

Employee Safety Manual



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Sampson County

Safety and Health Program

Management Policy

It shall be the objective of the County of Sampson to conduct all operations as safely and efficiently as possible so as to provide a safe and healthy working environment for the County's employees. It shall be the responsibility of every Department Head and each Supervisor to ensure the safety of each employee in their respective area of operation. It shall be the responsibility of every employee to follow established safe work practices. Employee safety is not only a moral obligation but is inseparable from good management of our limited and most precious resource – the employee.

The County Safety and Health program and the procedures and policies in the County Safety Manual shall be reviewed annually and revised as needed to address any new workplace hazards or activities.

County Safety Officer

The Deputy Fire Marshal is designated as the County's Safety Officer. It shall be the responsibility of the Safety Officer to function in the role of coordinator and assist all Department Heads in fulfilling their responsibilities which will ensure that safety standards are met throughout the County. The Safety Officer will continually monitor the progress of this plan to control accidental losses and keep top management informed on both the progress being made and problems that develop.

Safety and Health Committee

The Safety and Health Committee will be a part of the County's safety program. The committee shall consist of six non-management employees who shall serve staggered three year terms. Non-management committee members shall not serve more than two successive terms. In addition to the six non-management employee members five permanent members shall be assigned to the committee by the County Manager.

The committee shall ensure, at a minimum, the requirements of NC G.S. 95-251 and 95-252.

Chairpersons

The Safety and Health Committee shall be co-chaired by:

- A. The County Safety Officer

B. A non-management committee member

Selection

Non-management committee members shall be nominated by and from non-managerial employees. Terms of the committee members shall begin following the October meeting. The County Safety Officer shall obtain a list of nominations in September to present to the non-management members of the Safety and Health Committee. The Selected Committee Co-chair shall direct the non-management committee members in the selection process of the nominees. Every employee in each county department shall be given the opportunity to nominate a committee member to include self nomination.

The non-management committee members shall select a Co-chair at the October meeting.

Purpose and Operation

The Safety and Health Committee shall, within reasonable limits and in a reasonable manner, exercise the following rights:

- Review any safety and health programs established by the County.
- Review incidents involving work related fatalities, injuries, illnesses, and complaints by employees regarding safety and health hazards.
- Review, upon the request of the committee or any committee member(s) the County's work injury and illness records, other than personally identified medical information, and other reports or documents relating to occupational safety and health.
- Conduct periodic inspections of the worksite and in response to complaints by employees or committee members regarding safety and health concerns.
- The committee shall establish procedures and reports in which county facilities shall be self inspected at a minimum, every three months. The reports shall be submitted to the County Safety Officer.
- Conduct interviews with employees in conjunction with inspections of the worksites.
- Conduct meetings, at least once every three months, and maintain written minutes of the meetings.
- Observe the measurement of employee exposure to toxic materials and harmful physical agents.
- Establish procedures for exercising the rights of the committee.
- Make recommendations on behalf of the committee, and in making recommendations, permit any members of the committee to submit separate views to management for improving the program.

No Loss of Pay

The time during which employees are participating in training and education activities shall be considered as hours worked for the purpose of wages, benefits, and other terms and conditions of employment. Members from the committee shall take the time from work reasonably

necessary to exercise the rights of the committee without suffering any loss of pay or benefits for the time spent on duties of the committee.

County Safety Manual

The Safety and Health Committee shall be responsible for developing, adopting, and or reviewing safety policies. The policies shall be submitted to the County Manager for review. Upon review of the County Manager the policies shall become part of the County Safety Manual. The Safety Manual shall be submitted to the Board of County Commissioners for adoption. The manual shall address all policies mandated by the NC Department of Labor and those policies deemed necessary by the County Manager to ensure a safe work environment for employees and facility safety for the general public.

The County Safety Manual will establish the minimum safety requirements. Department Heads and supervisors shall be responsible to ensure additional policies, standards, and procedures are established and implemented to address specific hazards in their individual areas of operation. Department Heads shall also ensure that employees are trained to use all required personal protective equipment and provide additional training to employees that are assigned new or additional duties that encounter new workplace hazards

Employee Training

New Employee Orientation

Training shall be provided the second Tuesday of each month for all new employees. New employees will be provided a copy of the County Safety Manual and the Safety and Health Program. Department Heads shall be responsible to ensure all new employees attended orientation and safety training.

Annual Employee Training

Occupational safety and health training shall be offered annually to all county employees. Annual training shall be mandatory for all county employees. During annual training each employee will review the counties safety programs and policies.

Safety and Health Committee Member Training

Additional training shall be provided for all members of the County's Safety and Health Committee. Department Heads and Supervisors may also attend the additional training opportunities.

Accident and Illness Investigations

Personal injuries that result in, property damage, accidents, "near misses" that could have resulted in personal injury, and all occupational illnesses shall be reported and investigated to determine actions needed to prevent recurrence. The Department Head or Supervisor under the

direction of the Department Head shall complete an investigative report and submit the completed report to the County Safety Officer. The Safety Officer will review the report and make recommendations as necessary.

Personal injuries that result in a worker compensation claim will be investigated by the County Safety Officer. The Finance Office shall notify the County Safety Officer upon receipt of a claim. A copy of the completed investigative report shall be submitted to the respective Department Head, the County Manager, and reviewed by the Safety and Health Committee.

Meetings

The Health and Safety Committee shall meet at least once a quarter. A schedule of the meetings and minutes of the meetings shall be filed with the Clerk to the Board and at the Emergency Management Office

Outside Employers

The Department Head of each respective department shall ensure that outside employers who have employees conducting work in their work area comply with the health and safety policies of the County. In most instances, the Public Works Director will ensure that outside employers that perform work for the county under contract conform to the applicable safety rules and regulations. No outside employer shall be permitted to perform work on county property in an unsafe manner.

Sampson County

Hazard Communication Program

This program has been established to meet the requirements of the Hazard Communication Standard of the North Carolina Occupational Safety and Health Administration. The purpose of this program and standard is to ensure that employees are made aware of the hazards of chemicals found in their work environment. This information is to be transmitted by means of a written hazard communication program, container labeling and other forms of warning, material safety data sheets, and employee education and training programs. A copy of this written program will be available in each department and a master copy will be on file in the Safety Officer's Office.

Surveys shall be conducted to identify all known hazardous chemicals used by employees of Sampson County. A Master list of these chemicals and the department in which they are used, as well as copies of the material safety data sheets shall be kept on file in the office of the County Safety Officer. Each department shall also keep a list of hazardous chemicals and material safety data sheets available for employee review. It shall be the responsibility of each Department Head to review and update the list and material safety data sheets in their respective department and forward any changes, additions, or deletions to the County Safety Officer.

MATERIAL SAFETY DATA SHEETS (MSDS)

The County Safety Officer and each respective Department Head will review incoming data sheets for new and significant health/safety information. The Department Head will see that any new information is passed to the affected employees.

MSDS's will be available to all employees in their work area for review during each work shift. If MSDS's are not available or new chemicals in use do not have MSDS's immediately contact the Safety Officer.

CONTAINER LABELING

The Department head or their designated representative will verify that all containers received for use are:

- A. Clearly labeled as to their contents;
- B. Note the appropriate hazard warning; and
- C. Listing the name and address of the manufacturer.

The Department Head in each department will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or a generic label noting chemical identity and appropriate hazard warnings. For help with labeling of in-plant containers, please contact the County Safety and Health Officer.

Stationary process containers will use signs, placards, process sheets, batch tickets, operating procedures or other written materials in place of labels as long as the chemical content is identified and appropriate hazard noted. In these cases, copies of the original label or MSDS will be immediately available to employees throughout the work shift, either by posting or maintained by the Supervisor.

The County Health and Safety Officer and the County's Safety Committee will review the county's labeling system annually and update as needed.

EMPLOYEE TRAINING AND EDUCATION

Each Department Head is responsible for the employee training program. He/she will ensure that all elements specified below are carried out.

