Purpose

To raise awareness and minimize or eliminate exposure to potential hazards along Utah roadways. The Utah Department of Transportation (Department) recognizes the traveling public can and does discard wastes along state roadways that may pose a risk to people involved in keeping those roadways clean. A safe work practice’s program will guide employees and roadside clean up volunteers alike while they work in and along state right of way. Adoption of universal precautions and periodic Department-wide training are essential. This policy includes definitions, requirements for personal protective equipment, training, and a procedure for reporting exposure.

Policy

Provide training for employees no less than once a year. Identify roadside corridor to be cleaned and review potential hazards.

Employees, volunteers’ representatives, or others who are scheduled to clean roadsides must first read and sign the Universal Precautions and General Safety form. This form must be signed and filed before participating in clean up activities for the first time and then twice yearly. The Department has adopted this Roadside Cleaning Policy as a means of educating its workforce on the nature of potential hazards found along state roadways and preventing worker exposure. Outlined below are background information that may be used in training departmental responsibilities from Risk Management through supervisor to employee, post incident medical intervention, and record keeping.

Definitions

Biological Hazard – Biological hazard or biohazard is any infectious agent that presents a risk or a potential risk to the well being of humans. Human body fluids that may be biological hazards include blood, blood by-products (such as breast milk), semen, vaginal secretions, body cavity fluids, and saliva. The following are not considered biological hazards: body wastes such as feces, urine, nasal secretions, sputum, sweat, tears, or vomit, unless they contain visible blood.

Blood Borne Pathogen – Bacteria and viruses that are present in human blood that can cause disease in humans. These organisms include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV). They are described more fully in the Blood borne Pathogen Policy 06E-04.

Contaminated – The presence of or reasonably anticipated presence of hazardous, chemical, or biological materials that are potentially harmful to human health and the environment. Contact with a contaminated surface may constitute a risk to the person making contact.
Decontaminated – Physical or chemical cleaning by means of removing, inactivating, or destroying hazardous materials from a surface or item. The point where the ability to damage or infect health or the environment has been nullified rendering the surface or item safe for handling, use, or disposal.

Hazardous Waste – Solid waste that exhibits one or more characteristics including ignitability, corrosivity, reactivity, or toxicity.

Medical Waste – Typically left behind at an accident scene or occasionally illegally discarded along the right of way. Use extreme caution whenever and wherever such materials are found. Department personnel or volunteers in our “Adopt a Highway” program do not touch medical wastes. Small items may be picked up and placed in a marked red biohazard bag and then disposed of. Contact your local county health department when large items are found. They in turn will contract a licensed medical waste hauler to handle and pick-up for disposal any biological or medical wastes found on Department right-of-ways.

Occupational Exposure – Any body contact with hazardous materials. Specific body contact via eye, mouth, other mucous membranes, non-intact skin, or puncture to body cavity fluids or blood through the normal performance of work. Notification procedures in case of an occupational exposure are outlined in the Universal Precautions and General Safety form.

Solid Waste – Any material that is abandoned by being discarded, disposed of, burned, incinerated, accumulated, stored, or treated (but not recycled) before or in lieu of final disposition.

Universal Precautions – Common sense guidelines and body protection procedures to prevent exposure to hazardous material and infectious substances. The focus of Universal Precautions is to provide a barrier between the worker and exposure to hazards in the work place environment. Typical protective barriers include rubber and synthetic plastic gloves, leather gloves, masks or face shields, goggles, steel toed leather and rubber boots, long sleeved shirts, and disposable overalls.
Responsibility: Department Risk Management

1. Train the trainers and may assist with annual training to all employees who by way of their employment either coordinate or perform roadside cleaning and may be exposed to hazards and pathogenic materials. This training will be administered on an annual basis. The content of the training program will include the following:
   a. Department policy
   b. Roadside hazards
   c. Universal precautions
   d. General safety rules
   e. Procurement, use, and storage of personal protective equipment
   f. Post exposure procedure and treatment

2. Monitor program compliance.

3. The Department encourages and will reimburse insurance co-pays for, current health protection measures such as inoculation against hepatitis A, hepatitis B, tuberculosis, small pox, or any current infectious disease control as advised by the National Institute of Health and the employee’s personal physician.

