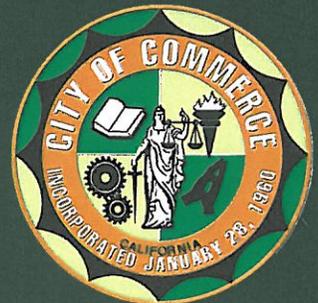
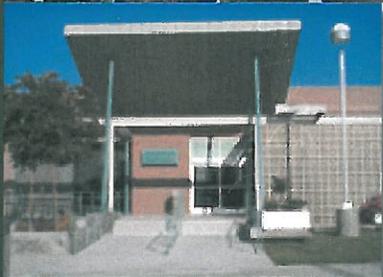




THE MODEL CITY  
**CITY OF COMMERCE**



**BLOODBORNE  
PATHOGENS EXPOSURE  
CONTROL PLAN**



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## **I. POLICY**

This Exposure Control Plan to meet the requirements of the OSHA Bloodborne Pathogens Standard (California Code of Regulations, Title 8, Section 5193) and provide guidance to employees. This Exposure Control Plan is available to employees at any time. Employees will be advised of the availability of this policy during training programs. Copies of the policy will be kept in the Safety Binders in each department.

## **II. PURPOSE**

The City of Commerce seeks to reduce or eliminate the risk of exposure to potentially infectious diseases for its employees. The guidelines in this policy specify the use of (1) universal precautions against incidents of occupational exposure to infectious diseases; (2) standard procedures for incident reporting, and (3) training and vaccinations for employees with high or moderate risk of occupational exposure to infectious diseases.

## **III. DEFINITIONS**

- A. Blood. Human blood, human blood components, and products made from human blood.
- B. Bloodborne Pathogens (BBP). Pathogenic microorganisms present in human blood that can cause disease in humans including, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- C. Contaminated. The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in an item.
- D. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.
- E. Engineering Controls. Controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.
- F. Exposure Incident. A specific eye, mouth, or mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from performance of an employee's duties.

- G. Hepatitis B Virus (HBV). A virus that attacks the liver and can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected.
- H. Hepatitis C Virus (HCV). A liver disease found in the blood of persons who have the disease. HCV is spread by contact with blood of an infected person.
- I. Human Immunodeficiency Virus (HIV). A virus that destroys the body's ability to fight infections and certain cancers.
- J. Occupational Exposure. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials resulting from the performance of an employee's duties.
- K. Other Potentially Infectious Materials (OPIM). The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, other body fluids visibly contaminated with blood such as saliva or vomit, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- L. Parenteral Contact. Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- M. Personal Protective Equipment (PPE). Specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- N. Regulated Waste. Waste that is any of the following:
  1. Liquid or semi-liquid blood or OPIM
  2. Contaminated items that contain liquid or semi-liquid blood, caked with dried blood or OPIM; and capable of releasing these materials when handled or compressed.
  3. Contaminated sharps
  4. Pathological and microbiological wastes containing blood or OPIM
  5. Regulated Waste includes "medical waste" regulated by Health and Safety Code Sections 117600 through 118360
- O. Sharp. Any object used or encountered in the industries covered by subsection (1) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including,

but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

- P. Universal Precautions. An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.
- Q. Work Practice Controls. Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

#### **IV. RESPONSIBILITIES**

- A. Supervisors and Managers: Department Managers and Supervisors are responsible for exposure control in their respective areas. They work directly with the safety committee representative and employees to ensure compliance with exposure control procedures.
- B. Employees: Employees have a critical role in our bloodborne pathogens compliance program including:
  - 1. Know what tasks represent a potential exposure to bloodborne pathogens
  - 2. Attend the bloodborne pathogens training session
  - 3. Plan and conduct operations in accordance with our work practice controls
  - 4. Maintain good personal hygiene habits
  - 5. Risk of exposure to bloodborne pathogens should never be underestimated. Employees who do not follow the procedures outlined in this plan will be subject to disciplinary action.

#### **V. EXPOSURE RISK DETERMINATION**

The City of Commerce has determined the following levels of risk exposure:

- A. High Risk (classifications & positions in which the employee has a high risk of exposure)
- B. Moderate Risk (classifications & positions in which the employee has a moderate risk of exposure)

- C. Very Low Risk (classifications & positions in which employees are expected to have minimal, if any, risk of occupation exposure).

See Attachment K for a listing of job classifications and their related risks.

## **VI. METHODS OF IMPLEMENTATION AND CONTROL**

### **A. Universal Precautions**

Universal precautions are approaches to infection control in which all human blood and certain body fluids are treated as if infectious for bloodborne pathogens. Assuming all bloodborne pathogen materials are potential disease hazards eliminates the need to determine the health status of an individual and sets minimum standards for contamination control.

Employees shall observe universal precautions to prevent contact with blood or other potentially infectious materials. When differentiation between body fluid types is difficult or impossible (e.g. poor lighting, uncontrolled or emergency situations), all body fluids shall be considered potentially infectious materials.

### **B. Engineering and Work Practice Controls**

Employees shall follow engineering and work practice controls (described below) to eliminate or minimize employee exposure to blood or other infectious materials. Personal protective equipment shall be worn as indicated below.

#### **1. Hand Washing Requirements**

All employees shall wash hands and other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as feasible after contact with potentially infectious materials.