Prior to assignment, each new employee of Sampson County will attend a health and safety orientation and will receive information and training on the following:

- An overview of the requirements contained in the Hazard Communication Standard;
- Chemicals present in their workplace operations;
- Location and availability of our written hazard program;

- Physical and health effects of the hazardous chemicals;
- Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area;
- How to lessen or prevent exposure to these hazardous chemicals through usage of control/work practices, personal protective equipment, and good personal hygiene practices;
- Steps the county has taken to lessen or prevent exposure to these chemicals;
- Emergency procedures to follow if they are exposed to these chemicals or if there is a chemical spill.
- How to read labels and review MSDS's to obtain appropriate hazard information; and
- Location of MSDS file and location of hazardous chemical list.

After attending the training class, each employee will sign a form to verify that they attended the training, received our written materials, and understood this county's policies on hazard communication.

Prior to a new chemical hazard being introduced into any department of this county, each employee of that department will be given information as outlined above.

HAZARDOUS NON-ROUTINE TASKS

Periodically, employees are required to perform hazardous non-routine tasks, either within their assigned department or when temporarily assigned to another department. Prior to starting work on such projects, each affected employee will be given information by their supervisor, or the supervisor they are temporarily working under, about hazardous chemicals to which they may be exposed during such activity.

This information will include:

- Specific chemical hazards;
- Protective/safety measures the employee will take to prevent over-exposures; and
- Measures the county has taken to lessen the hazards including ventilation, respirators, presence of another employee, and emergency procedures.

UNLABELED PIPES

Employees will be informed of the hazards of chemicals in unlabeled pipes in their work area. For employees in areas where chemicals in unlabeled pipes may pose a risk, employees will be informed of procedures should a leak or rupture occur. The Department Head in each department should be contacted if questions arise regarding any unlabeled pipes within their area.

INFORMING CONTRACTORS

It is the responsibility of the Public Works Director to provide outside contractors (with employees) the following information and to see that outside contractors have provided Sampson County with the same information:

- Hazardous chemicals to which any employees may be exposed while on the job.
- Precautions employees may take to lessen the possibility of exposure by usage of appropriate protective measures.
- Hazardous chemicals to which our employees may be exposed while the contractor is on the job:
- Precautions our employees may take to lessen the possibility of exposure by usage of appropriate protective equipment.
- The Public Works Director will also ensure that contractors have provided the necessary training to their employees, and that employees understand the labeling systems used in the facility.
- The Public Works Director will be responsible for contacting each outside contractor before work is started in the county to gather and disseminate any information concerning chemical hazards that the contractor is bringing to our workplace.
- The Public Works Director will be responsible for notifying each outside contractor regarding material safety data sheets for the products which will be brought on site. MSDS's will be kept in a central location for the duration of time the contractor is on site. A copy of the MSDS's will also be provided to the Safety Officer.

Sampson County

Respiratory Protection Program

I. Purpose

This program is established for those employees of Sampson County which have the potential to be exposed to respiratory hazards during performance of work duties. These hazards include but are not limited to biological agents, which may or may not be known. When engineering controls are not capable of reducing exposure to acceptable levels or are not feasible, the use of personal respiratory protective equipment becomes necessary. The purpose of this program is to ensure that employees of Sampson County are protected from exposure to respiratory hazards when respirators are necessary to protect the health of the employee.

This written program is designed to comply with the requirements of the North Carolina Department of Labor regulations and the Federal Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard (North Carolina Department of Labor, 2002 and Respiratory Protection, 1998).

II. Scope and Application

This program applies to all employees of the Sampson County who may be required to wear respirators during normal work operations or while performing duties within the scope of their job description. These also includes but not limited to: investigating disease outbreaks, participating in mass vaccination clinics, and response to natural disasters. Employees participating in the respiratory protection program do so at no cost to them. The expense

associated with training, medical evaluations and respiratory protection equipment will be the responsibility of the employer.

III. Responsibilities

A. Program Administrator

Each department subject to the provisions of this program shall establish a Program Administrator and shall implement this program. He/she serves as the first contact for employees concerned with respiratory protection. The Program Administrator's duties include the following:

- Identify work areas, processes, or tasks that require workers to don respirators.
- Evaluate hazards.
- Select appropriate respiratory protection.
- Monitor respirator use to ensure that respirators are used in accordance with their certification.
- Arrange for and /or conduct training.
- Ensure proper storage and maintenance of respiratory protection equipment.
- Administer the medical surveillance program.
- Maintain records required by the program.
- Evaluate the program for compliance.
- Update the written program as needed.

B. Employees

Each employee of Sampson County has the responsibility to wear their respirator when and where required and in the manner in which they were trained. Employees must also:

- Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
- Inform their Program Administrator about changes in their physical health or about any other condition that may affect respirator fit and use, and request a new one that fits properly.
- Inform their Program Administrator of any respiratory hazards that they feel are not adequately addressed in the performance of their work duties and of any other concerns regarding the program.

IV. Program Elements

A. Selection Procedures [29 CFR 1910.134 (d)]

The Program Administrator will select respirators to be used by personnel. Only respirators filters, cartridges, and canisters certified by the National Institute for Occupational Safety and Health (NIOSH) will be chosen. The selection is based upon the physical and chemical properties of the air contaminant and the concentration level likely to be encountered by the employee. The Program Administrator will conduct a hazard evaluation for each operation where an airborne contaminant may be present in routine operations or during an emergency. The hazard evaluation will include:

- Identification and development of a list of hazardous substances that employees may encounter.
- Review of work processes to determine where potential exposures to these hazardous substances may occur.
- Exposure monitoring, if possible, to quantify potential hazardous exposures.

B. Voluntary Respirator Use [29 CFR 1910.134 (c) (2) (i)]

Voluntary use of respirators by employees or voluntary use of respirators other than those selected by the programs administrator will be permitted if such use does not create a hazard to the employee. A copy of "Information for Employees Using Respirators When Not Required Under the Standard" will be provided by the program administrator to employees who voluntarily wear respirators (Appendix A). This document details the requirements for voluntary use of respirators by employees. Employees who voluntarily choose to wear a respirator must comply with the procedures for medical surveillance, respirator use, and cleaning, maintenance and storage.

C. Medical Evaluation [29 CFR 1910.134 (c)]

Sampson County will provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. The medical evaluation may be discontinued when the employee is no longer required to use a respirator. Any employee who refuses to complete the medical evaluation will not be allowed to work in an area or operation requiring respirator use.

A physician or other licensed health care professional (PLHCP) will provide the medical screening as followed:

- The medical evaluation will be conducted using the Medical Evaluation Questionnaire and Working Environment and Medical Approval forms provided in Appendix B and C of this document. The Program Administrator or his/her designee will provide a copy

of this questionnaire to all employees requiring medical evaluation before being fit tested.

- Follow-up medical exams will be provided to employees who give a positive response to any questions numbered 1-9 in section 2 on the medical evaluation questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination or if the employee experiences medical difficulties when wearing the respirator.
- All examinations and questionnaires are to remain confidential between the employee and physician or other licensed health care professional.

D. Fit Testing [29CFR 1910.134 f]

Before any employee may be required to use a respirator with a negative or positive pressure tight-fitting face piece, the employee must be fit tested with the same make, model, style, and size respirator that will be used. Employees volunteering to don a respirator may ask to be fit tested. Fit testing will be conducted annually. The Saccharin or the Bitrix fit test procedure can be used (Appendix D).

E. Respirator Use

Before respirator use in the work environment, each employee must successfully complete medical evaluation, respirator training and pass the respirator fit test. To document these activities, templates in Appendix C and E may be used.

F. General Use Procedures [(29CFR 1910.134 (g))]

- Employees will use their respirators under conditions specified by this program, and in accordance with the training they received on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- All employees shall conduct user seal checks each time that they wear their respirator by conducting a positive/negative pressure check (Appendix F).
- Employees must clean their respirators and change their filter/cartridges/canisters when required (see Section 4.7).
- Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, glasses or missing dentures that prevents them from achieving a good seal.

For any malfunction of a respirator, (e.g., such as a breakthrough, face piece leakage, or improperly working valve), the respirator wearer should inform their Program Administrator that the respirator is no longer performing properly.

G. Cleaning [29CFR 1910.134 (h)]

Cleaning is not required for disposable respirators (see Section 4.10). If reusable respirators are used, appropriate cleaning, disinfection and change procedures should be included in this program and used according to manufacturer's instructions.

H. Maintenance [29 CFR 1910.134 (h)]

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects.

