



City Manager: \_\_\_\_\_

## THE CITY OF POMONA

### SAFETY POLICIES AND PROCEDURES

### **BLOODBORNE PATHOGENS POLICY**

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#### **I. PURPOSE**

This Policy describes the general requirements of the City of Pomona's Bloodborne Pathogens Program, and provides the exposure control plan and information on which job classifications are eligible for a Hepatitis B vaccination.

#### **II. APPLICABILITY**

This Policy applies to all City employees.

#### **III. POLICY**

It is the policy of the City of Pomona that all aspects of Cal/OSHA's requirements for a Bloodborne Pathogens Program, *California General Industry Safety Orders, Title 8, Subchapter 7, Group 16, Article 109, Section 5193*, shall be met or exceeded.

#### **IV. DEFINITION OF TERMS**

*"Blood"* – means human blood, human blood components, and products made from human blood.

*"Bloodborne Pathogens"* – means 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"* – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or an item.

*"Decontamination"* – means 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 of the item is rendered safe for handling, use, or disposal.

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*“Occupational Exposure”* – means 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”* means:

- (1) 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 such as emergency response;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) Cell, tissue, or organ cultures from humans or experimental animals that likely contain or are infected with HIV, HBV, or HCV.

*“Parenteral Contact”* – means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

*“Sharp”* – means any object used or encountered 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, lancets, scalpels, and broken glass.

**V. RESPONSIBILITIES**

A. Department Directors shall:

1. Ensure that the Bloodborne Pathogens Policy is implemented. The department director has the authority to delegate any or all portions of this Policy to subordinates, but the department director will be held responsible for compliance.

B. Supervisors shall:

1. Implement the Bloodborne Pathogens Policy.
2. Immediately report all exposure events to Risk Management.
3. Provide personal protective equipment to employees occupationally exposed to bloodborne pathogens.
4. Investigate all exposure events to bloodborne pathogens.

C. Employees shall:

1. Immediately report all incidents of bloodborne pathogens exposure.
2. Utilize all personal protective equipment issued for protection against bloodborne pathogens.

D. Safety Officer shall:

1. Update and maintain the Bloodborne Pathogens Policy on an annual basis.
2. Provide assistance in training employees on bloodborne pathogens.

**VI. PROCEDURES**

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The Exposure Control Plan contains the following elements:

- Exposure determination;
- Procedure for the evaluation of the circumstances surrounding exposure incidents;
- Procedure for gathering information required by the Sharps Injury Log;
- Periodic determination of the types of sharps involved in an exposure incident;
- Engineering controls that will be employed;
- Procedure for review of the Exposure Control Plan.

A. Exposure Determination

Job titles and job descriptions for all employee classifications have been analyzed to determine the potential occupational exposure to blood or other potentially infectious materials. It has been determined that employees have a potential for exposure if their job description includes any of the following: emergency responder personnel (primary responsibility) and custodial work (bathrooms and trash removal). The following job titles have been identified as having the potential to have occupational exposure to blood or other potentially infectious material and shall be offered the Hepatitis B vaccine series on a pre-exposure basis:

- Crime Scene Investigator
- Communications Technician
- Community Service Specialist II (Lifeguard)
- Community Service Specialist III (Pool Manager)
- Facilities Custodian
- Facilities Maintenance Technician
- Graffiti Removal Worker
- Jailer
- Lead Facilities Maintenance Technician
- Maintenance Worker II (Police)
- Park Maintenance Worker I & II (Parks)
- Police Building Facility Coordinator
- Police Corporal
- Police Investigator
- Police Motor Officer
- Police Officer
- Police Captain
- Police Lieutenant
- Police Sergeant
- Report Taker
- Senior Communications Technician
- Senior Jailer

Individuals having the following job titles may be occasionally exposed to blood or other

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potentially infectious material; however this is not a condition of their primary job duties. Employees in this category are not eligible to receive the Hepatitis B vaccine series on a pre-exposure basis; however, shall receive initial and periodic bloodborne pathogens training:

- Code Compliance Inspector
- Community Service Specialist I
- Emergency Preparedness Coordinator
- Equipment Mechanic
- Graffiti Removal Lead Worker
- Heavy Equipment Mechanic
- Housing Inspector
- Lead Equipment Mechanic
- Lead Meter Technician
- Library Assistant II
- Meter Technician
- Parks and Facilities Maintenance Supervisor
- Property and Evidence Technician
- Public Works Maintenance Crew Leader
- Public Works Maintenance Worker I
- Public Works Maintenance Worker II
- Public Works Operations Supervisor
- Recreation Coordinator
- Risk Manager
- Safety Officer
- Security Guard
- Senior Equipment Mechanic
- Senior Equipment Operator
- Senior Librarian
- Senior Utility System Technician
- Solid Waste Driver
- Tree Trimmer I/II
- Utility System Technician
- Wastewater Collection System Supervisor
- Wastewater Collection System Crew Leader
- Wastewater Maintenance Technician I/II
- Water System Operator
- Water Utility Worker I
- Water Utility Worker II
- Welder/Fabricator

