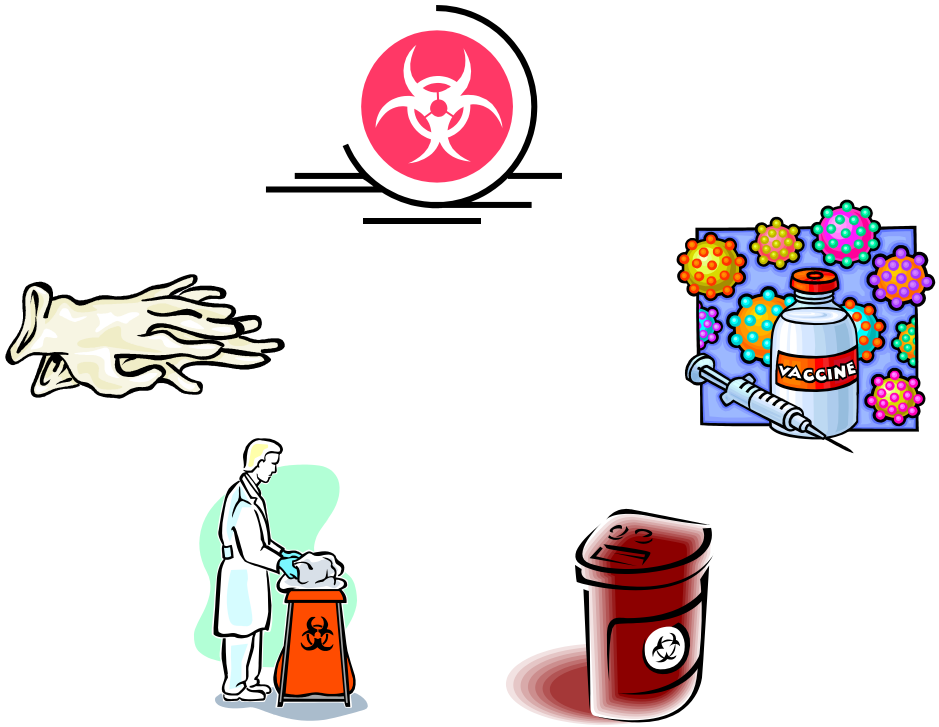
CITY OF PITTSBURG

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



Safety Program & Policies

DATE: 11/2024
SUPERSEDES: July 2007

APPROVED BY:

Garrett Evans
City Manager

City of Pittsburg
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Table of Contents

City of Pittsburg
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

GENERAL PROVISIONS

I. POLICY STATEMENT

The City of Pittsburg has implemented this Exposure Control Plan in an effort to meet the requirements of the OSHA Bloodborne Pathogens Standard (California Code of Regulations, Title 8, Section 5193) as well as to inform and provide guidance to all employees.

This Exposure Control Plan is available to employees at any time. During educational training sessions employees will be advised of this availability. Copies of the Exposure Control Plan are kept within the Citywide Safety Binders in each department.

II. PURPOSE OF THE PLAN

It is the intent of the City of Pittsburg to minimize or eliminate employee risk of exposure to potentially infectious diseases. This risk will be minimized or eliminated by establishing guidelines for the use of universal precautions for all incidents involving occupational exposure to infectious diseases; establishing standard procedures for the reporting of incidents involving occupational exposure to infectious diseases and providing training to all employees and vaccinations to employees who are considered to have high or moderate risk of occupational exposure to potentially infectious diseases.

III. 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 that proper exposure control procedures are followed.

B. Employees: As with all City's activities, our employees have the most important role in our bloodborne pathogens compliance program. The ultimate execution of much of our Exposure Control Plan rests in their hands. In this role they must do things such as:

- Know what tasks they perform that potentially expose them to bloodborne pathogens.
- Attend the bloodborne pathogens training session including online training courses.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good personal hygiene habits.

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.

IV. EXPOSURE RISK DETERMINATION:

City of Pittsburg
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

The City has determined the following levels of risk exposure:

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

Job Classification	**Tasks placing employees at risk**
Community Services Specialist	Booking and transporting suspects; search of suspects; handling of evidence; assisting Officers with crime scene search. Inspections of homes for "unsanitary conditions"; collection of code violation evidence
Police Officer	Searching suspects and/or vehicles; CPR; handling of evidence; accident investigation; crime scene processing; dealing with combative subjects
Police Forensic Technician	Handling of evidence; accident investigation; crime scene processing;
Police Sergeant	Searching suspects and/or vehicles; CPR; handling of evidence; accident investigation; crime scene processing; dealing with combative subjects
Maintenance Worker I/II – Facilities/Utilities /Maintenance Assistant	Sewer repair/cleaning; refuse/debris collection (sharps exposure); building maintenance; special events, CPR/first aid (confined space program), homeless encampment clean-up.
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//Maintenance Assistant	Park clean-up & refuse collection (sharps exposure); restroom cleaning; maintenance of recreation facilities; special events, CPR/first aid (confined space program), homeless encampment clean-up.
Pest Control Specialist	Park maintenance (sharps exposure); 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), homeless encampment clean-up.
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, homeless encampment clean-up.
Lead Marina Maintenance Worker	Building maintenance; debris collection; cleaning of restrooms & other recreation facilities/grounds; special events, CPR/first aid (confined space program)
Recreation Leaders Lifeguard/Swim Aide/Pool Supervisor/Sr. Lifeguard/Water Safety Instructor/Pool Manager	CPR, first aid
Park Manager/Park Aide-Ride Operator/Park Aide	Small World Park~ recreation programs with youth, CPR/first aid, restroom cleaning, maintenance of recreation facilities

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

Job Classification	Tasks placing employees at risk
Property and Evidence Technician and Supervisor	Handling/transporting of evidence; maintain and clean property and evidence.
Police Lieutenant	Searching suspects and/or vehicles; CPR; handling of evidence; accident investigation; crime scene processing; dealing with combative subjects (moderate risk determination due to reduced number of potential exposures)
Building Inspection Supervisor	Inspections of homes & constructions sites, including unsanitary conditions
Combination Building Inspector	Inspections of homes & constructions sites
Sr. Combination Building Inspector	Inspections of homes & constructions sites, including unsanitary conditions
Chief Building Official	Inspections of homes & constructions sites, including unsanitary conditions

Moderate Risk Cont. (classifications & positions in which the employee has a moderate risk of exposure)

Job Classification	Tasks placing employees at risk
Civil Engineer I/II	Construction inspections
Housing Specialist/ /Housing Manager/Analyst	Inspections of homes, including unsanitary conditions
Public Works Superintendents/ Lead/Supervisors	Inspections of sewer repair clean, special events, CPR/first aid (confined space program)
Electrical Technician /Apprentice/ Lead	Sewer lift station repairs, sharps exposure, storm drain pump stations, CPR/first aid (confined space program)
Environmental Health Specialist / Env Health and Safety Officer	Transfer station inspections; biological/chemical testing of solid or liquid waste
Env Health and Safety Officer	Transfer station inspections
Sweeper Operator	Transports and dumps street sweepings, street and equipment maintenance
Utility Lead/ Lineworker/Technician	Construction maintenance, CPR/first aid (confined space program)
Water Plant Maintenance Mechanic I/II	Water Plant maintenance, CPR/first aid (confined space program)
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)
Harbormaster	Building maintenance, debris collection, marina special events, CPR/first aid (confined space program)
Recreation Supervisor/	Responsible for/may assist with recreation programs for youth and

Coordinator	seniors; may administer first aid/CPR; maintenance of recreation facilities, special events
Youth Activities Leader Recreational Leader/ Ball Field Supervisor	Recreation programs for youth; may administer first aid/CPR; maintenance of recreation facilities, special events
Maintenance Aide Maintenance Helper	Grounds maintenance, restroom cleaning

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

Job Classification	**Tasks placing employees at risk**
All other classifications	Unforeseen potential exposures not necessarily related to assigned tasks

V. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions

Universal precautions refer to approaches to infection control in which all human blood and certain body fluids and other potentially infectious material (OPIM), regardless of the source, are treated infectious for HIV, HBV or Hepatitis A, or other bloodborne pathogens. These approaches recognize that there is no practical way to determine the health status of all persons who may be sources of bloodborne pathogens. Thereby, assuming all bloodborne pathogen materials are potential disease hazards eliminates the need to make such a determination and establishes minimum standards for contamination control.

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. In situations where 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

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

1. *Hand Washing*

All employees shall wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas 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 shall provide appropriate waterless antiseptic hand cleanser in conjunction with clean paper towels and antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands should be washed with soap and running water as soon as feasible.

Since most emergencies do not occur in locations where sinks are readily accessible, emergency first aid kits must be stocked with antiseptic towelettes, or antiseptic hand cleanser in conjunction with paper or cloth towels along with appropriate closable disposable containers for depositing used cleaning materials. These are intermediate measures, which 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 any locations where contamination could reasonably be expected to occur and where hands cannot be cleaned in accordance with the following standards so that corrective action can be taken.

Inability to clean hands in accordance with the following standard prior to possible contamination of self or others which could result in transmitting a bloodborne disease shall be reported and evaluated as a possible exposure incident.