4. The Department Traffic Operations Center will be provided with a list of emergency contact telephone numbers.

Responsibility: Region Maintenance Trainers and Safety Managers

5. Records of training, sign in sheets, and certifications will be kept by Department Maintenance Division for 30 years.

6. Designated Region personnel will train Region employees annually. Employees who do not fall under the jurisdiction of a Region or District and require training will be trained by a designee of either Maintenance or Risk Management.
7. Any reports required by OSHA will be maintained by the Region or District Safety Managers, Claims Specialist, or Department Risk Management.

8. Region or District Safety Managers will provide support to Region station supervisors to help compile an emergency call-down list, aid in procuring proper personal protection equipment (PPE), and required record keeping.

**Responsibility:** Supervisor

9. Supervisors must ensure their staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, necessity of immediate reporting requirements of any exposure to hazardous materials, and necessity for and proper protocol and disposal techniques of contaminated articles.

10. Universal precautions will be regularly emphasized in tool box safety meetings to ensure employee understanding and compliance. Keep attendance sheets as documentation.

11. Prominently post emergency phone numbers in the maintenance station and inside all Department vehicles.

12. Maintain supply of personal protective equipment and verify its use among station personnel.

**Responsibility:** Employee

13. Roadside trash collection presents the greatest risk to Department employees. Discarded needles have been found among roadside trash articles and may be infectious. Employees must wear protective clothing in an environment where roadside trash will be picked up. **Do not touch with bare skin** blood that is found on roadside trash or at a recent vehicle accident scene. It may be picked up with the aid of pliers or an equivalent device. Heavy duty leather gloves and footwear should be worn during roadside trash pick up activities.

14. Contact the local county health department for handling instructions if bloodstained or medical debris is found along the roadside. Volunteers must not handle this debris but contact their Department coordinator and report the location of waste.

15. Employees must attend periodic training on this policy and see that his or her attendance is documented.

16. Employees should become familiar with the emergency phone numbers for their work area and response procedures set forth in this policy.
Responsibility: Risk Management

1. Post exposure follow-up is mandatory and available to the employee or employees who have had an occupational exposure incident. Proper and immediate notification must be made to the exposed employee’s immediate supervisor and Region or District Safety Manager to facilitate post-exposure evaluation.

2. Occupational exposure to hazardous materials or infectious diseases will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness. Exposures to blood borne pathogens will follow procedures set forth in the policy 06E-04.

3. The confidentiality of the affected Employee will be maintained on a “need to know basis” during all phases of post exposure. Department Risk Management will use the Post-Exposure Evaluation and Follow-up form to document the exposure and offer medical assistance to the affected Employee.

Responsibility: Supervisor

4. Ensure all exposure incidents are reported, investigated, and documented within the critical time frame of one hour.

5. The immediate Supervisor takes the initial report when an exposure incident occurs and notifies the Region or District Safety Manager and the accident is investigated.

Responsibility: Region or District Safety Manager

6. Assist Supervisor in obtaining proper medical treatment for the contaminated employee within one hour of exposure.

7. Report immediately to Department Risk Management.


Responsibility: Employee

9. Report within one hour any incidents where an employee become exposed to blood or blood products as listed above and seek professional medical attention through the Department’s insurance policy with the Worker’s Compensation Fund.
10. The employee may be recommended for prompt post exposure prophylaxis or vaccination by the examining health care professional. Blood test results will take 3-14 days. Post exposure prophylaxis or vaccination may be recommended by the examining health care professional and before the blood test results. Post exposure prophylaxis can be terminated any time during the treatment if the source of contaminated blood is found to be free of infection.

