PPE Needed:</b> Surgical mask is required during contact with the patient. CDPH recommends permitting voluntary use of N95 for seasonal influenza.
<b>AIRBORNE</b>	Microorganisms can be transmitted by small respiratory droplets from person to person by the airborne route over long distances (>3 ft.) such as, Measles, Tuberculosis, Severe Acute Respiratory Syndrome (SARS), Smallpox and Chickenpox. Patients known or suspected to be infected must be placed in a negative pressure room with the door kept closed.
	<b>PPE Needed:</b> N95 is required during contact or PAPR, if present during high risk procedures.
<b>CONTACT</b>	Infections can be transmitted by direct contact with the patient (hand or skin-to-skin contact) or indirect contact with environmental surfaces or patient care items in the patient's environment. Infections such as MRSA, VRE, and C. difficile require the use of a gown and gloves.
	<b>PPE Needed:</b> Gown and gloves.

## ***Personal Protective Equipment (PPE)***

PPE such as gowns, gloves, masks, goggles, and face shields are barriers that should be used to prevent exposure to blood, body fluids, and airborne organisms (i.e. during direct contact with the patient, indirect contact with the patient's environment, or during procedures that may produce splashes). PPE should be used by both workforce members, to minimize exposure, and by patients, for source control.

### **PPE Guidelines:**

- Must be applied prior to an anticipated exposure.
- Caution must be used not to contaminate the environment during patient care activities (i.e. during specimen collection and patient transport).
- Remove and discard at the conclusion of the activity prior to leaving the work area (except for the N95 respirator which must be discarded outside of the room).
- Single use only and are not to be used between patients.
- Must perform hand hygiene after the removal of gloves, protective gowns, shoe covers, and other PPE.

### **Gloves:**

- Must not substitute for hand hygiene.
- Must be changed between patients.
- Must be removed if damaged/torn/punctured.
- Must be worn when hands have any open areas, cuts, or abrasions

### **Disposable gown options:**

- Sterile/fluid resistant
- Non-sterile fluid resistant
- Non-sterile non fluid resistant

# BLOODBORNE PATHOGENS

Practice of the proper control procedures can reduce the likelihood of exposure by altering the manner in which a task is performed, such as, hand hygiene, use of PPE, proper handling of sharps, good hygiene (clean/ hair pulled back and off the shoulders), cleaning/disinfection of the environment, properly handling contaminated linen, proper transport of specimens (in leak-proof containers), proper disposal of trash, and use of resuscitation bags.

Do not eat, drink, apply cosmetics, or handle contact lenses in work areas where exposure may occur, per Cal/OSHA regulations. Do not keep food or beverages in medication or patient specimen refrigerators, freezers or cabinets, on countertops or bench tops, or in any other area where they might be exposed to potentially infectious materials.

Workforce members with exudative lesions or weeping dermatitis must not perform direct patient care or handling of patient-care equipment until the condition(s) regress to normal state. Workforce members with lesions or unexplained rash should seek medical evaluation.

Engineering Controls such as autoclaving, self-sheathing needles and other sharp-safety devices, sharps disposal containers, and hand washing sinks can isolate or remove the blood borne pathogen hazards from the workplace.

## **Handling Blood and Body Fluid Spills:**

- Contain area so that others are not exposed.
- Block access by other employees and the public to the area.
- Call Custodial Services for cleanup, if they are trained to do so and have had the appropriate training and health screening. Otherwise, clean and decontaminate the spill with an appropriate EPA-registered disinfectant (e.g. Tuberculocidal EPA-registered disinfectant for TB related spills).
- Utilize PPE as necessary during cleaning and decontamination procedures.

## **Exposure to Blood and Body Fluids**

If blood or body fluids from any individual come in contact with your open skin (rash, wound or burn) or mucous membrane lining (eyes, nose or mouth), **immediately:**

- Wash the exposed area
- Report the exposure to your supervisor
- Your supervisor will provide you with the procedures for seeking medical care from your pre-designated physician or a County Medical Provider.