The following checklist may be used when inspecting disposable, tight fitting respirators:

- Face piece
 - Cracks, tears, or holes
 - Facemask distortion
- Head straps
 - Breaks or tears

If non-disposable respirators are used, specific maintenance procedures should be included in this program and used according to manufacturer's instructions.

I. Storage [1910.134 (h)]

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will, inspect and store their own respirators in a clean bag labeled with their name. The Program Administrator will store the supply of respirators and respirator components in their original manufacturer's packaging, if available.

J. Change Schedules

Disposable filtering face pieces (e.g. N-95's) worn once in the presence of a patient with a respiratory infectious disease, should be considered potentially contaminated with

infectious material. Touching the outside of the respirator should be avoided and the respirator should be placed in a biohazard bag and discarded as infectious waste.

If sufficient quantities of respirators are not available, then respirators may be reused if they are not known to be soiled or damaged in accordance with CDC guidelines (Centers for Disease Control and Prevention, 2005).

K. Employee Training [CFR 1910.134 (k)]

No employee will be permitted to work with a respirator until he or she has received training in respiratory protection. The training will be provided or coordinated by the Program Administrator and will cover the following topics:

- Explanation of the workplace hazards and what would happen if respiratory protection was not used.
- Elements of the Respiratory Protection Program.
- Employee's responsibilities.
- Selection of respiratory protection and who is authorized to modify the selection.
- Medical Evaluation program and the Respirator Fitting Forms.
- Function, capabilities, and limitations of the selected respiratory protection.
- Explanation of the operation of the respiratory protection, including procedures for donning, doffing, seal check, and fit and proper wear of the respirator.
- Respirator maintenance including cleaning, inspection, and storage.
- Recognition and handling of emergency situations.

L. Program Evaluation [29CFR 1910.134 (1)]

The Program Administrator will conduct periodic evaluations of the workplace and operating conditions to ensure the provisions of this program are being implemented. The evaluation will include: regular surveys of the workplace for employee exposure to respiratory hazards, consultations with employees who use respirators to ensure correct respirator use, review and updates of all elements and records of a respiratory protection program. These activities may be documented in the template provided in appendix G.

M. Documentation and Recordkeeping [29 CFR 1910.134 (m)]

A written copy of this program and the Respiratory Protection Standard will be kept in the Program Administrator's office and is available to all employees who wish to review it.

The Program Administrator will maintain the following written documentation

- Medical approvals
- Respiratory training records
- Fit testing records

These records will be updated as new employees are trained; existing employees receive refresher training and as new fit tests are conducted.

Each employee of Sampson County subject to this program shall have an annual fit test performed.

V. References

Centers for Disease Control and Prevention. (2005). *Interim domestic guidance on the use of respirators to prevent transmission of SARS*. Retrieved October 3, 2005, from <http://www.cdc.gov/ncidod/sars/respirators.htm>.

North Carolina Department of Labor. (2002). Administrative rules: Administered by the N.C. Department of Labor: Including amendments through 2002 (13 NCAC 07F.0101). Retrieved October 3, 2005 from <http://www.nclabor.com/title13.pdf>.

Respiratory Protection, 29 C.F.R § 1910 (1998). Retrieved June 6, 2005 from http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716.

APPENDIX A Voluntary Respirator Use

Information for Employees Using Respirators When Not Required Under the Standard

[Appendix D to Sec. 1910.134 (Mandatory)]

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

APPENDIX B

Medical Evaluation Questionnaire

(29 CFR 1910.134 App C)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 do not require a medical examination.

To the employee: Can you read (circle one):

Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Section 1. PERSONAL INFORMATION (MANDATORY)

Date: _____ Name: _____

(First) (Middle) (Last)

DOB: _____ Sex (circle one): Male Female Height: ____ ft. ____ in. Weight: _____ lbs.

Job Title: _____ Department: _____

A phone number where you can be reached by the health care professional who reviews this questionnaire: _____ The best time to phone you at this number: _____

Has your employer told you how to contact the health care professional who will review this questionnaire?

(Circle one): Yes No

Check the type of respirator you will use (you can check more than one category)

- a. _____ N, R, or P disposable respirator you will use (you can check more than one category)
- b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplies-air, self-contained breathing apparatus)

Have you worn a respirator in the last year? (Circle one):

Yes No

If "yes," what type(s): _____

Section 2 (MANDATORY)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. Please circle "yes" or "no" to the following.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:

Yes No

2. Have you **ever had** any of the following conditions?

- | | | |
|---|-----|----|
| a. Seizures (fits): | Yes | No |
| b. Diabetes (sugar disease): | Yes | No |
| c. Allergic reactions that interfere with your breathing: | Yes | No |
| d. Claustrophobia (fear of closed-in places): | Yes | No |
| e. Trouble smelling odors: | Yes | No |

3. Have you **ever had** any of the following pulmonary or lung problems?

- | | | |
|------------------------|-----|----|
| a. Asbestosis: | Yes | No |
| b. Asthma: | Yes | No |
| c. Chronic bronchitis: | Yes | No |

d. Emphysema:	Yes	No
e. Pneumonia:	Yes	No
f. Tuberculosis:	Yes	No
g. Silicosis:	Yes	No
h. Pneumothorax (collapsed lung):	Yes	No
i. Lung cancer:	Yes	No
j. Broken ribs:	Yes	No
k. Any chest injuries or surgeries:	Yes	No
l. Any other lung problem that you've been told about:	Yes	No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath:	Yes	No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	Yes	No
c. Shortness of breath when walking with other people at an ordinary pace on level ground:	Yes	No
d. Have to stop for breath when walking at your own pace on level ground:	Yes	No
e. Shortness of breath when washing or dressing yourself:	Yes	No
f. Shortness of breath that interferes with your job:	Yes	No
g. Coughing that produces phlegm (thick sputum) not associated with a cold:	Yes	No
h. Coughing that wakes you early in the morning:	Yes	No
i. Coughing that occurs mostly when you are lying down:	Yes	No
j. Coughing up blood in the last month:	Yes	No
k. Wheezing:	Yes	No
l. Wheezing that interferes with your job:	Yes	No
m. Chest pain when you breathe deeply:	Yes	No
n. Any other symptoms that you think may be related to lung problems:	Yes	No

5. Have you **ever had** any of the following cardiovascular or heart problems?

- | | | |
|---|-----|----|
| a. Heart attack: | Yes | No |
| b. Stroke: | Yes | No |
| c. Angina: | Yes | No |
| d. Heart failure: | Yes | No |
| e. Swelling in your legs or feet (not caused by walking): | Yes | No |
| f. Heart arrhythmia (heart beating irregularly): | Yes | No |
| g. High blood pressure: | Yes | No |
| h. Any other heart problem that you've been told about: | Yes | No |

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

- | | | |
|---|-----|----|
| a. Frequent pain or tightness in your chest: | Yes | No |
| b. Pain or tightness in your chest during physical activity: | Yes | No |
| c. Pain or tightness in your chest that interferes with your job: | Yes | No |
| d. In the past two years, have you noticed your heart skipping or missing a beat: | Yes | No |
| e. Heartburn or indigestion that is not related to eating: | Yes | No |
| f. Any other symptoms that you think may be related to heart or circulation problems: | Yes | No |

7. Do you **currently** take medication for any of the following problems?

- | | | |
|--------------------------------|-----|----|
| a. Breathing or lung problems: | Yes | No |
| b. Heart trouble: | Yes | No |
| c. Blood pressure: | Yes | No |
| d. Seizures (fits): | Yes | No |
| e. Other _____ | | |

8. If you've used a respirator, have you **ever had** any of the following problems?

(If you've never used a respirator, check the following space and go to question 9)

- | | | |
|---|-----|----|
| a. Eye irritation: | Yes | No |
| b. Skin allergies or rashes: | Yes | No |
| c. Anxiety: | Yes | No |
| d. General weakness or fatigue: | Yes | No |
| e. Any other problem that interferes with your use of a respirator: | Yes | No |

9. Would you like to talk to the health care professional who will review this questionnaire?

Yes No

Questions 10-15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators

(e.g.-N-95 respirators), answering these questions is voluntary.