Because hands are at risk of exposure while removing gloves and gloves often leak or tear, hands will be washed even if gloves were worn. When hand-washing facilities are not readily available, The City of Commerce shall provide appropriate waterless antiseptic hand cleanser with clean paper towels and antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands should be washed with soap and water as soon as feasible.

Emergencies often occur in locations where sinks are not readily accessible. Emergency first aid kits must be stocked with antiseptic towelettes, or antiseptic hand cleanser with paper or

cloth towels and closable disposable containers for depositing used cleaning materials. These intermediate measures do not eliminate the need to wash hands at a sink. All employees are required to wash hands as soon as feasible after using antiseptic cleanser and towel alternatives.

Employees shall advise supervisors or managers of locations where contamination could reasonably occur and where hands cannot be cleaned in accordance with the following standards so that corrective action can be taken.

Employees shall report incidents in which the inability to clean hands in accordance with the following standard after possible contamination of self or others could result in transmitting a bloodborne disease.

## 2. Hand Washing Procedures

Hand washing is the single most important method to prevent the spread of infection. Good hand washing requires the use of friction to mechanically remove microorganisms. Using proper hand washing techniques is essential to the effectiveness of this preventive practice.

- a. Do not remove rings.
- b. Turn on water (the warmer the better).
- c. Apply soap.
- d. Scrub hands including palms, backs, between fingers, around and under fingernails, wrists and arms if exposed.
- e. Grasp rings and move up and down fingers until thoroughly soaped.
- f. Rinse thoroughly under running water.
- g. Dry hands with a clean paper towel.
- h. Using a paper towel, turn off the water faucets.
- i. All faucets, soap dispensers, or other surfaces, touched with contaminated hands, are considered contaminated and must be disinfected. Faucets can be cleaned while washing hands with disinfectant soap.

## 3. Requirements for Bio-Waste and Sharps Containers

Bio-waste or regulated waste shall be placed in containers which are closable and labeled using the universal biohazard symbol and the word "biohazard". Containers must be constructed to

contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

Containers must be closed before being handled, stored, or transported. If outside contamination of a bio-waste container occurs, it must be placed in a second container that meets the requirements stated above.

All contaminated sharps and potential sharps must be immediately placed into containers that meet the following requirements:

- a. Closable and not able to be opened except by the use of tools
- b. Puncture-resistant
- c. Leak-proof on bottom and sides to prevent leakage of contaminated liquids
- d. Labeled using the universal biohazard symbol and the word "biohazard" (see Attachment

Sharps containers must be easily accessible for use, maintained in an upright position during use, and replaced routinely to avoid overfilling.

When moving containers of contaminated sharps, containers must be closed to avoid contents spilling or protruding. If container leakage is anticipated, it must be placed into a second container that is closable, labeled, and shall safely contain all contents without leaking. Reusable containers should not be opened, emptied, or cleaned manually or in a manner exposing employees to injury.

#### 4. Sharp Objects Procedures

Employees should use caution and avoid contaminated sharp objects, such as broken glass, sharp metal or needles. If possible, contaminated sharps will not be handled but swept up using a dust pan and brush, or picked up with tongs or forceps. All sharps, whether known to be contaminated or not, should be placed in the sharps container designated for this purpose.

#### C. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) includes any item that employees wear or use to provide barrier protection of the skin or mucous membranes from contamination by blood or other potentially infections

materials (OPIM). Examples include gloves, lab coats, face shields, and eye protection and resuscitation masks.

PPE is required as supplementary protection in situations where occupational exposure remains after the use of engineering and work practice controls. The City of Commerce requires the use of PPE for employees engaging in tasks involving contact with blood, body fluids, or any OPIM when occupational exposure is reasonably anticipated.

The only exception to this requirement shall be those rare and extraordinary circumstances when, in the employee's professional judgment, PPE would prevent the delivery of health or public safety services or would pose an increased hazard to the employee or coworkers. Such situations must be investigated and documented to determine whether such occurrences can be prevented.

#### 1. Provision and Use of PPE

Each department shall determine appropriate types of PPE necessary to provide barrier protection for employees for each job type or job title. PPE shall be readily accessible to employees for whom it is required and shall be provided in appropriate sizes.

The City of Commerce shall provide, clean, launder, or dispose of and replace PPE at no cost to the employee.

PPE shall be removed before leaving the work area and placed in a designated area or container for storage, washing, laundering, decontamination, or disposal.

Employees should avoid stepping in body fluids as shoes and other clothing may be contaminated.

Employees with known minor skin defects (e.g. cuts, abrasions, burns, dermatitis on arms, hands, face or neck) must cover these areas with a water-resistant occlusive bandage in addition to the use of PPE.

#### 2. Gloves

Employees shall wear approved disposable latex gloves in which hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, is likely to occur or when handling or touching potentially contaminated items or surfaces.

Employee shall wear latex gloves or other approved protective items at all times when in contact with body fluids of another individual.

The type of gloves selected should be impervious to liquids and strong enough to withstand the task to be performed. Use of vinyl or latex gloves should cover defects in the skin on hands and is not intended to provide protection from puncture wounds caused by sharps.

Employees must ensure that rings, jewelry, and fingernails do not compromise the integrity of the disposable latex gloves.

Gloves do not replace hand washing. Employees shall wash hands as soon as practical after potential contamination.

Gloves shall be changed under the following circumstances:

- a. After contact with subject or evidence (Police Personnel)
- b. Visibly contaminated with blood or body fluids
- c. Physical damage to the glove such as tearing or surface defect

Contaminated disposable gloves should be discarded into a biohazard waste container immediately after removal.