## Preventing Sharps Injuries

Injuries can occur from sharps devices during handling, passing, recapping, manipulating a device in a patient, transferring potentially infectious material between containers, or during disposal and clean up. Any health care worker handling sharps devices or equipment such as scalpels, sutures, hypodermic needles, blood collection devices, or phlebotomy devices should be extremely careful to minimize risk.

<b>Sharps Safety</b>	
<b>DO</b>	<b>DO NOT</b>
<ul style="list-style-type: none"><li>• Use and activate needle/sharps safety devices (e.g., safety needles)</li><li>• Get help with uncooperative patients</li><li>• Let falling objects fall</li><li>• Dispose of sharps into covered, labeled, and rigid puncture resistant sharps container</li><li>• Use tongs or brush &amp; dustpan to pick up broken glass</li><li>• Practice safe handling techniques</li></ul>	<ul style="list-style-type: none"><li>• Bend, break or recap needles</li><li>• Rush or take shortcuts</li><li>• Reach into disposal containers</li><li>• Touch broken glass</li><li>• Overfill sharps container</li><li>• Carry loose sharps in your pockets</li><li>• Set needles or sharps down, except into approved disposal containers</li></ul>

## Safe Injection Practices

[Source: Centers for Disease Control and Prevention's (CDC) HICPAC "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007"]

The following recommendations apply to the use of needles, cannula that replace needles, and, where applicable, intravenous delivery systems:

- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.
- Needles, cannula, and syringes are sterile, single-use items; they should not be reused for another patient or to access a medication or solution that might be used for a subsequent patient.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile.

- Do not keep multi-dose vials in the immediate patient treatment area. Store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.

## ***Injection Safety Tips for Providers***

[Source: Centers for Disease Control and Prevention (CDC), March 2008]

In particular, providers should NOT administer medications from the same syringe to more than one patient, even if the needle is changed. Additional protection is offered when medication vials can be dedicated to a single patient. It is important that:



- Medications packaged as single-use vials never be used for more than one patient;
- Medications packaged as multi-use vials be assigned to a single patient whenever possible;
- Bags or bottles of intravenous solution are not used as a common source of supply for more than one patient; and
- Absolute adherence to proper infection control practices is maintained during the preparation and administration of injected medications.

Safe injection practices and sharps safety go hand in hand. By following safe injection practices to protect patients, healthcare providers also protect themselves. For example, the unsafe practice of syringe reuse also puts healthcare providers at risk of needle stick injury and potential blood borne pathogens exposure. Once a needle and syringe are used on a patient, they should be discarded in a sharps container.

### **Disposal of Sharps Containers**

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

For more information about sharps safety, please see:

- [www.cdc.gov/sharpssafety](http://www.cdc.gov/sharpssafety)
- [www.oneandonlycampaign.org](http://www.oneandonlycampaign.org)

# RESPIRATORY PROTECTION

## *Respiratory Hygiene/Cough Etiquette*

All individuals and especially those with signs or symptoms of a respiratory infection should:

1. Cover their nose/mouth when coughing or sneezing.
2. Use tissues to contain respiratory secretions and dispose of them in the nearest trash can after use.
3. Wash hands or use alcohol-based hand sanitizer after having contact with respiratory secretions and contaminated objects/materials.
4. Obtain masks and tissues if needed for respiratory symptoms.
5. Sit at least three feet away, (if possible) from others in waiting area, if symptomatic.



## **Healthcare Workers should take precautions to minimize exposure to respiratory droplets by:**

1. Healthcare workers should wear a Cal/OSHA compliant respirator for close contact with coughing patients, such as when examining a patient with symptoms of a respiratory infection, particularly if fever is present.
2. Security Guards at the facility entrances are provided with masks and tissues to provide to patients who are coughing, sneezing or have visible cold/flu symptoms upon entrance to the facility.

## *Aerosol Transmissible Disease (ATD)*

An Aerosol Transmissible Disease (ATD) or Aerosol Transmissible Pathogen (ATP) is a disease or pathogen that is transmitted by aerosols in the air, which requires either Droplet or Airborne Isolation.

