
DSH Injury and Illness Prevention Program NAPA



Safety Handbook 2015

The following framework shall be used by each Department of State Hospitals location to develop, augment, and implement site-specific Injury and Illness Prevention and safety programs.

This template is the agreed upon standard between the Department of State Hospitals and Cal/OSHA. It is the only acceptable template for Department of State Hospital Safety Programs.

For information or guidance on safety program development, please contact Department of State Hospitals-Napa, Health & Safety Department at (707) 253-5664.

DEPARTMENT OF STATE HOSPITALS - NAPA INJURY AND ILLNESS PREVENTION PROGRAM

The Injury and Illness Prevention Program Safety Handbook for the Department of State Hospitals (DSH), Napa has been reviewed and approved by the Executive Policy Team.



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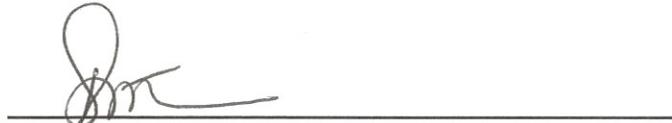
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I. INTRODUCTION

This handbook contains the safety policies and procedures for managers, supervisors, and rank-and-file employees with the California Department of State Hospitals (DSH)-Napa. It is established according to the Injury and Illness Prevention Program (IIPP) regulations set forth in the California Code of Regulations Title 8, Section 3203; Welfare and Institutions Code 4141; and Labor Code Section 6401.7. The IIPP may also be referred to as “Safety Program”. It is the responsibility of all employees to understand and adhere to the standards contained within this handbook.

This handbook recognizes that DSH-Napa is a high hazard environment due to the forensic patient population we serve and their propensity for violence against employees and other patients. While DSH-Napa cannot eliminate all risk of violence, safety of our employees is our number one priority. The policies and procedures contained within are designed to prevent injuries and illnesses and guide employee response when injuries and illnesses inevitably occur.

A. SAFETY PROGRAM GOALS

The hospital’s Injury and Illness Prevention Program is designed to:

1. Protect the life and physical well-being of employees;
2. Provide a safe and healthy work environment for employees;
3. Provide a safe and healthy environment conducive to the provision of care and treatment of our patients;
4. Identify potential work hazards and initiate reasonable actions to eliminate or control them before they contribute to violence, accidents, injury, or illness;
5. Respond to employee reports of unsafe practices in a timely and effective manner;
6. Make safety a normal part of all work practices and procedures;
7. Develop safe employee attitudes and behavior;
8. Investigate work related violence, accidents, injuries, and illnesses promptly and implement improved prevention methods;
9. Maintain employee well-being and minimize the loss of productivity due to injury;
10. Reduce the frequency and severity of occupational violence, accidents, injuries, and illnesses;
11. Reduce the monetary cost of accidents;
12. Comply with applicable safety-related laws, regulations, and policies, such as state safety orders published in the California Code of Regulations (CCR), Title 8.

B. SAFETY PROGRAM EFFECTIVENESS

The primary purpose for IIPP review of occupational injuries and illnesses is to determine the cause and contributory factors so that appropriate prevention measures can be taken to reduce the frequency and severity of work related violence, accidents, injuries, illnesses, and exposures in the future. The success of the department’s safety program depends upon the following:

1. Accurate assessment of needs in order to best direct safety efforts.
2. Integration of work related violence, accident, injury, and illness prevention efforts into all ongoing operations of the department.
3. Action by supervisors and managers to implement and enforce various safety guidelines, policies, and procedures of the department.

4. The accountability of managers and supervisors for implementation and enforcement of safety regulations, policies, procedures, and protocols.
5. Action to set and adjust standards and procedures, train employees, provide safety equipment, identify and correct unsafe practices, and use corrective measures to enforce safety regulations, policies, procedures, and protocols.

There must be a high level of management concern for, and involvement in, safety. A safety program cannot be successful without management commitment. All managers must have a personal involvement in the safety program on a continuing basis. First line supervisors are a focal point for work site safety, and their involvement is critical to an effective program. The visible interest by managers and supervisors in the safety program provides a positive example to all employees.

Employee participation at all levels is equally important for a successful safety program. The chances for a successful program increase as employee support is solicited and encouraged. If employees have a genuine part in the program, they are more likely to be committed to its success.

II. SAFETY PROGRAM RESPONSIBILITY

The IIPP- Administrator for DSH-Napa is: The Acting Health & Safety Officer, Rachel Gilpatrick. Program Authority: The Health & Safety Officer as the Program Administrator has the authority and responsibility for implementing the provisions of this plan for DSH-Napa.

Program Location: The IIPP is located on the I-Net under manuals and a hard copy is in the Health & Safety Department located in R-Ward. Programs and Departments where employees have access to a computer do not need to maintain a hard copy of the IIPP. Those Programs and Departments where employees do not have access to a computer shall keep a hard copy of the current IIPP in the work-site readily available to employees.

A. RESPONSIBILITY OF EMPLOYEES

DSH-Napa employees are responsible to always act safely and to promptly report all work related violence, accidents, injuries, illnesses, and exposures to a supervisor.

Employees will adhere to the Code of Safe Practices for their location (Section III-A), which identifies conduct expected of employees that is designed to ensure a safe work environment.

To maintain a safe work environment, all employees shall:

1. Adhere to the hospital's code of safe practices.
2. Immediately or as soon as possible communicate all safety concerns to immediate supervisor.
3. Conduct all work with safety as a primary concern.
4. Be responsible for his or her own safety.
5. Ensure that all safety policies and regulations are fully implemented for maximum efficiency on each job.

6. Know how to locate Safety Data Sheets, (SDS) specific to the work environment. This also includes the acquisition of Safety Data Sheets (SDS) for items procured from locations other than the main warehouse.
7. Assist the supervisor in inspecting tools and equipment at frequent intervals to keep them in safe and serviceable condition.
8. Report all accidents, both major and minor incidents, so that proper medical/first aid intervention can be administered. Annotate injuries no matter how minor in the First Aid Log with supervisor initialing the entry.
9. Participate in safe working practices to ensure an accident-free environment. This includes continuous on-the-job training and safety awareness.
10. Review and be knowledgeable of the Safety Committee Minutes, Program/Department Monthly Work-site Safety Meeting Minutes, Injury Illness Prevention Program/Safety Manual, Site-specific Safety Plans, and Program/Department Procedural Manuals to ensure safety awareness throughout the facility.

B. RESPONSIBILITY OF SUPERVISORS/MANAGERS

Each Program Director/Department Head has authority and total responsibility for maintaining safe and healthful working conditions within their jurisdiction. Although employee exposure to hazards varies widely in the work activities, it is expected that an unrelenting effort will be directed toward controlling injuries, collisions, liabilities and wasted materials.

Supervisor/Manager has full responsibility for the safe actions of the employees and the safe performance of machines and equipment within the operating area. The Supervisor/Manager has full authority to enforce the provisions of the safety policy to keep losses at an absolute minimum.

(Please refer to Section VI Safety Hazard Reporting, D. Supervisor's Initial Report)

C. RESPONSIBILITY OF HEALTH & SAFETY OFFICER

The Health and Safety Officer shall be responsible for the overall coordination of all phases of the Safety Program. The Health and Safety Officer acts in an advisory capacity on all matters pertaining to safety. Through the cooperation of all treatment, support services, and management employee, unsafe work practices and conditions shall be identified and corrected. The Health & Safety Officer has the authority to intervene whenever conditions exist that pose an immediate threat to life or health, or pose a threat of damage to equipment or property.

D. RESPONSIBILITY EXECUTIVE POLICY TEAM (EPT)

The Executive Policy Team acknowledges and accepts their role in providing health and safety leadership at the hospital, as reflected in the IIPP and in engaging all of the hospital's employees in improving health and safety.

EPT ensures that it is kept informed of and alert to, relevant health and safety risk management issues via the Safety Committee co-chaired by the Health & Safety Officer and the Hospital Administrator (EPT member) The Health & Safety Officer as the Program Administrator of the IIPP has been given the authority and responsibility by EPT for

implementing the provisions of this safety plan. EPT recognizes that managing risk is a key issue to ensure an effective Injury Illness Prevention Program with the following benefits:

1. Maximize well-being and productivity of employees working for the hospital.
2. Reducing likelihood of employees sustaining injuries/ illness from unsafe work practices.
3. Improving the hospital's reputation in the eyes of various stakeholders and community.
4. Avoiding damaging effects of injuries and illness to employees.
5. Encouraging better relationships with all stakeholders for more effective partnerships.
6. Minimizing the likelihood of prosecution and consequent of penalties by failing to implement an effective safety program.

III. SAFETY COMPLIANCE PROGRAM

To maintain a safe work environment, DSH-Napa must ensure that employees comply with the policies and procedures designed to promote safety, as described in this document. Enforcement of safe work practices plays a vital role in prevention of work related injuries/illnesses. Managers and supervisors are in charge of ensuring compliance with established safety rules and practices. Corrective action of unsafe acts is necessary and may involve progressive disciplinary action.

A. CODE OF SAFE PRACTICES

These codes are accompanied by many hours of new employee orientation, mandatory annual, and licensing certification courses that will help to keep you and other employees safe from harm, and prevent injuries, illness and assaults.

GENERAL SAFETY REMINDERS

1. Remain vigilant about the potential to be assaulted with all patients and monitor the safety of surroundings at all times.
2. If possible, have two employees assigned to work projects in patient areas. If working independently, inform other employees about location and expected duration of work and attempt to remain in areas visible to other staff members.
3. If working in a patient housing or treatment area, alert unit-based staff members of the location and the nature of the work.
4. When a patient is verbally or physically assaulting you or a fellow staff member, immediately activate your alarm (PDAS) and follow TSI evasive techniques.
5. Attend training on Therapeutic Strategies, Interventions (TSI) every year to review evasive techniques to avoid injury from assaults.
6. Ensure that all tools, utensils, and instruments are safeguarded using departmental tool count procedures. When possible, restrict patient access to areas where work involving tools or instruments is occurring.

7. When a patient's behavior (such as standing too close to tools or yelling directed towards you or another staff member) is concerning, alert a unit based staff member about the potential for aggression.
8. Report any identifies safety or environmental hazards to your supervisor immediately.
9. Follow Hospital Safety Policies, and the specific procedures described in the DSH-Napa Injury and Illness Prevention Plan.

SPECIFIC SAFETY INITIATIVES

How the Department of State Hospitals has been working to keep you safe.

Personal Duress Alarm System (PDAS) - The department is rapidly implementing the PDAS system at our hospitals to improve the safety of staff and patients.

The PDAS system is a Real Time Location System (RTLS). When a DSH-Napa staff member pulls down on the badge tag, an emergency alert message is sent via the wireless network. As the message is being sent, the location of the RTLS pager is calculated within milliseconds and the text message alert and location information are delivered to security personnel to be dispatched and also DSH-Napa staff within the area of the alarm. The staff member carrying the PDAS badge tag receives an acknowledgement that their call for help has been received.

Initial tests of PDAS have been very successful, and hospitals with PDAS have reported success metrics such as:

- Notification of an incident to the appropriate staff and security personnel went from 5 minutes to 5.5 seconds;
- Notification of an incident to staff in the immediate vicinity of the incident now happens within 6 seconds;
- Police response time went from 5-30 minutes to 1-3 minutes;
- Staff were not able to accurately and precisely locate staff before, and there is now accuracy within a 3 meter circle indoors and 3-6 meters outdoors;
- PDAS identifies the person in need of help by name.

Therapeutic Strategies and Interventions - Therapeutic Strategies and Interventions/ Aggression Reduction Therapy (TSI) training, previously known as Prevention and Management of Assaultive Behavior (PMAB) training, is a program specifically designed by, and for, State Hospital employees working in the Department of State Hospitals (DSH).

This course was compiled by the DSH Statewide Task Force, integrating evidenced-based practices, Wellness and Recovery Principles, and the work of the original PMAB Task Force.

The training program aims to enhance staff skills and knowledge in order for them to work independently or as part of a team to implement strategies that support a safe working environment and a therapeutic milieu for the patients; prevent, suspend and mitigate

conditions and circumstances that may lead to use of seclusion and restraints and provide timely and effective post incident care, support and evaluation and in cases where seclusion or restraint is necessary, use established techniques to protect the patient's health and safety, while preserving his or her dignity, rights, and well-being.

PSYCHIATRIC TECHNICIANS

Whenever you are in an area with patients:

1. Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
3. Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
4. When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
5. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer a chance to talk to a trusted staff member, spend time in the side room or courtyard, or offer a dose of medication.
6. When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, and notify the other members of the treatment team of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
7. Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
8. In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
9. When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.
10. Communicate with fellow staff members about leaving the unit and how long you may be gone.

Please be especially aware of direct-care specific safety issues, such as needle stick and biohazard safety

NURSING TEAM

Whenever you are in an area with patients:

1. Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
3. Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
4. When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
5. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer a chance to talk to a trusted staff member, spend time in the side room or courtyard, or offer a dose of medication.
6. When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, and notify the other members of the treatment team of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
7. Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
8. In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
9. When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.
10. Communicate with fellow staff members about leaving the unit and how long you may be gone.

Please be especially aware of direct-care specific safety issues, such as needle stick and biohazard safety.

UNIT-BASED CLINICAL TEAM

(Psychiatrists, Psychologists, Social Workers and Rehabilitation Therapists, etc.)

Whenever you are in an area with patients:

1. Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
3. Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
4. When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
5. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer therapeutic interventions specific to discipline, such as counseling sessions, phone call to a family member, medication dose, or an enjoyable activity.
6. When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, notify the other members of the treatment team of these observations, and provide discipline specific treatment recommendations, such as orders for restraint, medication changes, or risk assessment, to reduce this risk.
7. Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
8. In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
9. When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.

OFF UNIT CLINICAL TEAM

(Dentists, Dietician, Clergy, Program Directors, Program Assistants, Nursing Coordinator, Service Chiefs and Service Seniors, Units Supervisors, Supervising Registered Nurses, etc.)

Whenever you are in an area with Patients:

1. Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
3. When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
4. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, alert a unit based staff member about the potential for aggression or attempt de-escalation techniques
5. When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart or notify the members of the treatment team of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
6. Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
7. In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
8. When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.

OFF UNIT SUPPORT TEAM

(Custodians, Food Service Technicians, Laundry Workers, Cooks, Maintenance Crews, Plant Operations Staff, etc.)

Whenever you are in an area with Patients:

1. Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).

3. Attend yearly training on Therapeutic Strategies and Interventions (TSI) as indicated by your training category/classification to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
4. When tools are required to perform your work, follow tool control procedures, including ensuring that all tools, utensils, and instruments are safeguarded using departmental tool count procedures and when possible, restrict patient access to areas where work involving tools or instruments is occurring.
5. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, alert a unit based staff member or hospital police officer about the potential for aggression, or activate your alarm (PDAS). These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
6. If possible, have two employees assigned to work projects in patient areas. If working independently, inform other employees about location and expected duration of work and attempt to remain in areas visible to other staff members.
7. If working in a patient housing or treatment area, alert unit-based staff members of the location and the nature of the work.

HOSPITAL POLICE OFFICERS

Whenever you are in an area with Patients:

1. Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you, a fellow employee, or another patient, alert a hospital police officer, sergeant, or watch commander about the potential for aggression, or activate your alarm (PDAS). These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
3. Hospital Police Officers conduct administrative and criminal investigations within the secured treatment areas.
4. Wear approved police clothing and shoes that allow quick movement away from any assaults.
5. Satisfactory completion of the training requirements in accordance with Penal Code Section 830.3h, 830.38 and Special Order 416.02 (Minimum Training Standards for Hospital Police and Investigators). Satisfactory completion of Regular Basic Academy or

POST Modular Levels Three and Two. Attend yearly Post Perishable Skills Training and POST Continuing Professional Training, along with required DSH Training.

6. When law enforcement safety equipment such as handcuffs and pepper are required to perform your duties and responsibilities, follow all proper DSH policies, procedures, and protocols
7. Tolerance and ability to handle stressful situations; ability to remain calm in emergency situations; and willingness to work at night and to report for duty at any time when emergencies arise
8. Engage in appropriate training to ensure possession and maintenance of sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful and emergency situations encountered on the job; and sufficient hearing and vision to effectively perform the essential functions of the job.
9. The standard operational needs are met for each work location. If working independently, inform other employees and a hospital police officer(s) about your location and expected duration of work and attempt to remain in areas visible to other staff members.
10. Apply sound judgment in the enforcement of hospital rules and regulations and applicable State laws necessary for the protection of persons and property.
11. Physically apprehend and control patients or law violators. Remain calm, and think and act quickly in an emergency. Adopt an effective course of action in dealing with unusual situations. Use patience, tact, and impartiality in handling disturbances and confrontations. Communicate convincingly and effectively. Work closely with medical and nursing staff to resolve patient-related problems. Deal effectively with patients, the public, and other law enforcement agencies.

B. WORKPLACE SECURITY

It is the policy of Department of State Hospitals(DSH)-Napa to foster a work environment free of violence. DSH-Napa is committed to the prevention of, and appropriate response to, all incidents involving a violent or criminal act by a current or former employee, by anyone who has an employment-related involvement with DSH-Napa, by a recipient of a service provided by DSH-Napa, or by a person with no legitimate relationship to the workplace.

Threatening behavior includes any behavior that is harassing, provoking or unsafe, which could be interpreted by a reasonable person as intent to cause physical harm to another patient.

Threatening behavior may or may not include the act of physical force, with or without a weapon, toward another patient.

All types and levels of violence in the workplace are prohibited. Any employee, manager, or supervisor who commits an act of violence or retaliation, or who threatens by word or deed to commit an act of violence or retaliation, will be subject to appropriate disciplinary action and/or criminal proceedings. No manager, supervisor or employee shall take, or threaten by word or deed to take retaliatory action against any person who reports a potential or actual violent incident. This policy applies to all employees and will be strictly enforced.

DSH-Napa is committed to promoting personal safety and to assuring that procedures are in place to identify personal security risks and address them in an efficient and effective manner, and to assuring that all employees are aware of those procedures and intervention measures.

1. ROLES AND RESPONSIBILITIES

Executive Director:

The Executive Director is responsible for appointing members to the Workplace Security Assessment Committee.

Workplace Security Assessment Committee:

This committee reports directly to the Executive Director via the Workplace Security Assessment Committee (WSAC). WSAC members will include representatives from Administrative Services, Clinical Services, Post Trauma Support Team (PTST) and Equal Employment Office (EEO). The Committee is charged with monitoring potential threats to the security of the workplace and formulating preventive, corrective and educational recommendations to the Executive Director. The WSAC will meet on a regular basis as determined by the Chairperson of the WSAC.

Immediate (First-Line) Supervisor:

The immediate supervisor of a worksite is responsible for maintaining a high level of commitment to workplace safety by reacting quickly to reported incidents of actual or potential violence or threats of violence and utilizing a management style which will minimize conflicts in the workplace.

Every employee is required to:

- a. Appropriately maintain cooperative, professional, and effective interactions with other employees, patients and the public.
- b. Be accountable for his or her own behavior.
- c. Report to his/her supervisor threatening situations involving employees, non-employees, and unauthorized patients in the workplace.
- d. Report all threats, violent acts, harassment, bizarre behavior or any other behavior which is out of character for an employee and which poses a potential threat to others.
- e. Cooperate with management to provide evidence of events of behavior which she/he personally witnesses or has knowledge which may impact hospital security or which may have a disruptive effect on hospital operations.

2. DEFINITIONS:

- a. Abuse/Abusive Behavior: Verbal, written or physical expression that can result in physical or psychological harm, e.g., physical violence, threats/threatening behavior, intimidation, and any type of slurs.
- b. Assault/Assaultive Behavior: Violent physical, written or verbal expression that represents an unlawful threat or unsuccessful attempt to do physical harm, and/or can result in the fear of potential or immediate harm.
- c. Threat/Threatening Behavior: Verbal or written statement or physical action that is intended to intimidate by expressing the intent to harass, hurt, take the life of another person or damage or destroy property. This includes threats made in jest but which others could reasonably perceive as serious.
- d. Intimidation: Causing to frighten, alarm, annoy or scare someone, or to force someone into, or deter from, some action by inducing fear by threats.
- e. Harassment: The creation of a hostile work environment through unwelcome words, actions or physical contact not resulting in physical harm. This includes disparaging or derogatory comments or slurs, unreasonable or excessive criticism or name-calling.
- f. Weapon: An object or device that may be used to cause physical harm, including all guns (loaded or unloaded), any type of explosive device, knives with blades exceeding (4”), billy clubs, metal knuckles, tear gas or other chemical containers and any other item the facility views as an object which can be used to threaten or cause harm.
- g. Act of Violence: An attempt to use, or the actual use of, force with the intent to threaten, harass, intimidate, or commit a violent act that results in injury or damage or destroys state property.
- h. State Workplace: Anywhere a state employee is conducting authorized state business, or is in route to or from (excluding normal commute) a location where state business is, will be, or has been conducted.

3. TYPES OF VIOLENT CRIMES:

Type A: Crimes/Incidents unrelated to the work environment or by a perpetrator who has no relationship to the workplace.

Type B: Crimes/Incidents by perpetrators who are recipients of services, or their families/friends.

Type C: Violence, crimes/incidents by current or former employees, or their families or friends.

4. LEVELS OF WORKPLACE VIOLENCE AND INCIDENT REPORTING:

Violence in the workplace takes many forms. It is not just homicide or physical destruction. It also includes verbal abuse, threats, and intimidation. Violence can be categorized into three levels. Understanding these levels is important because violent behaviors rarely stay static. Rather, because violence is often rewarded (such as when a verbally abusive person gets his or her way), violent behavior is likely to escalate. All incidents of violence will be investigated promptly and appropriate action taken.

LEVEL ONE: Incidents in this category should be responded to promptly by the immediate supervisor or management. These behaviors include but are not limited to:

- a. Refusing to cooperate with immediate supervisors/co-workers.
- b. Spreading rumors and gossip to harm others.
- c. Consistently arguing with supervisor/co-workers.
- d. Belligerence toward patients and others.
- e. Making unwanted /inappropriate sexual comments.
- f. Angry/hostile attitude toward policies/procedures.
- g. Frequent displays/signs of anger: clenched fists, red face, tight jaw, etc.
- h. Verbal abuse.

ACTIONS FOR LEVEL ONE: If an employee's behavior falls into one or more of the above areas, the supervisor should meet with the employee, determine the reason for the behavior, and take appropriate action to correct the behavior, e.g., refer to Employee Assistance Program (EAP), prepare counseling memo, grant time off, recommend adverse action, notify EEO and/or Special Investigations, notify the Chairperson of the WSAC if any reasonably perceived threat or incident of workplace violence is evident.

LEVEL TWO: Incidents of violence in this category are considered more serious than those described above and should be responded to promptly by the immediate supervisor or management. These behaviors include but are not limited to:

- a. Arguing increasingly with co-workers and management.
- b. Consistently acting out anger: slamming doors, punching walls instigating fights, etc.

- c. Sending notes to others of a violent and/or sexual nature.
- d. Persistent and non-mutual displays of affection.
- e. Making suicidal threats/gestures.
- f. Refusing in an angry and hostile manner to follow hospital policy and procedures, causing disruption in the workplace.
- g. Sabotaging equipment or stealing property for revenge.
- h. Verbalizing wishes to hurt co-workers or management.
- i. Expressing a view of oneself as being victimized/persecuted by supervisor or management (me against them).
- j. Expressing desire/intent to harm others.

ACTIONS FOR LEVEL TWO: If an employee has displayed any of the behaviors listed above (and lesser intervention has been unsuccessful) and the situation remains urgent, Dial “7” for emergency service and request that Hospital Police respond to the site. After emergency notification has been made, the immediate supervisor:

- a. Notifies the program director, department head or their designee, and EEO of the incident. The program director, department head or designee will be responsible for:
 - 1. Determining the need for notification to the Clinical Administrator or Hospital Administrator.
 - 2. Determining further action based on an administrative risk assessment.
 - 3. Determining the need for further notifications (as required) to the Human Resources Manager/Personnel Officer, Chairperson of the WSAC, and/or Executive Director (via contact through the Clinical Administrator or Hospital Administrator).
- b. At the discretion of the Executive Director the employee may be placed off duty on Administrative Leave pending an investigation (at supervisory level or by the Special Investigator), adverse action and/or Fitness for Duty Exam.
- c. If released to return to work, offer Employee Assistance Program (EAP) and monitor closely.

LEVEL THREE: Employees displaying the behaviors listed below are to be considered a serious danger to self and others and need an immediate response. The immediate supervisor/designee is to dial “7” for emergency services, provide for

the safety of other staff and patients including clearing the immediate area, limit assistance in order to prevent further endangering the safety of patients or staff. These behaviors include but are not limited to:

- a. Attempted suicide.
- b. Destruction of property.
- c. Utilization/display of weapon(s) to harm.
- d. Physical Assault (spitting, hitting, murder, rape, arson, mayhem, use of weapons).