Employees should be aware that items such as pens, clipboards, telephone receivers, vehicles and other equipment can become contaminated if touched while wearing gloves contaminated with body fluids. Gloves must be discarded before touching vehicles, equipment, doorknobs, keypad locks or handles to avoid contaminating other surfaces.

Caution should be used when reaching into areas that are not visible such as under car seats and into trash receptacles to avoid needle sticks or cuts.

Employees who sustain a needle stick or puncture wound should immediately induce bleeding and wash thoroughly with soap and water.

### 3. Masks, Eye Protection, and Face Shields

These barrier devices shall be used to protect eyes, nose and mouth from contact with blood or body fluid droplets. Examples are disposable facemasks, plastic or disposable face shields, protective eyeglasses with non-permeable side vents, and goggles. Employees shall wear protective face shields or masks, and eye protection whenever splashes, spray, spatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination is reasonably anticipated.

Employees shall remove masks, eye protection, and face shields when leaving the work area. Disposable masks and shields shall be discarded in a biohazard waste container when visibly contaminated or penetrated by blood or OPIM. Reusable eyewear and shields that are visibly contaminated should be washed with soap and water using gloved hands and then decontaminated.

#### 4. Cardiopulmonary Resuscitation Masks

Employees whose tasks include cardiopulmonary resuscitation (CPR) shall use a one-way mask when performing mouth-to-mouth resuscitation. Masks shall be provided and made readily available wherever the need for CPR is reasonably expected to occur.

A visibly contaminated mask should be washed with soap and water using gloved hands and then decontaminated. The mouthpiece shall be disposed of after each use.

## VII. HEPATITIS B VACCINATION

### A. Over view of Hepatitis B

Hepatitis B is caused by a virus (HBV) that attacks the liver and can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected. For example, HBV is spread through sexual activity with an infected person, by sharing drugs or needles, through needle sticks or sharps exposures, or from an infected mother to her baby during birth.

### B. Hepatitis B Virus Vaccination

The City of Commerce provides employees with the HBV vaccination series.

An employee shall be offered HBV Vaccination at The City of Commerce's expense if the employee is determined to be at risk for exposure by an authorized Department staff member.

If a routine booster of the HBV vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose shall be made available.

To receive a HBV vaccination, an employee must:

1. Obtain an on-the-Job referral form from the appropriate Department representative.
2. Go to the City's clinic as approved by their supervisor. No appointment is necessary.
3. Return a copy of the vaccination receipt to the Human Resources Department for placement in the employee's medical file.
4. Return for the series of shots (3 total) within the timeline provided by (health care provider). Failure to do so may result in the need to repeat the vaccinations.

## **VIII. HOUSEKEEPING AND POST EXPOSURE CLEAN-UP PROCEDURES**

Work areas will be maintained in a clean and sanitary condition.

### **A. General Facility Cleaning**

Agency facilities shall receive general daily cleaning by a contractor or designated staff. Disinfecting cleaners are to be used on public counter areas not known to be contaminated by blood or OPIM.

Contaminated work surfaces must be decontaminated with a disinfectant at the following times:

1. After completion of procedures
2. Immediately, or as soon as possible, after surfaces are overtly contaminated or after any spill of blood or OPIM
3. At the end of the work shift if the surface may be contaminated since the last cleaning

Acceptable disinfectant solutions include, but are not limited to sodium hypochlorite, five-tenths percent (0.5%) concentration by volume (common household bleach in ten percent (10%) concentration in water). The solution shall be dated and not used if more than twenty-four hours old.

### **B. Clean Up Procedures for Spills**

1. A small spill such as from a cut or abrasion shall be cleaned up immediately:
  - a. Obtain a bloodborne pathogens kit
  - b. Don gloves

- c. Clean the surface with soap and water or other appropriate cleaner
  - d. Disinfect the surface using one of the above described disinfectants
  - e. Towels and other items used to wipe the surface shall be placed in a bio-waste bag with the used gloves, and properly disposed
  - f. Surfaces can be sprayed with antibacterial Lysol or other similar product as an extra precautionary measure
2. Large spills such as from a major trauma scene or a large amount of blood or OPIM will be cleaned by The City of Commerce's contracted vendor for such services. Employees are to notify their supervisors of a large spill occurrence. The supervisor shall contact The City of Commerce's designated vendor to coordinate the clean up.

#### C. Laundry

Employees shall handle contaminated laundry as little as possible, with a minimum of agitation. Employees who handle contaminated laundry will use PPE to prevent contact with blood or OPIM.

Contaminated laundry shall be placed in leak-proof bags or containers and labeled with the biohazard warnings. Once bagged, contaminated laundry shall be delivered to the supervisor for forwarding to The City of Commerce's designated laundering service. Contaminated laundry will be cleaned at The City of Commerce's expense.

### IX. EXPOSURE INCIDENT

#### A. Exposure Incident Determination

Employees should complete the Exposure Determination Questionnaire to assist in determining if an exposure has occurred (see Appendix G). Examples of potential exposure and immediate responses are:

1. Needle Stick or Puncture Wound: Express blood from the wound. Scrub the area vigorously with soap and water for at least five minutes.
2. Eye Exposure: Irrigate immediately with cool water or normal saline solution for 60 seconds.
3. Mucous Membrane Exposure: Rinse the area with an oxygenating agent such as hydrogen peroxide half strength for 30 seconds and repeat several times. Do not swallow if rinsing the mouth.
4. Human Bite: Cleanse the wound with Betadine or sterile water.