### **Early Identification**

To detect suspected infectious patients, they should be assessed for ATD symptoms when entering facilities. If a cough or other symptoms are present, a surgical mask will be placed on the patient by clinic staff.



If the patient is admitted, the admitting physician's orders must include either **Airborne** or **Droplet** Isolation.

## ***Tuberculosis (TB)***

TB spreads through the air in droplet nuclei form. It is generated when a person with active TB coughs, sneezes, or speaks. These droplets are so small that regular air currents within a building can keep them airborne for hours. If you inhale these droplets, you can become infected with TB. When inhaled, the bacteria may become established in your lungs and spread throughout your body. TB is most commonly spread by close, prolonged, intense, and unprotected contact indoors to a person with active TB.

### **TB precautions include the following:**

- Annual TB screening for all at-risk workforce members.
- Early triage and identification of TB suspects.
- Isolation of suspect and confirmed TB patients.
- Proper engineering and maintenance of negative pressure TB isolation rooms (door is to be kept closed at all times).
- Masking TB patients with surgical masks when outside of isolation room and in enclosed area.
- Employee medical clearance, prior to training and fit testing, is required for the use of a N95 respirator. N95 respirator is required when providing direct patient care to respiratory isolation patients:
  - In a TB patient's isolation room.
  - When caring for suspected or confirmed TB patient(s).
  - During vehicle transport of suspected or confirmed TB patients.
- Use of a Powered Air – Purifying Respirator (PAPR), if staff is present during a high-risk procedure.
- Placing patients with TB or suspected of having TB in a negative pressure room, where the air is vented directly to the outside.

### **Active TB Disease**

#### **Signs of illness are usually present and may include the following:**

- Prolonged cough (2 or more weeks )
- Fatigue
- Fever
- Weight loss
- Loss of appetite
- Night sweats
- Coughing up blood or have chest pain when coughing

## **TB Infection (latent)**

### **This person carries the TB germ but:**

- Does not look or feel sick.
- Cannot infect others.
- Preventative treatment is recommended for some people.

### **For additional information contact:**

- TB Control Program (213) 745-0800.
- Employee Health Services (EHS) at (213) 240-7828.

## ***Respirator Requirements***

DPH attempts to eliminate hazardous exposures by the use of safety equipment for environmental controls, such as fume hoods; however, employee use of respirators may still be necessary to prevent exposure from airborne diseases or hazardous dusts.

RMD must be contacted to perform a Respiratory Hazard Assessment (RHA) if an employee's work activity needs to be evaluated for respirator use.

If respirators are required to perform tasks, employees must obtain medical certification to wear and be fit tested for use of respirators. Employees will be provided with respirator user training and education by EHS.

Workforce members are to wear a NIOSH approved N95 respirator if the patient is coughing or unable to wear the mask. During high-risk procedures releasing infectious aerosols, workforce members must use a PAPR for respiratory protection.

## **Exposures**

An "ATD Exposure Incident" is defined as an event in which an employee sustains a substantial exposure to an ATD case, or suspected case, or contaminated work area or equipment, without having had the benefit of all applicable and required control measures (i.e. respiratory protection, isolation, treatment).

An employee who is exposed needs medical evaluation and must notify their supervisor immediately. Affected employees are referred to contracted services for post exposure evaluation or may choose to seek treatment through their private provider. Post-exposure follow-up is confidentially coordinated between the Leave Management Unit, EHS physician, and the employee's supervisor.

# LABORATORY SAFETY

Maintaining the highest safety standards within laboratories is a top priority at DPH. Many laboratories contain hazardous materials, including biological agents, chemicals, and radioactive materials, as well as potentially dangerous equipment. All lab personnel must be trained in working safely to minimize risk when exposed in such environments.

Laboratory safety must be a primary and fundamental component in laboratory protocol.

Laboratory supervisors have a critical role in maintaining day-to-day laboratory safety.

## *Laboratory Hazards*

Laboratories are unique working environments with the potential for exposure to various safety and health hazards. All lab personnel must be trained in working safely with the materials and equipment present in the lab, as it can be a potential hazard.