Hand Washing Procedures

The principle of good hand washing is that of using friction to mechanically remove microorganisms. Hand washing is the single most important means of preventing the spread of infection. Using proper hand washing techniques is important to the overall effectiveness of this preventive practice.

1. Leave all rings on.
2. Turn on water (the warmer the better).
3. Apply soap.
4. Scrub hands including palms, backs, between fingers, around & under fingernails, and wrists/arms if exposed.
5. Grasp ring(s) and move up and down finger(s) until thoroughly soaped.
6. Rinse thoroughly in same manner under running water.
7. Dry hands with a clean paper towel.
8. Using a paper towel, turn off the water faucet(s).
9. All faucets, soap dispensers, or other surfaces, which were touched with contaminated hands, are considered contaminated and must be disinfected. Faucets can be cleaned while washing hands with disinfectant soap.

2. *Bio-Waste and Sharps Containers*

Bio-waste (aka 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 prior to 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 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".

Sharps containers must be easily accessible for use, maintained in an upright position during use, and replaced routinely so that they are not overfilled.

When moving containers of contaminated sharps, the containers must be closed so that their contents do not spill or protrude.

If leakage of the primary container 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 any manner which would expose employees to the risk of injury.

3. *Sharp Objects Procedures*

Employees are to use caution and avoid contaminated sharp objects, such as broken glass, sharp metal or needles. Contaminated sharps will not be handled if possible, but will be swept up using a dustpan and brush, or picked up with tongs or forceps or other grasping tool (i.e. pliers or trash grabbing tool). All sharps, whether known to be contaminated or not, are to be placed in the sharps container designed and designated for this purpose.

C. Personal Protective Equipment (PPE)

Personal protective equipment includes any item that the employee wears or uses on his/her person 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, eye protection and resuscitation masks.

The use of appropriate PPE is required as additional protection in all situations where occupational exposure remains after institution of both engineering controls and work practice controls. The City requires the use of appropriate personal protective equipment for all employees when engaged in tasks involving contact with blood, body fluids, or any OPIM for whom occupational exposure is reasonably anticipated.

The only exception to this requirement shall be those rare and extraordinary occasions when, in the professional judgment of the employee, wearing of required PPE would have prevented delivery of health or public safety services or would have posed 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 their employees for each job type and/or job title. Appropriate PPE shall be readily accessible to all employees for whom it is required and shall be provided in appropriate sizes.

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

All PPE shall be removed prior to leaving the work area. It must be placed in an appropriately designated area or container for storage, washing, laundering, decontamination, or disposal.

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

2. *Gloves*

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminated items or 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 attempt to induce bleeding and wash it thoroughly with soap and water.

Anytime an employee is making contact with the body fluids of another individual, approved disposable latex gloves or other protective items will be worn.

Employees should be aware that items such as pens, clipboards, telephone receivers, cell phones, iPads, laptops, vehicles and other equipment might become contaminated if touched while wearing gloves contaminated with body fluids. Gloves must be discarded prior to touching vehicles/equipment, doorknobs, keypad locks or handles to avoid contaminating other surfaces. In addition, employees must ensure that rings, jewelry, and fingernails do not compromise the integrity of the disposable latex gloves.

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 is intended to cover defects in the skin on the hands and is not intended to provide protection from puncture wounds caused by sharps.

Gloves shall be changed under the following circumstances:

a) Between subject or evidence contacts (Police Personnel).

b) If visibly contaminated with blood or body fluids.

c) When physical damage to the integrity of the glove is observed (e.g. tearing, surface defects).

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

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 personal protective equipment.

Gloves do not replace hand washing. Employees are to wash hands as soon as practical.

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

These barrier devices are intended to protect the eyes, nose and mouth from coming into 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 can be reasonably anticipated.

Employees shall remove masks, eye protection, and face shields when leaving the work area. All 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 participation in cardiopulmonary resuscitation (CPR) shall use a one (1)-way mask when performing mouth-to-mouth resuscitation. Masks shall be provided and made readily available wherever the need for CPR may be reasonably expected to occur.

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

VI. HEPATITIS B and A VACCINATIONS

A. What is Hepatitis B?

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

B. How is Hepatitis B Virus Spread?

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.

A. What is Hepatitis A?

Hepatitis A is caused by a virus that infects liver cells and causes inflammation. The inflammation can affect how the liver works. Common symptoms include tiredness, stomach discomfort, fever, diarrhea, jaundice, and dark yellow urine. Most people who are infected recover with no permanent liver damage.