If an exposure incident occurs, the employee's supervisor shall:

1. Complete the Exposure Report Form (see Appendix F)
2. Follow the Post-Exposure Evaluation and Follow-up Checklist (see Appendix H)
3. Give the employee a worker's compensation claim packet

#### B. Medical Evaluation and Follow-up

In the event of exposure to Blood or OPIM, it is extremely important to report the incident and be referred for medical evaluation immediately. It is highly recommended for exposed employees to be evaluated for Post Exposure Prophylaxis (PEP) within 24 hours of exposure.

These post exposure procedures apply to any employee who may become exposed regardless of whether or not that employee was already considered to be at risk of exposure.

After an exposure, The City of Commerce will provide follow up for the employee to include:

1. Confidential medical evaluation documenting the circumstances of exposure. If the employee declines an evaluation, the employee shall complete the Post Exposure Medical Evaluation Declination form and the form shall be retained in the employee's medical file (see Appendix I).
2. Identify and test the source individual, if feasible.
3. Draw the exposed employee's blood as soon as feasible after consent is obtained and test for HBV, HVC and HIV serological status. If the employee consents to baseline blood collection but does not give consent at the time for HIV serologic testing, the

sample will be preserved for 90 days. If the employee elects to have the baseline sample tested within 90 days of the exposure incident, such testing shall be done as soon as feasible.

4. The exposed employee will receive post exposure vaccines when medically indicated as recommended by the treating physician.
5. The exposed employee will receive appropriate medical counseling by the treating physician.
6. The City of Commerce will ensure that the health-care professional responsible for the employee's HBV vaccination receives this policy.

The City of Commerce will ensure that the health-care professional evaluating an employee after an exposure incident receives the following information:

1. A copy of CCR Title 8, Section 5193
2. A description of the exposed employee's duties related to the exposure incident
3. Documentation of the routes of exposure and circumstances under which the exposure occurred
4. Results of the source individual's blood testing, if available
5. Medical records relevant to the treatment of the employee, including vaccination status

The employee will be provided the health care professional's written opinion within 15 days of the evaluation. The health care professional's written opinion for HBV will be limited to whether the HBV vaccination is indicated and if the employee has received such vaccination; that the employee has been informed of the results of the evaluation; and that the employee has been counseled about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Other findings and recommendations will remain confidential and will not be included in the written report.

Exposed employees will work directly with the treating physician to determine the appropriate post-exposure follow-up.

Medical records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years.

### C. Mandatory AIDS Virus Testing for Peace Officers or Victims

1. Health and Safety Code, Section 121060 deals with assaults on Peace Officers. If the accused is charged with a crime and alleged to have interfered with the official duties of a Peace Officer by biting, scratching, spitting, or transferring blood or other bodily fluid to that officer, the officer has the right to petition the court for a blood test of the accused for the AIDS virus and other communicable diseases.

The court will promptly hold a hearing on the petition. If the court finds probable cause to believe that a possible transfer of blood, saliva, semen, or other bodily fluid took place between the accused and the Peace Officer, the court shall order the accused's blood to be tested.

Test results will be sent to the accused and each requesting victim.

2. Penal Code Section 1524.1, Chapter 1088 authorizes a court, on request of a crime victim, including Police Officers, where a defendant has been charged with any crime, felony or misdemeanor, and after determining that probable cause exists to believe that the accused committed an offense that involved transmission of blood, semen, or any other bodily fluid identified in State Department of Health Services regulations as capable of transmitting the AIDS virus, to issue a search warrant for the purpose of testing the accused's blood for the AIDS virus.

## X. TRAINING

- A. Employees with high or moderate risk of occupational exposure to bloodborne pathogens shall participate in an annual training program provided during working hours and at no cost to the employee. Supervisor shall train new employees on this policy at the time of initial assignment to tasks where occupational exposure may take place including low-risk employees.
- B. Additional training shall be provided when changes occur which affect the employee's occupational exposure. These include the modification of tasks or procedures or the institution of new tasks or procedures.
- C. The training program shall contain content and vocabulary appropriate for the educational level, literacy, and language of employees. Training shall be conducted by an individual who is knowledgeable in the subject matter and contain the following elements:

1. A copy of the policy and explanation of its contents
2. A general explanation of the epidemiology and symptoms of bloodborne diseases
3. An explanation of the transmission modes of bloodborne pathogens
4. An explanation of The City of Commerce's Exposure Control Plan and how employees can obtain a copy of the plan
5. How to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials
6. The use and limitations of methods that prevent or reduce exposure including engineering controls, work practices and personal protective equipment
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
8. How to select PPE
9. Information on the HBV vaccine including its efficacy, safety, administration, vaccination benefits, and the availability of free employee vaccinations
10. Actions to take and persons to contact regarding a personal exposure involving blood or other potentially infectious materials
11. Employee post-exposure evaluation and follow up that The City of Commerce is required to provide following an exposure incident
12. Signs and labels required by the Exposure Control Plan
13. Opportunities for questions and answers between the instructor and the employees

## **XI. RECORD KEEPING**

The City of Commerce shall maintain records for employees with occupational exposure to include HBV vaccination, exposure incidents, and training relative to occupational exposure to bloodborne pathogens.