These hazards include, but are not limited to:



- **Chemicals:** Thousands of chemicals may be contained in the laboratory, including chemicals that are regulated by Cal/OSHA as particularly hazardous substances.
- **Biological Agents:** Various biological agents are present in the laboratory, including agents that have been classified as Biosafety Level 3 by the Centers for Disease Control and Prevention (CDC).
- **Radioactive Materials:** The laboratory may contain radioactive materials and radiation-producing machines.
- **Physical Hazards:** Sharps, glassware and other physical hazards are present in the laboratory and require special precautions.

## *Laboratory Safety Training*

Training is an essential component of laboratory safety. All lab personnel should be required to the appropriate laboratory safety classes **before** beginning work in the laboratory.

Laboratory personnel will require a combination of both general laboratory safety training and laboratory-specific training. Training requirements depend on the particular materials, equipment and operations in a given laboratory. Laboratory supervisors are responsible for ensuring that training requirements have been met by laboratory staff and are responsible for providing laboratory-specific training. Laboratory personnel should discuss their training needs with their supervisor.

## *Working Safely in the Laboratory*

All laboratory personnel are responsible for working safely and following the safety rules established by their workplace and their supervisor.

The following are key laboratory safety topics and are applicable to everyone working in a laboratory:

- **Personal protective equipment (PPE) and proper lab attire.** All lab personnel are responsible for using the required PPE and wearing appropriate lab attire.
- **Training.** All lab personnel must be properly trained. This includes reading, understanding and following the Laboratory Injury and Illness Prevention Program (IIPP). All training must be documented with records maintained at the lab.
- **Safety equipment.** All lab personnel must know the location and proper use of safety equipment, including fire extinguishers, emergency shower, and eyewash stations.
- **No food in the lab.** Food and beverages are prohibited to be stored or consumed in the laboratory.
- **Housekeeping.** Good housekeeping is required to maintain a safe lab. All laboratories must be kept clean and sanitary with proper chemical and biohazard materials management.
- **Work with a partner.** Lab personnel should never work alone and should obtain assistance for procedures involving handling hazardous chemicals, biological agents, or other physical hazards.

## *Laboratory Security*

All lab personnel must control lab access by unauthorized persons and take precautionary security measures to prevent theft of materials or equipment from the lab. The laboratory has strict security measures in place, due to the materials and the nature of the research conducted therein.

Hazardous materials must always be protected against theft. These include, but are not limited to, infectious agents, toxins, radioactive materials, acutely toxic chemicals, carcinogens, teratogens, explosives, reactive chemicals, and compressed gases. Diversion of even small quantities of hazardous materials can have serious consequences when used for criminal intent.

One easy way to increase security is to make sure that your laboratory door is locked whenever the lab is left unattended, even for a few minutes.

## *Spill Response*

Trained personnel in the laboratory can often handle small or less toxic chemical spills. Before attempting a clean-up, laboratory personnel should consult the Safety Data Sheet (SDS) to determine the hazards associated with the chemical.



### **Non-Infectious Materials**

Cleaning is performed by either custodial or lab employees, as deemed appropriate to the circumstances and availability of trained custodial staff:

- Secure the area.
- Clean all spills immediately.
- Mop up liquids thoroughly. Discard solids in the waste container.
- Sweep up broken glass with a broom and dustpan.
- Never use the hands to pick up pieces of glass.

### **Infectious Materials (Blood and Bodily Fluids)**

Cleaning is performed by the employees or custodial staff specifically trained on Bloodborne Pathogens, spill cleanup, and vaccinated for Hepatitis B.

The Centers for Disease Control and Prevention (CDC) recommends using “universal precautions” when cleaning up blood/body fluid spills. The concept of “universal precautions” assumes that all individuals are infected with blood-borne pathogens. It is especially important to avoid transfer of these pathogens by splashing contaminated materials into the mucous membranes of the eyes, nose or mouth, or into any cuts, abrasions or open sores. Universal precautions require the use of appropriate personal protective equipment.