10. Have you **ever lost** vision in either eye (temporarily or permanently):

Yes No

11. Do you **currently** have any of the following vision problems?

- | | | |
|-------------------------------------|-----|----|
| a. Wear contact lenses: | Yes | No |
| b. Wear glasses: | Yes | No |
| c. Color blind: | Yes | No |
| e. Any other eye or vision problem: | Yes | No |

12. Have you **ever had** an injury to your ears, including a broken eardrum?

Yes No

13. Do you **currently** have any of the following hearing problems?

- | | | |
|------------------------|-----|----|
| a. Difficulty hearing: | Yes | No |
|------------------------|-----|----|

- | | | |
|--|-----|----|
| b. Wear a hearing aid: | Yes | No |
| c. Any other hearing or ear problem: | Yes | No |
| 14. Have you ever had a back injury? | Yes | No |
| 15. Do you currently have any of the following musculoskeletal problems? | | |
| a. Weakness in any of your arms, hands, legs, or feet: | Yes | No |
| b. Back pain: | Yes | No |
| c. Difficulty fully moving your arms and legs: | Yes | No |
| d. Pain or stiffness when you lean forward or backward at the waist: | Yes | No |
| e. Difficulties fully moving your head up or down: | Yes | No |
| f. Difficulty fully moving your head side to side: | Yes | No |
| g. Difficulty bending at your knees: | Yes | No |
| h. Difficulty squatting to the ground: | Yes | No |
| i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: | Yes | No |
| j. Any other muscle or skeletal problem that interferes with using a respirator: | Yes | No |

The following question(s) are at the discretion of the Licensed Health Care Provider:

- | | | |
|---|-----|----|
| 16. Has your health changed within the past year? If "yes", describe: | Yes | No |
| <hr/> | | |
| <hr/> | | |

APPENDIX C
Working Environment, Medical Approval and Fit Testing Forms

(To be completed by a licensed health care professional and given to Program Administrator and employee)

Employee: _____ **ID#** _____
Employer: _____

Working Environment Form

Categorization of Workload* Light Moderate Heavy

Will the user be working under hot conditions (temperature exceeding 77° F (circle one):
Yes No

Hazards to be protected against (e.g., infectious diseases, dust, fumes, vapors): _____

Type of respirator to be assigned: _____

Special Considerations: _____

Medical Approval Form

_____ This person can wear a respirator without restrictions

_____ This person can wear a respirator subject to the following restrictions:

_____ This person cannot use a respirator of the type described above.

Physician's Signature

Date

Fit Testing Form

Respirator Selected:

Type_____

Manufacturer_____

Model_____

NIOSH Approval Number_____

Size_____

Sensitivity: (circle # of squeezes)

Saccharin (# Squeezes 10, 20, 30)

Bitrx (#Squeezes 10, 20, 30)

Results:

Pass_____ Fail_____

Pass_____ Fail_____

Fit Test Agent:

Saccharin

Bitrex

Filters/ Cartridges:

Particulate HEPA Filters

Particulate HEPA Filters

Results:

Pass_____ Fail_____

Pass_____ Fail_____

Test Conductor's Signature

Date

APPENDIX D
Fit Testing Procedures
(29CFR 1910.134 AppA)

GENERAL PROCEDURES

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.
2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.
3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.
4. The test subject shall be instructed to hold each chosen face piece up to the face and eliminate those that obviously do not give an acceptable fit.
5. The more acceptable face pieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.
6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:
 - a) Position of the mask on the nose
 - b) Room for eye protection
 - c) Room to talk
 - d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:
 - a) Chin properly placed
 - b) Adequate strap tension, not overly tightened
 - c) Fit across nose bridge
 - d) Respirator of proper size to span distance from nose to chin
 - e) Tendency of respirator to slip
 - f) Self-observation in mirror to evaluate fit and respirator position

8. The test subject shall conduct a user seal check using negative and positive pressure seal checks as demonstrated by the program administrator (see appendix F). Before conducting the negative or positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side to side and up and down slowly while taking in a few slow deep breaths. Another facepiece will be selected if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece-sealing surface, such as stubble beard growth, beard, mustache, or sideburns which cross the respirator-sealing surface. Any type of apparel that interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, he/she shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing his or her duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least five minutes before the start of the fit test.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during the actual respirator use, which could interfere with respirator fit.

SACCHARIN SOLUTION AEROSOL PROTOCOL

A. Taste Threshold Screening

This test is conducted to assure that the person being fit tested can detect the taste of the saccharin solution at very low levels. The sensitivity test solution is a 100 to 1 dilution of the fit test solution.

NOTE: Do not eat anything sweet or drink (except plain water), chew gum or smoke 15 minutes before the fit testing procedure.

1. Explain the entire screening and testing procedure to the test subject prior to conducting of the screening test.
2. Have the subject don the hood without a respirator.

(For, threshold screening and fit testing, employees shall use an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movement of the head when a respirator is worn. An enclosure hood assembly, which comes with most fit testing kits, is adequate. The test enclosure shall have a three-quarter inch hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle).

3. Instruct the subject to breathe through an open mouth with tongue extended throughout the threshold screening test.
4. Using the sensitivity test solution, inject the aerosol into the hood. Inject ten squeezes of the bulb, fully collapsing and allowing the bulb to expand fully on each squeeze.
5. Ask the subject if they can detect the taste of the saccharin aerosol. If tasted note the number of squeezes and proceed with the fit test.
6. If the subject does not taste the sensitivity solution, inject an additional 10 full squeezes of the aerosol into the hood. Repeat with 10 more squeezes of the aerosol into the hood if still not tasted.
7. If 30 squeezes of the nebulizer were inadequate to produce a response from the subject, the test should be ended and another type of fit test (e.g. Bitrex) must be used.
8. Remove the hood and give the subject a few minutes to clear the taste from their mouth. The individual may wash face and rinse lips and mouth with water to remove the sensitivity test solution before beginning the fit testing procedure.

B. Respirator Selection

Respirators shall be selected as described in section on page 16 (general procedures section).

C. Fit Test Procedure

NOTE:

Do not eat or drink anything sweet (except plain water), chew gum or smoke 15 minutes before the fit testing procedure.

1. Have the test subject don and properly adjust the respirator per instructions provided with the respirator. The fit test is to be performed with the test subject wearing a respirator for at least five minutes.
2. Have the test subject don and position the hood and to breath through their mouth with tongue extended throughout the fit test.
3. Using the fit test nebulizer, inject the fit test aerosol through the hole in the hood using the same number of full bulb squeezes as required in the sensitivity test (10, 20, or 30 squeezes).
4. To maintain an adequate concentration of aerosol during test, inject one-half of the number of squeezes (5, 10, 15) used in step #3 above, every 30 seconds.
5. Instruct the subject to indicate if they detect the taste of saccharin aerosol at anytime during the test.
6. After the initial aerosol is injected (step 3), instruct the test subject to perform the following exercises for 60 seconds each.
 - I) Normal breathing. In a normal standing position, without talking, breathe normally
 - II) Deep breathing. In a normal standing position, breathe slowly and regularly taking caution not to hyperventilate.
 - III) Turning head from side-to-side. Standing in place, turn head from side to side. Do not bump the respirator on the shoulders. Have the test subject inhale when his/her head is at the extreme position on either side.

- IV) Nodding head up-and-down. Be certain motions are complete and made about every second. Alert the test subject not to bump the respirator on the chest. Inhale when his head is in the fully up position.

- V) Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus be useful to satisfy this requirement. Alternative passages or counting backwards from 100, which serve the same purpose, may also be used.

Rainbow Passage:

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

- VI) Bending over the subject shall bend over at the waist as if he/she were going to touch his/her toes.

 - VII) Normal breathing. In a normal standing position, without talking, breathe normally.
7. If the entire test is completed without the subject detecting the taste of the saccharin aerosol, the test is successful and the respirator is deemed adequate.

 8. If the test subject does detect the taste of the saccharin aerosol, terminate the test, (this indicates inadequate fit). Wait 15 minutes and perform the tests over with a different respirator.

CLEANING/REFILLING

Immediately after completing the test, pour the unused solutions back into respective bottles. Rinse the nebulizers with warm water to prevent clogging. Wipe out the inside of the hood with a damp cloth or paper towel to remove any deposited Test Solution. The Nebulizers must be thoroughly rinsed in water, shaken dry and refilled at least each morning and afternoon or at least every (4) hours.