### **A. Medical Records**

The City of Commerce shall maintain records for employees with occupational exposure for the period of employment plus 30 years after termination of employment. Medical records of employees with

occupational exposure to bloodborne pathogens shall include the following elements:

1. Employee's name and social security number
2. HBV vaccination status and record
3. Results of all exams, test, and follow up related to reported exposure incidents, as allowed under Federal and State privacy laws
4. Treating physician's initial written opinion and medical opinion of post-exposure incidents, as allowed under Federal and State privacy laws
5. Bloodborne Pathogens Exposure Report.
6. Post Exposure Medical Evaluation Declination Form, if applicable.

#### B. Training Records

The City of Commerce shall maintain records of employees trained in this program for a period of three years from the date of training and include the following:

1. Dates of training sessions
2. Names and positions of employees attending each session
3. Contents or summary of training sessions
4. Names and qualifications of trainers

#### C. OSHA 300 Log

The OSHA 300 Log will be generated by the (insert agency responsible person) and posted as required by OSHA.

#### D. Sharps Injury Log

The Sharps Injury Log documents each exposure incident involving a sharp to provide sufficient information about the incident to allow The City of Commerce to analyze and take preventive action (see Appendix J). The Sharps Injury Log must be maintained for five years from the date of the exposure incident.

The Sharps Injury Log shall include:

1. Date and time of the sharps-related exposure incident
2. Type and brand of the sharp involved in the incident

3. Name and job classification of the exposed employee
4. Department or work area where the incident occurred
5. The procedure being performed and how the incident occurred
6. The injured body part
7. For sharps with engineered sharps injury protection or ESIP, was the safety mechanism activated
8. If the incident occurred before, during, or after activation of the safety mechanism; for sharps without ESIP, the employee's opinion if ESIP could have prevented the injury

#### E. Availability of Records

Employee medical and training records shall be provided upon request for examination and copying to the subject employee, to employee representatives with a signed release, to representatives of accrediting agencies, to the Director or Assistant Secretary of OSHA in accordance with Federal Law or to the State of California Department of Health in accordance with State Law.

#### F. Labels

Warning labels shall be affixed to refrigerators, freezers, or containers used to store, transport or ship regulated waste containing blood or other potentially infectious material. Labels are also required for equipment to be serviced or transported with components that are unable to be decontaminated. Labels must identify which portions of the equipment remain contaminated.

Labels must meet the following criteria:

1. Include the Biohazard legend (see Appendix B).
2. Have a fluorescent orange or orange-red colored background with lettering or symbols in a contrasting color.

#### G. Signs

Signs with fluorescent orange or orange-red, with lettering or symbols in a contrasting color, and bearing the biohazard legend (see Appendix B) shall be posted at entrances to work areas for property or evidence processing.

## **RECREATION & PUBLIC WORKS DEPARTMENT ADDITIONAL PROVISIONS**

In addition to the General Provisions outlined above, Public Works Department staff shall adhere to these additional provisions. (Note: The following section applies to agencies with their own public works services).

### **XII. (Public Works) HOUSEKEEPING**

Use proper PPE when cleaning public restrooms. Use latex or other appropriate gloves and eye protection if hosing down the restroom.

Hand-washing agents should be stored in closed containers. Use documented routine maintenance schedules for refilling and cleaning reusable dispensers. Wash such containers and dry them thoroughly before refilling. Do not add liquid to top-off a partially full dispenser.

Check hand-washing agents for expiration dates before using especially for antimicrobial-containing agents that do not require water for use.

Buy hand lotion in small sizes. Keep it capped and discard it at short-term intervals since it can support the growth of pathogens.

### **XIII. (Public Works) ENGINEERING AND WORK PRACTICE CONTROLS**

#### **A. Hand Washing**

As employees with high risk of exposure, hand washing is critical. Hand washing is the best way to prevent disease. Employees should be diligent in washing hands at every opportunity, but especially before eating or drinking, before touching other items that could become contaminated, and most definitely before going home after a work shift.

#### **B. Procedures for Sharp Objects**

All sharps are to be treated as though known to be contaminated. Employees shall refrain from handling sharps whenever possible and if necessary, pick them up with grapplers or other tools. Employees should handle sharps only after donning gloves, and preferably only to place the sharp into the sharps container. Once sharps have been placed into the container, remove gloves by pulling glove cuff down to turn the glove inside out.

Place used gloves in a bio-baggie and a small bio hazard bag upon returning to the Corp Yard, Environmental Center or other Agency facility. Bags should be returned to the Police Department for proper disposal when full.

#### C. Sharps Containers

Sharps containers should be located in vehicles for employees that clean restrooms, garbage receptacles and areas that may contain sharps. Sharps should not be placed loose within the vehicle. All sharps, whether known to be contaminated or not, shall be placed in the sharps container. Take full sharps containers to the Police Department Evidence section for proper disposal. Sharps containers are located in the warehouses. Ask your supervisor for a replacement sharps container and place it in the vehicle.

#### D. Garbage or Refuse Collection

Dry bandage waste, sanitary napkins, and paper towels can be disposed of in ordinary refuse containers except for items containing only dried blood. Restroom and other area waste containers shall be lined at all times with plastic or other waste bags to prevent potential exposure. Employees cleaning these facilities will wear appropriate gloves when handling mixed debris.

Employees who remove spent condoms shall place them in a bio-baggie and dispose of the bag upon returning to the Corp Yard, Environmental Center or other Agency facility.