Pathogens are most viable immediately after a blood/body fluid spill. Spills of blood and body fluids must be contained and cleaned up immediately, as follows:

- Secure the area to prevent other employees or individuals from exposure, if necessary.
- Wear gloves, gown, face shield or goggles when cleaning an infectious spill. Use mechanical means such as forceps to pick up sharps or broken glass, if any.
- For small spills of blood (i.e., drops of blood) on non-critical surfaces, the area can be disinfected with an EPA-registered disinfectant, appropriate to the type of pathogen(s) that were in the spilled material.
- Clean the spill site thoroughly using detergent solution.
- Dispose of all contaminated waste material into a RED plastic waste bag.
- Allow the surface to dry.
- Wash skin thoroughly with soap and water, if accidentally contaminated with blood or bodily fluids. Report this incident to your supervisor.

- Facilities may use an infectious spill cleanup kit instead of disinfectant, if they have purchased kits approved for that intended use. Facility and custodial staff must become familiar with the kit instructions to remove blood or bodily fluids with the kit absorbent material and the required contact time to effectively disinfect an infectious spill.
- Larger spills require that the surface be cleaned before the EPA- registered disinfectant is applied:
  - Cover the spill area with towels soaked in detergent or cover with an absorbent powder and wipe clean. Dispose of the contaminated materials into a RED plastic waste bag.
  - Proceed with covering the spill area with a paper towel and then gently pour an EPA- registered disinfectant to soak the towels. Work from the outside edges of the spill inward when applying the disinfectant. Allow disinfectant to soak into the contaminated material for at least 2 minutes and for as long as the disinfectant's required contact time is for it to be effective.
- Record and report the incident to the supervisor.

### ***Hazard Materials Waste Management***

Regulated waste, such as medical waste generated by the laboratory or clinics, must be handled and disposed of according to an established Medical Waste Management Plan (DPH Policy 917).

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Safety and Health Code Chapter 6.1, Sections 117600 through 118360, and other applicable federal and state regulations.

- Medical waste should be disposed of with minimal handling.
- Medical waste should be placed in red plastic waste bags, which are labeled with the biological waste symbol.
- Medical waste containers must be labeled with the biological waste symbol on all sides and on the lid, which must be foot operated.
- Office paper and other items which have not been in contact with patient's blood or bodily fluids should be placed in waste bags/cans provided by the custodial services and disposed of the same as office waste.
- Medical waste should be secure from unauthorized persons.

## **IONIZING RADIATION SAFETY**

DPH complies with rules and regulation pertaining to radiation safety, such as OSHA Ionizing Radiation Standard, which applies to programs that have X-ray machines.

DPH also complies with the Radiologic Health Branch (RHB) of the Food, Drug, and Radiation Safety Division of the State Department of Public Health, which enforces the laws and regulations designed to protect the public, radiation workers, and the environment.

RHB is responsible for licensing of radioactive materials, registration of X-ray-producing machines, certification of medical and industrial X-ray and radioactive material users, inspection of facilities using radiation, investigation of radiation incidents, and surveillance of radioactive contamination in the environment.

Affected DPH programs/divisions have designated restricted areas to limit employee exposure and require employees working in designated areas to wear personal radiation monitors.

Radiation areas and equipment must be labeled and equipped with caution signs.

Radiation Safety Training is provided to occupational workers and visitors to affected areas.

# CUSTODIAL SAFETY

Custodians' safety orientation must include the IIPP, general industry provisions of the Employee Safety Handbook and if they work in health centers, laboratory, or other such settings, the healthcare safety provisions.

Custodians must be trained to work safely and protect themselves against work related injury and illness, which can be caused by any of the following hazards:

## **Ergonomic Hazards:**

Repetitive tasks like mopping and wringing can lead to pains and aches in hands and arms. These tasks are identified as Repetitive Motion Injuries (RMI).

Lifting heavy objects, such as filled buckets, can cause strain on the body.

## **Slips, Trips, and Falls:**

Hazards like wet floors and uneven carpets can cause slips, trips, and falls, which can result in injuries.

## **Electrical Hazards:**

The presence of water in combination with electrical equipment can cause electrical shock.

## **Chemical Hazards:**

Chemicals found in cleaning and other products can cause eye irritation, skin rashes, and other illnesses.