BITRIX SOLUTION AEROSOL PROTOCOL

A. Taste Threshold Screening

This test is conducted to assure that the person being fit tested can detect the taste of the Bitrex solution at very low levels. The sensitivity test solution is a 100 to 1 dilution of the fit test solution.

NOTE: Do not eat or drink (except plain water), chew gum or smoke 15 minutes before the fit testing procedure.

1. Explain the entire screening and testing procedure shall to the test subject prior to conducting the screening test.
2. Have the subject don the hood without a respirator.

(For threshold screening and fit testing, employees shall use an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movement of the head when a respirator is worn. An enclosure hood assembly, which comes with most fit testing kits, is adequate. The test enclosure shall have a three-quarter inch hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle).

3. Instruct the subject to breathe through an open mouth with tongue extended throughout the threshold screening test.
4. Using the sensitivity test solution, inject the aerosol into the hood. Inject ten squeezes of the bulb, fully collapsing and allowing the bulb to expand fully on each squeeze.
5. Ask the subject if they can detect the taste of the Bitrex aerosol. If tasted note the number of squeezes and proceed with the fit test.
6. If the subject does not taste the sensitivity solution, inject an additional 10 full squeezes of the aerosol into the hood. Repeat with 10 more squeezes of the aerosol into the hood if still not tasted.
7. If 30 squeezes of the nebulizer were inadequate to produce a response from the subject, the test should be ended and another type of fit test must be used.
8. Remove the hood and give the subject a few minutes to clear the taste from their mouth. The individual may wash face and rinse lips and mouth with water to remove the sensitivity test solution before beginning the fit testing procedure.

B. Respirator Selection.

Respirators shall be selected as described in section on page 16 (general procedures).

C. Fit Test Procedure

NOTE:

Do not eat or drink (except plain water), chew gum or smoke 15 minutes before the fit testing procedure.

1. Have the test subject don and properly adjust the respirator per instructions provided with the respirator. The fit test is to be performed with the test subject wearing a respirator for at least five minutes.
2. Have the test subject don and position the hood and to breath through their mouth with tongue extended throughout the fit test.
3. Using the fit test nebulizer, inject the fit test aerosol through the hole in the hood using the same number of full bulb squeezes as required in the sensitivity test (10, 20, or 30 squeezes).
4. To maintain an adequate concentration of aerosol during test, inject one-half of the number of squeezes (5, 10, 15) used in step #3 above, every 30 seconds.
5. Instruct the subject to indicate if they detect the taste of Bitrex aerosol at anytime during the test.
6. After the initial aerosol is injected (step 3), instruct the test subject to perform the following exercises for 60 seconds each.
 - I) Normal breathing. In a normal standing position, without talking, breathe normally
 - II) Deep breathing. In a normal standing position, breathe slowly and regularly taking caution not to hyperventilate.
 - III) Turning head from side-to-side. Standing in place, turn head from side to side. Do not to bump the respirator on the shoulders. Have the test subject inhale when his/her head is at the extreme position on either side.
 - IV) Nodding head up-and-down. Be certain motions are complete and made about every second. Alert the test subject not to bump the respirator on the chest. Inhale when his head is in the fully up position.

- V) Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus be useful to satisfy this requirement. Alternative passages or counting backwards from 100, which serve the same purpose, may also be used.

Rainbow Passage:

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

- VI) Bending over the subject shall bend over at the waist as if he/she were going to touch his/her toes
- VII) Normal breathing. In a normal standing position, without talking, breathe normally
7. If the entire test is completed without the subject detecting the taste of the Bitirx aerosols, the test is successful and the respirator is deemed adequate.
8. If the test subject does detect the taste of the Bitrex aerosol, terminate the test, (this indicates inadequate fit). Wait 15 minutes and perform the tests over with a different respirator.

CLEANING/REFILLING

Immediately after completing the test, pour the unused solutions back into respective bottles. Rinse the nebulizers with warm water to prevent clogging. Wipe out the inside of the hood with a damp cloth or paper towel to remove any deposited Test Solution. The Nebulizers must be thoroughly rinsed in water, shaken dry and refilled at least each morning and afternoon or at least every (4) hours.

APPENDIX E

APPENDIX F
User Seal Check Procedures (Mandatory)
(29CFR 1910.134 App B-1)

The individual who uses a tight – fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check methods shall be used. User seal checks are not a substitutes for qualitative or quantitative fit tests.

I. Face piece Positive and / or Negative Pressure Checks

Positive pressure check: If the respirator has an exhalation valve, close off the exhalation valve. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal.

Negative pressure check: Inhale gently so that the facepiece collapses slightly, and hold breath for ten seconds. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the above positive and /or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

APPENDIX G

CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS

Inspected By: _____

Date: _____

Check to ensure that your facility has:

A written respiratory protection program that is specific to your workplace and covers the following:

- Medical evaluations of employees required to wear respirators.
- Fit testing procedures.
- Routine use and emergency respirator use procedures.
- Procedures and schedules for storing, inspecting, discarding, and maintaining respirators.
- Training in respiratory hazards.
- Training in proper use of respirators.
- Program evaluation procedures.
- Procedures for ensuring that workers who voluntarily wear respirators (Excluding filtering facepieces) comply with the medical evaluation, and cleaning, storing and maintenance requirements of the standard.
- A designated program administrator who is qualified to administer the program.
- Updated the written program as necessary to account for changes in the workplace affecting respirator use.
- Provided equipment, training, and medical evaluations at no cost to employees.
- Respiratory hazards have been identified and evaluated.
- Employee exposures that have not been, or cannot be, evaluated are considered immediately dangerous to life or health (IDLH).
- Respirators are NIOSH certified, and used under the conditions of certification.
- Respirators are selected based on the workplace hazards evaluated and workplace and user factors affecting respirator performance and reliability.
- A sufficient number of respirator sizes and models are provided to correctly fit the users.
- Oxygen deficient atmospheres are considered IDLH.
For Non-IDLH atmospheres:
 - Respirators selected are appropriate for the chemical state and physical form of the contaminant.
 - Air-purifying respirators used for protection against particulates are equipped with NIOSH-certified high efficiency particulate air (HEPA) filters or other filters certified by NIOSH for particulates under 42 CFR part 84.

Corrective Actions:

CHECKLIST FOR MEDICAL EVALUATION

Check that at your facility:

- ❑ All employees have been evaluated to determine their ability to wear a respirator prior to being fit tested for or wearing a respirator for the first time.
- ❑ A physician or other licensed health care professional (PLHCP) has been identified to perform the medical evaluations.
- ❑ The medical evaluations obtain the information requested in Sections 1 and 2, Part A of Appendix C of the standard, 29 CFR 1910.134.
- ❑ Employees are provided follow-up medical exams if they answer positively to any of questions 1 through 8 in Section 2, Part A of Appendix C, or if their initial medical evaluation reveals that a follow-up exam is needed.
- ❑ Medical evaluations are administered confidentially during normal work hours, and in a manner that is understandable to employees.
- ❑ Employees are provided the opportunity to discuss the medical evaluation results with the PLHCP.

CorrectiveActions:

The following supplemental information is provided to the PLHCP before they make a decision about respirator use:

- ❑ Type and weight of the respirator.
- ❑ Duration and frequency of respirator use.
- ❑ Expected physical work effort.
- ❑ Additional protective clothing to be worn.
- ❑ Potential temperature and humidity extremes.
- ❑ Written copies of the respiratory protection program and the Respiratory Protection standard.
- ❑ Written recommendations are obtained from the PLHCP regarding each employee's ability to wear a respirator, and that the PLHCP has given the employee a copy of these recommendations.
- ❑ Employees who are medically unable to wear a negative pressure respirator are provided with a power air-purifying respirator (PAPR) if they are found by the PLHCP to be medically able to use a PAPR.

Corrective Actions:

Employees are given additional medical evaluations when:

- ❑ The employee reports symptoms related to his or her ability to use a respirator.
- ❑ The PLHCP, respiratory protection program administrator, or supervisor determines that a medical reevaluation is necessary.
- ❑ Information from the respiratory protection program suggests a need for reevaluation.

- ❑ Workplace conditions have changed in a way that could potentially place an increased burden on the employee's health.