ACTIONS FOR LEVEL THREE: Hospital Police will arrive at the site, assess the situation and notify the Special Investigator for further investigation and appropriate outside law enforcement officials (if necessary). Subsequently, management will take appropriate adverse action that may result in termination of employment. Management should also notify the Chairperson of the WSAC to review and follow-up on the situation. After emergency notification has been made, the immediate supervisor:

- a. Notifies the Program Director, Department Head, or the designee of the incident. The Program Director, Department Head or designee will be responsible for:
 1. Notifying the Clinical Administrator or Hospital Administrator. They will determine the need for immediate notifications of the Human Resources Manager/Personnel Officer and the Chairperson of the WSAC.
 2. The Clinical Administrator or Hospital Administrator in conjunction with the Program Director or Department Head will determine further action based upon an administrative risk assessment. The Clinical Administrator/Hospital Administrator will immediately notify the Executive Director of all Level Three Activities.

5. INCIDENT REPORTING:

- a. Employees shall report any reasonably perceived threat or incident of violence (as defined above) to their supervisor.
- b. If the anticipated or actual incident involves the employee's supervisor or manager, the report may be made to the next highest level in the chain of command.
- c. Reporting of incidents may be made anonymously. However, anonymity cannot be guaranteed in a case requiring legal or administrative action. The

extent to which anonymity can be preserved must be explained to the employee upon such reporting.

(Please refer to Section VI Safety Hazard Reporting, A. "Workplace Violence Reporting").

6. INVESTIGATION:

All situations where there is credible reason to believe threats or acts of violence have occurred, or are likely to occur, will be investigated by Hospital Police and/or Special Investigator and may be subject to criminal proceedings.

7. SECURITY:

Problems initiated by non-employees require restricted access to the physical environment, as well as employee awareness of violence hazards. In order to protect employees, DSH-Napa patients, and visitors, the facility will employ the necessary security personnel and measures to limit unauthorized access to buildings and grounds. Employees are to report any actual or potential breaching of physical security to the Hospital Police Department immediately.

8. STAFF COMPLIANCE:

- a. Executive Policy Team: Is expected to provide adequate resources and consistent authority to staff assigned the duties of handling safety matters related to workplace violence. Management is responsible for promoting a safe, secure work environment, and for assuring that all facility practices and procedures are consistent with the Department's policy and that all levels of employees are held accountable for carrying out their responsibilities in maintaining a violence free work environment.
- b. Program Directors/Department Heads/Supervisors: Are charged with communicating and supporting the policy, and for assuring that all employees are knowledgeable about the policy and their responsibilities. Managers and supervisors are also responsible for promoting a safe, secure work environment and consistent enforcement of the Department and the hospital policies and procedures regarding workplace violence.
- c. All Levels of Employees: Are charged with employing practices that support and promote a safe and secure violence free environment. All employees will be held accountable for adhering to the Workplace Security Policy.

9. EDUCATION/TRAINING

All employees shall receive education and/or training to promote awareness of workplace safety and security. The focus of such education/training will be to recognize and respond to threats to the safety and security of the workplace. Education/Training will occur at new employee orientation, annually, and more often if necessary.

Safety and Security training will include, but is not limited to, the ability to demonstrate proficiency and working knowledge in the use of the Personal Duress Alarm System.

C. HEALTH AND SAFETY POLICY

The Health and Safety Department acts in an advisory capacity on all matters pertaining to safety. Through the cooperation of all treatment, support services, and management staff, unsafe work practices and conditions shall be identified and corrected.

D. SAFETY COMMITTEES

Safety committees are established to assist supervisors/managers in meeting the objectives of the safety program. Regular committee meetings encourage discussion about safety at all levels. These committees are responsible for consistently and regularly improving and updating safety standards.

Each state hospital shall establish an injury and illness prevention committee, here after referred to as the Safety Committee, comprised of hospital management and employees designated by the hospital's Executive Director in consultation with the employee bargaining units. The committee shall be responsible for providing recommendations to the hospital director for updates to the injury and illness prevention plan. The committee shall meet at least four times per year. [Welfare and Institutions Code Section 4141; subsection (b)].

The hospital's Safety Committee is responsible for:

1. Developing hospital safety program goals and objectives;
2. Analyzing the effectiveness of the illness and injury prevention program by regularly evaluating Special Incident Reports;
3. Reporting its findings to the ED along with a recommended course of action;
4. Making recommendations for safety education and training;
5. Ensuring checklists and techniques for safety compliance are current;
6. Sharing information through regular meetings as a means of building a responsive and coordinated solution to problems; and,
7. Identifying matters of statewide interest and reporting them to the Statewide Safety Committee.
8. Safety Committee minutes will be posted on the I-Net.

For more information, please refer to Administrative Directive #026, Safety Committee.

E. OTHER COMMITTEES

The following committees impact safety at the hospital:

1. **Public Health and Infection Control Committee**
The charge of this committee is to monitor infections throughout the hospital, recommending intervention and preventative measures; it shall maintain a periodically updated Infection Control Manual and communicate regularly with the Hospital Safety Committee, and through its HIV subcommittee shall recommend treatment and evaluate outcomes of infected patients.
2. **Program Review Committee**
The charge of this committee is review of the incident, trigger, or high-risk condition and contributing factors. The patient's Treatment Plans is reviewed and revised, as clinically indicated. The Treatment Planning Team is expected to develop and initiate corrective actions as indicated.
3. **Enhanced Trigger Review Committee/Psychological Specialist Services Committee**
The charge of this committee is to review all incidents, analysis of contributing and causal factors, and First Level interventions and outcomes. There is a review of the patient's Treatment Plan, recommendation for further assessment and/or peer and/or external consultations, and suggestion for revision of the patient's WRP, if clinical indicated. The Treatment Planning Team is expected to develop and initiate corrective actions as indicated.
4. **Medical Risk Management Committee**
The charge of this committee is review of the incident, trigger, or high-risk condition and contributing factors. The patient's Treatment Plans is reviewed and revised, as clinically indicated. The Treatment Planning Team is expected to develop and initiate corrective actions as indicated.
5. **Quality Council**
The charge of this committee is to provide oversight for both Risk Management and Performance Improvement processes to reduce or eliminate the risk of harm to patients, employees, and visitors. The performance improvement functions include strategic planning and quality improvement process.
6. **Violence Reduction Committee**
The charge of this committee is to develop a hospital wide violence reduction plan. Establish communication and data sharing between identified groups including but not limited to data reports, proposals, recommendations and outcome measures used and proposed. Provide a summary of actions on violence reduction efforts to Quality Council.
7. **Incident Review Committee**
The charge of this committee is to review Special Investigation Reports, monitor data, review recommendations of the in-depth incident analysis and action by first

and second level Risk Management Committees with the objective of identifying actions to mitigate risk and ameliorate negative outcomes through programmatic and systemic improvements.

8. **Workplace Security Assessment Committee**

The charge of this committee is oversight of the facility's workplace security plan and monitor potential threats to the security of the facility.

(Please refer to AD# 016 Hospital-Wide Standing Committees for more specific information).

IV. SAFETY COMMUNICATION PROGRAM

The purpose of this section is to identify DSH-Napa's channels of communication for receiving and disseminating safety information. DSH-Napa's system of communication includes:

1. Safety Notices
2. Required Postings
3. Safety Tailgates
4. Safety Committees
5. Other Committees
6. Safety Action Requests
7. Site Specific Safety Plan

Employees must report unsafe conditions, practices, procedures, and equipment so that they may be corrected before an accident occurs. Employees are obligated to protect themselves, their co-workers, and our patients by immediately reporting safety hazards and/or concerns. Employees are encouraged to submit ideas for improving safety in the workplace. Employees may submit observations and ideas through the following communication channels:

1. Their immediate supervisor/manager
2. DSH-Napa Employee Suggestion Box in Administration Building (These may be anonymous)
3. Safety Liaisons
4. The Health and Safety Officer
5. Health & Safety Employee
6. Safety Action Requests
7. Annual review of IIPP Program
8. Regular safety meetings (See SAFETY COMMITTEES)

Program Directors and Unit Supervisors are encouraged to conduct weekly safety topic tailgate briefings, separate from or as a part of regular employee meetings. These informal discussions will assist to encourage positive accident and injury prevention communication and present an opportunity for employees to report unsafe conditions they have discovered.

A. SAFETY NOTICES

The purpose of this section is to provide timely distribution of safety information that can potentially reduce the number and severity of work related violence, accidents, injuries, illnesses, and exposures.

These notices will be generated from several sources such as but not limited to Cal/OSHA information, California Office of Emergency Services (OES), California Department of Public Health, Emergency Medical Services Authority, California Health and Human Services Agency, and the hospital safety committees. Ideas and recommendations for advisories, bulletins, and suggestions should be submitted to the Health and Safety Officer. Safety information can and will be distributed through a variety of methods. DSH-Napa's primary means of dissemination information as quickly and widely as possible will be via DSH-Napa All Email, DSH-Napa Intranet, and Employee Bulletin Boards.

1. **Safety Alert-** [All-Email to be posted in work-site]

- Alert messages should be reserved for critically important information where loss of property and/or life is potentially imminent. Alert messages are time-sensitive and require you to take immediate action (e.g. Severe Weather Warning, Gas Leak, Unauthorized Absence, Wild Land Fire).
- Issued by the Executive Policy Team, Health and Safety Office, or Risk Management Office-Sacramento.
- Format will include the words SAFETY ALERT in the subject line. The body shall have the following header centered at the top of the page in all caps;

**THIS IS A DSH NAPA ALL E-MAIL NOTIFICATION – PLEASE DO NOT RESPOND
MANAGERS AND SUPERVISORS-PLEASE PRINT, POST AND SHARE WITH ALL EMPLOYEES**

2. **Safety Advisory-** [All-Email to be posted in work-site]

- Advisory messages are intended to communicate important, need to know information. Advisories should be considered less time-critical than alerts and require a heightened awareness from employees.
- Issued by the Executive Policy Team, Health and Safety Office, or Risk Management Office-Sacramento.
- Used to raise awareness in specific areas, to specific identified hazards. (e.g., Allergy Warnings, broken equipment, unsafe conditions, etc.)
- Format will include the words Safety Advisory in the Subject Line. Same header in the body as Safety Alert in all caps.

3. **Community Notification-** [ALL Email to be posted in work-site]

- Community messages should be used to convey everyday local news, happenings developments. Community messages should not contain any time-critical messages
- Issued by the Health and Safety Executive Policy Team, Health & Safety Officer or Risk Management Office- Sacramento.
- Format will include the words Community Notification in the Subject Line. Same header in the body of the message as Safety Alert/Advisory in all caps.

4. **Technology Services Division (TSD) Notifications-** [ALL Email to be posted in work-site]
- **Risk Level LOW:** The change may interrupt or delay business operations, with little impact on communications.
 - **Risk Level MEDIUM:** The change may interrupt or delay business operations, which affect commitments.
 - **Risk Level HIGH:** the change may interrupt or delay business operations resulting in a widespread outage.

Staff will continue to perform their work and follow the direction of their supervisor.

Managers and supervisor may request a DSH-Napa All E-mail be sent out by forwarding to the following classifications. The list is in order of preference.

1. Health & Safety Officer
2. Public Information Officer
3. Police Chief
4. Fire Chief
5. Technology Services Division (TSD)

Department Requesting DSH-Napa All E-mails must use the following protocol for request: The requested information must be put in draft form for dissemination by requesting party.

1. The information contains locations, times work starts/ ends, or other pertinent facts.
2. Type of work being completed/potential impact to areas.
3. Who to contact if there are questions.
4. Please provide one to two days before needing to be posted (emergencies being the exception).

B. REQUIRED POSTINGS

1. Cal/OSHA Injury/Illness Summary:
Copies of the Cal/OSHA Injury/Illness Log Summary, for DSH-Napa, are posted In Hallway of A of the Administration Building and Hallway B of R-Ward by Health & Safety Office, during the months of February, March, and April each year. Cal/OSHA letters of complaint with hospital's response and/or citations will also be posted in these locations.
2. Safety Posters:
Cal/OSHA required posters are displayed: In Hallway B of R-Ward by Health & Safety Office.
3. Asbestos Notifications/Screening Program:
As required by law, Legislation (AB3713) effective January 1989, upon receiving notification of asbestos containing material being present at identified locations, the facility shall notice all employees within 15 days of such notice. In addition, all new employees will be notified at the time of hire. Employees will receive asbestos notification on an annual basis.

Asbestos handling procedures are specified in the Plant Operations Manual and are in compliance with Title 8, Section 5208. Employees assigned to work with asbestos shall receive proper training and be required to follow the procedures as outlined.

When any construction, maintenance, or remodeling is conducted in an area of a building where there is the potential for persons to come into contact with, or to release or disturb any asbestos containing material, a warning notice shall be posted in that area, and evacuation of that area may be required.

Employees assigned to work with asbestos shall be provided, at no cost to the employee, a comprehensive medical examination in accordance with Title 8 section 5208. Asbestos medical screening includes chest x-rays and pulmonary function studies. These tests shall be repeated annually for workers who are over 40 years of age and who have worked in a risk area of possible exposure for 10 years or more. Those workers under 40 years of age or who have worked less than 10 years with asbestos will only need to receive these tests every three years.

The buildings of this facility have been surveyed for asbestos containing materials. Results of the survey will be kept on file in Plant Operations and will be made available for review upon the employee's request. Upon receiving such notification, this facility shall comply with Legislation (AB3713) as stated above. Further information on asbestos notification, procedures, screening, etc., may be obtained from Plant Operations.

C. SAFETY BRIEFINGS (Tailgates)

These short and informal meetings are designed to improve local communication about safety. Supervisors and Managers are encouraged to conduct safety tailgate meetings as a part of or separate from normal employee meetings. Topics should include those discussed in recent safety committee meetings, those suggested by employees, and any risks or hazards observed since the previous meeting.

D. SAFETY ACTION REQUESTS

This section is designed to report non-urgent, non-life-threatening safety issues. For information on reporting active incidents and urgent, life-threatening issues, please see section VI, Safety Hazard Reporting.

Employees will immediately report all safety problems or concerns to their supervisor as soon as they are observed or discovered. Supervisors will take necessary action to correct the hazard.

- 1. Employee Safety Suggestion Form:** Employees may use this form to communicate occupational health safety matters. The form is available through General Services Main Warehouse or the I-Net under Forms, Health & Safety. The form is to be completed and routed through the appropriate chain of command (employees may route anonymously):

- a. **Nursing Employee**: Shift Lead, Unit Supervisor, Nursing Coordinator, Program Director or Department Head.
- b. **Non-Nursing Employee**: Immediate Supervisor, Program Director or Department Head.

The Employee Safety Suggestion Form requests the following information:

- a. The problem or concern
- b. The suggestion for resolution
- c. Benefits expected

If the Program Director or Department Head is unable to resolve the issue at the program level, they will initial the form and forward to the Health & Safety Department for review. If appropriate the issue will be brought to the Safety Committee for comment, recommendation, and follow-up.

2. **Maintenance Services**

- a. **Emergency Repairs (Priority 1)**: In the event of any mechanical, electrical, or environmental failure that creates an immediate unsafe or unhealthy condition to patients, employees or anyone on grounds (i.e. sewer backup, electrical outage etc.) use the following procedures:

1. During business hours Monday thru Friday 0800-1630 hours call extension 5665.
2. After hours, Weekends, and Holidays, call dispatch by dialing "0" or ext. 5340

Non-Emergency Routine Services (Priority 2)

In the event of needed repairs that are not an emergency (i.e. replace floor tile, leaky faucets, light fixtures not working, etc.):

Submit a Service Request to Plant Operations through Web TMA by clicking on the PlantOps Work Order icon located on your computer desktop (Please refer to AD# 402, Maintenance Services)

- b. **Telephone Services**

All telephone work repairs, installation, etc. are requested through Technology Services Division (TSD) via the hospital's intranet home page. Go to the middle of the page, right hand column, select NSH Phone System, on the new screen on the top of the page, select Help Desk, complete the data fields, and submit. (Please refer to AD# 402, Maintenance Services)

- c. **Bio-Medical Equipment**

Medical Ancillary Services is responsible for all medical equipment at the hospital. Central Supply is open Monday thru Friday 0800-1700 hours. The Acute Psychiatric Medical Unit receives daily orders Monday thru Friday; all other units of the hospital are on a weekly schedule.

- 1) Malfunctioning Equipment – A Medical Equipment Failure Form shall be made out and the equipment returned immediately to Central Supply. This form is located on-line under the AD#170 Attachment.
- 2) Emergency Supplies –may be requested at any time. Central Nursing Services schedules an HSS or NOD to fill emergency requests after 1700 hours; and on weekends and holidays. (Please refer to AD# 170, Central Supply for more specifics).

d. **Injury Due to Bio Medical Equipment**

An incident shall be reported whenever employee becomes aware of information that reasonably suggests that there is a probability that a device has caused or contributed to a serious injury, serious illness, or death of a patient within the facility.

The person becoming aware of such a situation shall immediately contact the Health & Safety Officer, attending physician and Chief of Medical Ancillary Services. If the incident occurs after hours contact Dispatch by dialing “0”, Dispatch shall contact the Health & Safety Officer who will advise if immediate action is required, or if the next working day is acceptable. (Please refer to AD# 287, Reporting of Medical Device for more specifics)

e. **Personal Duress Alarm Tag**

Upon arrival at work “wake” tag up by pressing blue button for 2 seconds-release; Test Tag by pressing red button 3-5 seconds-release. Any problems report to Sally Port to exchange.

Refer to: Rainbow Cards; ID Badge Ready Reference; AD# 296, Personal Duress Alarm System.

f. **Personal Duress Alarm System**

No audible alarms, no strobe lights, multi-tag failures, alarms not functioning correctly **CALL DISPATCH AT 5340.**

Refer to: Rainbow Cards; ID Badge Ready Reference; AD# 296, Personal Duress Alarm System.

E. PROGRAM DEPARTMENT SAFETY MEETINGS

DSH-Napa has established Monthly Work-Site Safety Meetings for each Program/Department. Program/Department Heads are responsible for developing and implementing an employee meeting structured to analyze safety incident trends, identify environmental hazards, discuss necessary training, and recommend actions to alleviate hazards. Monthly minutes are forwarded to Health & Safety no later than the 15th of the following month for review and/or possible action. Health & Safety provides a report to the Safety Committee. The following areas will be addressed:

- a. Accident/Injury Review
- b. Safety Security/Environmental Rounds Inspections (attach to minutes)
- c. Monthly Work-Site Safety Training

- d. Site-specific monthly training topic
- e. Safety Suggestions/Concerns

Statewide Safety Committee: The Statewide Safety Committee is designed to improve effectiveness of communication between all DSH locations. The committee will meet monthly, at a minimum. It will include Health and Safety representatives from each DSH location. The Risk Management Office in Sacramento is responsible for the organization and coordination of this committee's schedule and agenda.

Special Incident Report Review Committee: As a component of the departmental safety program, DSH conducts various levels of review. The primary purpose of reviewing serious accidents/incidents is to gather and distribute information which may be useful in preventing a similar occurrence, to detect design, procedural training, and enforcement deficiencies; to detect and document departmental liabilities; to mitigate risk of patient violence and aggression; and to comply with state and federal regulations.

F. PROGRAM/DEPARTMENT SITE SPECIFIC SAFETY PLANS

Because Napa State Hospital is a very large and diverse facility, it is necessary for all Program Directors and Department Heads to develop and implement Program/Department Site Specific Safety Plans for their areas. These Safety Plans must be sent to the Health & Safety Department annually for review. The following areas must be included in the Safety Plans: (contact Health & Safety for a template and assistance)

1. **Site Specific Incident Response**
 - a. All employees will know their evacuation plan and where to locate it
 - b. Meeting place upon evacuating
 - c. Employee(s) assigned roles in evacuating patients
 - d. Employee(s) assigned to take a head count of employee and patients
2. **Plan For Disaster**
 - a. Employees shall be familiar with the HICS plan outlining disaster procedures in the Emergency Preparedness Manual.
3. **Plan For Electrical Safety**
 - a. Electrical Appliances tagged/inspected before being used. See section III, letter A, # 29 or AD# 288 "Electrical Safety and Appliance Inspection".
 - b. Employees know location of emergency shutoffs
 - c. Electrical Panels have 36 inch clearance all around
 - d. Report damaged electrical equipment
4. **Safety Training**
 - a. Programs and Departments will conduct monthly Health & Safety Work-site Training, and any other site specific mandated safety training.
5. **General Safety / Safety Communication**
 - a. Conduct Environmental Rounds once a month
 - b. Daily inspection of work area for good housekeeping

- c. Safety Data Sheets
- d. Conduct Monthly Safety Meetings
- e. Review of Administrative Directives as updated
- f. Tools shall be inventoried and marked; see Section III, Letter A, # 26 or AD# 289, Tool Control.

6. Site Specific Issues Not Identified

- a. Any issues specific to worksite not identified in the IIPP.

V. RISK ASSESSMENT AND SAFETY INSPECTION PROGRAM

A. HAZARD AND RISK ASSESSMENTS

Risk assessments and safety inspections of the Environment of Care is made up of three basic elements:

1. The building space, including how it is arranged and special features that protect patients, visitors, and employee;
2. Equipment used to support patients care or to safely operate the building or space;
3. People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing tasks.

This section describes DSH-Napa's inspections and efforts designed to reduce risk in these three elements.

It is the policy of the Department of State Hospitals (DSH) to conduct pro-active Hazard and Risk Assessments of the work environment on at least an annual basis. The Hazard and Risk Assessment is used to evaluate the impact of the environment of care on safety. Impact may include disruption of normal functions or injury to individuals. The Hazard and Risk Assessments will be used to identify the need for performance improvement in order to mitigate the risk.

Periodic scheduled and un-scheduled Hazard and Risk Assessments shall be required. Hazard and Risk Assessments shall include a process for setting deadlines and priorities for the correction of safety and security deficiencies, and for informing management that Hazard and Risk Assessments and corrections have been completed. Hazard and Risk Assessments help keep management informed of the types of security, facility, equipment, and worker safety problems that are occurring.

Hazard and Risk Assessments shall include but are not limited to the following:

1. Environment of Care Inspections (EOC):

Identifies risk associated with the environment of care. EOC inspections shall include an evaluation of the impact of the environment of care on safety, and will be used to identify the need for performance and/or process improvements in order to mitigate the risk associated with violence and safety hazards. EOC inspections are conducted: Residential/Clinical every 6 months, administrative areas once a year. The Health and Safety Officer (HSO) or designee shall be assigned to the EOC team. The HSOs primary role is to focus on potential and actual risks associated with violence, accidents, injuries, illnesses, and exposures posed by the environment, patients, and the provision of treatment.

- a) Risk posed by physical plant operations, machines, and equipment;
 - Examples include: access to and from the worksite, lighting controls, unit visibility control, availability of emergency escape routes, vegetation control, and physical barriers including perimeter fencing, barricades, patient out-of-bounds controls, etc.
- b) Risk posed by work tasks, procedures, and protocols;
 - Examples include: monitoring patients on grounds access, maintaining coverage while employee respond to alarms and emergencies in other areas of the facility, etc.
- c) Monitoring work practices for safety.
- d) The Supervisor of each work area is responsible for seeing that all identified unsafe conditions are corrected.
- e) Department Heads /Program Directors are notified via e-mail of any deficiencies. Corrective actions shall be documented and sent to the EPT Member within 30 days of receipt of the inspection report. A copy of the corrective action shall be sent to the Health and Safety Office.

2. Environment of Care Risk Assessment Program (EOC)

It is the policy of DSH-Napa to identify, evaluate, and correct physical plant issues and unsafe practices that present unacceptable risk to patients, employees, visitors, and volunteers.

- a) The Safety Committee identifies and rates all known physical plant deficiencies and problems.
- b) Identified risks require an interim plan of action for immediate implementation by Program Management/Unit Supervisors, until long term solutions are in place.
- c) Identified risks are assessed and ranked utilizing a 5 point scale. 1 being no risk with 5 being highest risk.
- d) Plans of Actions are developed by the Safety Committee using 6-point criteria.
- e) Refer to AD#283, Environmental Risk Assessment Program for specifics.

3. Security Inspection:

It is the policy of DSH-Napa that a pro-active Security Risk Assessment of the Environment is conducted on at least an annual basis in both clinical and clinical support

areas by the Hospital Police Department. Hospital Police will track their recommendations until complete and report progress to the Safety Committee.