## **Supervisors or DPH managers responsible for custodial services must ensure:**

- Custodians use properly labeled containers and when chemicals are transferred into a different container, the new container is labeled, according to law.
- Custodians are trained about hazardous chemicals and how to safely use them. Employers are also required by law to train workers on how to read labels, how to read the SDS and where the SDSs are kept.
- To provide appropriate PPE to custodians, including masks, goggles, and gloves.
- The heating, ventilating, and air conditioning (HVAC) system are on during cleaning hours to keep air moving.

## **Custodians must follow procedures and safe work practices that are designed to prevent accidents caused by slips, trips, and falls:**

- Keep floors clean and dry.
- Report clogged or leaking drains and toilets.
- Use proper cleaning procedures and cleaning and waxing products for floors.

- Use highly-visible caution signs to inform employees and visitors to be careful and avoid an area, which might be wet or greasy.
- Inform the Facility Manager when they find buckled carpet, dented vinyl tiles, floor holes that are not patched, or other hazards.
- Place mats and runners flat on the ground and report if they have curling or torn edges.

# FACILITIES MANAGEMENT & WAREHOUSE SAFETY

Facilities Management and Warehouse staff safety orientation must include the IIPP, general industry provisions of the Employee Safety Handbook and if they work in health centers, laboratory, or other such settings, the healthcare safety provisions.

Facilities Management and Warehouse staff must be trained to work safely and protect themselves against work related injuries:

- Conduct a safety inspection prior to the start of work. Visually inspect the work area to recognize any potential hazards or risks that may be present. By recognizing and eliminating the hazards or risks you prevent injuries to yourself and others.
- Inspect hand tools before each use and keep tools clean and stored correctly.
- Use the proper tool for the job and properly use the tool.
- Follow the general electrical safety guidelines training provided by your supervisor before using any electrical tools and equipment and assignments requiring you to repair facility electrical issues.
- Use Personal Protective Equipment required for use and appropriate to the task.
- Safely use ladders after receiving ladder safety training.
- Use fall arrest systems for fall protection after training in the use, care, and maintenance of the system annually.
- Use safe material handling and lifting techniques, such as:
  - Lighten the load whenever possible.
  - Use loading ramps, two wheel handcarts, and other material handling equipment when possible.
  - Take breaks in between repetitive lifts.
  - Lower the load slowly with your legs, while keeping your back straight.
  - Use two-person lifting techniques.
- Do not perform any work that will disturb asbestos containing materials.
- When operating a motor vehicle, comply with the traffic laws and government regulations.
- If required to operate a Forklift, prior authorization and training is required. An initial Forklift training is required for new operators and the refresher training is required every three years.
- If applicable, only after training has been provided, perform any confined space assignments.
- If you are exposed to noise levels of 85db or higher, you are required to wear the appropriate hearing protection equipment. As a guide to help recognize the noise

level, if you have to shout at 2-3 feet away in order to be understood, you should be wearing hearing protection.

Training and appropriate hearing protection should be provided by your supervisor, prior to performing those tasks.

# WAYS TO BE PREPARED

## First Aid Kit

The following are CEO approved items for the use in County facilities with minor trauma, office type settings.

<ul style="list-style-type: none"> <li>• Bandages-Adhesive-plastic-Telfa-pad perforated-sterile (1"x3 1/4")</li> <li>• Bandages-compress-offset-2"-sterile-with Telfa pad and adhesive end tabs</li> <li>• Bandages-compress-offset-3"-sterile with Telfa pad and adhesive end tabs</li> <li>• Bandages-compress-offset-4"-sterile with Telfa pad and adhesive end tabs</li> <li>• Bandages-triangular-muslin-sterile-40" with 2 safety pins</li> <li>• Blanket rescue reflective type 56"x84"</li> <li>• Cold Pack-instant</li> <li>• Eye dressing packet-4 sterile pads and 4 adhesive strips</li> <li>• Forceps-splinters-3.5" lengths serrated inside needle points</li> <li>• Gauze-compress-non woven 3"x3"</li> </ul>	<ul style="list-style-type: none"> <li>• Pads-Alcohol-for wound cleansing</li> <li>• Antiseptic ointment-1/2 oz. tube Neosporin</li> <li>• Scissors-bandage-4"-blunt end-nickel plated</li> <li>• Swabs-for therapeutic relief from insect stings and bites-1/2cc crushing tube sterile</li> <li>• Tincture green soap-2 oz. bottle or vials of 10cc-with 4 sterile gauze pad 3"x3"</li> <li>• Case-gauge metal-handle-snap locks-dustproof and waterproof seal-hinge with holes for hanging approx. size 2.75"x9.5"x.5"-enamel white-labeled "FIRST AID KIT" on first line and "County of Los Angeles" on second line. Red lettering approx. 1" high-First aid guide/instructions inside lid of case.</li> <li>• MD first aid kit approval</li> </ul>
--	--