B. How is Hepatitis A Virus Spread?

The virus most commonly spreads when you eat or drink something contaminated with fecal matter, even just tiny amounts. Employees who work involved in homeless encampment clean-up have a heightened exposure to Hepatitis A (HAV).

C. Pre-exposure Vaccination

The City has established a Service Agreement with Kaiser Permanente to provide employees with the hepatitis B and A vaccination series.

When an authorized Department staff member or Human Resources (during new employee orientation) determines an employee to be at risk for exposure to hepatitis B due to the nature of their duties said employee is to be offered the hepatitis B vaccination series at the City's expense.

To obtain vaccinations employees must:

Obtain a Kaiser on-the-Job referral form from the appropriate Department representative or Human Resources.

- Plan approximately 10 minutes for the vaccination visit.

- Return a copy of the receipt for your vaccination to the Human Resources Department for placement in your medical file.

- Be sure to return for the series of shots (3 total) within the timeline provided by Kaiser. Failure to do so may result in the need to repeat shots.

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

VII. HOUSEKEEPING AND POST EXPOSURE CLEAN-UP PROCEDURES

All work areas will be maintained in a clean and sanitary condition.

A. General Facility Cleaning

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

Contaminated work surfaces must be decontaminated with an appropriate disinfectant at the following times.

a. after completion of procedures;

b. immediately, or as soon as possible, after surfaces are overtly contaminated or after any spill of blood or OPIM; and

c. at the end of the work shift if the surface may have become contaminated since the last cleaning.

Solutions which are acceptable disinfectants 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 shall not be used if it is more than twenty-four (24) hours old.

B. Spill Clean Up Procedures

a. A small spill (i.e., cut or abrasion) is to be cleaned up immediately. Proper cleaning procedure is to obtain a bloodborne pathogens kit, don gloves, clean the surface with soap and water or other appropriate cleaner. Then disinfect the surface using one of the above-described disinfectants. All towels and other items used to wipe the surface are to be placed in a bio-waste bag along with the used gloves, and properly disposed of. Once cleaned and disinfected, surfaces can also be sprayed with antibacterial Lysol or another similar product as an extra precautionary measure.

b. All large spills (i.e., major trauma scene, large amount of blood or OPIM) will be cleaned by the City's contracted vendor for such services. Employees are to notify their supervisors of a large spill occurrence. The supervisor is to contact the Public Works or Police Department to make arrangements for the vendor to be called out. The area of a large spill should be taped off and protected while waiting for a vendor to come out and clean the spill or check with Police or Public Works for caution tape or spill kit.

C. Laundry

Employees are to handle contaminated laundry as little as possible, with a minimum of agitation. Employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or OPIM. Contaminated laundry is to be placed in leak-proof bags or containers and labeled with the appropriate biohazard warnings. Once bagged, contaminated laundry is to be provided to the supervisor for forwarding to the City's designated laundering service. Contaminated laundry will be cleaned at the City's expense.

VIII. EXPOSURE INCIDENT

A. Determining if an Exposure Incident Has Occurred

Employees should complete the brief Exposure Determination Questionnaire to assist in deciding if an actual exposure has occurred. Examples of potential exposure and immediate responses are:

- Needle Stick or Puncture Wound: Express blood from the wound. Scrub the area vigorously with soap and water for at least 5 minutes.

- Eye Exposure: Irrigate immediately with cool water or normal saline solution for 60 seconds.

- 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.

- Human Bite: Cleanse the wound with Betadine or sterile water.

In the event an exposure incident occurs:

- Complete the Exposure Report Form.

- Follow the Post-Exposure Evaluation and Follow-up Checklist.

- Provide the employee with 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 will make immediately available the following:

1. Confidential medical evaluation documenting the circumstances of exposure. If the employee declines an evaluation, have the employee complete the Post Exposure Medical Evaluation Declination form and retain it in the employee's medical file.

2. Identifying and testing the source individual, if feasible.

3. The exposed employee's blood will be drawn as soon as feasible after consent is obtained and tested to determine HBV, HCV 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, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

4. The exposed employee will receive post exposure vaccine(s) 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 will ensure that the health-care professional responsible for the employee's hepatitis B vaccination is provided a copy of this policy.

7. The City will ensure that the health-care professional evaluating an employee after an exposure incident is provided the following information:

    - A copy of CCR Title 8, Section 5193;
    - A description of the exposed employee's duties as they relate to the exposure incident;
    - Documentation of the route(s) of exposure and circumstances under which exposure occurred;
    - Results of the source individual's blood testing, if available; and
    - All medical records relevant to the appropriate treatment of the employee, including vaccination status.