4. Title 19 Inspections:

The Fire Department conducts annual fire and life safety inspections of all buildings and grounds as directed by the CCR T19. To safeguard life and property from the hazards of fire and eliminate conditions hazardous to life or property in the use of buildings and grounds.

5. Outside Agency Inspections:

The Joint Commission, Public Health Licensing, Office of Statewide Health Planning and Development (OSHPD), California Department of Public Health (CDPH), State Fire Marshall, etc.

6. Workplace Violence Hazard Inspection Policy

Workplace violence hazard inspections are incorporated into the Environment of Care (EOC) Inspection process and are conducted by the EOC Inspection Team. Designated EOC team members include a representative from Health and Safety, Hospital Police, Plant Operations, Fire Department, Generals Services, Public Health, and a Program Representative.

Hospital Police conduct an annual security assessment which is also considered part of the Workplace Violence Hazard Inspection Policy under the directive of AD#299 Workplace Security.

A Workplace Violence Hazard Inspection may also be conducted based on a workplace violence injury report due to a work related injury, refer to Section III, A Workplace Security Policy.

7. Violence Risk Assessments

a. Violence Risk/Clinical Risk Management Program

DSH-Sacramento has established a comprehensive risk management program that assesses risks associated with treating the patient population served and facilitates identifying standardized outcome measures for risks within the facility. For more information on system-wide clinical risk management see Administrative Letter 2012-04.

DSH-Napa's utilizes a Risk Management Program involving a continuous and direct approach in identifying, implementing, and analyzing measures to protect patients and employee from harm and reduce or eliminate the risk of harm to patients, employees, and visitors. The Quality Council is charged with oversight and ensuring implementation and on-going performance improvement. A standardized procedure utilizing a hierarchy of interventions is used when addressing identified risk, behavioral and medical incidents.

- 1) **Risk Management:**
 - i. The Treatment Team shall assess for and address specific risks and benefits of each patient's rehabilitation and therapeutic interventions.
 - ii. Risk Management Program is a multifaceted process to support proper and timely identification of high risk situations of an immediate nature that need corrective actions to remedy risks; and timely interventions to prevent or minimize harm to patients.
- 2) **Risk Management Components:**
 - i. Data Management: Standard Compliance Department shall maintain a risk management data base; to generate reports, analyze, monitor, track recommendations; and generate follow-up notices.
 - ii. Identification of Patients at Risk: key indicators, behavioral & medical high risk, hospital-specific high risk list.
 - iii. Response to Risk Identification: A hierarchy of interventions is established that corresponds to the level of risk in order to address the risk and reduce the potential or actual harm to patients identified on the High-Risk list.
- 3) **Performance Improvement**
 - i. Quality Council shall provide oversight for both Risk Management and Performance Improvement functions.
 - ii. Violence Reduction Committee provides summary of actions on violence reduction efforts to Quality Council along with taking action on the council's requests.
 - iii. Incident Review Committee recommends programmatic and systemic corrective actions based on investigation reports and other data, which may include a referral to Quality Council.
- 4) **Incident Response:**
 - i. In-Depth Analysis: A process to examine an incident or event using tools to objectively evaluate what happened and what led to the incident
 - ii. Intensive Case Analysis: Used to analyze medication variances.
 - iii. Brief process Review: Initiated as a result of instances of prone containment, prone transport, and prone restraint may be initiated by the Risk Manager for other events of high risk of negative outcome.
 - iv. Emergent Case Review: Initiated as a result of unusual circumstances, recent event not rising to the level of requiring an In-Depth Analysis or perceived pattern necessitating Morning Management Meeting or by the Standards Compliance Coordinator.
- 5) **Performance Improvement Communication**

Performance Improvement activities shall, with the collaboration of stakeholders, communicates findings, actions and recommendations between groups addressing the same case or issues. The purpose is to ensure consistency and communication of all relevant and available incident information to employee and committees appropriate to the topic. *(Please refer to Administrative Directive#030, Risk Management for more specifics)*

B. ALARM SYSTEM TESTING

1. Fire Alarms: Testing and preventive maintenance is performed by Plant Operations quarterly and annually in accordance with National Fire Prevention Association §72 Chapter 10.
 2. Personal Duress Alarm Tag Test: Alarm System and employee response; all employees shall test their tags every time they enter DSH-Napa Grounds, obtain a new PDAS Tag, or feel the need. Problems are to be reported immediately to Dispatch for appropriate notifications.
 3. Personal Duress Alarm System: Preventive maintenance, testing, and repairs are performed by the Technology Services Division (TSD). The system performs a daily health check and generates a report of any malfunctioning components. Based on this report, TSD then completes a software check followed by a physical test of the components. The TSD Systems Software Specialist III supervisor is responsible for overall maintenance and reporting any major utility failures to Hospital Administration, Health & Safety Office, the Chief Information Officer. A major utility failure is defined as: a half hour outage on the system impacting 30 or more employees.
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VI. SAFETY HAZARD REPORTING

This section describes reporting of urgent, life-threatening safety hazards and active incidents. For information on reporting non-urgent, non-life-threatening safety hazards, please see section IV-D on page 24 of this Safety Plan.

Employees must report unsafe conditions to their immediate supervisor (e.g., informal discussion, safety tailgates, work planning sessions, employee meetings, etc.). This contact is the first employee should make since the supervisor is in the best position to take immediate corrective action.

A. WORKPLACE VIOLENCE REPORTING

Each state hospital shall develop an incident reporting procedure that can be used, at a minimum, to develop reports of patient assaults on employees and assist the hospital in identifying risks of patient assaults on employees. Data obtained from the incident reporting procedures shall be accessible to employee. The incident reporting procedure shall be designed to provide hospital management with immediate notification of reported incidents. The hospital shall provide for timely and efficient responses and investigations to incident reports made under the incident reporting procedure. Incident reports shall also be forwarded to the Safety Committee. (Welfare and Institutions Code Section 4141; subsection (c)). Safety Meeting Minutes are posted on the I-Net.

1. It is the policy of DSH-Napa to foster a work environment free of violence. DSH-Napa is committed to the prevention of and appropriate response to all incidents involving a violent or criminal act by a current, or former employee, by anyone who

has an employment-related involvement with DSH-Napa, by a recipient of a service provided by DSH-Napa, or by a person with no legitimate relationship to the workplace.

2. Every employee is required to appropriately maintain cooperative, professional and effective interactions with other employees, patients, and the public.
3. Report to his/her supervisor threatening situations involving employees, non-employees, and unauthorized individuals in the workplace.
4. If the anticipated or actual incident involves the employee's supervisor or manager, the report may be made to the next highest level in the chain of command.
5. Employee may activate their PDAS and/or Dial "7" if they feel the situation is urgent and requires Hospital Police and/or emergency services, examples include:

Consistently acting out in anger	Attempted suicide
Making Suicidal Threats	Utilization/display of weapon
Verbalizing wishes to hurt co-workers	Physical Assault
6. Cooperate with management to provide evidence of events of behavior which she/he personally witness or has knowledge.
7. Reporting of incidents may be made anonymously. However, anonymity cannot be guaranteed in a case requiring legal or administrative action. The extent to which anonymity can be preserved must be explained to the employee upon such reporting.
(Please refer to AD# 299 for more specifics)

B. UNSAFE WORK PRACTICES REPORTING

1. All reports of unsafe work practices shall be documented using Progressive Disciplinary Process.
2. All reports of unsafe work practices will be responded to according to the guidelines for Progressive Disciplinary Process, if required accident/incident investigations shall be completed.
3. Supervisors are responsible to ensure corrective action is taken in a timely manner.

C. ACCIDENT/INJURY/ILLNESS/EXPOSURE REPORTING

Please refer to section XIII Return to Work Program, Reporting.

D. SUPERVISOR'S INITIAL REPORT

1. The immediate supervisor of the injured or ill employee shall ensure that injured worker receives necessary medical care according to Administrative Directive #281 Work Related Injury/Illness.
2. Complete Supervisor's Referral for Evaluation of Employee Injury/Illness (NSH039) and send employee to OHC;
3. Make every effort to ensure that any cause of the injury or illness is no longer a danger. (See Section X, Risk Mitigation and Hazard Correction).
4. Conduct a thorough review of the circumstances to determine the root cause and memorialize the event in writing.
5. Make a report using: Employers Report of Occupational Injury or Illness Report (3067). This form is located on the I-Net under Forms, Health & Safety. Forward to Health & Safety Office within 48 hours. Do not provide a copy to the employee as this is an investigative tool in which the supervisor shall provide information in cases of suspected workers compensation fraud.
6. In the case of death or serious injury, the supervisor must **IMMEDIATELY** notify: Dispatch by Dialing 7, See Section VI-D on Death and Serious Injury Reporting).
7. Health & Safety will provide required workers compensation forms.
8. See section XII, Return to Work Program for more information.

E. DEATH AND SERIOUS INJURY REPORTING

Serious injuries are those that: (a) require in-patient hospitalization for more than 24 hours for other than medical observation; (b) involve the loss of a body part; or, (c) involve serious disfigurement.

When death or a serious injury occurs, the employee's supervisor must notify: Dispatch by dialing 7. Dispatch will make appropriate notification per their Standard Operating Guideline to include but not limited to: Executive Policy Team, Standards Compliance, Hospital Police, and the Health & Safety Officer.

The Health & Safety Officer shall in accordance with CCR Title 8 Article 3 §342(a), every employer shall report immediately by telephone to the nearest District Office of the Division of OSHA any serious injury, illness, or death, of an employee occurring in a place of employment or in connection with any employment. Immediately means as soon as possible but not longer than 8 hours after the employer knows. This immediate notification is in addition to sending the SCIF 3067 (STATE) to State Fund.

If the injury or death is the result of law enforcement action involving a firearm or other means of force, the investigation and reporting requirements of Hospital Police Services shall be followed. In all cases Hospital Police shall notify the coroner.

VII. **EMERGENCY RESPONSE AND ACTION PLANS (What to do if?)**

The purpose of this section is to describe the procedures and protocols associated with responding to DSH-Napa emergencies. Emergency Action Plans must include but are not limited to the following:

1. Means of reporting assaults, fires, and other emergencies;
2. Emergency procedures and evacuation routes;
3. Procedures to be followed by employees;
4. Procedures to account for employees, non-employees, and patients;
5. Means of providing rescue and medical services during and after the emergency;
6. Recovery and return to normal operations;
7. Names and job title of responsible people and training;
8. How training is provided initially and periodically in the emergency action plan.

When a serious and/or violent incident occurs, many are affected: the victim, witnesses, bystanders, as well as friends, relatives, and co-workers. To avoid long-term difficulties following a serious and/or violent event, certain follow up responses and interventions must take place.

A. **WHAT TO DO IF AN ALARM GOES OFF:**

1. **EMERGENCY RESPONSE TEAM**

The Police, Fire Department, and Dispatch is staffed 24 hours a day 7 days a week to provide communications, security, fire, and life safety.

The hospital's Plant Operations Department operates 5 days a week 8 hours a day, emergency services are available by dialing "0" and requesting services through Dispatch.

In the event of an emergency the following departments will assume the following functions as listed:

Department	Function
Fire	Fire Fighting
	Medical Response/Rescue/Transport
	Hazardous Materials Response

Police	Security
	Maintain Order
	Evacuation & Rescue
	Perimeter & Traffic Control
	Assess Need for Lockdown
Plant Operations Plant Operations continued	Spill Prevention Control & Countermeasure Response
	Survey Dam Using DAM EAP Annex I, section 4.2 Incident Action Plan (IAP) pages 6-9 and Report to Dispatch
	Shut off Gas Lines & Inspect all Above Ground Storage Tanks for Damage/Leaks
	Inspect Damaged Buildings
	Water – Damage Assessment
	Sewer Operation & Maintenance
	Shut Down Water Mains
Level of Care	Alert Emergency Responders
	Assess Casualties
	Triage & Initiate Treatment
Executive Director	Assume Control and Command as Incident Commander
	Open Hospital Command Center (HCC)
	Staff the Hospital Command Center
Command Personnel	Utilize Job Action Sheets and Incident Response Guides to support Response/Recovery
General Personnel	Utilize Job Action Sheets and Incident Response Guides to support Response/Recovery
	Fill Positions in Sections as Required to Facilitate Response/Recovery

2. PERSONAL DURESS ALARM SYSTEM ACTIVATION

The Personal Duress Alarm System may be activated by employees for any emergency or duress situation; examples include fire, medical emergency response, major or minor disturbances (on the unit and/or on grounds), unauthorized absence, or police response. **To activate the tag simply pull down.** (Please refer to AD# 296 Personal Duress Alarm System for more specifics and/or Rainbow Cards PDAS Response)

3. FIRE ALARM ACTIVATION

Activate the Fire Alarm System using pull station or key station:

- a. Inside the STA use AA1, AA2, or red key.
- b. The R&T building use BK-8, or red key in other areas use pull station.

- c. Dial “7” and provide situation report: type of fire, location, victims, resources needed, and immediate action taken.

B. WHAT TO DO IF SOMEBODY GETS HURT:

1. INJURED/ILL EMPLOYEE MEDICAL TREATMENT

Please refer to section XIII, Return to Work Program for full details.

2. MEDICAL EMERGENCY RESPONSE

The first hospital employee who happens upon, or is the first to be notified of any person experiencing a life threatening medical emergency shall activate their PDAS, and/or Dial “7”, and/or have someone else Dial “7” for hospital police, emergency medical personnel, and other employee in the area. Provide Basic Cardiac Life Support (BCLS) and Basic First Aid (BFA). Coordinate emergency medical care until emergency medical services (EMS) arrive. Do not stop care unless directed to do so by EMS. (Please refer to Rainbow Cards Code Blue and/or AD# 649, Medical Emergency Response System)

3. POST INCIDENT EMOTIONAL TRAUMA CARE

The Post Trauma Support (PTS) program shall offer immediate care and support to any employee affected by a traumatic situation. Immediate support has been demonstrated by multiple research studies to help many trauma-related problems.

In the event of a traumatic situation, in addition to following required safety, security, and investigative procedures, it is important that the following actions occur:

- a. The involved employee will be considered for relief from his/her duty assignment and will be moved from the immediate areas to a secure location as soon as possible.
- b. Immediately assign another on-duty employee member to stay with the affected employee for personal support during post incident activities.

The PTS program provides basic type of service including:

- a. A needs assessment completed by a member of the PTS Resource Group
- b. Critical Incident Stress Management (CISM) session(s) with an individual trained in CISM services.
- c. Information and referral regarding access to the Employee Assistance Program (EAP) and long term specialized care.
- d. Referral to professional counseling services (not associated with the facility) as available to assist employees in post-traumatic situation.
- e. Please refer to AD# 852, Employee Post-trauma Support for more specifics.

4. EMPLOYEE ASSISTANCE PROGRAM

As a State of California Employee, you and your eligible dependents have access to an Employee Assistance Program (EAP). This program is provided by the State of California as part of the State’s commitment to promoting employee health and wellbeing. It is offered at no charge to the employee and provides a valuable resource

for support and information during difficult times, as well as consultation on day-to-day concerns. EAP is an assessment, short-term counseling and referral service designed to provide you and your family with assistance in managing everyday concerns. EAP offers confidential clinical help for everyday people with everyday problems. For more information on EAP, please contact your location's Employee Assistance Coordinator or visit <http://www.calhr.ca.gov/employees/Pages/eap.aspx>.

This site's Employee Assistance Coordinator is: Tony Rabin Ph.D.
This site's Employee Assistance Coordinator can be reached at: 253-5334
If you need help, call toll-free, 24 hours a day, seven days a week:

- 866-EAP-4SOC (866-327-4762)
- TDD callers dial 800-327-4762
- Or visit EAP on the web at <http://eap4soc.mhn.com>

Specially trained customer service representatives and professional EAP counselors are available 24 hours a day, 7 days a week to confidentially discuss your concerns and ensure that you receive the assistance you need.

You can also contact your departmental EAP coordinator, or the Statewide EAP Benefits Manager at (916) 651-2817.

VIII. INVESTIGATIONS

Accident/incident investigations are an essential element of an Injury and Illness Prevention Program. The purpose of investigation is to determine the contributing factors and root cause of workplace accidents, injuries, illnesses, and violence related incidents; and making necessary changes to policies, procedures, and protocols to prevent recurrence.

Depending on the nature of the event investigations may be conducted by Supervisor, Health & Safety Office, Standards Compliance Department, Hospital Police, Equal Employment Office, Special Investigations, and/or outside agency.

Minor incidents or "close calls" should be investigated since they are usually a warning of potential hazards that could result in serious injuries or illnesses to employees. (Please see Glossary Section for definition of these incidents)

All situations where there is a credible reason to believe threats or acts of violence have occurred, or are likely to occur, will be investigated by Hospital Police Services and/or Special Investigations Unit and may be subject to criminal proceedings. This includes threats or violence between employees.

Accidents/incidents should be investigated according to the following:

1. Reviewing all previous accidents/incidents, including any previous reports of inappropriate behavior by the perpetrator, if an incidence of violence has occurred;
2. Visiting the scene of the incident as soon as possible but no more than 24 hours after an incident occurs;
3. Interviewing threatened or injured workers and witnesses;
4. Examining risk factors associated with the accident/incident;
5. Determining the cause of the incident;
6. Taking corrective action to prevent the incident from reoccurring; and,
7. Recording the findings and corrective actions taken.

It is essential that incidents be investigated as soon as possible while facts are still clear and more details can be remembered.

A. CRIMINAL INVESTIGATIONS

In accordance with AD 435 Investigations of Alleged Criminal Acts and Employee Misconduct, allegations of staff misconduct and criminal acts will be fully investigated (administratively and or criminally) and if substantiated, may result in corrective or disciplinary action up to and including termination of employment. When appropriate, substantiated allegations of criminal acts will be referred to the District Attorney's Office for review and determination of criminal prosecution.

B. ADMINISTRATIVE INVESTIGATIONS

Please see above under Criminal Investigations and refer to AD 435 Investigations of Alleged Criminal Acts and Employee Misconduct for full details.

C. ACCIDENT/INJURY/ILLNESS/EXPOSURE INVESTIGATIONS

1. Investigations of accidents, injuries, illnesses and/or exposures shall be conducted by the Unit Supervisor or designee. The Unit Supervisor or designee shall complete Employer's Report of Occupational Injury or Illness (3067) form and route to Health & Safety Office within 24 hours.
2. The Health & Safety Office Return to Work Coordinator shall review all injury/illness reports. Reports requiring further investigation shall be reported to the Health & Safety Officer.
3. The Health & Safety Officer or designee shall conduct a further investigation if needed as outlined above.

D. WORKPLACE VIOLENCE INVESTIGATIONS

1. Investigations of allegations of violations to DSH's workplace violence policy shall be conducted by Hospital Police and/or Special Investigations;
 2. Investigators shall follow all guidelines listed above;
 3. Upon completion of the investigation, Investigators shall send a report and recommendation to the Executive Director, who will determine what, if any, further actions need to be taken.
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IX. POST INCIDENT RESPONSE

When a serious and/or violent incident occurs, many are affected: the victim, witnesses, bystanders, as well as friends, relatives and co-workers. To avoid long-term difficulties following a serious and/or violent event, certain follow-up responses and interventions must take place, including:

1. Injured or ill employees receive immediate medical treatment;
2. Hazards are immediately corrected, or as soon as is safe to do so.
3. The accident/incident is reported to the appropriate authorities including Health and Safety, Executive Management, and other regulatory agencies according to the established reporting guidelines of this plan. (*See Section XIX INJURY/ILLNESS REPORTING AND RECORDKEEPING*)
4. The accident/incident is documented on the designated forms; and,
5. Injured or ill employees are notified and informed of Employee Assistance Program (EAP) availability. (*Please see Section VII, B-4: EMPLOYEE ASSISTANCE PROGRAM*)

A. INJURED/ILL EMPLOYEE MEDICAL TREATMENT

Please see Section XIII RETURN-TO-WORK PROGRAM

B. CRITICAL INCIDENT STRESS DEBRIEFING

Please see Section VII, B-3 EMERGENCY RESPONSE AND ACTION PLANS

C. EMPLOYEE ASSISTANCE PROGRAM

Please see Section VII, B-4 EMPLOYEE ASSISTANCE PROGRAM

X. RISK MITIGATION AND HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices, procedures, or those which threaten the security of workers shall be corrected in a timely manner based on severity when they are first observed or discovered. The purpose of this section is to identify expectations related to risk mitigation and hazard correction.

A. RISK MITIGATION

These efforts shall include but are not limited to the following:

1. Plant and Equipment:
 - a. Controlling access to the workplace and freedom of movement within it, consistent with patient care and the appropriate emergency response plan; (See Emergency Preparedness Manual)
 - b. Ensuring adequacy of workplace security systems such as alarm and notification systems, door locks, restraint systems, security windows and bars, patient out-of-bounds barricades and signage, perimeter fencing of the Secure Treatment Area (STA), cameras, metal detectors, key controls, etc.;
 - c. Reviewing and revising patient grounds access policies and status as needed, but no less than annually;
 - d. Applying Therapeutic Strategies and Interventions according to TSI guidelines and training, when necessary.
2. Operating Procedures:
 - a. Implementing interim safety measures when a hazard exists which cannot be immediately corrected or repaired. These measures may include use of the “buddy system”, distributing safety whistles or screamer alarms, and/or
 - b. A temporary change to standard protocol(s); and are the responsibility of the supervisor of impacted employee, to determine;
 - c. Having effective grounds policies;
 - d. Establishing emergency response assignments, for unit employee, at the beginning of each shift;
 - e. Identifying and sharing information about heightened hazards from patients;
 - f. Disseminating information about any changes on individual living units.
3. Risk Mitigation Policies and Procedures:
 - a. Administrative Directive Table of Contents
 - b. Emergency Preparedness Manual
 - c. Infection Control Manual
 - d. Nursing Procedures Manual
 - e. Pharmacy Manual
 - f. Safety/Security Searches Manual
 - g. Therapeutic Strategies and Interventions Manual

B. HAZARD CORRECTION

Corrective action procedures for correcting hazards, including those which threaten the security of workers shall include but are not limited to:

1. Notification to immediate Supervisor.
2. Issuing Safety Communication to alert employees to a hazard.
3. Repairing dysfunctional equipment or correcting other safety hazards immediately, or as soon as possible.
4. Implementing interim safety measures when a hazard exists which cannot be immediately repaired.
5. Ensuring repairs are performed within a timely manner.
6. Administrative Directives.
7. Emergency Preparedness Manual
8. Infection Control Manual.
9. Nursing Procedures Manual.
10. Pharmacy Manual.
11. Safety/Security Searches Manual.
12. Therapeutic Strategies and Interventions Manual.

C. HEAT ILLNESS PREVENTION PLAN (HIPP)**1. DSH SACRAMENTO**

The plan describes DSH operations during heat related emergencies and provides guidance for State Hospitals in the preparation of their heat emergency response plans and other related activities. The plan recognizes the need for DSH-Sacramento to communicate and coordinate with State Hospitals, including the Health and Safety Officer.

In accordance with the State of California's Contingency Plan for Excessive Heat Emergencies, the plan recognizes three (3) phases of activation.

- a. Seasonal Readiness
- b. Heat Alert
- c. Heat Emergency

These phases are activated based on the severity of the risk of heat to vulnerable populations, the general population, and animals. The direct involvement of DSH in response increases with the severity of the risk.

The plan contains specific actions to be taken by DSH in each of the three phases, and a checklist to guide actions. The specific action steps include:

Phase I: Seasonal Readiness

Phase I actions are taken in the hotter months (May through August) to prepare for and maintain a state of increased readiness. This includes the following actions:

1. Initial notification to DSH facilities
2. Review of existing plans, procedures and resources
3. Orientation and training to plans and procedures

Phase II – Heat Alert

Phase II actions are taken as a result of credible predictions by National Weather Service (NWS) of excessive heat or of power outages during warmer than normal weather conditions. During this phase, contact with DSH facilities and coordination among state agencies increases.

Phase II actions will be initiated when one or more of the following exists:

1. Notification from an Operational Area (OA) that one or more jurisdictions have issued a heat-related special weather statement (outlook, watch, advisory, warning, etc.), but the OA has not activated the Hospital EOC;
2. The National Weather Service issues special weather statement for an Operational Area or Region predicting an **Excessive Heat Warning**;
3. Credible predictions of power outages, electrical blackouts, or rotating blackouts (e.g., CAISO Stage 3 Electrical Emergency) during periods of high heat.

Phase II actions include the following:

1. All facilities ensure that nursing employees are familiar with patients taking antipsychotic and other forms of medications that have possible drug/heat or sun exposure interactions. Hats, sunscreens, and prompts to drink fluid are also available for patients and employee as needed. Outdoor activity is limited;
2. All facilities will activate their heat plans when environmental triggers are reached. These triggers will be based upon normal local conditions and may vary from facility to facility;
3. Participation in the initial coordination call and periodic or daily calls as needed among the key state agencies and the potentially affected Operational Areas and Regions with weather and power updates;
4. Confirm details of agency participation, employing.