## Supplies

<ul style="list-style-type: none"> <li>• Tools and Supplies</li> <li>• Mess kits, or paper cups, plates and plastic utensils</li> <li>• Emergency preparedness guide</li> <li>• Battery-operated radio and extra batteries</li> <li>• Flashlight and extra batteries</li> <li>• Fire extinguisher: small canister, ABC type</li> <li>• Tube tent</li> <li>• Pliers</li> <li>• Duct tape</li> <li>• Compass</li> </ul>	<ul style="list-style-type: none"> <li>• Matches in a waterproof container</li> <li>• Aluminum foil</li> <li>• Plastic storage containers</li> <li>• Signal flare(s)</li> <li>• Paper, pencil</li> <li>• Needles, thread</li> <li>• Work gloves</li> <li>• Medicine dropper</li> <li>• Shutoff wrench, to turn off household gas and water</li> <li>• Whistle</li> <li>• Plastic sheeting</li> </ul>
---	--

## Sanitation

<ul style="list-style-type: none"> <li>• Toilet paper, towelettes</li> <li>• Soap, liquid detergent</li> <li>• Personal hygiene items</li> </ul>	<ul style="list-style-type: none"> <li>• Plastic garbage bags, ties (for personal sanitation uses)</li> <li>• Plastic bucket with tight lid</li> <li>• Disinfectant</li> <li>• Household chlorine bleach</li> </ul>
--	---

# ACRONYMS

ATD – Aerosol Transmissible Disease  
ATP – Aerosol Transmissible Pathogen  
BEC – Building Emergency Coordinator  
BEP – Building Emergency Plan  
CCR – California Code of Regulations  
CDC – Center for Disease Control  
EHS – Employee Health Services  
HBV – Hepatitis B Virus  
HCP – Hazard Communication Program  
HCV – Hepatitis C Virus  
HIPPP – Heat Illness Prevention Program  
HIV – Human Immunodeficiency Virus  
IAQ – Indoor Air Quality  
IIPP – Injury and Illness Prevention Program  
JSA – Job Safety Analyses  
MSDS – Material Safety Data Sheet  
NIOSH – National Institute for Occupational Safety and Health.  
OPIM – Other Potentially Infectious Materials  
OSHA – Occupational Safety and Health Administration  
PHA – Public Health Administration  
PPE – Personal Protective Equipment  
RHA – Respiratory Hazard Assessment  
RTW – Return to Work  
SOP – Standard Operating Procedures  
TB – Tuberculosis  
UL – Underwriters Laboratories

## REFERENCES

Aerosol Transmissible Diseases: <http://www.dir.ca.gov/title8/5199.html>

CEO Office of Emergency Management: <http://lacoa.org/>

DPH Policies and Procedures: <http://intranet/ph/PolicyProcMain.htm>

DPH Risk Management Division:

<http://go.phd.ladhs.org/ph/PHDirector/ChiefDeputyDirector/OfficeAdminDeputy/RiskManagement/RiskMgmt.htm>

Hazardous Waste Regulations: <http://www.epa.gov/osw/laws-regs/regs-haz.htm>

OSHA and Laboratory Safety:

<http://www.osha.gov/Publications/laboratory/OSHA3404laboratory-safety-guidance.pdf>