The health-care professional's written opinion will be provided to the employee within 15 days of the evaluation. The health-care professional's written opinion for hepatitis B will be limited to whether hepatitis B 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 any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All 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.

NOTE: Mandatory Testing for the AIDS Virus – 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 it is alleged that the accused 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.
   a. Petitioning the Court - 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.

   b. Test Results - Copies of the 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.

IX. TRAINING

All employees with occupational exposure to bloodborne pathogens shall participate in a training program that shall be provided during working hours and at no cost to the employee. Training shall be provided annually to high-risk and moderate risk City employees. New employees shall be trained by their Supervisor on this policy at the time of initial assignment to tasks where occupational exposure may take place including low-risk employees. 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.

The training program shall be designed so that content and vocabulary are appropriate for the educational level, literacy, and language of employees. Training shall be conducted by an individual who is knowledgeable in the subject matter covered in the content of the training program. The content of the training program shall contain at a minimum the following elements:

- A copy of the standard and explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the City's Exposure Control Plan and the means by which employees can access a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination shall be offered free of charge.
- Information on the appropriate actions to take and persons to contact regarding a personal exposure involving blood or other potentially infectious materials.
- Information on the post-exposure evaluation and follow up that the City is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels required by the Exposure Control Plan.
- Opportunities for interactive questions and answers between the trainer and the employees.

X. RECORD KEEPING

Appropriate records shall be kept for all employees with occupational exposure documenting HBV vaccination, exposure incidents, and training relative to occupational exposure to bloodborne pathogens.

A. Medical Records

Risk Management shall establish and 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:

- the employee's name and social security number.
- Hepatitis B vaccination status.
- copies of results of all exams, test, and follow up related to reported exposure incidents, as allowed under Federal and State privacy laws.
- written medical opinion of post-exposure incidents, as allowed under Federal and State privacy laws.

The City shall maintain the following records for employees who incur a bloodborne pathogens exposure.

- Bloodborne Pathogens Exposure Report.
- Treating physician's initial written opinion.
- Hepatitis B vaccination record.
- Post Exposure Medical Evaluation Declination Form, if applicable.

CONFIDENTIALITY

All employee medical records shall be kept confidential.

Medical records shall not be disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this plan or by law.

B. Training Records

The City's Training Section shall maintain records of employees trained in this program.

All training records shall be kept for three (3) years from the date of training, and shall include the following information:

- dates of training sessions
- names, and positions of employees attending each session
- contents or summary of training sessions
- names and qualifications of trainers

C. OSHA 300 Log

The OSHA 300 Log will be generated by Risk Management with a copy maintained in Human Resources.

D. Sharps Injury Log

A Sharps Injury Log is a record of each exposure incident involving a sharp. The purpose of the Sharps Injury Log is to generate a record of exposure incidents that will include enough information about the cause of the incidents to allow the City to analyze them and take preventive action.

The Sharps Injury Log shall include:

(1) The date and time of the sharps-related exposure incident;
(2) The type and brand of the sharp involved in the incident; and
(3) A description of the incident including:
  a) The job classification of the exposed employee;
  b) The department or work area where the incident occurred;
  c) The procedure being performed;
  d) How the incident occurred;
  e) The body part injured:
  f) For sharps with engineered sharps injury protection or ESIP, if the safety mechanism was activated: and
  g) If the incident occurred before action, during activation or after activation of the mechanism; for sharps without ESIP, the employee's opinion if ESIP could have prevented the injury.

The Sharps Injury Log must be maintained for five (5) years from the date of the occurrence of the exposure incident.

E. Availability of Records

All 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 containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material. Labeling also applies to other outer containers used to store, transport or ship blood or other potentially infectious materials. Labels are also required for equipment to be serviced or transported that have parts that are unable to be decontaminated. These labels must identify which portions of the equipment remain contaminated.

These labels must meet the following criteria:

- Include the Biohazard legend (depicted in the Appendix).

- Have a fluorescent orange or orange-red colored background with lettering or symbols in a contrasting color.

G. Signs

Signs which are fluorescent orange or orange-red, with lettering or symbols in a contrasting color, and bearing the biohazard legend (see Section 8.1) shall be posted at the entrance to work areas for property/evidence processing.

POLICE DEPARTMENT ADDITIONAL PROVISIONS

In addition to all of the General Provisions outlined above, Police Department staff are to adhere to these additional provisions.

XI. HOUSEKEEPING

A. Personal Protective Equipment

CPR Masks
Reusable CPR masks are to be maintained in a clean and sanitary condition. It is the responsibility of each employee to ensure that their mask is clean and decontaminated. After each use clean and decontaminate the mask following the manufacturer's directions.