Phase III – Heat Emergency

Phase III actions are taken when conditions in one or more Operational Areas pose a severe threat and one or more of the following exists:

1. Notification from an Operational Area that one or more jurisdictions have proclaimed an emergency related to excessive heat;
2. Abnormal animal mortality rates due to excessive heat;
3. Abnormal human medical emergencies and mortality due to excessive heat;

4. CAISO Stage 3 Electrical Emergency and /or extended power outages during expected excessive heat conditions.

Phase III efforts include urgent and comprehensive actions to complement and support local actions during the most severe heat event. These actions may include:

1. All facilities ensure that nursing employee are familiar with patients taking antipsychotic and other forms of medications that have possible drug/heat or sun exposure interactions. Hats, sunscreens, and prompts to drink fluid are also available for patients and employee as needed. Outdoor activity is limited;
2. All facilities will activate their heat plans when environmental triggers are reached. These triggers will be based upon normal local conditions and may vary from facility to facility. Coordinating calls will increase as needed;
3. Sending DSH representatives upon activation of the SOC;
4. Activation of the DSH DOC;
5. Fielding requests for mutual aid and state assistance;
6. The Governor may declare a state of emergency in the impacted area(s).

2. DSH-NAPA HEAT PLAN

The elements reflected within this Heat Illness Prevention Plan are those contained in Title 8 of the California Code of Regulations §3395 and consist of the following:

1. Provision of Water - 3395 (c) Employees at DSH-Napa having access to potable drinking water meeting the requirements of sections 1524, 3363, and 3457, as applicable, including but not limited to the requirements that it be fresh, pure, suitably cool, and provided free of charge. Employees working outdoors, without access to plumbed or continuously supplied water, shall have water made available on the job site, one quart per employee per hour during the work shift. Supervisors are responsible to check the water supply every 30 minutes and refill the container when level falls below 50%. The frequent drinking of water shall be encouraged.
2. Access to Shade - When outdoor temperature in the working area exceeds 85 degrees Fahrenheit, employees working outdoors shall be provided temporary shade using canopies, umbrellas or other portable devices that do not expose employees to unsafe or unhealthy conditions. Shade provided shall be at least enough to reasonably accommodate the number of employees on recovery, rest, or meal periods. Reasonable accommodation is defined as sitting in a normal posture in the shade without having to be in physical contact with each other. Such access shall be located as close as practicable and access permitted at all times.

Preventative cool-down rests are encouraged and employees who take rest shall be (A) monitored and asked if he or she is experiencing symptoms of heat illness; (B) encouraged to remain in the shade; (C) not be ordered back to work until any signs or symptoms of heat illness have been abated.

3. Training - Employees are trained on heat illness prevention by attending First Aid Classes provided by the Training Department, and during their Monthly Worksite Safety Trainings. Thereafter, Supervisors are responsible to provide clear and precise directions and information to employees working in areas where illness due to heat may occur. Pre-shift meetings or safety tailgates before the commencement of work shall be held to review the high heat procedures, illness response, encourage adequate water consumption, and to remind employees of their right to take a cool-down rest period when necessary.

Supervisor shall be responsible for ensuring requirements for the provision of water; access to shade and compliance for employee training are met. Additionally, the supervisor or their designee shall be responsible for observation/monitoring of employees at the worksite; and for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by medical service personnel.

During heat alerts, heavy work activities should be completed during the cooler (early morning) part of the day and slower paced, less physically demanding work shall be scheduled during the hotter parts of the day. During extreme temperature warnings, co-workers who are intermittently supervised shall watch each other closely for signs of discomfort or symptoms of heat illness. Staff shall utilize radios, cell phones, or other means of communication to ensure that emergency services can be called in the event of a heat-related illness.

First Aid Awareness and Actions in the Event of a Heat-Related Illness:

Common symptoms of heat illness are headache, muscle cramps, and unusual fatigue. If untreated more serious symptoms occur such as; unusual behavior, nausea/vomiting, weakness, rapid pulse, excessive sweating or hot dry skin, seizures and fainting or loss of consciousness. **These symptoms require immediate attention. Dial “7”, or if no access to a landline use the cell phone to contact dispatch at 707-253-5340, to obtain emergency medical services.**

The following chart helps employees recognize the main types of heat-related illnesses, symptoms, and the appropriate treatment to reduce the effects of the heat-related illness.

	Symptoms	Treatment
Heat cramps	<ul style="list-style-type: none"> • Muscle spasms in legs or abdomen 	<ul style="list-style-type: none"> • Move person to a cooler location • Stretch muscles for cramps • Give cool water or electrolyte-containing fluid to drink
Heat exhaustion	<ul style="list-style-type: none"> • Headaches • Clumsiness • Dizziness/lightheaded/fainting • Weakness/exhaustion • Heavy sweating/clammy/moist skin • Irritability/confusion • Nausea/vomiting • Paleness 	<ul style="list-style-type: none"> • Move person to a cooler location (do not leave alone) • Loosen and remove heavy clothing that restricts evaporative cooling • If conscious, provide small amounts of cool water to drink • Fan a person, spray with cool water, or apply a wet cloth to skin to increase evaporative cooling. • If not feeling better, dial "7" or call Ext. 5340 for medical emergencies.
Heat stroke	<ul style="list-style-type: none"> • Sweating may or may not be present • Red or flushed, hot dry skin • Bizarre behavior • Mental confusion or loss of consciousness • Panting/rapid breathing • Rapid, weak pulse • Seizures or fits 	<ul style="list-style-type: none"> • Dial "7" or call Ext. 5340 • Move a person to a cooler place (do not leave alone) • Cool worker rapidly • Loosen and remove heavy clothing that restricts evaporative cooling • Fan person, spray with cool water, or apply a wet cloth to skin to increase evaporative cooling.

3. COMMUNICATION

a. **ELEVATED TEMPERATURE DSH-NAPA ALL**

The Napa Fire Department will continue to send out elevated temperature notifications daily using the Alpha Numeric Sign Board in accordance with Nursing Policy 126, Heat Related Illness & Maintenance of Hydration. Additionally, The Fire Chief will send out a weekly DSH-Napa All during weeks with a projected forecast for elevated temperatures. In the Chief's absence the on-duty fire fighters will use the approved list to have a DSH-Napa all sent out.

b. **ELEVATED TEMPERATURES**

As warmer weather quickly approaches the Napa Valley, nursing employees should review Nursing Policy 126, Heat Related Illness & Maintenance of Hydration. Critical Note: Each unit must have an "Elevated Temperature Response Binder" that includes nursing Policy 126, as well as the Unit Temperature Record. The Unit Temperature Record is to be completed hourly whenever the temperature reaches or exceeds 81 Degrees Fahrenheit.

HIGH TEMPERATURE WARNING > 81°:

If the temperature reaches 81° F or greater inside or outside the unit, the alpha/numeric signboard located in the Nursing Station will display the following: **"HIGH TEMPERATURE WARNING"** and direct employees to follow Nursing Policy 126. Some measures to be taken:

1. Food Service Employee will provide extra fluids for maintenance of hydration.
2. Fluids are provided to non-ambulatory patients.
3. Fans should be placed in corridors to promote circulation.
4. Hourly temperatures of one activity room and one bedroom will be taken and documented on the Unit Temperature Record.

c. **"EXTREME TEMPERATURE WARNING" > 85°**

If the temperature reaches 85° F the alpha/numeric signboard located in the Nursing Station will display:

"EXTREME TEMPERATURE WARNING" and direct employees to follow Nursing Policy 126 which include the following additional measures:

1. Routine activities that occur outdoors, that require use of excessive energy and/or may cause a fluid balance deficit, may be waived as determined in collaboration with WRT.
2. Sun block is available to patients during outdoor activities. Given as ordered by the physician.

d. **ELEVATED TEMPERATURE SUPPLIES ON UNIT:**

1. Elevated Temperature Response Documentation Binder.
2. Unit Fans (2 each per unit).
3. Digital Thermometers (2 each per unit).

Note: if supplies are not located please contact General Services Director, at extension 5610. Please refer to:

1. Rainbow Cards;
2. Unit Elevated Temperature Response Binder;
3. Nursing Policy #126, Dehydration, Heat Related Illness & Maintenance of Hydration.

D. PEST/VECTOR CONTROL POLICY/PLAN

It is the policy of the hospital that the Pest Control (Vector) Technician will provide services to any department, program or other area located on the grounds of the hospital; in an effort to control and/or eliminate any concentration of rodents, insects or vermin that may pose a threat to the health and well-being of anyone on grounds.

Routine Vector Control services may be obtained by calling the Vector Control Office extension 5563. Emergency pest control services may be requested by calling General Services at extension 5610, during normal business hours, after hours, holidays and weekends call Dispatch at extension 5340 for any of the following:

1. Removal of rattlesnakes anywhere on the hospital grounds.
2. Removal of bee and wasp nests that are considered a hazard to patient and employee.
3. Removal of black-widow spiders from inhabited patient or employee areas.
4. Removal of honey bee swarms in close proximity to patients or employees.
5. Removal of bats from occupied units or other buildings housing patients or employees.
6. Removal of animals (dogs, cats, skunks, deer, etc.).
7. Removal of rats from any building.
8. Removal of dead animals.
9. Please refer to AD # 458 for more specific information.

1. ANIMAL BITE PROCEDURE

It is the policy of the hospital the hospital's Public Health Office and the Vector control Technician shall be notified immediately whenever anyone is bitten by an animal on the hospital grounds. During non-business hours notify Hospital Police. (refer to AD # 863). Employee needing medical attention shall follow procedures as outlined in Section VII, Emergency Action Plans (What to do if).

X. SAFETY EDUCATION AND TRAINING

All workers, including managers and supervisors, shall have training and instruction on general and job-specific workplace safety and security practices when the IIPP is first established, to all new workers, and to employees given new job assignments for which training has not previously been provided.

Responsibility for formal safety training is assigned to the Training and Education Center with advisement from the Health and Safety Officer and/or department subject matter experts. However, supervisors through the working environment they create and daily contact will accomplish most of the training with employees reporting to them. Each level of employee shall receive instruction in:

1. New Employee Orientation; This includes hazards related to specific operations in the assigned work area; and, Techniques of hazard control or elimination, including accident prevention and situational awareness specific to the work location assigned;
2. Workplace Security Training; and,
3. Therapeutic Strategies and Interventions Training;
4. Please refer to Administrative Directive #474, Employee Training for more specifics

A. NEW EMPLOYEE ORIENTATION (NEO)

New hospital employees will not be allowed to participate in any level of care, patient contact, or emergency response activities until they have successfully met the safety training requirements for their respective civil service classification to include certification, or licensure requirements if applicable.

B. WORKPLACE SECURITY TRAINING

Employees must be trained on workplace security policies and procedures. Training may include presentations by local law enforcement agencies or contracted safety consultants. The supervisor or designee is responsible for informing employees of policy updates; and ensuring employees complete required training in accordance with IIPP and Safety Plan., and Administrative Directive #474, Employee Training. Training topics shall include but is not limited to:

1. Use, resetting, and known deficiencies of current alarm systems
2. Incident reporting procedures
3. Emergency Response Plans
4. Post-Incident reporting and follow-up
5. Procedures and individual roles in implementing facility-specific workplace violence prevention programs

C. THERAPEUTIC STRATEGIES AND INTERVENTIONS (TSI)

Assaults by patients upon employees are a frequent cause of workplace injuries within the Department of State Hospitals system. In order to provide guidance on how to avoid and minimize assault risks, help reduce injuries, and provide protection to our employees and patients, TSI training is provided to all employees.

There are three levels of TSI, and employees are mandated to attend one or more of the three levels annually or bi-annually based on their classification. Managers and supervisors are responsible to ensure their employees receive the appropriate level of TSI training.

D. PERSONAL PROTECTIVE EQUIPMENT

Whenever employees are exposed to hazards in the work place, and where engineering or administrative controls are not effective in eliminating the hazards, personal protective

equipment shall be provided by the employer and used in accordance with the applicable codes of regulation. Examples of Personal Protective Equipment that maybe required depending on the employees job are as follows:

1. **Head Protection-** Employees doing work, which exposes them to danger or falling objects, such as tree trimming, trench digging, maintenance operations, and similar occupations, are to wear appropriate hard hats for the work.
2. **Foot Protection-**The use of safety shoes is recommended in areas where considerable material handling is done. Where rubber boots are provided, those worn in areas subject to being punctured by nails, glass, etc., are to be of the type, which have steel inserts in the sole and instep. Trouser legs are to be worn outside of boots to prevent injury from substances, which might otherwise get into the boot; for example, hot water.
3. **Hand Protection-** Employees encountering extremes of temperature, handling of objects with rough or sharp edges or surfaces, using solvents and corrosive materials and performing similar work, will be supplied with suitable gloves or other appropriate protection for their hands
4. **Eye and Face Protection-** All employees working in or entering an area where a recognized eye hazard exists are to wear suitable eye protection. Prescription eyeglasses and sunglasses are not classified as safety glasses, and contact lenses themselves do not provide any protection. Ordinary safety glasses are satisfactory for 90% of the situation requiring eye protection. Safety glasses, goggles, and/or face shields shall be furnished by the employer and worn by employees when exposed to eye hazards.

When danger exists from penetrating objects, debris from chipping, grinding and demolition work, chipper cup goggles, or the equivalent are to be used. Chemical splash goggles are to be used when exposure to chemical agents with caustic and acid solutions may occur. Moreover eyewash stations are to be provided in areas when there is exposure to chemical splash.

In addition to eye damage from physical and chemical agents, eyes may be subject to radiant energies, (i.e. welding) Welders shall wear welding hood/helmets with the appropriate filter shade lens.

5. **Acceptable rubber boots and rain gear-** shall be provided and used where wet conditions are encountered.
6. **Ear Protection-** When required ear protection shall be provided by the employer and shall be worn by the employee. Employees and other persons shall be informed of the locations where ear protection is required. The Noise Reduction Rating (NRR) of the hearing protection worn shall reduce employee's exposure to below 85 dBA. Whenever the operations reasonably permit, exposures to excessive noise shall be eliminated or at least reduced by engineering or administrative controls.

7. **Respirator Protection-** When it is impractical to remove harmful dusts, fumes, mists, vapors, or gases or where emergency protection against occasional and/or relatively brief exposure is needed, the employer shall provide, and the employee exposed to such hazard shall use, respiratory protective equipment
8. **Protective Clothing-** Employees are to wear full body protection while preparing and handling corrosive materials (i.e. paint removers, ammonia, detergents, carboys of acid, as well as handling other hazardous or contaminated materials).

Personal protective equipment shall be maintained in good operating and sanitary condition. Records shall be kept of the issuance of such equipment to each employee.

XI. HAZARDOUS MATERIALS COMMUNICATION PROGRAM

It is the Policy of the hospital to ensure that the hazards of all chemicals are properly managed from the point of entry until disposal, and that all information concerning the classified hazards is transmitted to employees. This Hazardous Communication Program is consistent with California Code of Regulations (CCR), Title 8 (T8), §5194 and the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS), Revision 3. The hospital's Hazardous Communication Program addresses comprehensively the issue of classifying the potential of hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, including lists of hazardous chemicals present, labeling of chemical containers in the workplace; preparation and distribution of safety data sheets, development and implementation of employee training programs regarding hazards of chemicals and protective measures.

A. SCOPE AND APPLICATION

The hospital's hazardous communication program shall provide information to employees about the hazardous chemicals that are produced or imported, all hazardous chemicals to which they may be exposed, by means of a written program, labels and other forms of warning, safety data sheets, and information and training.

The hazardous communication program applies to any hazardous substance which is known to be present in the work place in such a manner that employees may be exposed under normal conditions of use or in a reasonably foreseeable emergency resulting from work place operations.

The Hazard Communication does not require labeling for: Any consumer product or hazardous substance defined in the Consumer Product Safety Act, and Federal Hazardous Substance Act.

The Hazard Communication does not apply to:

1. Any hazardous waste as such term is defined by the Solid Waste Disposal Act.
2. Tobacco or tobacco products.

3. Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace.
4. Consumer products packaged for distribution to, and use by, the general public, provided that employee exposure to the product is not significantly greater than the consumer exposure occurring during principal consumer use of the product
5. Refer to CCR, T8, §5194 for more specifics.

B. DEFINITIONS

1. **California Environmental Reporting System (CERS)**- The California Environmental Reporting System (CERS) is a statewide web-based system to support California Unified Program Agencies (CUPAs) and Participating Agencies (PAs) in electronically collecting and reporting various hazardous materials-related data as mandated by the California Health & Safety Code and new 2008 legislation (AB2286). Under oversight by Cal/EPA, CUPAs implement Unified Program mandates that streamline and provide consistent regulatory activities.
2. **Chemical**- any substance or mixture of substances.
3. **Classification**- Identification of relevant data regarding the hazards of a chemical.
4. **Common name**- any designation or identification such as a code name, code number, trade name, brand name or generic name used to identify a substance other than by its chemical name.
5. **Emergency**- any potential occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which may or does result in a release of hazardous substance into the work place
6. **Exposure or Exposed**- any situations arising from work operation where an employee may ingest, inhale, absorb through the skin or eyes, or otherwise come into contact with a hazardous substance.
7. **Hazardous Chemical**- any chemical which is classified as physical hazard or health hazard, a simple asphyxiate, combustible dust, pyrophoric gas, a hazard not otherwise classified, or is included in the List of Hazardous Substances prepared by the Director pursuant to Labor Code Section 6382.
8. **Hazardous Material Business Plan**- A county mandated document, prepared and submitted along with the application for facility operating permits. This plan outlines notification procedures to be taken when a hazardous material related incident occurs.
9. **Importer**- The first business with employees within the Customs Territory of the United States which receives hazardous substances produced in other countries for the purpose of supplying them to distributors or purchasers within the United States.

10. **Manufacturer-** A person, who produces, synthesizes, extracts, or otherwise makes a hazardous chemical.
11. **MSDS On-line E-Binder-** An electronic on line database used by the hospital to build and maintain a Safety Data Sheet library, with automatic updates, and meeting OSHA compliance.
12. **Safety Data Sheet-** Written or printed material concerning a hazardous chemical that is prepared in accordance with CCR, T8, §5194(g).
13. **Spill Prevention, Control, and Countermeasure (SPCC) Plan-** A federally mandated plan, prepared by a qualified engineer documenting the protocols to be adhered to concerning the prevention of, control of, and counter measures associated with oil spills. Copies of this plan are maintained in Plant Operations, General Services, the Hospital Fire Department, the Health and Safety Department, and the Hospital Administrator's Office.

C. RESPONSIBILITY

1. Executive Policy Team receives regular reports on the activities of the Hazardous Materials Waste Risk Management Program. The Executive Policy Team reviews reports and, as appropriate, communicates concerns about key issues and regulatory compliance to the Health & Safety Officer or other appropriate personnel. The Executive Policy Team collaborates with the Health & Safety Officer to establish operating and capital budgets of the Hazardous Materials and Waste Risk Management Program.
2. The Health and Safety Officer or designee, in collaboration with the Safety Committee and other Program Directors/Department Heads, is responsible for managing all aspects of the Hazardous Materials and Waste Risk Management Program. The Health & Safety Officer advises the Safety Committee regarding issues which may necessitate changes to policies, orientation, education or expenditure of funds. The Health and Safety Department shall:
 - a. Monitor all Programs/Departments to ensure compliance.
 - b. Act as consultants to the hospital regarding all aspects of the program, and provide information as required.
 - c. Review and approve all aspects of the program annually.
 - d. The Health & Safety Department shall maintain a list of hazardous chemicals for the hospital.
 - e. Health & Safety in collaboration with General Services shall maintain the MSDS On-line E-Binder. The Safety Coordinator and the Warehouse Manager shall be assigned as administrators.
 - f. The Health & Safety Department shall maintain backup database of MSDS On-line E-Binder to be used on one of several laptops with battery back-up in case of power failure.
 - g. The Health & Safety Department shall maintain hard copies of the SDS.

3. Program Directors/Department Heads or designees are responsible for orienting new employees to their respective departments including hazardous materials and waste risks specific to the work-site. When necessary the Health & Safety Officer or designee assists Program Directors/Department Heads in developing Hazardous Materials and Waste Risks Procedures that include:
 - a. Maintaining written policies and procedures applicable to their areas of supervision.
 - b. Ensure monthly Environmental Rounds Worksheet completed and submitted to Health & Safety Department.
 - c. Ensure Site Specific Safety Plan updates are submitted to the Health and Safety Department annually for review and approval.
 - d. Ensure employees are properly trained- see section V Work Site Specific Training.
4. Employees are responsible for learning and complying with all aspects of this program, and reporting unsafe acts or conditions via their chain of command and/or to the Health & Safety Department.

D. HAZARDOUS CLASSIFICATION

The hospital relies on the manufacturer and importers to identify relevant data regarding the hazards of a chemical; review of those data to ascertain the hazards associated with the chemical; and decision regarding whether the chemical will be classified as hazardous according to the definitions of hazardous chemicals in CCR, T8, §5194. In addition, classification for health and physical hazards includes determination of the degree of hazard, where appropriate, by comparing the data with criteria for health and physical hazards.

1. The Warehouse Manager or designee will verify that all chemicals coming into the hospital have a SDS in the MSDS On-line E-Binder. If an SDS is already on file, it shall be replaced with the newly delivered SDS, if any changes have occurred. Hazardous materials shall not be issued to the originator of the order until the SDS is in the MSDS On-line E-Binder.
 - a. Warehouse employee(s) shall provide a hard copy of the SDS, upon request for those areas that continue to maintain SDS Manuals.
2. Program Directors and Departments Heads or designee that procure products outside of the hospital's main warehouse shall ensure that the product SDS is in the MSDS On-line E-Binder and current; if not the procurer shall make a request via MSDS On-line to have the SDS added. The procurer may bring a hard copy of the SDS to the Warehouse Manager or Safety Coordinator directly to have added to the MSDS On-line E-Binder.
3. The Health & Safety Department maintains a list of the hazardous chemicals known to be present in the hospital.

- a. Discontinued use of a hazardous material shall be documented and reported to the Health and Safety Department in writing.

E. LABELING AND OTHER FORMS OF WARNING

1. All areas that receive hazardous materials from manufacturers, importers, or distributors shall ensure upon receipt that all containers have a manufacturers label with the following: Legible identification of contents, appropriate hazard warning, name and address of manufacturer. Manufacturers have until the year 2015 to comply with the new labeling requirements. As this transition occurs employees will start to see the following required information on manufacturer products:
 - a. Product Identifier
 - b. Signal Word
 - c. Hazard Statement
 - d. Pictogram(s)
 - e. Precautionary Statement(s); and,
 - f. Name Address, and telephone number of the manufacturer, importer, or other responsible party.
2. A Hazardous Communications Standard (HCS)/GHS Label Elements & Symbols Poster is located in all custodial closets for reference and summary explanation of these six new labeling requirements, which officially go into effect on June 1, 2015.
3. Workplace Labeling; Program Directors/Department Heads or their designee shall ensure that each container of hazardous chemical in the workplace is labeled, tagged, or marked either with:
 - a. The information specified in Section XI E-1 or;
 - b. Product identifier and words, pictures, symbols or combination thereof, which provide at least general information regarding the hazards of the chemicals in conjunction with the SDS that is available.
4. An employee who transfers a hazardous chemical from a labeled container to a portable container is not required to label the portable container if:
 - a. It is for immediate use of the employee who does the transfer and;
 - b. The portable container is not placed back into storage containing the hazardous chemical (i.e. mop bucket).

F. NEW EMPLOYEE ORIENTATION (NEO) INFORMATION AND TRAINING

All new employees shall receive a copy of the hospital's Injury Illness Prevention Program (IIPP) Safety Handbook at New Employee Orientation. An overview of the IIPP Safety Program Handbook includes AD #295 HAZARDOUS MATERIALS AND WASTE RISKS MANAGEMENT/COMMUNICATION PROGRAM. Additional training on the Hazardous Communication Standard shall include:

1. Employees shall be trained on the Globally Harmonized System label elements and symbols.
2. Employees shall be trained on how to use MSDS On-line E-Binder to review, request, and/or print SDS.
3. Employees shall be trained on the use of the Rainbow Cards to activate appropriate response to recover from hazardous materials release, discharge, or spill.