Corrective Actions:

CHECKLIST FOR FIT TESTING

Check that at your facility:

- ❑ Employees who are using tight fitting respirator facepieces have passed an appropriate fit test prior to being required to use a respirator.
- ❑ Fit testing is conducted with the same make, model, and size that the employee will be expected to use at the worksite.
- ❑ Fit tests are conducted annually and when different respirator facepieces are to be used.
- ❑ Provisions are made to conduct additional fit tests in the event of physical changes in the employee that may affect respirator fit.
- ❑ Employees are given the opportunity to select a different respirator facepiece, and be retested, if their respirator fit is unacceptable to them.
- ❑ Fit tests are administered using PEOSH-accepted quantitative fit test (QNFT) or qualitative fit test (QLFT) protocols.
- ❑ QLFT is only used to fit test negative pressure APRs that must achieve a fit factor of 100 or less.

Corrective Actions:

CHECKLIST FOR PROPER USE OF RESPIRATORS

Check your facility to be certain that:

- ❑ Workers using tight-fitting respirators have no conditions, such as facial hair, that would interfere with a face-to-face piece seal function.
- ❑ Workers wear corrective glasses, goggles, or other protective equipment in a manner that does not interfere with the face-to-face piece seal.
- ❑ Workers perform user seal checks prior to each use of a tight-fitting respirator.
- ❑ There are procedures for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness, and that, when such conditions exist, you take steps to address those situations.
- ❑ Employees do not return to their work area until their respirator has been repaired or replaced in the event of breakthrough, a leak in the face piece, or a change in breathing resistance.

Corrective Actions:

CHECKLIST FOR RESPIRATOR MAINTENANCE AND CARE

Check to make sure that your facility has met the following requirements:

Storage

- Respirators are stored to protect them from damage from the elements, and from becoming deformed.
- To be accessible to the work area.
- In compartments marked as such.
- In accordance with manufacturer's recommendations.

Inspections

- Routine-use respirators are inspected before each use and during cleaning. Inspections include:
 - Check of respirator function.
 - Condition of the facepiece.

Repairs

- Respirators that have failed inspection are taken out of service.

Corrective Actions:

TRAINING AND INFORMATION CHECKLIST

Check that at your facility:

- Employees can demonstrate knowledge of:
 - Why the respirator is necessary and the consequences of improper fit, use, or
 - Maintenance.
 - Limitations and capabilities of the respirator.
 - How to effectively use the respirator in emergency situations.
 - How to inspect, put on, remove, use, and check the seals of the respirator.
 - Maintenance and storage procedures.
 - The general requirements of the respirator standard.
 - Training is understandable to employees.
 - Training is provided prior to employee use of a respirator.

Retraining is provided:

- Annually.

- Upon changes in workplace conditions that affect respirator use.
- Whenever retraining appears necessary to ensure safe respirator use.
- Appendix D of the standard is provided to voluntary users.

Corrective Actions:

PROGRAM EVALUATION CHECKLIST

Check that at your facility:

- Workplace evaluations are being conducted as necessary to ensure that the written
- Respiratory protection program is being effectively implemented.
- Employees required to wear respirators are being regularly consulted to assess the
- employees' views and to identify problems with respirator fit, selection, use and
- Maintenance.
- Any problems identified during assessments are corrected.

Corrective Actions:

RECORDKEEPING CHECKLIST

Check that at your facility:

- Records of medical evaluations have been retained.
- Fit testing records have been retained.
- A copy of the current respiratory protection program has been retained.
- Access to these records is provided to affected employees.
- Corrective Actions:

SAMPSON COUNTY BLOOD BORNE PATHOGENS / EXPOSURE CONTROL POLICY

I. PURPOSE

- A.** This policy is designed to eliminate or minimize exposure to BLOOD BORNE pathogens or other potentially infectious materials for Sampson County employees.
- B.** Sampson County complies with 29 CFR 1910.1030, the OSHA BLOOD BORNE Pathogens Standard and relevant sections of the North Carolina communicable disease law and rules [G.S. 130A-144, 15A NCAC 19A .0201(b) (4) (e) and (l), .0202(4) and (9)], and .0203(b)(3)], and North Carolina medical waste management law and rules (G.S. 130A-309.26 and 15A NCAC 13B .1200 to .1207).
- C.** The policy outlines steps to prevent occupational exposure and specific procedures to be followed if an inadvertent percutaneous or permucosal exposure occurs.
- D.** The policy and procedures shall be reviewed and updated whenever necessary to reflect new job descriptions and modified tasks and procedures that affect occupational exposure.

II. PROGRAM

A. Employees Affected

- 1. All Sampson County employees who have or may have occupational exposure to BLOOD BORNE pathogens are covered by this policy and its standard operating procedures.
- 2. This policy and all attachments contained herewith shall become the official Blood Borne Pathogens policy effective upon adoption by the Sampson County Board of Commissioners for all County departments unless any such County department shall have a policy with more stringent restrictions than those contained herein. (Note: Departmental policies are retained in the respective departments.)

B. DEFINITIONS

1. *Blood Borne Pathogens*: Pathogenic microorganisms that present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)
2. *Occupational Exposure*: Actual or potential parenteral, skin, eye or mucous membrane contact with blood or other potentially infectious materials that may result from the performance of an employees duties.
3. *Other Potentially Infectious Materials*: Includes the following human body fluids: semen, vaginal secretions cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
4. *Parenteral*: Piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
5. *Universal Blood and Body Fluid Precautions*: An approach to infection control. According to the concept of universal precautions, all human blood; body components including serum; other body fluids containing blood; semen; vaginal secretions; tissues; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids are treated as if they are infectious for HIV, HBV, and other blood borne pathogens.
6. *Medical Record*: Record shall include: classification status, a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination. Copy of incident reports and any follow-up recommended by medical provider.

C. Exposure Determination

1. Sampson County has developed written exposure determinations and maintains a list of all job classifications in which employees have occupational exposure to blood borne pathogens. All job tasks and procedures are classified into one of three categories to facilitate exposure determination. *(See attachment #1)*

2. Exposure Determinations include:
 - a. Category I: Tasks that involve potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes on employee.
 - b. Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.
 - c. Category III: Task that involve no exposure to blood, body fluids, or tissues. Category I task are not a condition for employment.

D. Safe Work Practices

Sampson County establishes, maintains and enforces work practices and standard operating procedures to eliminate or minimize contact with blood or other potentially infectious materials.

1. Sampson County employees are required to follow standard operating procedures while performing job duties classified as Category I, II or III.
2. Sampson County uses modifications to the work environment and changes in work practices and procedures as the primary method to eliminate or minimize employee exposure.
3. Universal Precautions are intended to prevent parenteral mucus membrane and non-intact skin exposure of workers to Blood borne Pathogens.

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands.

- a. Blood and certain body fluids of ALL PERSONS are considered to be potentially infectious for HIV, HBV, and other blood borne pathogens.
- b. Blood is the single most important source of HIV and HBV. This includes all body fluids containing visible blood.
- c. Semen, vaginal secretions, and amniotic fluid are also considered infectious.

- d. Body fluids to which universal precautions do not apply, unless there is visible blood are: feces, nasal secretions, sputum, sweat, tears, urine, or vomit.

4. Housekeeping Practices

- a. Sampson County typically contracts housekeeping and janitorial services for its buildings and facilities. All housekeeping and janitorial contractors will be responsible for the protection, training, and monitoring of their employees regarding exposure to blood borne pathogens. All contractors will be required to provide a statement of compliance with this requirement.

- b. County employees

- (1) Sampson County Departments will implement written schedules for cleaning and the method of disinfection based upon the services provided by said department. The specific department schedule indicates the location within or outside the facility (laboratory, clinic, home setting, etc.), type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- (2) Employees are required to clean equipment, environmental and work surfaces and decontaminate them immediately after contact with blood or other body fluids using an EPA approved disinfectant.

5. Cleaning

- a. High traffic areas

Bathrooms, lobby, and main building hallways are designated as high traffic areas. This area will be cleaned daily with standard disinfectants by housekeeping.

- b. Low traffic areas

- (1) Offices, records room, library, conference room, and other nonclinical areas.
- (2) These will be cleaned twice each week by the housekeeping.