**B. Investigation of Exposure Incidents**

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Whenever an exposure incident (i.e. needlestick, blood splashed in eye, human bite) occurs the following protocol shall be adhered to:

1. The supervisor shall ensure that the exposed employee is sent immediately to US Healthworks for a post-exposure evaluation.- For incidents which occur on Saturday or Sunday, or between the hours of 5 PM to 8 AM the exposed employee shall be sent to US Healthworks (24-hour clinic located in Chino). The City shall attempt to identify and document the source individual, unless the City can establish that identification is infeasible or prohibited by state or local law. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity.
2. Risk Management shall provide the source individual's testing results to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained. The City shall provide counseling to any exposed employee who wishes to obtain support.
4. A DWC-1 form, Employee's Claim for Workers' Compensation Benefits, shall be provided to the employee within 24 hours of notification. The employee will only complete a DWC-1 and return it to their supervisor if they choose to file a claim. **Note:** If an employee does not want to return the form this fact should be documented in a memo format and forwarded to Risk Management.
5. The supervisor shall complete the Incident Investigation form and note any exposure to needlesticks or sharps and return to Risk Management within 24 hours.
6. The supervisor will investigate the incident documenting the route(s) of exposure (eyes, skin, etc.), with the assistance of the Safety Officer, and implement corrective actions to prevent recurrence.
7. Risk Management shall provide the medical examiner with a copy of the following: the Exposure Control Plan, a description of the 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.
8. If the medical examiner determines that no exposure incident occurred, this will be communicated to the employee. When an exposure incident has occurred, the medical examiner will communicate the proper post-exposure evaluation and prophylaxis treatment and follow-up care to the employee. This may include a blood draw and/or administration of medications.
9. The medical examiner will provide the exposed employee and Risk Management with a copy of their written opinion within 15 days of the completion of the initial evaluation.

C. Sharps Injury Log

The Sharps Injury Log shall be maintained by the Risk Management Division for a period of five (5) years from the date the exposure incident occurred. The following information shall be

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included on the log: date and time of the exposure incident, type and brand of sharp involved in the incident, job title of the exposed employee, department or work area where the exposure incident occurred, procedure that the exposed employee was performing at the time of the incident, how incident occurred, body part involved in the exposure incident, and the employee's opinion about whether any engineering, administrative, or work practice control could have prevented the injury.

**D. Universal Precautions**

All body fluids as well as instruments, environmental surfaces, materials, and other articles with the potential to be contaminated with blood or other potentially infectious materials shall be treated as if they are infectious. By making this assumption, employees will stringently avoid all contact with blood and other potentially infectious materials by following standard safety precautions, use of proper safety controls, and wearing the appropriate personal protective equipment.

**E. Engineering and Work Practice Controls**

Engineering controls are those devices which isolate or remove the bloodborne pathogen hazard from the workplace. The City will use sharps disposal containers and hand washing facilities. Divisions with employees who may come into contact with sharps must have sharps containers for proper disposal of these items. Hand washing facilities have been made available to all employees. Employees must wash their hands, as soon as practical, after an exposure event. Where hand-washing facilities are not feasible, the City will provide anti-microbial hand cleansers. Employees must wash their hands with running water as soon as possible after using the antiseptic cleanser. Departments that routinely come into contact with blood or other potentially infectious materials shall keep a stock of infectious waste bags for disposal of contaminated materials.

Contaminated needles or other sharps will be placed immediately in an approved sharps container and will not be bent, sheared, removed or recapped. Under no circumstance will the employee reach into the sharps container. Sharps containers must be placed in secondary containment if leakage is possible. Sharps are defined as the following items: injectable needles, razor blades, box cutters, Exacto type knives, and broken glass. Broken glass should never be picked up with the hands. Small brooms with dustpans or other mechanical devices shall be used to pick up glass that is contaminated with blood or other potentially infectious material. Sharps containers are to be disposed of by a licensed hazardous waste disposal company and should not be kept on site for a period of more than one year.

No eating, drinking, smoking, or application of cosmetics is allowed in work areas where there is a potential for contamination with infectious materials. No food or drink may be kept in refrigerators, freezers, shelves, cabinets, countertops or bench-tops where infectious material may be present.

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The following containerization procedures are mandatory under the Bloodborne Pathogens Standard, 8 CCR 5193. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping. These containers must be closed prior to being stored, transported, or shipped. Containers for storage, transport, or shipping will be labeled with the "Biohazard" label.

All equipment and working surfaces will be decontaminated immediately after contact with blood or other potentially infectious materials. Work surfaces and equipment will be decontaminated by utilizing any of the following procedure:

1. Exposure to hot water of at least 180 degrees F for a minimum of 15 seconds;
2. Use of an EPA registered germicide;
3. Exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for three minutes: hypochlorite solution at 500 parts per million (ppm) of available chlorine, phenolic solution of 500 ppm of the active agent, iodoform solution of 110 ppm of available iodine, quaternary ammonium solution of 400 ppm of the active agent.