G. WORK SITE SPECIFIC TRAINING

1. Program Directors/Department Heads or designee shall provide employees with effective information and training on hazardous chemicals in their work sites at the time of initial assignments, and whenever a new chemical hazard is introduced into the work site. The training may relate to general classes of hazardous chemicals to the extent appropriate and related to reasonably foreseeable exposures on the job. Chemical specific information is available through labeling and Safety Data Sheets located on the MSDS On-line E-Binder and/or SDS Manual.
 - a. Employees shall be informed of any operations in their work site where hazardous chemicals are present.
 - b. Employees shall be informed of how to locate AD 295 on-line and/or be provided a copy.
 - c. Employees shall be trained on how to access the MSDS On-line E-Binder from the work site and/or how to use the hard copy SDS Manual in work sites without computer access.
 - d. Employees shall be trained how to read the twelve sections of the SDS to ensure they are aware of First Aid Measures, Exposure controls/personal protections etc.
 - e. Employees shall be trained to store pesticides away from all other chemicals.
 - f. Employees shall be trained to store chemicals below eye level.
 - g. Employees shall be advised that a list of the hospital's hazardous chemicals is available in the Health & Safety Department.
 - h. Employees shall be trained in the methods of observations that may be used to detect the presence or release of a hazardous chemical in the work site (such as monitoring conducted by the hospital, continuous monitoring devices, visual appearance or odor of hazardous chemicals released).
 - i. Employees shall be trained in the physical health, simple asphyxiation, combustible dust and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work site, and the measures employees can take to protect themselves from these hazards, including specific procedures implemented to protect the employees, such as appropriate work practices, chemical disposal, emergency procedures, and personal protective equipment.
 1. Personal Protective Equipment shall be provided prior to the use of any chemical when required by the SDS and/or hospital practice and;
 2. Employees shall be provided appropriate training on use, maintenance, and storage of Personal Protective Equipment prior to use.

- j. Appropriate work practices to eliminate or minimize exposure to hazardous chemicals shall include but are not limited to:
 1. Utilize less hazardous chemicals when possible.
 2. Utilize engineering controls such as enclosures.
 3. Utilize administrative controls by limiting the time an employee works with hazardous chemicals.
 4. Review SDS prior to use of chemical.
 5. Utilize good housekeeping practices to avoid chemical spills, and clean spills immediately in accordance with SDS.
 6. Make appropriate notification for chemical spill, release, or discharge (DIAL "7"), refer to Rainbow Card.
 7. Prohibit food in work areas.

H. SAFETY DATA SHEETS (SDS) MANUALS

1. Work sites without access to computers shall continue to maintain current Safety Data Sheets (SDS) in a blue binder with SDS in white letters on the spine, for employee access. SDS in the blue binder shall have the following items highlighted for easy reference:
 - a. Product Name
 - b. Emergency Phone Number
 - c. First Aid Section
 - d. Personal Protective Equipment
2. SDS Manuals shall be maintained by numerical index for each chemical located in the work site. Program Director/Department head or designee shall reconcile this index annually with chemicals in the work site and annotate the date on the Index page. The Index page shall be updated when:
 - a. New chemicals are brought into the work site
 - b. A revised or more current SDS is received
3. The Health & Safety Department Environment of Care Inspection Team will inspect manuals during Environment of Care inspections.
4. Custodians shall maintain SDS manuals in black binders in the custodial closet or on their custodial cart.

I. SERVICE ORDER AND CONTRACTS

Outside contractors employed by DSH-Napa shall be advised of the following by the holder of the contract:

1. Each specification that is written shall contain special conditions outlining any hazardous materials or substances that may be encountered.

2. Plant Operations representative who is supervising and or assigned as liaison shall conduct a meeting with the contractor prior to work commencing to review hospital policy and procedures, to include hazardous communication standard.
3. Contractor will be advised they are required to comply with Cal/OSHA Hazardous Communication Standard §5194, and all other applicable regulations.
4. The Plant Operations liaison shall provide a secure, locked location for storage of all materials that will be delivered to the job site, prior to use.
5. The Plant Operations liaison shall advise the contractor that it is their responsibility to ensure all chemicals are properly stored to prevent accidental spill, release, discharge, and/or exposure.
6. Contractors shall have SDS on hand prior to the commencement of any work, and provide a copy of their SDS upon request.
7. Plant Operations liaison shall make daily inspections of the contractor's work site to ensure all aspects of the Hazardous Materials Program is being complied with.
8. The Plant Operations liaison and/or any other party that becomes aware of a conflict between the work being performed and the hospital's policies and or statutory regulations shall notify the Chief of Plant Operations, Health & Safety Department, and the Fire Department, so that appropriate action will be taken to achieve compliance.

J. HAZARDOUS WASTES IDENTIFICATION/HANDLING

1. There shall be a policy for handling each type of hazardous waste that is specific to a Program/Department. Each policy shall specify how a hazardous waste shall be separated from ordinary wastes and other hazardous wastes; how it shall be collected, transported, and stored pending treatment and disposal; and how it shall be treated and disposed of. Pesticides shall be stored separately from other chemicals, and all chemicals shall be stored below eye level.
2. Chemical wastes shall be separated from other wastes, stored as their hazard requires (i.e. flammable liquids in a flammable liquid storage cabinet), and held for legal disposal.
3. Biomedical Waste, a form of medical waste, shall be autoclaved prior to further handling (refer to Infection Control Manual located on I-net, Manuals and Medical Waste Management Plan, located on I-Net, INFO, H&S).
4. Physical wastes shall be collected with minimal handling in puncture-resistant, leak-resistant containers and autoclaved or incinerated.
5. Cytotoxic waste shall be placed in specially designed leak-resistant containers and disposed of by a registered hazardous waste hauler.

6. Asbestos shall be identified and, if removal is necessary, packaged for safe handling and legal disposal by trained Plant Operations Personnel and/or Contractor.
7. Hazardous waste shall be stored no more than 90 days from the date that the waste begins to accumulate.
 - a. Work-sites that have been approved by Health & Safety to have satellite waste collection, have one year (12 months) from the date that the waste begins to accumulate prior to proper disposal.
 - b. Satellite collection shall not exceed 12 months before proper disposal must occur.
 - c. Whenever possible collection of waste for disposal should take place at the satellite waste collection site to avoid the potential for accidental spill, release, or discharge.
 - d. Plant Operations Co-generation Plant and Mailroom have been identified as satellite waste collection sites, for their waste product only.

K. HAZARDOUS WASTES DISPOSAL

1. Disposal shall be the responsibility of the Department/Program generating the hazardous wastes. The Program Directors/Departments Heads or designee shall work with the Health & Safety Officer or designee to ensure Hazardous Waste is disposed of in accordance with regulatory agencies.
2. Disposal of hazardous waste being stored in the Hazardous Waste Shed shall occur every 90 days. Health & Safety shall maintain hazardous waste manifest.
 - a. Work sites shall contact the Health & Safety Department (ext. 5664) to coordinate the storage of Hazardous Waste in the Shed during business hours.
 - b. Work sites shall contact the Fire Department (ext. 5235) to coordinate the storage of Hazardous Waste in the Shed after hours.
 1. Contact Health & Safety Department the next business day and report type and quantity of waste stored.
3. Hazardous Waste placed in the shed shall be properly labeled with a Hazardous Waste Label that includes the following information:
 - a. Annotating Hospital Address
 - b. CAD #
 - c. Accumulation start date (date placed in shed)
 - d. Hazard(s) of the chemical (i.e. corrosive)
4. Pre made labels are located in the Haz/Mat Shed fire cabinet for after hour storage. Employees need only apply the label and annotate accumulation start date, hazard of chemical, and report storage to the Health & Safety Department.
5. Health & Safety Officer or designee shall conduct documented weekly inspections of the Hazardous Waste Shed located in the hospitals' Corp Yard.

L. EMERGENCY PLAN (HAZARDOUS WASTES, SPILLS OR LEAKS)

The Emergency Response Team is comprised of the Fire Department, Hospital Police, Medical Personnel, and Plant Operations. In the event of a hazardous waste emergency dial "7". The Emergency Response Team will perform the following functions:

1. Hospital Police will be used for traffic control, crowd control, and to assist with evacuation, if required.
2. Hospital Fire Department will respond to all hazardous waste incidents and work with Plant Operations SPCC Team to commence containment and/or clean up, and carry out all necessary action to mitigate the release.
3. Medical Personnel will assist with the evacuation, if required and continue to provide care to patients.

M. EMERGENCY EYE WASH STATIONS/SHOWERS (CCR , T8, § 5162)

1. Employees in worksites that may have foreseeable emergencies during routine operations, where their eyes and/or an area of the body may come into contact with a substance which is corrosive, or severely irritating to the skin, or which is toxic by skin absorption shall be provided emergency eye wash and/or emergency eye wash and shower equipment in accordance with American National Standards Institute (ANSI) regulations.
 - a. Equipment must be accessible within 10 seconds (roughly 55 feet).
 - b. Equipment must be located on the same level as the hazard and path of travel free from obstructions.
 - c. Equipment must be in a well-lit area/identified with a highly visible safety sign.
 - d. Equipment must deliver tepid water (60°-100° F)
 - e. Employees who may be exposed shall be instructed on proper operations of equipment and locations.
 - f. Supervisors or designee shall test the equipment weekly, document, and report any problems via work order to Plant Operations.
 - g. Plant Operations shall perform monthly/annual preventative maintenance in accordance with ANSI regulations.
2. Personal Wash Units/Bottled Eyewash is considered supplemental equipment only. A personal wash unit may be kept in the immediate vicinity of employees working in potentially hazardous area. The main purpose of these units is to supply immediate flushing. With this accomplished, the injured employee should proceed to a plumbed or self-contained Eyewash and flush eyes for the required period identified in the SDS for that chemical.

N. OVEREXPOSURE AND MEDICAL TREATMENT

1. Should an exposure occur, dial "7" to activate the Medical Emergency Response System. Employees may also pull the PDAS Tag, but should only do so if unable to use the phone; the Fire Department does not receive all PDAS notifications Hospital Police does, and this may delay medical response.

2. Provide First Aid until emergency medical help arrives. Refer to the SDS for First Aid Treatment. In order to identify the substances causing the injury and facilitate treatment, the chemical container and SDS should be taken to Occupational Health Clinic, unless the container presents a hazard to responding personnel.

O. MONITORING FOR HAZARDOUS GASES AND VAPORS

Every unit or department in the hospital that utilizes hazardous gases or other volatile substances shall monitor the level of such substances whenever they are used. For example, substances to be monitored may include xylene or formaldehyde (Laboratory/Pathology).

P. RECORDKEEPING

1. All phases of handling hazardous materials and hazardous wastes shall be documented, from entry into the hospital to exit from the hospital.
2. Documentation shall evidence that quantities have been recorded, handling has been monitored, and disposal has been legally accomplished.
3. Health & Safety shall maintain copies of the manifest for chemical waste removed via the Hazardous Materials Program. Departments that have satellite storage areas with pick-up at work site shall provide copies of the Hazardous Waste Manifest to Health & Safety.
 - a. Health & Safety shall forward copies of hazardous waste manifests to the Department of Toxic Substances and Control.
4. Licenses, permits, and manifests shall be required to meet requirements of regulatory agencies if the amount of hazardous materials and wastes generated exceeds regulatory thresholds.

Q. CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)

1. DSH-Napa revises and updates CERS data base annually, to maintain licensing and regulatory compliance with Napa County Environmental Management. The data for CERS is from the hospital's Hazardous Materials Business Plan.
2. The master plan is maintained in the Health and Safety Department, with copies in the Executive Director's Office, General Services Department, Hospital Administrator's Office, Fire Department, Medical Director's Office, and Plant Operations.

R. MONITORING AND EVALUATION OF HAZARDOUS MATERIALS AND WASTE MANAGEMENT PROGRAM

The Hazardous Materials and Waste Management Program shall include methods for monitoring and evaluating its effectiveness. This is accomplished through work site daily inspections, monthly environmental rounds work sheets, monthly safety meetings, bi-annual Environment of Care Inspections, annual California Department of Public Health

Environment of Care Inspections, Hazardous Materials Program quarterly reports to the Safety Committee, and inspections by Napa County Environmental Services.

XII. ERGONOMICS PROGRAM

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of employees. The hospitals' ergonomics program is designed to help you set up your workstation and develop work habits to prevent pain and injuries associated with the use of the computer.

A. ERGONOMIC COMPUTER GUIDE

You can use the Computer Ergonomic Guide to setup your workstation to avoid injuries. To locate the guide, please follow the link below or go to *I-Net*, under *Info, Ergonomics, Computer Ergonomic Guide*.

<http://nshinet/Information/ERGONOMICS/computer%20user%20handbook.pdf>

B. ERGONOMIC TRAINING POWERPOINT

The Ergonomic Training PowerPoint can be used to educate employees on the importance of ergonomics in the workplace for all trades and includes recommendations for preventative measures. To locate the PowerPoint, please follow the link below or go to *I-Net*, under *Info, Ergonomics, Ergonomics Training PowerPoint*.

<http://nshinet/Information/ERGONOMICS/Ergo.pdf>

C. ERGONOMIC EVALUATION REQUEST

Employees may request an ergonomic evaluation for their workstation(s) by submitting an Ergonomic Evaluation Request Form to their supervisor. Once reviewed, their supervisor will then forward the request to the Health and Safety Officer. To locate the form, please follow the link below or go to *I-Net*, under *Info, Ergonomics, Ergonomic Evaluation Request Form*.

[Link to Electronic Request Form \(pending TSD conversion\)](#)

D. BACK SUPPORT AND LIFTING PROGRAM

It is the commitment of this facility to provide administrative, as well as engineering controls, to protect employees against injuries sustained on the job. The purpose of this program is to outline specific lifting practices and procedures to ensure the principles of proper lifting and handling are incorporated into employees' daily work practices. This program applies to all employees whose job duties require lifting or handling of individuals or materials.

1. Definitions

- a. **Lifting** applies to any type or method of handling individuals and/or materials: lowering, raising, moving, etc.
- b. **Manual Lifting** refers to "hands on" lifting which requires the unassisted physical effort of an individual.

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- c. **Mechanical Lifting** refers to lifting utilizing mechanical devices such as hoists.
 - d. **Supportive/Non-Mechanical Lifting** refers to lifting utilizing personal assistive devices such as back support belts.
 - e. **Administrative Controls** are procedural controls or measures designed to reduce specific safety concerns encountered at the work-site which may result in injury. Such measures include safe work practices and procedures and specific safety training and education.
 - f. **Engineering Controls** are mechanical controls or measures instituted to reduce or alleviate specific safety problems which may result in injury. Such measures include redesigning the physical site and/or distributing assistive devices to the employees, such as back support belts.
 - g. **Ergonomics** is the study of the work environment. It refers to the modification of the work environment, or work station, to suit or meet the needs of a worker.
2. Responsibilities
- a. **Management** is responsible for allocating and providing adequate resources and supplies necessary to support the lifting policy.
 - b. **Supervisors**
 - 1. Responsible for ensuring the lifting policies, as well as safe lifting practices and procedures, are followed.
 - 2. Responsible for overseeing on a regular basis, lifting techniques and practices employed by their employee. This includes documenting findings, and taking necessary corrective actions for unsafe lifting practices.
 - 3. Assures unsafe conditions in the work environment are corrected in a timely manner.
 - 4. Assure employee attends training prior to assignment of tasks which primarily require lifting of heavy loads.
 - 5. Assures that any lifting equipment used on the job is maintained in proper operating condition, and any defective equipment is removed, repaired, or replaced as necessary.
 - c. **Employees** (at all levels):
 - 1. Integrating safe lifting practices into their daily on-the-job responsibilities.
 - 2. Reporting the presence of unsafe work conditions and/or practices that exist at the work-site.
 - d. **Health & Safety Officer:**
Recommends policy development and coordination to ensure compliance with relevant federal and state laws and regulations.

3. Specific Safety Provisions

These provisions require that:

- a. All employees observe "No-Manual-Lift Zones," where and if applicable, as pre-determined by each location's policy. No-Manual-Lift Zones are pre-designated work areas where employees are allowed to use only mechanical lifting equipment for handling individuals or materials.
- b. All employees who use mechanical or personal assistive lifting equipment are trained prior to use on the job. No employee is to use mechanical or personal assistive lifting devices unless he/she has been trained in the purpose, use, and care of such equipment.
- c. Any unique lifting requirement is posted on each unit in an area that is clearly visible to employee, or is otherwise distinctly noted.
- d. All assistive lifting equipment utilized are maintained in proper working condition.

4. Lifting Provisions

- a. **Manual Lifting:** All employees shall adhere to safe and proper lifting techniques and practices. Employees shall use proper body mechanics whenever possible when performing this type of lifting. Manual lifting should be utilized as the last choice technique. The maximum weight an employee may lift alone is 50 lbs. However, an employee should never lift anything that he/she is unsure, or does not feel capable, of lifting no matter what the weight is. In situations where the employee doubts his/her lifting capability, the employee should ask for assistance, use a mechanical lifting device if available, or inform the supervisor.
- b. **Mechanical Lifting:** This method of lifting is employed when mechanical devices are available and is the first choice method to use in situations where substantial and/or heavy lifting or handling is required. Individuals/materials weighing greater than 100 lbs. shall require the use of mechanical assistance (i.e. mechanical lifts/hoists, floor jacks, dollies, etc.). All employees who use mechanical devices will receive training prior to use on the job.
- c. **Supportive/Non-Mechanical Lifting:** This method utilizes assistive devices such as back belts which may be obtained through the Program Director/Department Head. The facility will issue the back belt and replace it when necessary. Should an employee lose the back belt the employee will reimburse the hospital.

5. Education and Training

Employees, who perform lifting tasks as part of their regular duties, are to receive job specific training. Minimally, the training will address principles of proper lifting/handling of individuals and/or materials, including proper techniques and body mechanics, mechanical lifting, and use of personal assistive devices.

XIII. RETURN-TO-WORK PROGRAM

It is the policy of the DSH-Napa to provide a place of employment that is safe and healthful for the employees therein. When injuries or illnesses are sustained on the job, first aid, emergency short-term medical treatment, or referral services will be provided either by the DSH-Napa Occupational Health Clinic, or one of the State Fund Medical Network Providers.

A. WORK INJURY/ILLNESS

1. When an injury or illness arises out of and in the course of employment, the affected employee shall immediately notify their supervisor and document the incident in the work site First Aid Log. First aid may be rendered at the work site. If further treatment and/or evaluation are required, the employee's supervisor shall complete a Supervisor's Referral for Treatment of Employee Injury/Illness (NSH 039) and refer the employee to the DSH - Napa Occupational Health Clinic, or Unit A-3 during non-business hours for assessment and referral.
2. Occupational Health Clinic employee will assess affected employees and refer them, as appropriate, to the Health and Safety Department where they will be given the opportunity to file a claim for workers' compensation benefits and will have arrangements made for medical treatment to be provided. (In the event of medical emergency, do not hesitate to "Dial 7.")
 - a. Employees who have pre-designated a personal physician in writing prior to sustaining an injury and request treatment by that provider shall be referred upon request to that practitioner.
 - b. Employees who have not pre-designated a personal physician for work-related illness/injury shall receive medical treatment from one of the industrial medicine specialists within the Medical Provider Network (MPN). After the initial evaluation with a MPN doctor, employees may choose another primary treating physician or subsequent physician from the MPN.
 - c. During non-business hours, employees sustaining a work related injury, or illness, shall be referred to Unit A-3 for assessment. . Affected employees will be referred either to Queen of the Valley Medical Center, or Kaiser Hospital, emergency departments, as appropriate. Employees shall be directed to contact the Health and Safety Department the next business day to complete workers compensation documentation.

B. MEDICAL EMERGENCY

Dial "7" and have the Fire Department provide initial treatment and transport. The Fire Department may make a determination based on the nature of the Injury to transport the patient to the Emergency Room, OHC, or A-3 as needed.

If an injured employee is to be transported to an outside medical provider, the on scene supervisor will notify the employee's supervisor and the DSH-Napa Fire Department will notify the Health and Safety Officer as soon as possible or the next business day.

C. TREATMENT & TRANSPORTATION**During Business Hours (Work Related Injury/Illness Non-Life Threatening):**

1. If the employee requires further treatment the Supervisor will send injured employee to the hospital's Occupational Health Clinic (OHC) for first aid treatment with the completed Supervisor's Referral for Evaluation of Employee Injury/Illness (NSH 039).
2. Employee needing further treatment will be sent to the Health & Safety Department arrangements will be made to have employee seen by outside Occupational Medical Provider.
3. It is the responsibility of the supervisor to arrange for transportation to outside medical appointment. During business hours the supervisor may contact General Services to make arrangements via the Transportation Department at ext. 5278.
4. The employee may elect to drive themselves or contact someone to drive them.

After Hours, Weekends, Holidays (Work Related Injury/Illness Non-Life Threatening):

1. If the employee requires further treatment the Supervisor will send the injured employee to Unit A-3 for first aid treatment with the completed Supervisor's Referral for Evaluation of Employee Injury/Illness (NSH 039).

Employee shall be transported by Hospital Police (ext.5340) to Unit A-3

2. If Hospital Police is unavailable then the Fire Department (ext.5235) will transport employee to Unit A-3.
3. If the Fire Department is unavailable then the Program Officer of the Day (POD) will arrange transport of employee to Unit A-3.
4. The name of the employee on Unit A-3 taking over the employee's care will be documented and logged. Hospital Police and/or the Fire Department are not expected to remain with the employee but are utilized only for the transport.
5. Unit A-3 will provide first aid treatment and if needed refer employee to Queen of the Valley Acute Care, or Kaiser Hospital Acute Care for further medical treatment.
6. It is the responsibility of the supervisor to arrange for transportation to outside medical appointment. Employees without transportation have the option of obtaining a taxi voucher from Dispatch, after hours only.

Employees must contact Health & Safety Department the next business day to ensure their claim is being processed and to provide medical documentation regarding work status. This is in addition to any claim paperwork you may have completed for the hospital that treated you.

D. ON-GOING CARE

1. Each employee with a work-related injury or illness shall be under the care of one specific doctor, clinic, or facility at a time.
2. Changes of treating physician shall be requested in writing through State Fund and/or the Health and Safety Department.
3. Self-procured, unauthorized medical treatment will jeopardize the employee's right to have care paid for by State Fund and may jeopardize reimbursement for time missed from work.
4. Official determination of DSH-Napa's liability for unauthorized medical treatment of an employee's injury shall be made by State Fund following consultation with the Health and Safety Department. When applicable, State Fund will notify the injured employee by letter, with a copy to the Health and Safety Department that the medical treatment was unauthorized and will not be considered the responsibility of the hospital or State Fund.
5. A doctor of the employee's own choice may be consulted at any time at the employee's own expense.
6. In serious cases, the employee may consult another doctor at State expense. A serious injury is one, which causes the employee to be treated in a hospital for more than 24 hours (except for observation); lose any member of the body; suffer any serious permanent disfigurement; or other equally serious injury.

E. REPORTING

1. Employees with "work-related" injuries and illnesses must report to the Occupational Health Clinic or Unit A-3. No employee may leave work because of a "work-related" injury or illness unless authorized to do so by the Occupational Health Clinic, Unit A-3 or in cases of emergency.
2. Affected employees are responsible for reporting all injury related absences from work to their supervisor and the Health and Safety Department. All employees shall be responsible for informing their immediate supervisor and the Health and Safety Department of their injured status, whether they are able to return to work, placed on referral for Limited Duty, or placed on disability per the treating physician.
 - a. The immediate supervisor is responsible for filling out the Employer's Report of Occupational Injury or Illness (Form 3067 is located on-line under Forms, Health & Safety). Send the original with signature to the Health and Safety Department within 48 hours of the injury. The employee does not complete or sign this form.
 - b. If an employee floats to a work area other than his/her regular assignment and is injured, it is the responsibility of the supervisor at the location of the injury to provide a completed Employer's Report Of Occupational Injury Or Illness form to the Health and Safety Department within in 48 hours (2 days) of the injury.
 - c. The Health and Safety Department is responsible for notifying State Fund of the injury or illness.

3. In the case of extended illness or injury, The Program Director/Department head may contact the Return to Work Coordinator to meet and review the current status of the employee's claim.
4. The affected employee is responsible for notifying his/her immediate supervisor at the time of the initial absence, and for compliance with all existing policies and procedures for absence reporting.

F. RETURN TO WORK

1. Medical clearance must be obtained from the treating physician prior to returning to full duty.
2. An employee returning to full-duty shall be cleared by the Health and Safety Department prior to returning to work and must obtain a Return to Work Release form.
3. The treating physician's medical clearance and Return to Work Release form shall be given to the supervisor when the employee returns to full duty.
4. If returning to limited duty, refer to A.D. #292 - "LIMITED DUTY ASSIGNMENTS."