6. Labeling

Labels and signs will be used to communicate hazardous materials to employees. Warning labels should be affixed to containers of regulated waste and refrigerators containing blood or other potentially infectious material.

7. Medical Waste/Trash Disposal

All personnel handling these bags or containers should wear gloves and be made aware of potential for exposure.

8. Personal Protective Equipment

Protective equipment will be provided as appropriate for the designated job requirements.

E. Training

1. Sampson County will provide training to all employees covered under this policy.

2. Initial training will be completed by the Health Department or designee for all employees performing Category I and II tasks.

3. Pre-placement training will be conducted by the supervisor during orientation prior to employee performing Category I and II procedures.

4. New procedure training by the supervisor will be conducted prior to implementing the procedure.

5. Annual training will be provided to affected employees.

6. Documentation will be kept on all training procedures.

7. Training will cover all areas mandated in Federal Register.

F. Recordkeeping

Sampson County has established and maintains a record keeping system that consists of:

1. A confidential personnel and medical record for each employee who performs Category I and II tasks.
2. Training records including content, faculty and attendance. These records are located in the employee's personnel file. These files are located in the Finance Office.
3. The County will review employees' job descriptions on an as needed basis to determine the performance of Category I and II tasks.
4. Refer to Post Exposure Section II J for required record keeping.

G. Course Content

1. At a minimum, the training will include the following topics:
 - a. access to and explanations of the Blood borne Pathogens Standard,
 - b. information about blood borne diseases and their transmission,
 - c. the agency's exposure control plan,
 - d. job classifications,
 - e. information about Hepatitis B vaccine,
 - f. decontamination and disposal procedures,
 - g. universal blood and body fluid precautions,
 - h. protective equipment, and
 - i. information and protocols for reporting and treatment for an inadvertent exposure to blood borne pathogens.

H. Hepatitis B Vaccine

All Sampson County employees who have occupational exposure to blood borne pathogens shall be offered the Hepatitis B Vaccine. The vaccination series is provided to employees at no charge.

1. Employees who decline Hepatitis B Vaccine are required to sign a Hepatitis B Vaccine Declination Form, and have the option of taking the vaccine at a later date if occupational exposure continues. (*See Attachment #3*) The form will become part of the employee's permanent personnel file.
2. Employee's refusal of vaccine will be documented on Hepatitis B Vaccine Declination Form by supervisor and signed by the employee (see attachment #3).
3. The first dose of vaccine is to be made available to employees with ten working days of initial assignment. Subsequent doses are to be administered according to current Centers for Disease Control recommendations.
4. Supervisor will discuss need for vaccine and offer an opportunity to accept or decline vaccination during the employee orientation phase.
5. Refer to Sampson County Health Department Adult Immunization Recommendation Guidelines prescribed by the North Carolina Public Health Administrative Code for administration of vaccine. A copy of these guidelines may be found at the Health Department.

I. Surveillance and Monitoring

1. The affected employee's supervisor will ensure that the employee is trained regarding the blood borne pathogens. Additionally the supervisor will periodically monitor the employee for compliance with safe work practices.
2. Ongoing monitoring will be a part of supervisor's daily responsibilities to ensure safe work practices.
 - a. Employees not complying with safe work practice procedures will be counseled and retrained within two weeks.

- b. Continued employee noncompliance will be documented and disciplinary action will be instituted by the supervisor and department head.

J. Post Exposure

1. Employees must report all exposure to blood or other infectious materials immediately or as soon as possible to their immediate supervisor or the Department Head in the absence of the supervisor, or the County Manager in the absence of the Department Head.
2. Supervisor will conduct exposure follow-up immediately using the Post Exposure Incident Report Form.
3. Supervisor will work with the Health Department or employee's health care provider to assess employee's exposure and comply with the North Carolina Communicable Disease Rules, refer to NCAC .0202 and .0203.

III. PROCEDURES

A. Inadvertent Percutaneous or Permucosal Exposure

When an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials occur:

1. Employees are required to:
 - a. Remove contaminated personal protective equipment and place it in a red or biohazard labeled bag.
 - b. Wash exposed areas (hands and other skin surfaces) with soap and water. Immediately flush exposed mucous membranes with water, and, if exposed, flush eyes with large amounts of water or eye wash solution.
 - c. Immediately report exposure incident to the direct supervisor. If the exposure occurs after 5:00 p.m. or on a weekend or holiday, the employee should immediately notify the supervisor on an emergency basis.
 - d. If there is a spill, immediately arrange for decontamination with an EPA-approved disinfectant.
 - e. Seek medical care if first aid is needed or if a sign of infection, such as redness or swelling, occurs.

- f. Obtain an Incident Report form (*attachment #4*) from the supervisor. Complete and return it to the supervisor within 24 hours.

B. Incident Report

When an employee reports an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials Supervisors and or Department Heads are required to:

1. Review standard operating procedures and methods to prevent future exposures with the employee.
2. Immediately arrange or conduct exposure follow-up.
3. Completes the Incident Report Form.

C. Reported Exposures

When an employee or supervisor reports an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials:

The affected employee will be referred to the Health Department or his/her personal physician who is required to:

1. Assess the employee's exposure, his/her Hepatitis B Vaccination and vaccine response status, whether the source of the blood is available, and the source's HIV and HBV status. This is done by interviewing the employee; reviewing the completed Incident Report form, the employee's confidential medical record and the source's record; contacting the source's physician and talking with there employees, as indicated.
2. Individualize post-exposure management and treatment of exposed employee(s) on a case by case basis, following current communicable disease rules.
3. Make arrangements for HIV and HBV testing and counseling of source person, if known, according to the communicable disease rules [15A NCAC .0202(4)(a)(I) and .0203(b)(3)(A)], unless already known to be infected.

4. Conduct HIV and HBV pre-test counseling prior to obtaining laboratory tests from the exposed employee. Obtain consent for confidential HIV testing from the employee.

If the employee consents to a baseline blood specimen collection, but does not give consent at that time for HIV serologic testing, the serum sample must be stored by freezing at -20 degrees Celsius, for 90 days (if stored longer, must be frozen at -70 degrees Celsius). If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.

5. Follow the Hepatitis B prophylaxis after percutaneous and permucosal exposure, as required by communicable disease rule [15A NCAC .0203(b)(3)]. **(SEE ATTACHED TABLE - Attachment #2).**

6. Consult with the agency physician or employee's attending physician if prophylactic zidovudine, Hepatitis B immune globulin, or Hepatitis B Vaccine is indicated.

7. Conduct post-exposure counseling on return of laboratory results. All employees will receive their laboratory results.

If the source person is HIV or HBV infected, employee counseling should include:

- a. refraining from sexual intercourse unless condoms are used,
- b. not sharing needles or syringes,
- c. not donating or selling blood, and
- d. not breast-feeding.

8. Provide prophylactic treatment or immunizations as ordered by the physician and as required by the communicable disease rule [15A NCAC .0203(b)(3)(B) and (C)].

9. If the source person is HIV-positive or is unknown, conduct follow-up HIV testing and counseling for the exposed employee at 3 and 6 months.

10. File completed Incident Report form with the Finance Office.

11. Record the circumstances of exposure and post-exposure management on the employee's confidential personnel record.
12. If medical treatment is administered to the exposed employee (e.g. HBIG or a booster Hepatitis B immunization is given), record the exposure incident as an injury, not an illness, on the OSHA 200 Log. This step will be completed by the County Finance Office.