B. Cleaning

1. *Vehicles, Jail, Evidence Room*
In the event that a City vehicle, the jail or the evidence room become contaminated due to a blood or other body fluid spill, the vendor with whom the City contracts for clean up of such spills will be called out. Employees are not to attempt to clean a blood or OPIM spill from a suspect, no matter the size of the spill.

Other suspects are not to be transported in a contaminated vehicle, nor housed in a contaminated jail cell. Contaminated vehicles are to be returned to the Police station until professionally cleaned. Contaminated jail cells are to be locked to keep all persons out of the cell until professionally cleaned.

2. *Footwear*
Footwear that has been contaminated with blood or OPIM should be cleaned as soon as practical. The proper cleaning method is to don gloves, obtain antiseptic/antimicrobial wipes from a first aid kit and wipe down the entire shoe (including the sole). Once the task is complete, the used wipes and gloves are to be disposed of in a bio-waste container within the department.

XII. SCENE MANAGEMENT

In responding to an emergency call, Police Department employees are to follow infection control measures including, but not limited to:

a. The blood, body fluids and tissues of injured persons are considered potentially infections. Universal Precautions will be used for every contact with an injured person.

b. In general, employees should select PPE appropriate to the potential for spill, splash, or exposure to body fluids. No standard operating procedure or PPE ensemble can cover all situations. Common sense must be used. When in

doubt, select maximal rather than minimal PPE.

c. Responding Officers not immediately needed for life-saving measures will remain a safe distance when communicable disease exposure is possible or anticipated. Once emergency responders arrive on scene, Officers are to turn over the care of the injured person.

d. At the conclusion of on-scene operations, all potentially contaminated PPE will be removed for appropriate disposal or decontamination.

XIII. 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. All 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. Bio-waste and Sharps Containers

Marked bio-waste and sharps containers should be located in the trunk of every patrol vehicle. Used gloves and other contaminated items not removed from the scene by emergency responders are to be placed in the bio-waste container. Such items are **not** to be placed loose within the vehicle or trunk. All sharps not collected as evidence, whether known to be contaminated or not, are to be placed in the sharps container. Both the bio-waste and sharps containers are to be returned to the Evidence staff for disposal. When returning full containers employees will be issued new containers for replacement in the vehicle.

C. Sharp Objects Procedures

All sharps are to be treated as though known to be contaminated. Employees are to refrain from handling sharps whenever possible. Employees should handle sharps only after donning gloves, and preferably only to safely place the sharp into the sharps container or evidence bag.

D. Suspect Search Practices

The following are reminders of safe practices when searching a suspect to avoid a potential bloodborne pathogen exposure:

a. Ask the suspect if they are in possession of any sharp objects with which you may prick yourself. It may be necessary to clarify that sharp objects include knives, metal, sharpened or broken glass, plastic edged items, jewelry, razors and needles.

b. Do not reach into pockets or bags.

c. Pat lightly rather than sliding hands over a suspect.

d. Dump purses, backpacks or other handheld baggage.

e. **Look with your eyes before you look with your hands**.

PUBLIC WORKS DEPARTMENT ADDITIONAL PROVISIONS

In addition to all of the General Provisions outlined above, Public Works Department staff are to adhere to these additional provisions.

XIV. HOUSEKEEPING

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

Store hand-washing agents 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. This is particularly essential for antimicrobial-containing agents that do not require water for use.

If you use hand lotion, buy it in small sizes. Keep it capped and discard it at short-term intervals since it can support the growth of pathogens if contaminated.

XV. 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. All 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. Sharp Objects Procedures

All sharps are to be treated as though known to be contaminated. Employees are to refrain from handling sharps whenever possible; instead picking them up with grapplers or other tools. Employees should handle sharps only after donning gloves, and preferably only to safely 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 spent gloves in a bio-baggie and put into a small biohazard bag upon returning to the Corp Yard, Environmental Center or other City facility. When the bag is full, take it to the Police Department to be disposed of properly.

C. Sharps Containers

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

D. Garbage/Refuse Collection

Dry bandage waste, sanitary napkins, paper towels, etc. can be disposed of in ordinary refuse containers according to the exception for items containing only dried blood. Rest room and other area waste containers as applicable 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 found in parks and other areas shall place them in a bio-baggie and dispose of the baggie in a small biohazard bag upon returning to the Corp Yard, Environmental Center or other City facility.

When removing debris from garbage receptacles or surrounding areas, do not use or put hands into blind/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 they are, use proper tools and PPE to clean up the hazard(s).

E. Sewer and Stormwater Sanitation Procedures

1. *Sewer Operations*

Sewage and wastewater contain bacteria, funguses, 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 personal protective equipment (PPE). For some jobs and around some hazards, respiratory protection is required.