11. Employees who did not show infection following the initial blood test at time of exposure, seronegative will be retested at 6 weeks, 12 weeks, and 6 months to determine if transmission has occurred. The Department supports recommendations made by the examining healthcare practitioner or the U. S. Public Health Service and suggests they be followed by the exposed Employee.
Roadside Cleanup Guidelines
Acknowledgment of Universal Precautions and General Safety Rules

The following Universal Precautions and General Safety Rules have been established to prevent the spread of viral and bacterial organisms (namely HIV/HBV). In all cases the Universal Precautions and General Safety Rules should be followed.

- **Wear latex or vinyl gloves under leather gloves for litter pick-up.** Make a conscious effort to place a barrier between you and roadside litter to be handled. Wear heavy gloves and heavy boots for litter pick-up, as outlined in the Personal Protective Equipment Policy 06E-02.

- **Treat all roadside litter as if contaminated.** Protect yourself by covering any broken skin with a bandage or dressing before going on duty. Don personal protective equipment. Common roadside litter may contain hazardous materials. Illegal drug manufacturing has been known to use common gasoline containers. These containers can contain deadly toxic vapors. Treat any blood stained or injection paraphernalia as biohazards and **do not handle!** Pliers or a pickup device and marked Biohazard bags or containers must be used to remove subject materials. Feces, urine, nasal secretions, sputum, sweat, tears, or vomit need not be treated as contaminated unless they contain visible blood. Human body fluids do break down in time with exposure to air.

- **Wash exposed body areas such as hands, arms, face, and eyes with antibacterial soap thoroughly** with warm water and soap for a minimum of 15 seconds for each affected area. This is mandatory before smoking, eating, or drinking anything. Was immediately and thoroughly after providing first aid care.

- **Contact your Region or District Safety Manager or Claims Specialist or Department Risk Management for instructions on special handling of all clothing contaminated with human body fluids.** Clothing may be disposed of with the contaminated material or a pre-soak sprayed on the affected areas with antibacterial/antiviral solution consisting of two cups of household bleach to one gallon of water for a minimum of ten minutes before being laundered. Gloves and eye protection should be worn when handling contaminated clothing until the contaminated items are pre-soaked in bleach solution for ten minutes. Gloves and tools should be spayed with a bleach solution before being placed in vehicles.
• Report any direct exposure to human body fluids or wastes through broken, chapped, or abraded skin; deep punctures; human bites; or needle sticks immediately. Report within one hour of exposure to an appropriate health care provider and as soon as possible thereafter to your immediate supervisor and Region or District Safety Manager or Claims Specialist or Department Risk Management to begin post-exposure evaluation and follow-up.

• Contact the local county health department for instructions when possible infectious wastes are found abandoned along roadways.

• Contact Environmental Services at the complex for hazardous materials in right of way.

By signing I acknowledge that I have read the rules listed above. Volunteer Group Leaders sign as the responsible person for those in their group.

Signature _________________________ Date ________________

Print Name _________________________
POST-EXPOSURE EVALUATION AND FOLLOW-UP FORM

To Be Filled out by Employee

As part of my employment with the State of Utah Department of Transportation, I may have been exposed to blood or potential infectious materials on the following date: _________________ (MM/DD/YY)

Injured Employee Name: ________________________________

Employee Supervisor Name: ______________________________________________________

How Did Exposure Happen: ______________________________________________________

Location of Exposure: ____________________________________________________________

☐ I consent to treatment for Hepatitis A, B, Tuberculosis, or related illnesses

☐ I consent to treatment for HBV

☐ I do not consent to treatment

Employee Signature: ________________________________

To be filled out by Region/District Safety Manager

(Safety Manager Name)

☐ Form 122 Filed

☐ Employee Received Initial Treatment _________________ (MM/DD/YY)

☐ Employee Refused Treatment

List Dates of Followup Treatment

_______________ (MM/DD/YY)

_______________ (MM/DD/YY)

_______________ (MM/DD/YY)

_______________ (MM/DD/YY)

_______________ (MM/DD/YY)

cc: Department Workers’ Compensation Manager