Employees must wear latex or other similar gloves during the clean up of contaminated surfaces. Material that is contaminated and wet (i.e. paper towels, gloves, bandages, gauze, etc.) should be disposed of in a biohazard bag. Biohazard bags are to be removed for disposal by a licensed hazardous waste disposal company. Departments may set up collection points within their facility for disposal of material. It is the responsibility of the individual Departments to budget for biohazard waste disposal on an annual basis. All bins, pails, cans, and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately upon visible contamination.

**F. Laundry**

The following procedures for items to be laundered are mandatory and apply to City issued uniforms. Employees shall bag contaminated clothing at the work site and the City is responsible for laundering. Risk Management will provide a local dry cleaning facility for departmental use. However, the individual department is responsible for paying for the cleaning of contaminated clothing. The employee's department shall provide a biohazard label to be affixed to the bag. Contaminated laundry will be handled as little as possible with a minimum of agitation. Contaminated laundry will be containerized in the area of use and will not be sorted or rinsed by any individual. Employees who have contact with contaminated laundry must wear gloves and other appropriate personal protective equipment, as deemed necessary for the safe handling of this laundry.

**G. Personal Protective Equipment**

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If occupational exposure still exists after the institution of engineering and work practice controls, the supervisor will provide appropriate personal protective equipment such as, but not limited to, latex gloves, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious material to pass through or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The supervisor is responsible for ensuring that employees use personal protective equipment unless the supervisor can show that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgement that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When an employee makes this judgment, the circumstances will be investigated and documented on the *Incident Investigation* form in order to determine whether changes can be instituted to prevent such occurrences in the future. The supervisor will ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, powderless gloves, or other alternatives will be readily accessible to employees who are allergic to latex gloves. The supervisor will dispose of personal protective equipment that becomes contaminated with blood or other potentially infectious materials if it cannot be readily decontaminated.

### H. Training

The Department Director and the Safety Officer shall ensure that all employees who have occupational exposure will participate in a training program on bloodborne pathogens. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter. The training program will contain the following:

1. A copy and an explanation of the Cal/OSHA Bloodborne Pathogen Standard;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the City’s exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
8. An explanation for the basis for selection of personal protective equipment;
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety,



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method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge to employees whose jobs have been determined to have occupational exposure;

10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and the procedure for recording the incident on the Sharps Injury Log;
12. Information on post-exposure evaluation and follow-up that the City is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required; and
14. An opportunity for interactive questions and answers with the trainer.

Training records will include the following information:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and,
4. The names and job titles of all employees attending the training sessions

**I. Medical Records**

The City will establish and maintain an accurate record for each employee with occupational exposure. This record will include:

1. The name and social security number of the employee;
2. A copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive a vaccination;
3. A copy of all results of examinations, medical testing, and follow-up procedures;
4. The City's copy of the healthcare professional's written opinion; and
5. A copy of the information provided to the healthcare professional.

All medical records will be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace. All medical records shall be maintained for at least the duration of employment plus 30 years.

**J. Labels**

Warning labels shall appear as shown below, and will be orange-red or fluorescent orange with lettering and contrasting color.

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**BIOHAZARD**

Labels and signs will be posted on refrigerators or freezers containing potentially infectious materials, any container used to store, transport, or ship potentially infectious materials, and contaminated equipment sent for repair or maintenance.

**K. Hepatitis B Vaccination**

It is the policy of the City to provide, at no cost, the Hepatitis B vaccine series to all employees whose jobs have a potential exposure to blood or other potentially infectious materials. These jobs are identified under Section A – Exposure Determination of this policy. In addition, any employee who has an exposure shall receive the appropriate medical care, which may include the Hepatitis B vaccine, under workers' compensation. The following steps shall be taken when an employee has been identified as having potential exposure to blood or other potentially infectious materials:

1. Unless an employee has already received the medical vaccination or medical contraindications exist, he/she will receive the first series of the vaccine within 10 days of the first day of employment.
2. A copy of the City's Bloodborne Pathogens Policy will be provided to the healthcare professional responsible for administering the vaccine and to the physician providing care, post-exposure.
3. Employees requiring vaccination will be given the *Recombivax – HB* fact sheet, which must be signed and returned to the Human Resources Department before the vaccination series may be started.
4. All employees who refuse to be vaccinated, for whatever reason, must sign the *Declination Form*. This form will also be retained by the Human Resources Department. If the employee, at a later date, decides to have the vaccine, it will be provided at no cost.
5. If, in the future, the U.S. Public Health Service deems a booster is necessary for vaccinated individuals, it will be made available at no cost to the employee.

**VII. ACTION**

This revised Policy is effective 2/2/07.



## SHARPS INJURY LOG

Name of Exposed Employee: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date & Time of Exposure Incident: \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Phone number/extension: \_\_\_\_\_

Identify sharp involved:  
(if known)

Type: \_\_\_\_\_

Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Body part affected (check all that apply):

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Finger      | <input type="checkbox"/> Face/head |
| <input type="checkbox"/> Hand        | <input type="checkbox"/> Torso     |
| <input type="checkbox"/> Arm         | <input type="checkbox"/> Leg       |
| <input type="checkbox"/> Other _____ |                                    |

Description of the exposure incident:

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Exposed Employee: In your opinion, could the injury have been prevented through engineering, administrative, or work practice controls?

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_