When removing debris from garbage receptacles or surrounding areas, do not use or put hands into blind or dark areas. Look with your eyes before you look with your hands. Use rakes or other tools to bring material into the open to ensure no sharps or other hazards are present. If present, use proper tools and PPE to clean up the hazards.

#### E. Sewer and Storm Water Sanitation Procedures

##### 1. Sewer Operations

Sewage and wastewater contain bacteria, fungi, parasites, and viruses that can cause intestinal, lung, and other infections. For work around sewage or wastewater, engineering controls and work practices are the best ways to protect employees from exposures to disease. When engineering controls are not possible, use PPE. For some jobs and around some hazards, respiratory protection is required.

- a. Wash hands well with clean water and soap before eating, smoking, or after work.

- b. Do not touch nose, mouth, eyes, or ears with your hands, unless you have just washed. In most cases, people get diseases when germs are on their hands and touch their mouth, nose or eyes.
- c. Keep fingernails short; use a stiff soapy brush to clean under nails.
- d. Wear waterproof gloves when cleaning pumps or screens and when handling wastewater or storm water.
- e. Wear gloves when hands are chapped, burned or with a rash or cut.
- f. Change out of work clothes before leaving work. (Shower facility is available.)
- g. Do not keep soiled work clothes with other clothes.
- h. Report any injury or illness immediately

## 2. Sanitation of Sewer Equipment

In daily operations, care should be taken to clean equipment to prevent the spread of bacteria, funguses and pathogens. The following are guidelines to keep equipment and work areas clean when working in sewer or storm water conditions:

- a. Sewer “collectables” (i.e. chains, rings, coins, etc.) shall not be removed from the work area.
- b. Use plastic bags to line 5-gallon buckets for storing used rags, latex gloves and other contaminated debris. Remove bags daily and place in trash dumpster.
- c. Use disinfectant sprays to clean rubber boots and gloves between uses to prevent the spread of bacteria, funguses, and viruses. Do not place in truck, truck cabinets, truck cab or office areas until disinfected.
- d. Wash or wipe down handles, tubes and other contaminated areas with disinfectant sprays after each work shift or as necessary (before service in Fleet Maintenance Shop, etc.) including video equipment and snakes. Follow directions for cleaning to ensure that the disinfectant will work properly. See sample language below.

3. OSHA's policy regarding the use of EPA-registered disinfectants, Standard Interpretations 07/15/1999

OSHA's current policy is that EPA-registered disinfectants for HIV and HBV meet the requirement in the bloodborne pathogen standard and are "appropriate" disinfectants to clean contaminated surfaces, provided such surfaces have not become contaminated with agents, volumes, or concentrations of agents for which a higher level disinfection is recommended.

The memorandum concludes, "as is true with all disinfectant products, the effectiveness is governed by strict adherence to the instructions on the label." For example, the EPA-approved label on one product has a section titled "Special Instructions for cleaning and decontamination against HIV-1 and HBV of surfaces/objects soiled with blood/bodily fluids."

These sample instructions required:

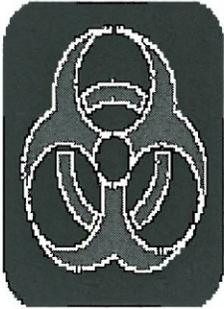
- a. PPE for the worker performing the task
- b. Blood must be cleaned thoroughly before applying the disinfectant
- c. Disposal of the infectious waste is in accordance with federal, state, or local regulations
- d. Surface should be left wet with the disinfectant for 30 seconds for HIV-1 and 10 minutes for HBV

Use proper PPE when performing sewer and storm water operations and when disinfecting equipment. These items may include rubber gloves, latex or nitrile gloves, eye protection or splash shield, coveralls, and rubber boots.

When performing sewer lateral work at a home, disinfect the area before leaving.

## Appendix A: Signs and Symbols

Bio-hazard



Sharps Container



## **Appendix B: HIV Information**

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). HIV progressively destroys the body's ability to fight infections and certain cancers by killing or damaging cells of the body's immune system.

HIV is spread most commonly through sexual activity with an infected person. It can also be spread by contact with infected blood through needle sharing, or from an infected mother to her baby during birth. It is rare for a patient to give HIV to a health care worker or vice-versa by accidental sticks with contaminated needles. There is no evidence that HIV is spread through contact with sweat, tears, urine or feces. There is clear evidence that HIV is not spread through casual contact, such as sharing food utensils, swimming pools, telephones or toilet seats. HIV is also not spread through biting insects such as mosquitoes.

HIV has no cure and no vaccine. People with HIV should work closely with their physician to determine the appropriate treatment program.

Additional information on HIV or AIDS can be found on the following websites:

[www.niaid.nih.gov](http://www.niaid.nih.gov) [www.cdc.gov](http://www.cdc.gov)

<http://aidsinfo.nih.gov>

## **Appendix C: Hepatitis B Information**

Hepatitis B is the most common serious liver infection in the world and is caused by a virus that attacks the liver. The virus, known as the hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected. For example, HBV is spread through sexual activity with an infected person by sharing drugs/needles through needle sticks or sharps exposures on the job or from an infected mother to her baby during birth.

Most people are able to fight off a hepatitis B infection and clear the virus from their blood. However, 5-10% of adults, 30-50% of children, and 90% of babies will not get rid of the virus and will develop chronic infection. Chronically infected people can pass the virus on to others and are at increased risk of liver problems later in life.