What you can do:

- Most important: **Wash your hands well with clean water and soap before you eat or smoke and after work**.
- **Do not touch your nose, mouth, eyes, or ears with your hands, unless you have just washed. Most of the time, people get these diseases when they have germs on their hands and they touch their mouth, nose or eyes**.
- Keep your fingernails short; use a stiff soapy brush to clean under your nails.
- Wear waterproof gloves when you clean pumps or screens and when you handle wastewater or storm water.
- Always wear gloves when your hands are chapped or burned or you have a rash or a cut.
- Change out of your work clothes before you leave work. (Shower facility available.)
- Do not keep your soiled work clothes with your other clothes.
- Report any injury or illness you think you got from work right away.

2. *Sanitation of Sewer Equipment*

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

- Sewer "collectables" (i.e. chains, rings, coins, etc.) are not to be removed from the work area.
- Use plastic bags to line 5-gallon buckets that used rags, latex gloves and other contaminated debris are placed in during operation. Remove bags daily and place in trash dumpster.
- Use appropriate disinfectant sprays to spray down 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 properly disinfected.
- Wash or wipe down handles, tubes and other contaminated areas with appropriate disinfectant sprays after each work shift or as necessary (prior to service in Fleet Maintenance Shop, etc.). This includes video equipment and snakes. Follow the directions when performing these duties. This is important for the disinfectant to work properly. See sample *language* below.

  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 agent(s), volumes, or concentrations of agent(s) for which higher level disinfection is recommended.*

  The memorandum concluded, "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 of these products has a section titled "SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1 AND HBV OF SURFACES\OBJECTS SOILED WITH BLOOD\BODY FLUIDS." These sample instructions required:

  1. *personal protection devices for the worker performing the task;*
  2. *that all the blood must be cleaned thoroughly before applying the disinfectant;*
  3. *that the disposal of the infectious waste is in accordance with federal, state, or local regulations; and*
  4. *that the surface is left wet with the disinfectant for **30 seconds** for HIV-1 and **10 minutes** for HBV."*

- Use proper PPE when performing sewer and stormwater operations as well as when disinfecting equipment. These items may include rubber gloves, latex/nitrile gloves, eye protection or splash shield, coveralls, and rubber boots.
- If performing sewer lateral work at a home, make sure to disinfect area prior to leaving if necessary.

F. Homeless Encampment Clean-Up Procedures

Homeless encampments can pose a serious risk for Public Works personnel as well as law enforcement personnel. When responding to a homeless encampment keep in mind biological hazards such as needles, syringes, sharps, human body fluids, urine, feces, vomit, blood, and mucous. Avoid contact with persons with lesions and infections, HIV/HBVTB, methicillin-resistant Staphylococcus (MRSA). In many cases the City may contract out homeless encampment clean-up tasks; however, there may be occasions where Public Works maintenance staff will conduct small clean-up jobs. It's critical to be prepared for the potential exposures while cleaning this environment.

What you can do:

- Treat everything as if it was contaminated. Follow the Universal Precautions protocols outlined in this exposure control plan, use the "hands off-do not touch" approach.
- Ensure proper PPE is worn:
  - Head – Hard Hats to protect from falling objects or being struck by objects
  - Face – Safety Glasses
  - Body – Tyvek Suit is recommended to protect entire body and safety vest to ensure you are visible
  - Hands – Work Gloves; Latex Gloves
  - Feet – Work Boots
  - Respiratory Protection – N-95 respirators
- Use grabbers, shovels, rakes or tools to avoid direct contact with object when possible.
- Cover all skin cuts
- Have sharp containers available.
- Hazardous waste can be found as part of heating equipment, cleaning supplies or at makeshift drug labs. Do not underestimate hazardous waste, especially if the waste is unknown. Do not combine hazardous waste with any other waste. Do not place incompatible hazardous waste in the same container. Avoid skin contact with hazardous waste. Once the hazardous waste has been removed and containerized, ensure it contains proper hazardous waste label.
- Homeless at times store bodily fluid in plastic bottles, plastic bags and other containers. If a container has unknown substance that cannot be visually identified without contact, treat the waste with extra caution and treat it as biohazard waste or hazardous waste, based on the characteristics of the waste. Do not treat the waste as nonhazardous solid waste.
- Have hazardous waste containers available and separate from normal waste containers.
- Be alert to potential animal bites. Look before you reach or turn over items. Notify animal control when needed.
- Hold objects and containers away from body.
- Contact the police department in the event weapons and ammunition is found.
- Follow the proper clean up and decontamination requirements.