OSHA Bloodborne Pathogens and Needle Stick Safety:

<https://www.osha.gov/SLTC/bloodbornepathogens/>

<https://www.dir.ca.gov/title8/5193.html>

OSHA Electrical Safety: [http://www.osha.gov/Publications/electrical\\_safety.html](http://www.osha.gov/Publications/electrical_safety.html)

OSHA Ergonomics: <http://www.dir.ca.gov/title8/5110.html>

OSHA Hazard Communication: <https://www.dir.ca.gov/title8/5194.html>

OSHA Healthcare: [http://www.osha.gov/SLTC/healthcarefacilities/infectious\\_diseases.html](http://www.osha.gov/SLTC/healthcarefacilities/infectious_diseases.html)

OSHA Heat Illness Prevention: <https://www.dir.ca.gov/title8/3395.html>

OSHA Motor Vehicle Safety: <http://www.osha.gov/SLTC/motorvehiclesafety/>

OSHA Walking/Working Surfaces:

<https://www.osha.gov/SLTC/walkingworkingsurfaces/index.html>

OSHA, We Can Help: <http://www.osha.gov/workers.html>

Princeton University, Environmental Health and Safety:

<http://web.princeton.edu/sites/ehs/labsafetymanual/sec3.htm>

Radiological Health Branch:

<http://www.cdph.ca.gov/programs/Pages/RadiologicHealthBranch.aspx>

Centers for Disease Control and Prevention's (CDC) HICPAC "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007"

Centers for Disease Control and Prevention (CDC), March 2008

Department of Public Health Building Evacuation Plan

## IMAGE REFERENCES

Asbestos – <http://dhhs.ne.gov/publichealth/PublishingImages/AsbestosDangerLabel.jpg>

Computer ergonomics - [http://riskmanagement.mylacounty.info/cms1\\_086634.asp](http://riskmanagement.mylacounty.info/cms1_086634.asp)

Cough - [http://phil.cdc.gov/PHIL/Images/11162/11162\\_lores.jpg](http://phil.cdc.gov/PHIL/Images/11162/11162_lores.jpg)

Do Not Block fire exit - <http://www.istockphoto.com/stock-photo-5462950-fire-exit-sign.php?st=92b493e>

Fire extinguisher - <http://www.istockphoto.com/stock-photo-3236249-fire-extinguisher.php?st=0190298>

Hand wash - <http://www.istockphoto.com/stock-illustration-10307688-washing-hands.php?st=9d72eb3>

Heat Exposure Image 1 -  
[https://www.osha.gov/dts/maritime/sltc/ships/shipfitting/heatstress\\_b22\\_1.jpg](https://www.osha.gov/dts/maritime/sltc/ships/shipfitting/heatstress_b22_1.jpg)

Heat Exposure Image 2 -  
[https://www.osha.gov/dts/maritime/sltc/ships/shipfitting/heatstress\\_b22\\_3.jpg](https://www.osha.gov/dts/maritime/sltc/ships/shipfitting/heatstress_b22_3.jpg)

High voltage - <http://www.istockphoto.com/stock-photo-7913351-danger-high-voltage-sign.php?st=ab70e9b>

Lab - <http://www.istockphoto.com/stock-photo-20268888-two-women-working-in-a-laboratory.php?st=36070d4>

Mask - <http://www.istockphoto.com/stock-photo-11218684-woman-wearing-flu-mask.php?st=1ba8fef>

PASS - [http://www.washingtonnh.org/Pages/WashingtonNH\\_Fire/01A33D20-000F8513.2/PASS.jpg](http://www.washingtonnh.org/Pages/WashingtonNH_Fire/01A33D20-000F8513.2/PASS.jpg)

Spill - [http://www.lbl.gov/ehs/biosafety/manual/assets/img/AppxG\\_image015.jpg](http://www.lbl.gov/ehs/biosafety/manual/assets/img/AppxG_image015.jpg)

Syringe - <http://phil.cdc.gov/phil/details.asp ID 14537>

Stop drop roll - <http://rochfd.org/fireprevention/10tips.html>