Attachment 1

Department	Position	Exposure Category
Administration	County Manager	C
	Assistant County Manager	C
	Support Specialist	C
	Administrative Assistant	C
Airport	Director	C
Animal Control	Chief Animal Control Officer	C
	Animal Control Officer	C
	Shelter Attendant	C
Communications	Manager	C
	Assistant Manager	C
	Shift Supervisor	C
	Telecommunicator	C
Cooperative Extension	Chairman	B
	Secretary II	B
	Administrative Secretary	C
	Ag Extension Agent	B
	Four H Program Assistant	B
	Cross Country Agent	B
	Home Economics Agent	B
	NCSU Horticulture	B
Data Processing	IT Director	B
	Support Specialist	C
	PC Consultant	B
Detention Center	All Positions	A
E-911 Addressing	All Positions	C
Employment & Training	All Positions	C
Economic Development	All Positions	C
Elections	All Positions	C
Emergency Management	Director	A
	Assistant Director	A
	Deputy Fire Marshal	A
	Administrative Assistant	C
Exposition Center	All Positions	C
Finance	All Positions	C
Governing Board	All Positions	C
Head Start	Cook	B
	Director	C
	Education Program Manager	C
	Education Program Specialist	C
	Admin Support Specialist	C
	Transportation Coordinator	C
	Nutrition Program Manager	C
	Teacher	B
	Teacher Assistant	B
	Center Supervisor	B
	Maintenance Superintendent	C

	Family Service Worker	C
	Admin Office Assistant	C
	Nutrition/Bus Monitor	B
	Nutrition Program Assistant	B
	Social Services Program Mgr	C
Health Department	Environmental Health Positions	C
	Office Assistant	C
	All Other Positions	A
Inspections Department	All Positions	C
Library	All Positions	C
Aging	Finance Technician	C
	Case Specialist	C
	Nutrition Manager	C
	CAP/DA Case Manager	B
	In Home Aid	A
	Senior Center Manager	B
	Home Improvement Specialist	C
	Director	C
	Healthcare Program Assistant	A
	Healthcare Program Manager	A
	Public Health Nurse	A
	Health Care Coordinator	A
	Nutrition Site Manager	A
	Home Management Aide	A
Public Works	Admin Support Specialist	B
	All Other Positions	A
Purchasing	Housekeeper	B
	Purchasing Agent	C
Register of Deeds	All Positions	C
Rescue	Billing Specialist	C
	All Other Positions	A
Recreation	Admin Specialist	C
	Director	B
	All Other Positions	A
Sheriff	Admin Support Specialist	B
	Deputy Sheriff	A
	Sheriff	A
	Public Information Director	B
	Admin Office Manager	B
	Baliff	A
	Interpreter	B
Soil Conservation	All Positions	C
Tax Administration	All Positions	C
Teen Court	All Positions	C
Social Services	Child Support Agent	C
	Income Maintenance Supervisor	C
	Income Maintenance Caseworker	C
	Child Support Supervisor	C
	Foreign Language Interpreter	C

	Social Worker (All Positions)	A
	Computer System Admin	C
	Director	C
	Processing Assistant	C
	Paralegal	C
	Income Maintenance Investigator	A
	Accounting (All Positions)	C
	Clerk Smart Start	C
	Office Assistant	C
	Processing Unit Supervisor	C
	Public Information Assistant	C
	Administrative Assistant	C
	IMCW II "WA" CECM	A
TAB	Transportation Driver	B
	Transportation Director	C
	Transportation Ops Manager	C
	Administrative Specialist	C
Veterans Affairs	All Positions	C
Water District	Administrative Officer	C
	Utility Service Mechanic	B
	Customer Service Specialist	C

Treatment when Source is found to be

Exposed Person	HBsAg Positive	HBsAg Negative	Unknown or Not Tested
Unvaccinated	Administer HBIGx and initiate Hep. B vaccine	Initiate Hep. B vaccine	Initiate Hep. B vaccine
Previously vaccinated responder	Test exposed person for anti-HBs <ol style="list-style-type: none"> <i>If adequate, no treatment</i> <i>If inadequate, Hep. B vaccine booster dose</i> 	No treatment	No treatment
Known nonresponder	HBIG x 1, plus 1 dose of Hep. B vaccine	No treatment	No treatment
Response unknown	Test exposed person for anti-HBs <ol style="list-style-type: none"> <i>If inadequate, HBIG x 1, plus Hep. B vaccine booster dose</i> <i>If adequate, no treatment</i> 	No treatment	No treatment

*Hepatitis B immune globulin (HBIG) dose 0.06mL/kg intramuscularly

Sampson County
Hepatitis B Declination Form

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

Date _____

Signature_____

Printed name_____

Witness_____

Printed name_____

Employee Exposure Report

(Employee complete questions 1-9)

- 1. Employee name _____ Position _____
- 2. Department _____ Supervisor _____
- 3. Date of exposure _____ Time _____ AM PM
- 4. Type exposure (needle stick, cut, splash, etc.) _____
Type fluid _____ Severity _____
Amount of fluid (if known) _____
- 5. Part(s) of body exposed _____
- 6. Incident location _____
- 7. Describe how the exposure occurred

- 8. Personal protective equipment used at time of exposure

- 9. Date exposure reported _____ Time _____ AM PM
Reported to _____

(Health care provider/ Supervisor complete questions 10 – 15)

- 10. Did employee see a physician regarding the exposure () yes () no
Physician name _____
Physician phone _____
Date seen _____ Time _____ AM PM
Physician Notes: _____

11. Did employee request to be monitored for HBV and HIV antibodies () yes () no

12. Type exposure (if known) _____

13. Evaluation / treatment (include condition of skin if applicable)

14. Follow up instructions to employee

15. Describe corrective action to be taken to prevent recurrence of exposure

Employee signature _____ Date _____

Physician signature _____ Date _____

Sampson County

Personal Protection Equipment Program

It is the policy of Sampson County to provide to all its employees the Personal Protection Equipment necessary to do their job safely.

All employees and visitors are required to wear safety glasses in areas identified by the hazard assessment (**see attachment 1**). Side shields are provided for those who wear prescription safety glasses.

Appropriate hearing protection is required of employees working in any area identified in the hazard assessment (**see attachment 1**). Several types of hearing protection are available for employees' use. Any employee working in these areas for longer than 30 minutes is required to wear hearing protection.

Employees are required to wear appropriate footwear for the job they are performing. (**See attachment 1**) for a list of areas or activities that require special footwear.

We do not encourage or discourage the use of back supports. If employees feel a back support would be beneficial and request one, it will be provided to them along with training.

All First Responders have received First Aid training and have been provided the necessary Personal Protection Equipment in order to administer First Aid while keeping their exposure to a minimum. All First Responders were offered, and received, the series of hepatitis vaccinations. (**Refer to the Sampson County Blood Borne Pathogens and Exposure Program**)

This program will address and identify the need for Personal Protective Equipment by evaluating each position and the work area. The Blood Borne Pathogens Program, Hazard Communications Program, Respiratory Protection Program, Confined Space Program, and Electrical Safety Program also address the required use, care, and maintenance of various types of Personal Protective Equipment. Hazard Assessment Forms must be completed, updated, and reviewed as needed by each Department. Copies of the completed forms shall be submitted to the County safety Officer.

It shall be the responsibility of each Department Head to ensure all Personal Protective Equipment identified in the assessment is available to each employee. Department Heads shall also ensure the proper size, fit, care, storage, and maintenance of all equipment.

Sampson County

Personal Protective Equipment Hazard Assessment and Certification Form

Use this form to determine if your employees are potentially exposed to the list of items. The form guides you through a thought process. First check either yes or no to whether the employee is exposed to the particular hazards during any part of the employees' job duties. If the employee is exposed to the hazard, then determine if the hazard can be eliminated and still get the job done. If not, can the method or equipment be changed to eliminate the hazard? If so, consider doing it. If the hazard cannot be eliminated, is the condition one where adding a guard would protect the employee from the hazard? Many times machinery or equipment can be successfully guarded. If this is the case, indicate a guard is being installed to protect the employee from the hazard.

The last column refers to Personal Protective Equipment (PPE). You must list specifically the appropriate type of PPE the employee will be required to use to protect him/herself from the particular hazard. Such PPE could include: hard hats to protect the head from falling objects; safety shoes to protect against having objects dropped on or rolled over the toes; respirators; safety glasses or face shields (to protect the eyes and face); hearing protection; any chaps and other PPE for protection when using chain saws. These are only examples of the specific types of PPE that would commonly be listed. After you have decided on the appropriate PPE, the employee must be provided with the PPE and trained in its correct use and care. Records must be kept of all training including date, topic of training, instructor and participants.

The Hazard Assessment form must be signed by the person completing or certifying that it is correct. The form should be reviewed when new equipment is considered, when changes are made in the processes or if the employee receives new job duties. If employees are affected by any of these changes, and additional PPE is required, then list it on the assessment form and train the employee in the newly required PPE.

INSERT

Assessment Form

INSERT

Assessment Form