G. RETURN-TO-WORK AFTER NON-WORK-RELATED INJURY/ILLNESS

The Health and Safety Department shall evaluate and issue a Return to Work Release Form to employees who are returning to work after a non-work related injury or illness related absence, which exceeds 10 working days. The employee must provide a medical documentation that states they are returning to work FULL DUTY with the date.

XIV. INFECTION CONTROL PROGRAM

According to the California Code of Regulations, [Title 22, Section 71537](#), psychiatric hospitals are required to maintain a written Infection Control Program and Infection Control Committee. Each DSH facility responsible for patient care maintains a site-specific Infection Control Program and Committee.

The objectives of the DSH-Napa Infection Control Program are:

1. To survey, identify, prevent and control infections or communicable diseases acquired in the hospital or brought into the hospital from any of the communities from which the individuals under our care are admitted.
2. To provide an on-going program of education for employee and patients under treatment to increase knowledge and awareness of practices that prevent and control those infections frequently found in long term care institutions and in the mentally ill population specifically.

3. Institute and promote the appropriate use of prevention measures and to encourage the maintenance of high levels of personal hygiene in the patient population.
4. Encourage the appropriate use of antibiotics.
5. Maintain a system of monitoring for compliance with the basic infection control measures in areas where treatment is provided.

Please refer to the Infection Control Manual located in the Work-site and/or the I-Net under Manuals, Infection Control. If unable to locate or you have specific questions please contact Public Health at ext. 5861.

XV. RESPIRATORY PROTECTION PROGRAM

The hospital's Respiratory Protection Program is designed to comply with the requirements contained in California Code of Regulation (CCR), Title 8 (T8), Respiratory Standard §5144, CCR, T8, §5208(g) Asbestos Respiratory Protection CCR T8, §5199(g) Aerosol Transmissible Disease (ATD), CCR, T8 §3409 (Respiratory Protection Fire Fighters) and Title 3, §6739 (Pesticides); and are designed for those hospital personnel who, during their normal duties, are or could be exposed to hazardous substances or atmospheres that may affect their well-being or their health, or that may otherwise be detrimental to their safety. Engineering controls will be used to provide a safe working environment for employees whenever possible. When engineering controls are not possible, the respiratory protection program will provide appropriate guidelines for respirator usage.

A. Program Goal

The prevention and control of those occupational diseases caused by breathing air contaminated with harmful dusts, fumes, sprays, mists, fogs, smokes, vapors, gases, or ATD.

B. Program Objectives

1. The prevention of atmospheric contamination, this shall be accomplished as far as feasible by accepted engineering control measures. However, when not feasible or while such measures are being instituted or evaluated, the program provides appropriate respiratory protection to personnel who might be exposed to unhealthy or unusual conditions.
2. Provision of protection procedures and equipment when a working atmosphere is oxygen deficient or when airborne toxic materials could exceed acceptable limits.
3. Provision of the proper selection and fitting of respiratory equipment and for the training of hospital personnel in the proper use of such equipment.
4. Establishment of requirements and controls for those employees who must use respirators and for their supervisors and management including the specification of;

- a. Who must wear respiratory protective equipment (RPE).
- b. How to obtain RPE.
- c. Departmental and supervisory responsibilities involving the obligation to prevent an employee from performing a task known or ought-to-be-known to be unsafe, and to assure the correct use of appropriate RPE.
- d. User responsibilities.

C. Definitions

1. **Respirator**: A device designed to protect the wearer from inhalation of hazardous atmospheres
2. **IDLH**: Immediately Dangerous to Life or Health are conditions that can pose an immediate threat to life of health or conditions that pose an immediate threat of severe exposure to contaminants such as carcinogens or neurotoxins, which are likely to have adverse cumulative or delayed effects on health. All fumigants-confining structures shall be considered IDLH until proven safe by appropriate monitoring equipment.
3. **Atmosphere-Supplying Respirator**: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere. This includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.
4. **Confidential reader**: A person chosen by an employee required to wear a respirator to read to him/her the required Medical Evaluation Questionnaire(s) (Appendix C and/or D) in a language primarily understood by the employee. This includes, but is not limited to, a coworker, family member, friend, or an independent translator provided by the employer. The employer or the employer's direct agent, such as a supervisor, manager, foreman, or secretary, are not included and are prohibited from being confidential readers.
5. **Filter or air purifying elements**: A component used in respirators to remove solid or liquid aerosols from the inspired air.
6. **Filtering face piece (dust mask)**: A negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium.
7. **Physician or other licensed health care professional (PLHCP)**: An individual who is legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by these regulation. This can include Physicians, (including

Occupational Medicine Physicians), Doctors of Osteopathy, Physician Assistants, Registered Nurses, Nurse Practitioners and Occupational Health Nurses.

8. **Qualitative Fit Test (QLFT)**: A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
9. **Quantitative Fit Test (QNFT)**: An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
10. **Respirator Program Administrator**: A person who is qualified by appropriate training or experience that is commensurate with the complexity of the respiratory protection program, and demonstrates knowledge necessary to administer a respiratory protection program. Such training or experience includes, but is not limited to, reading and understanding either the American National Standard for Respiratory Protection Publication (ANSI A88.2), or the U.S. Department of Labor's "Small Entity Compliance Guide for the Revised Respiratory Protection Standard"; or taken specific course work on developing a respiratory protection program from a college or a respirator manufacturer's authorized representative; or is an American Board of Industrial Hygiene Certified Industrial Hygienist.

D. Respiratory Program Administrator (RPA)

Rachel Gilpatrick, Health & Safety Officer (A) has been designated as the RPA. The RPA will technically assist departments in their administration of the hospital respiratory protection program.

E. Who Must Wear Respiratory Protective Equipment

Respiratory protective devices shall be used as appropriate:

1. For activities that cannot be safely or practically controlled by engineering methods or procedural alterations, such as pesticide applications or spray painting.
2. When the working atmosphere is or may be oxygen deficient.
3. When working in confined spaces.
4. When airborne toxic materials could exceed acceptable limits.
5. When working with patients with suspected or confirmed airborne diseases.
6. For emergency use when loss of life or serious property loss or damage is involved.

F. Voluntary Use of Respirators

DSH-Napa does not allow the voluntary use of respirators.

G. Contractors

Contractors shall have their own respiratory protection program applicable to the scope of work being contracted. The contractor shall provide a copy of their respiratory protection program as part of the contract process.

H. Registry Staff

Registry staff shall follow the same guidelines as outlined in this program as full time hospital staff.

I. Central Nursing Services

The hospital maintains approximately twenty (20) certified “Fit Test Trainers” to ensure, during pandemic outbreaks, staff treating ill patients can be properly fit tested in accordance with Cal/OSHA guidelines prior to using N-95 respirators.

Nursing Services, in collaboration with Public Health, and Training, will maintain the N-95 respirator program ensuring:

1. “Fit Test Trainers” are annually certified.
2. “Fit Test Trainers” complete mandatory OSHA Respirator Medical Evaluation Questionnaire (Appendix C).
3. Provide RPA (Health & Safety Officer) with a copy of the Respirator Medical Clearance (Appendix E) and Respirator Fit Test Certification (Appendix F).
4. Public Health will make recommendations to Executive Policy Team for stock piling emergency personal protective equipment.
5. “Fit Test Trainers” training will be documented (maintained in CNS), with and include the following:
 - a. Why the respirator is necessary.
 - b. Capabilities of respirator.
 - c. Limitations of respirator.
 - d. How to use respirator effectively in emergencies, including malfunctions.
 - e. How to inspect, put on, and remove, check seals.
 - f. How to don (put on) and perform User Seal Check (Appendix A).
 - g. How to remove and perform proper storage/maintenance.
 - h. How to recognize medical signs/symptoms that may limit effective use of respirator.
 - i. When the respirator should be replaced.
 - j. Train the Trainer records will be maintained in CNS

J. Program Director/Department Head Responsibilities

1. Shall ensure all areas under his or her control where potentially hazardous conditions exists, maintain safety programs that adhere to the respiratory protection requirements outlined in this handbook.
2. Assure that applicable requirements for managers, supervisors, and employees under their supervision are adhered to.
3. Maintain appropriate and current records of employees who have been issued respiratory protection to include.
 - a. Annual training on respiratory protection program.
 - b. Annual fit testing documentation-provide RPA (Health & Safety Officer) with copy of documentation.
 - c. Respirator Medical Clearance (Appendix E).
4. Conduct hazard assessment with RPA and select the appropriate level of respiratory protection for each task or job title with exposure and record that information on the Respirator Cartridge Change Schedule Chart (Appendix J).
5. Coordinate with supervisors and RPA the purchase, maintenance, repair, and replacement of respirators.
6. Develop and monitor respirator maintenance procedures with the RPA.
7. Evaluate the effectiveness of the Respiratory Program with RPA, with employee input from Respiratory Protection User Survey (Appendix L), and make necessary changes to the program
8. Provide or arrange for annual respirator fit testing in accordance with CCR, T8, §5144.
9. Maintain a copy of this written program and evaluations, and ensure they are readily accessible to anyone in the program.

K. Supervisor Responsibilities

1. Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including chemical exposures and/or aerosol transmissible diseases (ATDs), and communicating this information to the Department Head/Program Director and RPA.
2. Identify employees and/or tasks for which respirators may be required and communicate this information to the Department Head/Program Director and RPA.
3. Be responsible for ensuring that employees' in their work sites follow the procedures outlined in this program.
4. Supervisors prior to assigning employees work that requires a respirator shall ensure the following is completed before the employee can perform the work:
 - a. Complete Respirator Medical Clearance (Appendix E).
 - b. Make appointment for employee to be seen at DSH-Napa OHC by PLHCP, send employee with Respirator Medical Clearance (Appendix E) and Medical Questionnaire (Appendix C and/or D).
 1. The confidential questionnaire will be completed by the employee prior to the appointment and given to the PLHCP at the time of the appointment.

2. Management may not read the completed confidential questionnaire or assist the employee in filling out the confidential questionnaire.
3. If the employee cannot read the confidential questionnaire, the employee may ask a family member or non-management coworker for assistance, or the Program Director/Department Head may contract an independent translator for the worker.
5. Receive a copy of the completed Respirator Medical Clearance (Appendix E) from the employee.
6. Review the Respirator Medical Clearance (Appendix E), if PLHCP checks boxes 1, 2, or 3 approving employee to wear a respirator, then the employee may receive Respiratory Fit Testing (Appendix F). If the PLHCP has checked boxes 4 and/or 5 on the Respirator Medical Clearance (Appendix E) then the employee is not authorized to participate in work that requires a respirator.
7. For approved respirator users, make appointment to have employee fit tested, send employee with Respirator Fit Certification (Appendix F).
8. Carl Cinq-Mars and David Nye have been trained as Fit Testers for employees who need a quantitative fit test to wear respirator. For employees who receive Quantitative Fit Testing, the supervisor needs to send a copy of the report to PRA (Health & Safety Officer) along with Appendix E&F.
9. Health Service Specialist (HSS) RN's have been trained as Fit Testers for employees who need a qualitative fit test for the N-95 mask.
10. Forward completed copies of the Respirator Fit Certification (Appendix F) and Respirator Medical Clearance (Appendix E) pass or fail, to the RPA (Health & Safety Officer).
11. Provide employee with training on use of respirator as outlined in Respiratory Protection Program, required annually.
12. Provide employee with copy of the Respiratory Protection Program, required annually.
13. Provide employee with clean, sanitary, respirator that is in working order, once all requirements are met.
14. Provide employee with new respirator should respirator fail inspection or otherwise found to be defective, are removed from service.
 - a. **DSH-Napa DOES NOT MAKE REPAIRS TO RESPIRATORS**
15. Enforce the use of respiratory protective equipment.
16. Ensure employees properly complete their Respirator/Cartridge Usage Logs (does not apply to N-95 users [Appendix K]) and help them obtain new cartridges before their current cartridge expires.
17. Supervisors shall not permit respirators with tight fitting face pieces to be worn by employees who have:
 - a. Facial hair that comes between the sealing surface of the face piece and the face or interferes with valve function.

- b. Any condition that interferes with the face-to-face piece seal or valve function.
- c. If the employee wears corrective glasses or goggles or other personal protective equipment, the supervisor shall ensure that the equipment is worn in such a manner that does not interfere with the seal of the face piece to the face of the user.

L. Users Responsibilities

Any user of respiratory protection devices at the hospital who is required under the Respiratory Protection Program to wear such equipment is responsible for:

1. Utilize the issued respiratory protection equipment in accordance with instruction and training provided.
2. Maintain and care for respirators (Appendix B)
3. Maintain facial hair such that it does not come between the sealing surface of the face piece and the face or interferes with valve function.
4. Perform user seal check each time put on a tight-fitting respirator (Appendix A).
5. Inform his/her supervisor of any personal health problems that could be aggravated by the use of respiratory equipment.
6. Guarding against damage and ensuring respirators are not disassembled, modified, or otherwise altered in any way other than by the changing of respiratory cartridges/filters.
7. Reporting any observed or suspected malfunctioning respirator to Supervisor/Manager.
8. Using only those brands and types of respiratory protection equipment for which they have been trained and fitted.
9. Filling in their Respirator/Cartridge Usage Log (Appendix K [does not apply to N-95 Users]) after each use and obtaining/replacing filters/cartridges in accordance with Respirator Cartridge Change Schedule Chart (Appendix J).
10. Reusable respirators that are assigned to individual users will be stored in zip lock plastic bag and or appropriate sealed container. To protect respirator from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the face piece and exhalation valve. Mark with your name.

M. Respirator Selection/Cartridges

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the environment in which it is going to be used. The equipment must be approved for the specific hazard. Regulatory requirements or permit conditions may also specify the appropriate respiratory protection. Absent label direction, or other regulatory guidance, selection of the respiratory protective equipment should be made according to guidance from the Department of Industrial Relations (Cal/OSHA), the safety equipment manufacturer/provider, or other appropriate sources. For entry into unknown

atmospheres or atmospheres at or above IDLH concentration, only SCBA type or supplied air type equipped with escape bottles shall be used.

1. **Air purifying respirator:** A respirator that removes contaminants from the inhaled air stream. There are two major sub-categories of air purifying respirator systems: Mechanical filter type, used to remove particulates (dusts, mists, fogs, smokes and fumes) and chemical cartridge type (absorption or adsorption or modification of gasses or vapors). Some respirators combine both types of systems.

a. **Filtering face piece respirator (N95 for ATD's)** is a particulate air purifying respirator in which the entire face piece is composed of the filtering medium, requires fit testing. These respirators are disposable and designed for a single use. An N95 has a filter efficiency of 95%. Refer to the Infection Control Manual for detailed information on Exposure Control Plan for ATDs.

Cautions/Limitations N95: do not provide protection against gases, vapors, oil based aerosols or supply oxygen, they cannot be used in oxygen deficient areas, or IDLH areas; nor can they be worn for protection against toxic contaminants while wearing contact lenses, or when facial hair extends under the face piece sealing area.

b. **Half-Face Elastomeric Respirator** is a reusable air-purifying respirator that fits over the nose and mouth. It is made of rubber or silicone with attached filters or cartridges for removal of gases, vapors, or dusts, and requires fit testing.

Cautions/Limitations: cannot be used in oxygen deficient areas, in IDLH atmospheres, or in confined spaces, it can only be used for protection against the contaminants listed on the cartridge. The wearer should leave an area immediately if he or she detects an odor inside the mask or if breathing resistance increases. The half mask shall not be worn with contact lenses or when facial hair extends under the face mask sealing area.

c. **Full-Face Elastomeric Respirator** is a reusable air-purifying respirator that covers the whole face from the forehead to the chin. It is made of rubber or silicon with a clear plastic front and attached filters or cartridges for removal of gases, vapors, or dusts, and requires fit testing.

Cautions/Limitations: Air-purifying full face masks have the same limitation for use as half mask respirators. Users who wear eyeglasses that interfere with the mask to face seal may need to utilize a Powered Air-Purifying

Respirator (PAPR). In the event the PAPR is not feasible/sufficient the user will need to notify their supervisor who will be responsible for coordinating with the PRA (Health & Safety Officer) to determine possible alternative solutions available (i.e. secondary eyeglasses)

2. **Powered Air-Purifying Respirator (PAPR)** is an air purifying respirator that uses a blower to force ambient air through air-purifying elements to the respirator face piece, helmet, or hood.

Cautions/Limitations: PAPR are not designed for use in conditions that are immediately dangerous to life or health (IDLH), and must not be used when entering an area that is oxygen deficient.

3. **Supplied Air Respirator (SAR)** is a respirator with a source of clean breathing air that is supplied to the wearer inside a face piece, and requires fit testing. This includes airline respirators connected to a free-standing cylinder of breathing air or air compressor, a self-contained breathing apparatus (SCBA) which has a tank of breathing air worn on the back of the user, and escape respirators which have a small supply of air designed to last a short period of time to allow the user to leave the hazardous area. Supplied air respirators will not be used for routine health care procedures, but may be used by emergency responders.

Cautions/Limitations SAR: Supplied air respirators limit mobility by length of the hose, the hose can kink or be damaged, and the user must retrace steps around obstacles when returning to air supply.

Cautions/Limitations SCBA: The air supply in standard SCBA is normally rated for a specified limited time; however heavy exertion and stress will increase breathing rates and therefore deplete the air in less than the rated time. An alarm alerts the user when the air supply is low. The positive-pressure full face mask used with SCBA unit cannot be worn with contact lenses or when facial hair extends under the face piece sealing area of the mask.

4. **Cartridges N-not resistant to oil, O- Oil resistant, P-Oil Proof**

The service life of all three categories of filters efficiency degradation (i.e., N-, R-, and P-series) is limited by considerations of hygiene, damage, and breathing resistance. All filters should be replaced whenever they are damaged, soiled, or causing noticeably increased breathing resistance (e.g., causing discomfort to the wearer).

R- or P-series filters can be used for protection against oil or non-oil aerosols. N-series filters should be used only for non-oil aerosols. Use and reuse of the P-series filters would be subject only to considerations of hygiene, damage,

and increased breathing resistance. Generally, the use and reuse of N-series filters would also be subject only to considerations of hygiene, damage, and increased breathing resistance.

Refer to mfg. guidelines and cartridge poster to ensure you have the correct filter for the hazard you are dealing with. If you have questions and or need a work site assessment contact supervisor and RPA (ext. 5664)

N. DSH-Napa OHC Medical Evaluation

Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator. Medical evaluations and clearances will be performed by a physician or other licensed health care provider (PLHCP) at DSH-Napa Occupational Health Clinic (OHC).

1. Before being assigned to work in an area where respirators are required, each employee will complete Appendix C, Respirator Medical Evaluation Questionnaire-Mandatory, with the exception of those employees who fall under letter N, #3.
2. The PLHCP will review the completed questionnaire and may determine that the employee can wear a respirator based on the questionnaire alone but;
 - a. It may also require a physical examination of the employee and any tests, consultations, or procedures the PLHCP deems necessary.
3. Employees who are exposed to asbestos above permissible exposure limit, and who will therefore be included in DSH-Napa's medical surveillance program will complete Appendix D Medical Questionnaire – Mandatory.
 - a. Employees will also be given a physical exam and Pulmonary Function Test, to establish their baseline.
 - b. If needed, but not required the PLHCP may order any tests, consultations, or procedures that he or she deems necessary. These may include chest x-ray, Electrocardiogram (EKG), Sputum cytology, Hemocult Test.
 - c. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to those employees who fall under this section (letter N, #3), annually, once the initial baseline has been established. In other words the employee once having completed and passed using the initial Appendix D questionnaire, need only complete part 2 of the Appendix D questionnaire for his or her annual. The PLHCP will use this to determine if additional questions and testing maybe needed.

Frequency of Chest Roentgenogram		
Years Since First Exposure	Age of Employee	
0 to 10	Every 3 years	Annually*
10	Annually*	Annually*

*Oblique x-rays need only be performed every three years

The Questionnaire and examination will be administered confidentially during the employee's normal working hours. DSH-Napa OHC will evaluate the respirator users for the following reasons:

1. Prior to initial use of required respiratory protection program.
2. Have been previously approved for use of respiratory equipment but have experienced respiratory problems that might prove hazardous to the health and safety of such person should they continue to use such equipment.
3. Have informed their manager/supervisor of any health problems that could be aggravated by the use of respiratory equipment.
4. A change occurs in the workplace conditions that may result in a substantial increase in the physiological burden placed on an employee.
5. Require medical clearance for any reason before assignment to activities requiring the use of respirators.
6. Are referred by PRA, or if observations are made during fit testing indicates the need for reevaluation.
7. The PLHCP will complete the Respirator Medical Clearance (Appendix E) providing the employee with two (2) copies, one (1) copy is for the employee and one (1) copy is for the employees' supervisor.
8. The original documents of the Medical Questionnaire (Appendix C and/or D) and the Respirator Medical Clearance (Appendix E) shall be maintained in the employees' OHC file. The Medical Questionnaire (Appendix C and/or D) is confidential.

O. Additional Medical Evaluation

Additional medical evaluation is required when:

1. The employee reports medical signs or symptoms that are related to the ability to use a respirator.
2. A PLCHP requests re-evaluation
3. Observations made during fit testing and/or program evaluation indicate a need for re-evaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on the employee wearing a respirator.

P. Fit Testing

1. Before an employee is required to use any respirator with a tight fitting face piece, he or she will have a quantitative fit test conducted by Carl Cinq-Mars or David Nye. Employees being fit tested for N95 will have a qualitative fit test conducted by one of the HSS.
2. All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed.
3. Fit tests will be provided at the time of initial assignment and annually thereafter.
4. Additional fit test will be provided whenever the employee experiences or the supervisor, RPA, fit tester, or PLHCP observes physical changes that could affect respirator fit, these changes include but are not limited to:
 - a. Facial scarring.
 - b. Dental changes.
 - c. Cosmetic surgery.
 - d. Obvious change in body weight.
5. Any employee who cannot be fit tested with a tight-fitting face piece respirator has the following options:
 - a. Try different sizes.
 - b. Try different makes/models.
 - c. Provide the employee with the next level of protection (e.g. N95 does not work try half face, half face does not work try full face etc.).

Q. Training

Annual respirator training will be provided for all employees covered by this program. The training will be conducted by the Program Director/Department or designee. Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter. Training shall include the following:

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
2. What the limitations and capabilities of the respirator are.
3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
4. How to inspect, put on and remove, use, and check the seals of the respirator.
5. What the procedures are for maintenance and storage of the respirator.
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
7. The general requirements of CCR, T8, §5144, will be presented in a manner that is understandable to each employee.

Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

The employee will also receive additional training during the fit testing procedure that will provide him or her, the opportunity to handle the respirator, have it fitted properly, test its face piece-to-seal, and wear it in normal air for a long familiarity period. Every respirator wearer will receive fitting instructions, including demonstration and practice in how the respirator should be worn, how to adjust it, and how to perform user seal check (Appendix A, Appendix B, Appendix I for N95).

R. N95 Fit Tester How To

See Appendix G

S. N95 Fit Testing Guide

See Appendix H

T. N95 Respirator Training Module

See Appendix I

U. Storage Procedures

Reusable respirators that are assigned to individual users will be stored in zip lock plastic bag and or appropriate sealed container. To protect respirator from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall packed or stored to prevent deformation of the face piece and exhalation valve. Mark with your name. N-95 masks will be discarded after each use. For Maintenance and Cleaning Procedures see Appendix B.

V. Procedures for IDLH atmospheres

1. The supervisor shall ensure, when needed, more than one employee is located outside the IDLH atmosphere.
2. Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) outside the IDLH atmosphere.
3. The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue.
4. The supervisor or designee is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue.
5. Employee(s) located outside the IDLH atmospheres are equipped with:
 - a. Pressure demand or other positive pressure SCBA.
 - b. Appropriate retrieval equipment.
 - c. Equivalent means for rescue where retrieval equipment is not required.

W. Firefighters Respiratory Protection

1. Emergency procedures requiring the urgent multi-person use of the same face piece, void the cleaning and sanitation procedures that would apply under normal conditions.
2. The firefighters SCBA have a rated service time of at least 30 minutes.

3. Firefighters SCBA have audible signal to warn firefighter when the SCBA has reduced by 20-25%.
4. Supplied-air and SCBA compressed air shall meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity specification for Air, G-7.1-1989.
5. SCBA shall be inspected monthly. Air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer recommended pressure level.

X. Procedures for Interior Structural Firefighting

In addition to the requirements listed under letter V and W the supervisor shall:

1. Ensure that at least two firefighters enter the IDLH atmosphere and remain in visual or voice contact with one another at all times.
2. At least two employees are located outside the IDLH atmosphere.
3. All firefighters engaged in interior structural firefighting use SCBA's.