The hepatitis B virus is 100 times more infectious than the AIDS virus. Yet, hepatitis B can be prevented with a safe and effective vaccine. For those who are chronically infected with hepatitis B, the vaccine is of no use. However, there are promising new treatments for those who live with chronic hepatitis B.

Additional information on hepatitis B can be found on the following websites:

[www.hepb.org](http://www.hepb.org) [www.cdc.gov](http://www.cdc.gov)

## **Appendix D: Hepatitis C Information**

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), found in the blood of persons who have the disease. The virus can cause lifelong infection, chronic liver disease, cirrhosis (scarring) of the liver, liver cancer, and death. HCV is a leading indication for liver transplants.

HCV is spread by contact with the blood of an infected person. There is no cure and no vaccine for HCV.

Additional information on hepatitis C can be found on the following website:  
[www.cdc.gov](http://www.cdc.gov)

## Appendix E: Bloodborne Pathogens Exposure Report

### Exposed Employee Information:

Employee Name \_\_\_\_\_ Job Classification: \_\_\_\_\_

Exposure Description: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

1. What body fluids were you in contact with

Blood	_____	Feces	_____
Saliva	_____	Sputum	_____
Sweat	_____	Tears	_____
Urine	_____	Vomit	_____
Vaginal secretion	_____	Other	_____

2. What was the method of contact?

- \_\_\_\_\_ Needle stick with contaminated needle
- \_\_\_\_\_ Blood or body fluids into natural body openings (e.g., nose, mouth, eye)
- \_\_\_\_\_ Blood or body fluids in cut, wound, sores, or rashes less than 24 hrs old
- \_\_\_\_\_ Blood or body fluids on intact skin
- \_\_\_\_\_ Other (describe specifically): \_\_\_\_\_

3. How did the exposure occur?

\_\_\_\_\_

\_\_\_\_\_

4. What action was taken in response to the exposure to remove the contamination (e.g. hand washing)?

\_\_\_\_\_

\_\_\_\_\_

5. What personal protective equipment was being used at the time of exposure?

\_\_\_\_\_

\_\_\_\_\_

6. Please describe any other information related to the incident (use a separate piece of paper if needed):

\_\_\_\_\_

\_\_\_\_\_

7. Source of Exposure (name) \_\_\_\_\_ Gender: \_\_\_\_\_

Blood drawn? \_\_\_\_\_ Consent needed? \_\_\_\_\_ Medical treatment needed \_\_\_\_\_

#### Medical information

Did employee seek medical attention? \_\_\_\_\_ Date \_\_\_\_\_ If Yes, where? \_\_\_\_\_

Did employee complete claim for workers' compensation benefits? \_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix F: Exposure Determination Questionnaire

The following short answer questionnaire can assist in determining if an employee has had an exposure:

1. Is the fluid or substance with which the employee came in contact one of the following?

- |   | Yes/No                   |                          |
|---|--------------------------|--------------------------|
| • Blood   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Semen   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vaginal Secretions                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any body fluid/matter visibly contaminated with blood | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other fluid or secretions, specify _____              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Respiratory secretions                                | <input type="checkbox"/> | <input type="checkbox"/> |

2. Did the fluid or substance (identified above in #1) enter the employee's body through the following?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Needle stick injury                        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Laceration by contaminated object          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Open cut, wound, non-intact skin           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Splash or contact with eyes, mouth or nose | <input type="checkbox"/> | <input type="checkbox"/> |
| • Prolonged respiratory contact              | <input type="checkbox"/> | <input type="checkbox"/> |

If answers to both #1 and #2 are yes, the employee should be considered to have sustained a significant exposure and needs to seek medical treatment.

## Appendix G: Post-Exposure Evaluation & Follow-up Checklist

The following steps must be taken, and information transmitted, in case of an employee's exposure to bloodborne pathogens:

<b>ACTIVITY</b>	<b>COMPLETION DATE</b>
• Bloodborne Pathogens Exposure Report completed by employee	_____
• Employee provided with claim for workers' compensation packet	_____
• Source individual identified:	_____
• Appointment arranged for employee with healthcare professional.	_____

Professional's Name: \_\_\_\_\_

Documentation forwarded to

- Healthcare professional: \_\_\_\_\_
- Copy of Bloodborne Pathogens Exposure Control Plan \_\_\_\_\_
- Copy of exposed employee's job description \_\_\_\_\_
- Copy of Bloodborne Pathogens Exposure Report \_\_\_\_\_
- Source individual information, if known \_\_\_\_\_
- Copy of employee's HBV vaccination records \_\_\_\_\_
- Source individual's blood tested and results given to exposed employee. \_\_\_\_\_

or

- Consent has not been able to be obtained. \_\_\_\_\_

- Human Resources notified \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Original: Human Resources Copy: Employee

## Appendix H: Hepatitis B Vaccination Post Exposure Medical Declination

I understand that due to my occupational exposure incident to potential infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection or other bloodborne pathogens.

I have been given the opportunity to receive a post-exposure medical evaluation, at no charge to myself.

I UNDERSTAND THAT AN IMMEDIATE MEDICAL EVALUATION IS RECOMMENDED; HOWEVER, I DECLINE THIS MEDICAL EVALUATION AT THIS TIME.