- Dispose of or clean contaminated clothing/PPE and other materials.

APPENDIX

Definitions:

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens (BBP): Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

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.

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.

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.

Hepatitis A Virus (HAV) – Hepatitis A is caused by a virus that infects liver cells and causes inflammation. The inflammation can affect how the liver works. The virus most commonly spreads when you eat or drink something contaminated with fecal matter, even just tiny amounts. Most people who are infected recover with no permanent liver damage. A vaccination is available

Hepatitis B Virus (HBV): A virus that attacks the liver. It 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.

Hepatitis C Virus (HCV): A liver disease which is found in the blood of persons who have the disease. HCV is spread by contact with blood of an infected person.

Human Immunodeficiency Virus (HIV): A virus that destroys the body's ability to fight infections and certain cancers.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

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, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Parenteral Contact: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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.

Regulated Waste: Waste that is any of the following:

1. Liquid or semi-liquid blood or OPIM.
2. Contaminated items that:
    a. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
    b. Are 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.

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.

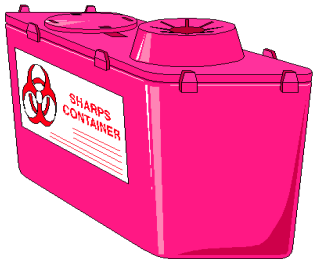
Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

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).

Signs and Symbols

Bio-hazard

Sharps Container



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. However, 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.

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

Additional information on HIV/AIDS can be found on the following websites:
www.niaid.nih.gov
www.cdc.gov
http://aidsinfo.nih.gov

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, which is called 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
www.cdc.gov

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

Forms

Various forms are on the next pages.

City of Pittsburg
Bloodborne Pathogens Exposure Report

Exposed Employee Information:
Name:_____
Classification:_____

Exposure Description:
Date of Exposure:_____ Time of Exposure:_____

1. What body fluid(s) were you in contact with?
   Blood:_____ Feces: _____ Saliva:_____ Sputum:_____
   Sweat:_____ Tears: _____ Urine:_____ Vomit:_____
   Vaginal Secretions:_____ Other (describe):_____
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
   Please specify_____
   _____ 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):_____
   _____
   _____

Source of Exposure:
Name (source of exposure):_____ Sex:_____
Blood drawn?_____ Consent needed? _____ Medical treatment received?_____

Medical Information:
1. Did employee seek medical attention?_____ Date:_____
   If yes, where?_____
2. Did employee complete claim for workers' compensation benefits? _____

_____ _____
Employee's Signature **Date**

City of Pittsburg
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	( )	( )
➢ Semen	( )	( )
➢ Vaginal Secretions	( )	( )
➢ Any body fluid/matter visibly contaminated with blood	( )	( )
➢ Other fluid or secretions, specify_____	( )	( )
➢ Respiratory secretions	( )	( )

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

	Yes	No
➢ Needle stick injury	( )	( )
➢ Laceration by contaminated object	( )	( )
➢ Open cut, wound, non-intact skin	( )	( )
➢ Splash or contact with eyes, mouth or nose	( )	( )
➢ Prolonged respiratory contact	( )	( )

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.

City of Pittsburg
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:

ACTIVITY	**COMPLETION DATE**
• Bloodborne Pathogens Exposure Report completed by employee	_____
• Employee provided with claim for workers' compensation packet	_____
• Source individual identified:	
_____ Source Individual	_____
• 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 Hep B 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

City of Pittsburg
Pre-Exposure Hepatitis A/B Vaccination Form

What is Hepatitis A?
Hepatitis A is caused by a virus that infects liver cells and causes inflammation. The inflammation can affect how the liver works. Common symptoms include tiredness, stomach discomfort, fever, diarrhea, jaundice, and dark yellow urine. Most people who are infected recover with no permanent liver damage.

How is Hepatitis A Virus Spread?
The virus most commonly spreads when you eat or drink something contaminated with fecal matter, even just tiny amounts. Employees who work involved in homeless encampment clean-up have a heightened exposure to HAV.

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

How is hepatitis B virus spread?
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 having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, needles, or "works" when "shooting" drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.

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

EMPLOYEE NAME:_____

_____ _____
Employee's Signature Date

ACCEPTANCE
I wish to take the Hep A and Hep B injection series.

EMPLOYEE NAME:_____

_____ _____
Employee's Signature Date

STAFF NEXT STEPS:

- Provide the employee with the authorization form for the 1st injection (attach a copy to this form). Remind employee to return all three (3) vaccination receipts to Human Resources.

City of Pittsburg
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 the incident occurred:_____
  _____
- 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? 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.