Y. Recordkeeping

1. Medical Records Appendix C, Appendix D, and Appendix E shall be retained in the Employees DSH-OHC medical file, and made available in accordance with the Cal OSHA Access to Medical Records Standard (CCR, T8, §3204), for a minimum of thirty (30) years after an employee's separation or termination.
2. Documentation of Training, Medical Clearance and fit testing (Appendix E and Appendix F) will be kept by Program/Department Heads or designee.
 - a. Copies of Appendix E and Appendix F will be provided to the RPA (Health & Safety Department) annually.
 - b. Fit test records will be retained for respirator users until the next fit test is administered (annually)
3. Written materials required to be retained under this program shall be made available upon request to affected employees and to Cal/OSHA, Chief or designee for examination or copying.
4. The RPA or designee will report to the Safety Committee quarterly on the Respirator Protection Program.

Z. Additional Sources of Information on Respiratory Protection

1. Respiratory Protection in the Workplace-A Practical Guide for Small-Business Employers. (http://www.dir.ca.gov/dosh/dosh_publications/respiratory.pdf)
2. OSHA –Small Entity Compliance Guide for the Respiratory Protection Standard. (www.osha.gov)
3. OSHA-Assigned Protection Factors for the Revised Respiratory Protection Standard. (www.osha.gov)

XV. HEARING CONSERVATION PROGRAM

California Code of Regulations, [Title 8, Sections 5095-5100](#) list the thresholds necessary to require a facility to maintain a hearing conservation program. These sections also list the thresholds that require a facility to provide personal protective equipment to employee exposed to high decibel levels. DSH facilities that exceed the thresholds as defined shall maintain a Hearing Conservation Program.

A. DEFINITIONS

1. Audiogram - A chart, graph, or table resulting from an audiometric test showing an individual's hearing threshold levels as a function of frequency.
2. Noise - Unwanted sound.
3. Approved Hearing Protection Device - Hearing protection devices approved by Health & Safety for use at DSH-Napa.

B. INTERPRETATIVE GUIDELINES

Noise hazard evaluations will be performed on an annual basis. A copy will be sent to the off-site medical clinic responsible for performing audiograms for DSH-Napa employees.

1. The Health & Safety Department will:
 - a. Post all noise hazardous areas with appropriate warning signs.
 - b. Determine appropriate hearing protective devices to be worn in noise hazard areas.
2. Supervisors will ensure:
 - a. Appropriate approved hearing protective devices are available to all employees entering noise-hazardous areas.
 - b. Employees are properly utilizing hearing protective devices and will take appropriate disciplinary action, if necessary, to enforce the use of hearing protective devices in designated noise-hazardous areas.
 - c. Employees receive annual training as required by this policy.
 - d. Employees are released for medical surveillance and/or audiometric monitoring.
3. Employees will:
 - a. Properly wear hearing protective devices in noise-hazardous areas and will acquire appropriate hearing protective devices from Plant Operations' Maintenance Warehouse or Central Plant.
 - b. Report when notified by Occupational Health Clinic for medical surveillance and/or audiometric monitoring.
 - c. Report any unsafe conditions to their immediate supervisor.
 - d. Participate in annual training as required in this policy.
 - e. Plant Operations' Maintenance Warehouse and Central Plant will ensure only approved hearing protective devices are available.
4. Occupational Health Clinic (OHC) will:
 - a. Make annual appointments with the off-site medical provider for employees

identified by Health & Safety Department to participate in the Hearing Conservation Program.

- b. Retain records as indicated in this policy.
5. Off-Site Medical Provider will:
- a. Provide DSH-Napa Health & Safety Department and Occupational Health Clinic (OHC) a copy of the employee's Audiogram and Audiometric History Form (baseline and annual).
 - b. Provide DSH-Napa Health & Safety Department annually a copy of the Ambient Noise Measurements of the Audiometric Test Room.
 - c. Provide Health & Safety Department a copy of the Certificate of Audiometer Calibration annually.
 - d. Communicate immediately to Health & Safety any employees who have an abnormal or inconsistent test results, including recommendations made to employee.

C. TRAINING

A training program will be provided annually for all employees who are exposed to noise at or above the action level. The following topics will be addressed:

1. The Effects of Noise upon Hearing.
2. Hearing Protective Devices.
3. Audiometric Testing Program.
4. Employees will also receive a copy of Article 105, Control of Noise Exposure. Also, a copy of Article 105 will be posted in Plant Operations and the Fire Department.

D. RECORDKEEPING

1. Exposure Measurements: An accurate record of noise exposure measurements will be maintained by Health & Safety.
2. Audiometric Tests: All employees' audiograms will be placed into the employee's file at the Occupational Health Clinic (OHC).
3. Audiometric Test Room: The off-site medical provider will maintain records of the background sound pressure levels in the audiometric test room. The Health & Safety Department will maintain a copy of this record.
4. Record Retention: Occupational Health Clinic (OHC) will retain employee audiometric records for at least five (5) years after the employee's separation from employment.
5. Access to Records: All Control of Noise Exposure records required by Article 105 shall be provided upon request to employees, former employees, representative designated by the individual employee and any authorized representative of DSH.

XVI. VEHICLE SAFETY POLICY

DSH maintains a fleet of approximately 700 vehicles, and appropriate usage of state owned vehicles is a major piece of any safety plan. Vehicle accidents are costly, but more importantly, they may result in injury to you or others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, DSH endorses all applicable state motor vehicle regulations relating to driver responsibility. DSH expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely. Please refer to:

A. STATE OF CALIFORNIA ADMINISTRATIVE MANUAL (SAM) 2400

Issuance of state motor pool vehicles shall be the responsibility of a Hospital General Services employee; Administrative vehicles shall be the responsibility of the Hospital Administrator's office and all other vehicles are the responsibility of the Department Head or Program Director. These persons shall ensure that the employee operating a vehicle on official State business has:

1. A valid driver license, insurance, and a good driving record in accordance with SAM §0751.
2. Proper authorization from his/her Program Director/Department Head.
3. Request for assignment of State-Owned Motor Vehicle form sent to Transportation prior to the trip (pool vehicles only).
4. A current Defensive Driver's Card issued by Health & Safety.

B. NEW EMPLOYEE ORIENTATION TRAINING:

Hospital Police presents an orientation program for new employees on facility parking and traffic regulations.

C. DGS DEFENSIVE DRIVER TRAINING

Employees, with approval of their supervisors, and having met the Defensive Driving standards shall complete the Defensive Driver Training on-line. The training may be accessed from the hospital's home page on the I-Net under Quick Links "Defensive Driving". All persons who drive on official state business shall successfully complete the Department of General Services on-line Defensive Driver Training course at least once every four years.

1. Supervisor or designee shall sign off on completed certificate.
2. Employee shall physically take completed certificate to Health & Safety Office.

3. Health & Safety shall assist employee in completing training roster and forwarding to the Training and Education Center with a copy of the Defensive Driving Training Certificate.
 - a. Employees working in Departments/Programs with an assigned electric cart must also successfully complete the Electric Cart Training and post-test (*see Electric Cart Training in sub-section D below*).
4. Take completed Electric Cart Training Post-Test, along with your Defensive Driver Card and your Driver's License to the Health & Safety Office.
5. Health & Safety shall issue a Defensive Driving Card.
6. A record of Defensive Driver Training Certificate is held at Training Education Center. The employee's Department of Motor Vehicle Driving Record is maintained by the Health & Safety Office.

D. ELECTRIC CART TRAINING

Employees using electric cart vehicles must complete the following:

1. Read through the "Get to Know Your Electric Cart" course located on the I-Net.
2. Print the test at the end of course.
 - a. A hard copy of the on-line course will also be available in Transportation.
 - b. The Automotive Pool Manager will proctor the exam and provide proof of completion for employee to take to the Health & Safety Office.
3. Take completed Electric Cart Training Post-Test, along with your Defensive Driver Card, to the Health & Safety Office.
4. Health & Safety will issue a new Defensive Driver Card that identify employee as having successfully completed the "Get to Know Your Electric Cart" on-line course.

The Operator's Manual for each electric vehicle model is available on the I Net, in Transportation, as well as on the vehicle itself.

E. DRIVERS RESPONSIBILITIES

1. State owned vehicles are for official use only. They shall not be used for employee gain, employee convenience, or employee recreation.
2. Employees and passengers shall use seat belts and shoulder harnesses in the vehicle.
3. Each employee shall assume responsibility for good management of the vehicle assigned to them, and be a courteous and safe driver.

4. All drivers are to abide by all laws and regulations governing all roads and highways.
5. The driver is personally responsible for any bridge toll, carpool, traffic violations, or parking citations, which result from their operation of vehicle.
6. Only employees of the State of California shall be permitted to operate State motor vehicles.
7. Cellular telephones are not to be used while operating motorized vehicles. Exception to this is, if the cellular telephone is equipped with hands-free operation accessory.
8. Cellular telephones are not to be used while fueling vehicles.

Please refer to AD #298, Accident Prevention Program for State and Private Vehicles for more information.

F. OPERATION OF MOTOR VEHICLES ON STATE GROUNDS

The hospital Police Department has the responsibility of establishing and enforcing traffic and parking regulations on hospital grounds. It is the policy of the hospital that all persons operating a motor vehicle on hospital premises shall comply with the provisions of the California Vehicle Code and hospital traffic and parking regulations.

Any person operating a motor vehicle on hospital grounds, inside and/or outside the Secure Treatment Area is subject to the enforcement provisions of the California Vehicle Code. The conditions regarding parking of motor vehicles shall be in the form of written regulations and shall be referred to as Napa State Hospital Traffic/Parking Regulations. They are incorporated into and are part of Administration Directive #433.

XVII. RECORDKEEPING

Injury and illness reporting must consistently provide complete and accurate information to identify injury and illness trends, satisfy the reporting requirements of Cal/OSHA and other entities, and comply with state and federal regulations.

DSH-Napa is listed as a Category 1 on a designated Cal/OSHA “high hazard” industry list. We have taken the following steps to implement and maintain our IIPP:

1. Records of hazard and risk assessments and inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on (*a hazard assessment and correction form*); and

2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on (*Training Roster*). We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

Inspection records and training documentation will be maintained for one year. The exception is for training records of employees who have worked for less than one year. The inspection records and training documentation are provided to the worker upon termination of employment.

A. CAL/OSHA 300 LOGS

There are five important steps required by the Cal/OSHA record keeping system:

1. Obtain a report on every injury or illness requiring medical treatment. An injured employee must be given the *Employee's Claim for Worker's Compensation Benefits*, SCIF Form 3301.
2. Prepare an *Employer's Occupational Injury/Illness Form* (SCIF 3067) on recordable cases.
3. Record each injury or illness on the *Cal OSHA 300 Log and Summary of Work Related Injuries and Illnesses*, according to the instructions provided.
4. Every year, prepare the OSHA Form 300A Summary of Work-Related Injuries and Illnesses post it no later than February 1 and keep it posted where employees can see it until March 1, or provide copies as required.
5. Maintain the OSHA Form 300A for 5 years.

B. SERIOUS INJURY REPORTING

Please refer to Section VI, Incident Reporting, Letter E, Death and Serious Injury Reporting.

C. CAL/OSHA COMPLIANCE

CAL/OSHA safety compliance engineers and industrial hygienists are responsible for enforcing compliance with CCR, Title 8 safety orders. They conduct inspections of employers' safety programs, related records, and physical operations. The compliance engineer or industrial hygienist will meet with the highest authority present at the inspection site. CAL/OSHA considers that individual to be the department's management representative.

The Health and Safety Officer will **immediately** send a copy of each special order, citation, study, or report received from a compliance safety engineer, industrial hygienist, or CAL/OSHA consultant to the Enterprise Risk Management Office- Sacramento for referral to the DSH legal liaison, and if necessary, the Executive Team.

The department only has fourteen working days after receipt of the notice of citation or special order to file an appeal. It is important to expedite the notification process to the Risk Management Office and Legal Office in order to meet this deadline.

D. INJURY ILLNESS PREVENTION PROGRAM REVISION RECORD

The Safety Committee is responsible for maintaining record of annual evaluation of Injury Illness Prevention Program. The meeting minutes will reflect annual changes. Safety Committee Meeting Minutes are maintained on file in the Health & Safety Department.

Appendix A: User Seal Check Procedures (Mandatory)

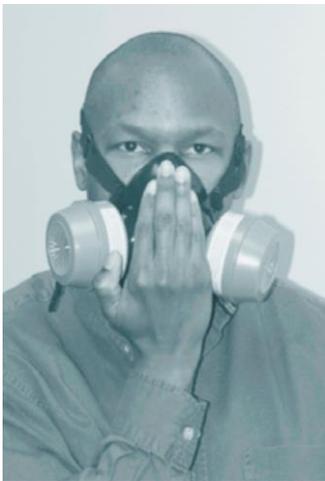
The users of tight fitting respirator are to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure check listed in this appendix, shall be used. **User seal checks are not substitutes for qualitative or quantitative fit tests.**

A. Face Piece Positive Pressure Check.

Close off the exhalation valve and exhale gently into the face piece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the face piece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative Pressure Check

Close off the inlet opening of the canister or cartridge(s) by covering with the palm of your hand(s) or by replacing the filter seal(s), inhale gently so that the face piece collapses slightly, and hold breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the face piece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.



Positive-pressure seal check



Negative-pressure seal check

Appendix B: Respirator Maintenance/Cleaning Procedures.

A. Maintenance of Respirator

All users of respirators shall ensure that respirators are inspected as follows, and that any respirator found defective and or in need of repair shall be immediately tagged, removed from service, and turned over to supervisor for replacement.

Check respirator function, tightness of connections, and the condition of the various parts including, but not limited to the face piece, head straps, valves, connecting tube, and cartridges, canisters or filters; and check elastomeric parts for pliability and signs of deterioration.

B. Cleaning Procedures for Respirator

These procedures are provided for users when cleaning respirators. Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to maintain in a sanitary condition. Shared respirators shall be cleaned and disinfected before being worn by different users.

1. Remove filters, cartridges, or canisters. Disassemble face pieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard any defective parts.
2. Wash components in warm (43° C [110° F] maximum) water with a mild detergent. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
3. Rinse components thoroughly in clean, warm (43° C [110° F] maximum), preferably running water. Drain.
4. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following.
 - a. Hypochlorite solution (50 ppm of chlorine) made by adding approximately 1 milliliter of laundry bleach to one liter of water at (43° C [110° F]); or,
 - b. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and /or potassium iodide/100 cc of 45% alcohol) to one liter of water at (43° C [110° F]); or,
 - c. Other commercially available cleaners of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
5. Rinse components thoroughly in clean, warm (43° C [110° F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry face pieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
6. Components should be hand-dried with a clean lint-free cloth or air-dried
7. Reassemble face piece, replacing filters, cartridges, and canisters where necessary
8. Test the respirator to ensure that all components work properly

§5144 Appendix C OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read: 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 your 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 professional who will review it.

Part A. Section 1 (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator. (please print)

1. Today's date: ____ / ____ / ____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex: M F
5. Your height: ____ft. ____in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number you can be reached by the health care professional who will review this questionnaire.

Include Area Code (____) ____ - _____ Ext. _____

9. The best time to phone you at this number:

Before After Between _____: _____ a.m. p.m.

10. Has your employer told you how to contact the health care professional who reviews this questionnaire?

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

a. N R P disposable respirator (filter-mask, non-cartridge type only)

b. Only type (for example, half or full-facepiece type, powdered-air purifying, supplied-air, self-contained breathing apparatus)

12. Have you worn a respirator? Yes No If "yes", what type(s): _____

§5144 Appendix C OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

Part A. Section 2 (Mandatory)

Questions 1 through 9 must be answered by every employee who has been selected to use any type of respirator. (please check "yes" or "no")

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 spaces): 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 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. Having 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): 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 problems 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 medications 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
 8. **If you've used a respirator, have you ever had any of the following problems?** (If you've never used a respirator, check this following space and go to question 9:) Yes No
 - a. Eye irritation: Yes No
 - b. Skin allergies or rash: Yes No
 - c. Anxiety: Yes No
 - d. General weakness or fatigue: Yes No
 - e. Any other problem that interferes with your respirator: Yes No
 9. **Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?** Yes No
- Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.
10. **Have you ever lost vision in either eye (temporarily or permanent):** 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
 - d. Any other eye or vision problem: Yes No
 12. **Have you ever had an injury to your ears, including a broken ear drum:** 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 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. Difficulty fully moving your head up and down: Yes No
 - f. Difficulty fully moving your head side to side: Yes No
 - g. Difficulty bending 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

Part B. Section 2 (Mandatory)

Any part of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. **In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:** Yes No
If "Yes", do you have any feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions. Yes No
2. **At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:** Yes No
If "Yes", name the chemicals if you know them: _____
3. **Have you ever worked with any of the materials, or under any of the conditions listed below:**

a. Asbestos:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Silica (e.g., in sandblasting):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Tungsten/cobalt (e.g., grinding or welding this material):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Beryllium:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Aluminum:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Coal (e.g., mining):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Iron:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Tin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Dusty Environments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Any other hazardous exposures:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, describe these exposures: _____

4. **List any second job, or side businesses you have:** _____

5. **List your previous occupations:** _____

6. **List your current and previous hobbies:** _____

7. **Have you been in the military services?:** Yes No

If "Yes", were you exposed to biological or chemical agents (either in training or combat): Yes No

8. **Have you ever worked on a HAZMAT team?** Yes No

9. **Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):** Yes No

10. **Will you be using any of the following items with your respirator(s)?**

- | | | |
|--|------------------------------|-----------------------------|
| a. HEPA Filters: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Canisters (for example, gas masks): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Cartridges: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11. **How often are you expected to use the respirator(s)? (check "yes" or "no" for all answers that apply to you):**

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| a. Escape only (no rescue): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Emergency rescue only: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Less than 5 hours per week: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Less than 2 hours per day: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. 2 to 4 hours per day: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Over 4 hours per day: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. **During the period you are using the respirator(s), is your work effort:**

- | | | |
|--|------------------------------|-----------------------------|
| a. Light (less than 200kcal per hour): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If "Yes", how long does this period last during the average shift: _____ hrs. _____ mins. Examples of light work effort are sitting while writing, typing, drafting, or performing light assemble work or standing while operating drill press (1-3 lbs.) or controlling machines.

- | | | |
|---|------------------------------|-----------------------------|
| b. Moderate (200 to 350 kcal per hour): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If "Yes", how long does this period last during the average shift: _____ hrs. _____ mins. Examples of moderate work effort t are *sitting* while nailing or filling, driving a truck or bus in urban traffic; *standing* while drilling nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| c. Heavy (above 350 kcal per hour): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------|-----------------------------|

If "Yes", how long does this period last during the average shift: _____ hrs. _____ mins. Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; *working* on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; *climbing* stairs with a heavy load (about 50 lbs.)

13. **Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator?** Yes No

If "Yes", describe this protective clothing and/or equipment: _____

14. **Will you be working under hot conditions (temperatures exceeding 77°F)?** Yes No

15. **Will you be working under humid conditions?** Yes No

16. **Describe the work you will be doing while you're using your respirator:** _____

17. **Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):** _____

18. **Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):**

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator: _____

19. **Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):** _____

§5208. Asbestos, Appendix D - Medical Questionnaire – Mandatory

This mandatory appendix contains the medical questionnaires that must be administered to all employees who are exposed to asbestos above permissible exposure limit, and who will therefore be included in their employer's medical surveillance program. Part 1 of the appendix contains the Initial Medical Questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to all employees who are provided periodic medical evaluations under the medical surveillance provisions of the standard.

Part 1

INITIAL MEDICAL QUESTIONNAIRE:

- 1. NAME: _____
- 2. SOCIAL SECURITY NUMBER: _____ - _____ - _____
- 3. CLOCK NUMBER : _____
- 4. PRESENT OCCUPATION: _____
- 5. PLANT: _____
- 6. ADDRESS: _____
- 7. CITY: _____
- 8. TELEPHONE NUMBER: (_____) _____ - _____ EXT _____
- 9. INTERVIEWER: _____

- 10. DATE: ____/____/____
- 11. Date of birth: ____/____/____ 12. Place of birth: _____
Month Day Year

- 13. Sex: 1. Male 2. Female
- 14. What is your marital status: 1. Single 2. Married 3. Widowed 4. Separated/Divorced
- 15. Race: 1. White 2. Black 3. Asian 4. Hispanic 5. Indian 6. Other _____

16. What is the highest grade level completed in school? _____ (For example 12 years is completion of high school)

17. OCCUPATIONAL HISTORY

- A. Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. Yes 2. No IF YES TO 17A:
- B. Have you ever worked for a year or more in any dusty job? 1. Male 2. Female 3. Does not apply

Specify job/industry: _____ Total years worked: _____
 Was dust exposure: 1. Mild 2. Moderate 3. Severe

- C. Have you ever been exposed to gas or chemical fumes in your work? 1. Yes 2. No
- Specify job/industry: _____ Total years worked: _____

- D. What has been your usual occupation or job – the one you have worked the longest?
- 1. Job occupation: _____
- 2. Number of years employed in this occupation: _____
- 3. Position/job title: _____
- 4. Business, field, or industry: _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

- E. In a mine? 1. Yes 2. No _____ - _____
- F. In a quarry? 1. Yes 2. No _____ - _____
- G. In a foundry? 1. Yes 2. No _____ - _____
- H. In a pottery? 1. Yes 2. No _____ - _____
- I. In a cotton, flax, or hemp mill? 1. Yes 2. No _____ - _____
- J. With asbestos? 1. Yes 2. No _____ - _____

18. PAST MEDICAL HISTORY

- A. Do you consider yourself to be in good health? 1. Yes 2. No if "No", state reason: _____
- B. Have you any defect of vision? 1. Yes 2. No if "Yes", state nature of defect: _____
- C. Have you any hearing defect? 1. Yes 2. No if "Yes", state nature of defect: _____
- D. Are you suffering or have you suffered from:
- a. Epilepsy (or fits, seizures, convulsions)? 1. Yes 2. No
- b. Rheumatic fever? 1. Yes 2. No
- c. Kidney disease? 1. Yes 2. No
- d. Bladder disease? 1. Yes 2. No
- e. Diabetes? 1. Yes 2. No
- f. Jaundice? 1. Yes 2. No

19. CHEST COLDS AND CHEST ILLNESSES:

- 19A. If you get a cold, does it "usually" go to your chest? (Usually means more than 1/2 the time): 1. Yes 2. No 3. Don't get colds
- 20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes 2. No IF YES TO 20A:
- B. Did you produce phlegm with any of these illnesses? 1. Yes 2. No 3. Does not apply
- C. In the last 3 years, how many such illnesses with (increases) phlegm did you have which lasted a week or more? _____ Number of illnesses No such illnesses
- 21. Did you have any lung trouble before the age of 16? 1. Yes 2. No

Part 1 (Continued)

22. Have you ever had any of the following?

- 1A. Attacks of bronchitis? 1. Yes 2. No IF YES TO 1A:
 B. Was it confirmed by a doctor? 1. Yes 2. No 3. Does not apply
 C. At what age was your first attack? _____ Age in years 3. Does not apply

- 2A. Pneumonia (includes bronchopneumonia)? 1. Yes 2. No IF YES TO 2A:
 B. Was it confirmed by a doctor? 1. Yes 2. No 3. Does not apply
 C. At what age did you first have it? _____ Age in years 3. Does not apply

- 3A. Hay Fever? 1. Yes 2. No IF YES TO 3A:
 B. Was it confirmed by a doctor? 1. Yes 2. No 3. Does not apply
 C. At what age did it start? _____ Age in years 3. Does not apply

23. A. Have you ever had chronic bronchitis? 1. Yes 2. No IF YES TO 23A:
 B. Do you still have it? 1. Yes 2. No 3. Does not apply
 C. Was it confirmed by a doctor? 1. Yes 2. No 3. Does not apply
 D. At what age did it start? _____ Age in years 3. Does not apply

24. A. Have you ever had emphysema? 1. Yes 2. No IF YES TO 24A:
 B. Do you still have it? 1. Yes 2. No 3. Does not apply
 C. Was it confirmed by a doctor? 1. Yes 2. No 3. Does not apply
 D. At what age did it start? _____ Age in years 3. Does not apply

25. A. Have you ever had asthma? 1. Yes 2. No IF YES TO 25A:
 B. Do you still have it? 1. Yes 2. No 3. Does not apply
 C. Was it confirmed by a doctor? 1. Yes 2. No 3. Does not apply
 D. At what age did it start? _____ Age in years 3. Does not apply

- E. If you no longer have it, at what age did it stop? _____ Age Stopped 3. Does not apply

26. Have you ever had:
 A. Any other chest illness? 1. Yes 2. No If "Yes", please specify: _____
 B. Any chest operations? 1. Yes 2. No If "Yes", please specify: _____
 C. Any chest injuries? 1. Yes 2. No If "Yes", please specify: _____

27. A. Has a doctor told you that you had heart trouble? 1. Yes 2. No IF YES TO 27A:
 B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes 2. No 3. Does not apply

28. A. Has a doctor told you that you had high blood pressure? 1. Yes 2. No IF YES TO 28A:
 B. Have you ever had treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes 2. No 3. Does not apply
 29. When did you last have your chest x-rayed? Year _____

30. Where did you last have your chest x-rayed (if known)? _____
 What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

- | | FATHER | | | MOTHER | | |
|--|---------------------------------|-------------------------------------|--|---------------------------------|--------------------------------|--|
| A. Chronic Bronchitis? | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know |
| B. Emphysema? | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know |
| C. Asthma? | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know |
| D. Lung cancer? | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know |
| E. Other chest conditions? | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know |
| F. Is parent currently alive? | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know | 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No | 3. <input type="checkbox"/> Don't know |
| G. Please specify _____ Age at Death | _____ Age if Living | _____ Age at Death | _____ Age if Living | _____ Age if Living | _____ Age at Death | _____ Age if Living |
| <input type="checkbox"/> Don't know | | <input type="checkbox"/> Don't know | | | | |
| H. Please specify cause of death _____ | _____ | _____ | _____ | _____ | _____ | _____ |

COUGH

32. A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) (If no, skip to question 32C.) 1. Yes 2. No
 B. Do you usually cough as much as 4 to 6 times a day out of the week? 1. Yes 2. No
 C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes 2. No
 D. Do you usually cough at all during the rest of the day or at night? 1. Yes 2. No

IF YES TO ANY OF THE ABOVE (32A, B, C or D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO PART 2.