EMPLOYEE NAME: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Hepatitis B Vaccination Declination

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

EMPLOYEE NAME: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix I: Sharps Injury Log

Date and time of exposure incident: \_\_\_\_\_

Type and brand of sharp involved (if known): \_\_\_\_\_

Description of the exposure incident:

- Employee's job classification: \_\_\_\_\_
- Employee's department: \_\_\_\_\_
- What was the employee doing at the time of the incident? \_\_\_\_\_
- How did the incident occur? \_\_\_\_\_  
\_\_\_\_\_
- Part of body involved in the exposure incident: \_\_\_\_\_
- What could have prevented the injury/exposure from occurring? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the employee was using the sharp at the time of the incident:

- Did the sharp have engineered sharps injury protection (ESIP)? Yes\_\_\_\_\_ No\_\_\_\_\_
- If yes, was the protective mechanism activated? Yes\_\_\_\_\_ No\_\_\_\_\_
- Did the injury occur before, during, or after the mechanism was activated?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Comments: \_\_\_\_\_
- If the sharp did not have engineered sharps injury protection, would such a mechanism have prevented the injury? Yes\_\_\_\_\_ No\_\_\_\_\_
- If yes, how? \_\_\_\_\_

To be completed by the injured employee within 14 working days of the date the incident is reported.

DO NOT PLACE THE EMPLOYEE'S NAME ON THIS LOG.

## Appendix J: Risk Exposure by Job Classification

**(Note: Agencies should amend this appendix to match their agency functions)**

**High Risk** (classifications & positions in which the employee has a high risk of exposure)

<b>Job Classification</b>	<b>Tasks placing employees at risk</b>
Maintenance Worker I/II - Facilities/Utilities	Sewer repair/cleaning; refuse/debris collection (sharps exposure); building maintenance; special events, CPR/first aid (confined space program)
Maintenance Lead Worker - Facilities/Utilities	Sewer repair/cleaning; refuse/debris collection (sharps exposure); building maintenance; special events, CPR/first aid (confined space program)
Maintenance Worker I/II Environmental Services - Public Works	Park clean-up & refuse collection (sharps exposure); restroom cleaning; maintenance of recreation facilities; special events, CPR/first aid (confined space program)
Maintenance Lead Worker - Environmental Services	Park clean-up & refuse collection (sharps exposure); restroom cleaning; maintenance of recreation facilities; special events, CPR/first aid (confined space program)
Maintenance Aide Parks/Water, Sewer, Streets	Sewer repair/cleaning; refuse/debris collection (sharps exposure); building maintenance; park clean-up (sharps exposure); restroom cleaning; maintenance of recreation facilities; special events
Recreation Services Worker - Marina	Building maintenance; debris collection; cleaning of restrooms (sharps exposure) & other recreation facilities/grounds; special events, CPR/first aid (confined space program)
Recreation Services Lead Worker	Building maintenance; debris collection; cleaning of restrooms & other recreation facilities/grounds; special events, CPR/first aid (confined space program)
Lifeguard/Swim Aide/Pool Supervisor/Sr. Lifeguard/Water Safety Instructor/Pool Manager	CPR, first aid
Park Manager	Small World Park~ recreation programs with youth, CPR/first aid, restroom cleaning, maintenance of recreation facilities

**Moderate Risk** (classifications and positions in which the employee has a moderate risk of exposure)

<b>Job Classification</b>	<b>Tasks placing employees at risk</b>
Combination Building Inspector	Inspections of homes & constructions sites
Sr. Combination Building Inspector	Inspections of homes & constructions sites, including unsanitary conditions
Code Compliance Specialist	Inspections of homes for "unsanitary conditions"; collection of code violation evidence
Civil Engineer I/II	Construction inspections
Housing Specialist/ Housing Inspector	Inspections of homes, including unsanitary conditions
Public Works Superintendents/ Supervisors	Inspections of sewer repair clean, special events, CPR/first aid (confined space program)
Environmental Health Officer	Transfer station inspections; biological/chemical testing of solid or liquid waste
Sr. Administrative Analyst – Public Works	Transfer station inspections
Water Plant Instrument / Maintenance Technician I/II	Water Plant maintenance, CPR/first aid (confined space program)
Water Plant Operator/ Apprentice Operator	Periodic assistance with Water Plant maintenance, CPR/first aid (confined space program)
Water Plant Superintendent/ Supervisor	CPR/first aid (confined space program)
Recreation Supervisor/ Coordinator	Responsible for/may assist with recreation programs for youth and seniors; may administer first aid/CPR; maintenance of recreation facilities, special events
Preschool Teacher/ Youth Activities Leader I&II/ Teen Center Worker/ After School Program Recreational Leader/ Ball Field Supervisor	Recreation programs for youth; may administer first aid/CPR; maintenance of recreation facilities, special events
Maintenance Aide	Grounds maintenance, restroom cleaning

**Very Low Risk** (classifications and positions in which employees are expected to have minimal, if any, risk of occupation exposure)

All other classifications	Unforeseen potential exposures not necessarily related to assigned tasks
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# CITY OF COMMERCE

## Bloodborne Pathogens Exposure Control Plan

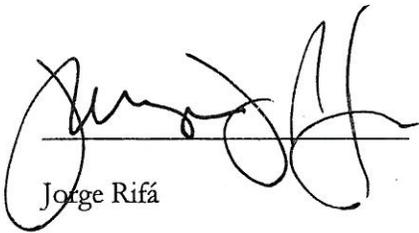


Michael A. Casalou

Human Resources Director

9-23-15

Date



Jorge Rifá

City Administrator

09-24/2015

Date