- E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 1. Yes 2. No 3. Does not apply
 F. For how many years have you had the cough? 1. Yes 2. No
 33. A. Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or in first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) If no, skip to 33C. 1. Yes 2. No

- B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes 2. No
 C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes 2. No
 D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes 2. No

IF YES TO ANY OF THE ABOVE (33A, B, C or D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 34A

- E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 1. Yes 2. No 3. Does not apply
 F. For how many years have you had trouble with phlegm? _____ No. of years 3. Does not apply

Part 1 (Continued)

EPISODES OF COUGH AND PHLEGM

34A. Have you had episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? 1. Yes 2. No IF YES TO 34A

*(For persons who usually have cough and/or phlegm)

B. For how long have you had at least 1 such episode per year? _____ No. of Years Does Not Apply

WHEEZING

35A. Does your chest ever sound wheezy or whistling:

1. When you have a cold? 1. Yes 2. No

2. Occasionally apart from colds? 1. Yes 2. No

3. Most days or nights? 1. Yes 2. No

IF YES TO 1, 2 or 3 in 35A:

B. For how many years has this been present? _____ No. of Years Does Not Apply

36A. Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes 2. No

B. How old were you when you had your first such attack? _____ Age in Years Does Not Apply

C. Have you had 2 or more such episodes? 1. Yes 2. No 3. Does not apply

D. Have you ever required medicine for the(se) attack(s) 1. Yes 2. No 3. Does not apply

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.

Nature of condition(s): _____

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes 2. No 3. Does not apply

IF YES TO 39A:

B. Do you have to walk slower than people of your age on the level because of breathlessness? 1. Yes 2. No 3. Does not apply

C. Do you ever have to stop for breath when walking at your own pace when walking on the level? 1. Yes 2. No 3. Does not apply

D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? 1. Yes 2. No 3. Does not apply

E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? 1. Yes 2. No 3. Does not apply

TOBACCO SMOKING

39A. Have you ever smoked cigarettes?

(No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year 1. Yes 2. No

B. Do you now smoke cigarettes (as of one month ago) 1. Yes 2. No 3. Does not apply

C. How old were you when your first started cigarette smoking? _____ Age in Years Does Not Apply

D. If you have stopped smoking cigarettes completely, how old were you when you stopped? _____ Age Stopped Still Smoking Does Not Apply

E. How many cigarettes do you smoke per day now? _____ Cigarettes per day Does Not Apply

F. On the average of the entire time you smoked, how many cigarettes did you smoke per day? _____ Cigarettes per day Does Not Apply

G. Do or did you inhale the cigarette smoke? 1. Does not apply 2. Not At All 3. Slightly 4. Moderately 5. Deeply

40A. Have you ever smoked a pipe regularly (Yes means more than 12 oz. of tobacco in a lifetime) 1. Yes 2. No

IF YES TO 40A:

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

B. 1. How old were you when you started to smoke a pipe regularly? _____ Age in Years.

2. If you have stopped smoking a pipe completely, how old were you when you stopped? _____ Age Stopped Still smoking pipe Does Not Apply

C. On the average of the entire time you smoked a pipe, how much tobacco did you smoke per week?

_____ Oz. Per Week (a standard pouch contains 1 1/2 oz.) Does Not Apply

D. How much pipe tobacco are you smoking now? _____ Oz. Per Week. Does Not Apply

E. Do or did you inhale the pipe smoke? 1. Never Smoked 2. Not At All 3. Slightly 4. Moderately 5. Deeply

41A. Have you ever smoked cigars regularly? (yes means more than 1 cigar a week for a year) 1. Yes 2. No

IF YES TO 41A:

B. 1. How old were you when you started smoking cigars regularly? _____ Age in Years.

2. If you have stopped smoking cigars completely, how old were you when you stopped? _____ Age Stopped Still Smoking Cigars Does Not Apply

C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week? _____ Cigars Per Week. Does Not Apply

D. How many cigars are you smoking per week now? _____ Cigars Per Week. Not Currently Smoking Cigars

E. Do or did inhale the cigar smoke? 1. Never Smoked 2. Not At All 3. Slightly 4. Moderately 5. Deeply

Date: ____ / ____ / ____

Signature _____

Part 2

PERIODIC MEDICAL QUESTIONNAIRE:

- 1. NAME:
2. SOCIAL SECURITY NUMBER :
3. CLOCK NUMBER :
4. PRESEND OCCUPATION :
5. PLANT :
6. ADDRESS :
7. CITY : ST : ZIP :
8. TELEPHONE NUMBER : () --
9. INTERVIEWER :
10. DATE : / /

11. What is your marital status?

12. OCCUPATIONAL HISTORY

12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more? 1. Yes 2. No

IF YES TO 12A:

- 12B. In the past year, did you work in a dusty job? 1. Yes 2. No
12C. Was dust exposure: 1. Mild 2. Moderate 3. Severe
12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes 2. No
12E. Was exposure: 1. Mild 2. Moderate 3. Severe

12F. In the past year, what was your:

- 1. Job/Occupation?
2. Position/Job Title?

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? 1. Yes 2. No

If "No", state the reason:

- 13B. In the past year, have you developed:
Epilepsy? 1. Yes 2. No
Rheumatic Fever? 1. Yes 2. No
Kidney Disease? 1. Yes 2. No
Bladder Disease? 1. Yes 2. No
Diabetes? 1. Yes 2. No
Jaundice? 1. Yes 2. No
Cancer? 1. Yes 2. No

CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it "usually" go to your chest? 1. Yes 2. No 3. Don't Get Colds

(Usually means more than 1/2 the time)

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes 2. No 3. Does not apply

IF YEST TO 15A:

- 15B. Did you produce phlegm with any of these chest illnesses? 1. Yes 2. No 3. Does not apply
15C. In the past year, how many illnesses with (increased) phlegm did you have which lasted a week or more? No. of Illnesses No Such Illnesses

16. RESPIRATORY SYSTEM

In the past year have you had:

Further Comment on Positive Answers

- Asthma 1. Yes 2. No
Bronchitis 1. Yes 2. No
Hay Fever 1. Yes 2. No
Other Allergies 1. Yes 2. No
Pneumonia 1. Yes 2. No
Tuberculosis 1. Yes 2. No
Chest Surgery 1. Yes 2. No
Other Lung Problems 1. Yes 2. No
Heart Disease 1. Yes 2. No
Do You Have:
Frequent Colds 1. Yes 2. No
Chronic Cough 1. Yes 2. No
Shortness of Breath When Walking or Climbing One Flight of Stairs 1. Yes 2. No
Do You:
Wheeze 1. Yes 2. No
Cough Up Phlegm 1. Yes 2. No
Smoke Cigarettes 1. Yes 2. No Packs Per Day How Many Years

Date: / /

Signature

Appendix E: Respirator Medical Clearance

Employee Information			
Last Name (Print)	First Name (Print)	Hospital Badge Number	Contact Phone Number
Facility	Department	Job Title	Training Status (circle one)
DSH-Napa			<i>Initial Renewal</i>

Respirator and Usage Information			
Respirator Type	Respirator Weight	Duration of Use	Frequency of Use
Expected Physical Work Effort (circle one):		Additional Protective Clothing / Equipment to be Worn	
<i>LIGHT MEDIUM HEAVY</i>			
Expected Temperature / Humidity Extremes:		Additional Information:	

WORK EFFORT DEFINED:

Light: Requires the ability to stand up to six hours in an eight hour work day, lift up to 10 pounds frequently and up to 20 pounds occasionally.

Medium: Requires the ability to stand up to six hours in an eight hour work day, lift up to 25 pounds frequently and 50 pounds occasionally.

Heavy: heavy work is defined as work that involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds.

DO NOT WRITE BELOW THIS LINE. FOR LICENSED PRACTITIONER'S (PLHCP) USE ONLY

After evaluating the employees Medical Questionnaire (Appendix C and/or D), I have provided the employee with a copy of my determination, the employee:

1. Is medically able to use the respirator defined on this sheet.
2. Is medically able to use the respirator with the following limitations:
3. Is medically able to use the respirator but needs a follow-up examination on (Date: _____)
4. Needs an in-person Medical Examination before a determination is made.
5. Should not wear a respirator of any kind.

<i>Date</i>	<i>Licensed Practitioner's Name (Print)</i>	<i>Licensed Practitioner's Signature</i>

Original: DSH-Napa OHC

Copy (1): Employee

Copy (1): Supervisor (if PLHCP checks boxes 1, 2, or 3 then the employee may receive Respiratory Fit Testing)

Appendix F: Respirator Fit Test Certification

Personal Information			
Last Name (Print)	First Name (Print)	Badge Number	Supervisor's Name
Facility	Department	Job Title	Training Status (circle one)
DSH-Napa			<i>Initial Renewal</i>

Fit Test Information			
Fit Test Date	Fit Test Type (circle one)	Fit Test Method (circle one)	Fit Test Results
	QLFT (N-95) QNFT (all others)	N95 - Bitrex - Saccharine All Others- Quantifit	Pass Fail

Medical Reevaluation		
Have You Experienced:		Fit Tester Recommends:
A) Any medical signs or symptoms related to the ability to use a Respirator?	B) Changes in your work conditions that may increase the physiological stress using the respirator?	The employee needs additional medical determination based on Fit Testers observations during fit test; and/or a yes answer on question A and/or B.
YES NO	YES NO	YES NO

Fit Tester Comments
Comments:

Certification Statement		
This is to certify that I have been fit tested and trained for wearing the respirators identified on this record. I understand that I am responsible for (1) wearing only the respirator (s) that I have been fit tested for as identified above; and (2) following the correct established procedures for which I was trained.		
Employee Name (Print)	Employee Signature	Date
Trainer Name (Print)	Trainer Signature	Date

Original: Supervisor (employee file)

Copy (1): Employee

Copy (1): PRA (Health & Safety Officer) along with a copy of the completed Respirator Medical Clearance (Appendix E)

*Employees who receive Quantitative Fit Testing, the supervisor needs to send a copy of the report to PRA along with Appendix E&F.

Appendix G: N95 Respirator Fit Tester How To

The Fit Test

- If the subject is unfamiliar with the respirator, show the subject how to put it on, position it on his/her face, adjust the straps (if applicable), and determine if the fit is acceptable. The respirator should lie across the bridge of the nose and cover the chin. It should feel snug but not uncomfortable.
- Tell the subject to conduct an *assessment of comfort* and an *adequacy of respirator fit*.



Assessment of Comfort

The subject:

- Positions of the mask on his/her nose
- Makes sure there is room for eye protection
- Makes sure he/she can talk and be heard
- Checks the position of the mask on his/her face and cheeks

Adequacy of Respirator Fit

Ask the subject:

- Is the chin properly placed?
- Is there adequate strap tension?
- Does it fit across the nose bridge?
- Is the respirator large enough to span the distance from nose to chin?
- Does the respirator slip?

- Tell the subject to perform a *positive pressure seal check*.

Positive Pressure Fit Check

Ask the subject to:

Cup his/her hands over the mask

- Exhale normally
- Check if the respirator expands slightly

If respirator leaks during fit check:

- Readjust the nose clip for a more secure seal
- Reposition the respirator
- Perform positive fit check again

- Place the fit test hood over the subject. Adjust the hood so that about six inches is between the subject's face and the window of the hood, or the hood is against the back of the subject's head.
- Remind the subject to keep his/her eyes shut.
- Insert the tip of the nebulizer through the opening of the visor and introduce the number of puff needed during the sensitivity test to generate a response. Depress the ball on the nebulizer completely for each puff. Introduce half the amount of the original puffs every 30 seconds during the entire test.
- Tell the subject to signal if they taste the testing agent at any time.

If the subject detects either a sweet or bitter taste during the hood test, stop the fit test. Refit the respirator and hood test again. If the second attempt fails select another respirator.

Tell the subject to perform the following exercises, for one minute each.

- Breathe normally
- Breathe deeply using breaths that are deep and regular
- Turn his/her head from side to side, making sure his/her movement is as far as possible in each direction. Ask him/her to inhale when his/her head is at the farthest point at each side. The respirator should not bump the shoulders.
- Nod his/her head up and down, as far as possible in both directions. Have the subject change direction about every second and inhale when he/she is looking up.
- Count backward from 100, speaking slowly and loud enough to be heard
- Grimace by smiling or frowning (for 15 seconds)
- Jog in place
- Breathe normally again
- Detect the agent by cracking the seal on the respirator

(Give a sensitivity check of the test agent, from the same nebulizer, to each subject that passes the Saccharin/Bitrex test without evidence of a response. If the subject does not taste the agent, the test is void.)

Appendix H: N95 Fit Testing Guide

FIT TESTING GUIDE			
Time	Step	Exercise	Spray
Start	1	Normal breathing	10 or 20 or 30
30 seconds			5 or 10 or 15
1 minute	2	Deep breathing	5 or 10 or 15
1 min, 30 sec			5 or 10 or 15
2 minutes	3	Side to side head movement	5 or 10 or 15
2 min, 30 sec			5 or 10 or 15
3 minutes	4	Up and down head movement	5 or 10 or 15
3 min, 30 sec			5 or 10 or 15
4 minutes	5	Speaking out loud	5 or 10 or 15
4 min, 30 sec			5 or 10 or 15
5 minutes	6	Bending at the waist	5 or 10 or 15
5 min, 30 sec			5 or 10 or 15
6 minutes	7	Normal breathing	5 or 10 or 15
6 min, 30 sec			5 or 10 or 15

Exercise	Description
Normal breathing	In a normal standing position, without talking, breathe through mouth, tongue slightly out
Deep breathing	In a normal standing position, breathe slowly and deeply, being careful not to hyperventilate
Side to side head movement	Standing in place, slowly turn head side to side. Hold head momentarily at each extreme and breathe in, breathe out while facing forward.
Up and down head movement	Standing in place, slowly move head up and down. Hold head momentarily when looking up (toward ceiling) and breathe in, breathe out while facing downward.
Speaking out loud	Count backward from 100, slowly and loud enough to be heard by tester.
Bending at the waist	Bend slowly at the waist as if you were intending to touch your toes
Normal breathing	In a normal standing position, without talking, breathe through mouth, tongue slightly out

Appendix I: N95 Training Module

Why the respirator is necessary and how improper fit, usage or maintenance can compromise its protection effectiveness?

The fit test is conducted to ensure the wearer has a fit that is adequate to filter all inhaled air. If there is not a good skin-to-respirator seal, leaks will be present and air will get through unfiltered containing infectious contaminants. When donning the respirator it must be put on exactly the same way as when the test was conducted. If the respirator is uncomfortable and the respirator is put on in a different way than it was during the fit test, it may not provide that same face-to-respirator seal and leak. If the respirator is too uncomfortable to wear in the same way as when fit tested, the fit test must be repeated. The respirator must only be used for protection against airborne diseases, such as tuberculosis or influenza. Any other use may not provide adequate protection. The respirator must be maintained dry and in the same physical shape as when it is worn.

Capabilities of the respirator

The N-95 respirator is a physical filter. It will filter out contaminants that have a physical component; such as aerosolized liquid and solid particulate. Included in this are mist, dust, fibers, airborne tuberculosis droplets, and airborne influenza droplets.

Limitations of the respirator

The N-95 respirator filters physical contaminants out of the air. The respirator does not provide eye protection. Since there is some leakage through the filter medium and the respirator-to-face sealing surfaces, the respirator does not provide 100% protection from all sizes of particulates and aerosols. The respirator does not provide a source of breathing air so it cannot be worn in oxygen deficient atmospheres (less than 19.5% oxygen) or work in areas classified as confined space.

How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions?

The respirator must be put on before completing any work where dust or mist is generated. After using the respirator for a period of time, it will seem less uncomfortable and easier to breathe. If it is very easy to breathe all of a sudden, there may be a leak and you must go to an uncontaminated area and examine the respirator to see if it is damaged. Look in the mirror if necessary to see if any abnormalities in the fitting are present.

How to inspect, put on, and remove, use and check the seals of the respirator?

Examine the face piece of the disposable respirator to determine whether it is functional and has structural integrity. If the filter material is physically damaged or soiled, discard the respirator. Also, discard the respirator if there are nicks, abrasions, cuts, or creases in the face-to-respirator piece sealing material. Check the straps to ensure they are secured to the face piece and that they are not cut or damaged. Verify that the metal nose clip is in place and functioning correctly. Look for the NIOSH approval on the box.

How to don (put on) the respirator and perform a User Seal Check?

Place your chin into the mask first. Then place the top portion of the mask onto the bridge of your nose. Move the mask with both hands to secure a position of comfort. Reposition the mask to fill any gaps between the seal of the mask and your face. Place two fingers from both hands on the nose clip and press lightly on your nose bridge. Form the nose clip to the contours of your face by firmly rolling your fingers uniformly down each side of your nose. Check your seal by placing both hands on the mask covering as much surface area as possible. Perform a positive pressure test by blowing a short blast of air into the mask. Adjust the mask to resolve any areas where leakage between the seal and your face is detected. Do not use the mask until this test is passed.

How to remove the respirator, and perform proper storage and maintenance?

Remove the mask as recommended by the manufacturer. Store the respirator in a place where it will not get smashed or lose its natural shape. It should be stored in a way where others will not mistake it for a new one. Do not attempt any repairs or modifications.

How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators?

If you are having trouble breathing or are experiencing claustrophobia when wearing a respirator, leave the room and remove the respirator. Inform your supervisor.

When the respirator should be replaced?

It is recommended that the N95 respirator not be used for more than on shift, an eight-hour period. Discard at the end of each shift or after an extended period of continuous wear. The N95 masks are to be used for TB, SARS, and influenza.

CERTIFICATION STATEMENT - This is to certify that I have read and understand the information presented in this training module.

<i>Employee Name (Print)</i>	<i>Employee Signature</i>	<i>Date</i>
<i>Trainer Name (Print)</i>	<i>Trainer Signature</i>	<i>Date</i>

Appendix J: Respirator Cartridge Change Schedule Chart, based on mfg. guidelines and hazards in work-sites. *If a user thinks they are experiencing contaminate breakthrough prior to this time they should stop using respirator immediately and notify supervisor. All P100 filters must be replaced whenever they are damaged, soiled, contaminated with water, or as soon as they become difficult to breathe through.

Respirator Users (By Dept./shop, or Classification)	Cartridge Type(s)	Respiratory Hazard(s)	Cartridge Change Schedule*
Plant Operations Carpenter Shop	P100 C100	DUST/CHEMICALS/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Central Plant	P100	CHEMICALS/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Electric Shop	P100	ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Engineers	P100	CHEMICALS/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Landscape	P100	PESTICIDES/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Locksmith	P100	DUST/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Mason	P100	DUST-SILICA/ASBESTOS	8 HOURS OR ONEJOB*
Plant Operations Paint Shop	P100	SANDING DUST-LEAD/AEROSOL PAINT/SPARY PAINT/PRIMER/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Plumbing	P100	ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations PM Shop	P100	DUST/CHEMICALS/ASBESTOS	8 HOURS OR ONE JOB*
Plant Operations Fabrication Shop	P100	METALS//ASBESTOS	8 HOURS OR ONE JOB*
General Services Vector Control	P100	PESTICIDES	8 HOURS OR ONE JOB*
Technology Services Division – Network Section	P100	ASBESTOS	8 HOURS OR ONE JOB*

**Appendix K: Respirator/Cartridge Usage Log
(To be filled out by Respirator User, N95 excluded)**

Name _____ Type of Respirator _____

Cartridge Type _____ Recommended Change Out (Appendix J)* _____

Date	Cartridge Condition (new or used)	Start Time	End Time	Name/Type of Hazardous Materials (e.g. acetone, oil based, paint, asbestos)	Duration of Use (round up to next half hour increment)	Total Hours Cartridge Used**	Comments

*If you think you are experiencing contaminate breakthrough prior to this time stop using respirator immediately and notify supervisor.

**If this number is greater or equal to the recommended cartridge change out schedule, properly dispose of cartridges/replace.

Appendix L: Respiratory Protection User Survey

Name: _____ Date: _____

Department/Shop _____ Classification: _____

The following questions pertain to your use of respirator last year.

1. How many times did you use the respirator over the past year? _____

2. How long did you wear your respirator each time (average time)? _____

3. Did your respirator interfere with your work performance, yes or no? _____

If yes, please explain _____

4. Do you believe your respirator is providing protection from hazards, yes or no? If no, please explain: _____

5. What types of jobs did you perform? _____

6. While using your respirator properly, have you experienced filter breakthrough, yes or no? If yes, please explain: _____

7. What chemicals/products/materials were used that required a respirator? _____

8. Did you replace or change your respirator cartridges, yes or no?

If yes, how many times? _____

9. How did you store your respirator (i.e. sealed plastic bag)? _____

10. Comments or suggestions to improve the respiratory program: _____

USE THE BACK IF YOU NEED MORE ROOM TO WRITE, PLEASE INCLUDE THE NUMBER OF THE QUESTION.

Appendix L

GLOSSARY

Accident - An undesired event that results in personal injury or property damage.

Employee - A person legally holding a position in the state civil service with the Department of State Hospitals. (Government Code Section 18526)

Employee Suggestion Box - Is available electronically, on the DSH intranet, or physically in designated locations at DSH facilities. It is intended for all DSH employees to provide suggestions, comments, and ideas about how to make DSH a better place to work; including those suggestions about safety and security. This feedback must have the option of being anonymous. (See Section on Safety Communication)

Inappropriate Gesture- Any gesture that can reasonably be interpreted to be disruptive or threatening to an individual.

Incidents - Any event that results in an employee feeling threatened

Individual - In the context of this plan, 'individual' refers to DSH employees, non-employees, patients and members of the public with no official relationship with DSH.

Injury/Illness - An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illness includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Manager/Supervisor - Any employee that has one or more employees directly reporting to them.

Minor Incidents/Close Calls – Any accident that does not result in an injury or illness.

Patient - DSH patients are individuals who are civil or forensic commitments to the State Hospital system.

Safety - "Safe," "safety," and "health" as applied to employment or a place of employment mean such freedom from danger to the life, safety, or health of employees as the nature of the employment reasonably permits. (**Labor Code 6306**)

Safety Device - Or "safeguard" includes any practicable method of mitigating or preventing a specific danger, including danger of exposure. This includes body substance isolation equipment, personal duress alarm activators, etc. (**Labor Code 6306**)

Safety Liaison - An employee, designated by their program director, who represents their unit and shift at safety committee meetings. Safety Liaisons will communicate safety information to their unit and are encouraged to discuss safety topics and goals at each shift pass-down meeting.

Secure Treatment Area - Zones within a State Hospital campus with increased security, including fences, Sally ports, hospital police and alarm systems.

Site Specific - A designation of site specific indicates plans, policies and procedures designed for an individual DSH location rather than department wide.

Stalking - Stalking is a series of actions that puts a person in fear for his/her safety and is defined as any person who willfully, maliciously, and repeatedly follows or harasses another person and who makes a credible threat with the immediate intent to place that person in reasonable fear for his/her safety or the safety of his/her immediate family. Stalking also includes actions such as surveillance.

Violence - Physical assault, threatening behavior, or verbal abuse