

<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	
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**I. PURPOSE**

The purpose of this exposure control plan is to eliminate and/or minimize our employees' exposure to blood, certain other bodily fluids or other potentially infectious materials.

**II. POLICY**

It is the policy of the City of Appleton to follow the Federal (OSHA) and State (WI DSPS – Department of Safety and Professional Services) Bloodborne Pathogens Standards found in both 29 CFR 1910.1030 and WI DSPS 332.15 / 332.50. Violations of this city policy will be subject to disciplinary action, up to and including discharge.

**III. APPLICATION**

This Exposure Control Plan (ECP) applies to all City of Appleton employees who are engaged in workplace activities that may involve exposures to blood or other bodily fluids.

**IV. DEFINITIONS**

- A. Bloodborne Pathogens (BBP) – pathogenic microorganisms that are present in human blood and cause disease in humans. Examples include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- B. Engineering Controls – control measures (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- C. Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin or parenteral/percutaneous contact (piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions) with blood or other potentially infectious materials that results from the performance of an employee's work duties.
- D. Occupational Exposure – a reasonably anticipated skin, eye, mucous membrane, or parenteral contact (e.g., needlestick, etc.) with blood or other potentially infectious materials that may result from the performance of an employee's work duties.

- E. OPIM (Other Potentially Infectious Materials) – any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV-or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, or organs, or other tissues from experimental animals infected with HIV or HBV.
- F. Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- G. Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items which are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.
- H. 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 and other bloodborne pathogens.
- I. Workplace or Administrative Controls – controls that reduce the likelihood of exposure by altering the way a task is performed (i.e. prohibiting recapping of needles by a two-handed technique).

V. PROCEDURES

SECTION I

- A. Program Administration: The Human Resources Department is responsible for the implementation of this exposure control plan (ECP) which includes the following:
  - Maintaining, reviewing and updating the ECP at least annually as required, and whenever necessary to include new or modified tasks and procedures and to reflect new or revised employee positions with an occupational exposure to blood borne pathogens,
  - Providing the hepatitis B vaccine under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents,
  - Ensuring that all medical actions required by the Bloodborne Pathogens standard are performed and that appropriate OSHA records are maintained, and
  - Providing or coordinating initial and annual training, documenting this training and making this written ECP available to employees as required.

Each applicable department will be responsible for the following:

- Providing and maintaining all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, etc. as required by the bloodborne pathogen standard, and
- Ensuring that adequate supplies and PPE is available in the appropriate sizes.

Employees who are determined to have an occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in

this ECP. Employees are also responsible for immediately reporting all exposure incidents to their supervisor.

**SECTION II**

A. Exposure Determination: The following is a list of job classifications in which all (Class I) or some (Class II) employees at the City of Appleton have an occupational exposure to bloodborne pathogens. Class III - All other City employees not listed under Class I and II fall under this category. These employees (Class III) do not have an occupational exposure to bloodborne pathogens but will receive general bloodborne pathogens training during New Employee Orientation. Below is a list of tasks/procedures in which occupational exposure may occur for Class I and Class II employees through the course of performing their essential work functions:

<b>BBP Classification</b>	<b>Employee Job Title</b>	<b>Tasks / Procedures</b>
Class I	Sworn Police Officers and Community Service Officers	Officers using defense and arrest tactics
Class I	Firefighters	Extricating injured individuals, blind search in fire and acting as first responders
Class I	Registered Nurses	Finger Stick
Class I	Lifeguards	First Aid / Rescue
Class I	DPW: Sewer Crew	
Class II	Public Works: (Parking Maintenance Supervisor, Technician, and Custodian)	Clean-up in ramps
Class II	Library: Group Supervisor and Maintenance Workers	Cleans library and public restrooms
Class II	Valley Transit: Utility Person	Cleans bathrooms and buses
Class II	Valley Transit: Operations Supervisor, Maintenance Supervisor and Assistant General Manager	Responds to accident scenes
Class II	Valley Transit: Mechanic	Acts as Utility Person in the evening
Class II	Health Department: Clerical Staff and Sanitarian	Assists at immunization clinics
Class II	Parks and Recreation: Recreation Staff	Provides first aid
Class II	Parks and Recreation Park Caretaker	Cleans up spills at various park facilities and cleans public bathrooms
Class II	Wastewater: Lab Personnel, Wastewater Plant Operators, Relief Operators, Solids Operators and Maintenance Specialists	
Class II	DPW: Construction/Maintenance Personnel	
Class II	Facilities Management: Facilities Manager, Carpenter/Painter, Facilities Control Technician, HVAC Technician/Pipefitter, Master Electrician, Plumber, and Facilities Specialist	

**SECTION III**

A. Methods of Implementation and Control:

1. Universal Precautions: All employees will utilize universal precautions (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
2. Exposure Control Plan: Employees who have an occupational exposure to bloodborne pathogens will receive training on this ECP initially and annually. All employees can review this plan at any time during their work shifts through either the city's on-line policy manual or by contacting the Human Resources Department.
3. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment will be used. Each applicable department is responsible for inspecting and maintaining these control measures. Examples of these controls include, but are not limited to, the following:
  - a. Sharps containers
  - b. Biohazard bags and labels
  - c. Forceps or other devices to pick up sharps and broken glass
  - d. Bio-safety kits at pools
  - e. Safe needle devices
  - f. Body fluid spill kits (located in each City facility)
  - g. Safe resuscitation devices
  - h. Retractable lancets and syringes
  - i. Liquid treatment systems (isolizer crystals)
  - j. Hand washing facilities are available for employees that have an exposure to blood or OPIM. Employees working in the field will be issued protective equipment along with hand sanitizer.
  - k. In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees must not eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, on shelves, in cabinets or on counter tops and bench tops where blood or OPIM is present.
4. Body Fluid Clean-up and Decontamination Procedures – The following employees are responsible for ensuring that equipment, which has been contaminated with blood or OPIM, shall be cleaned and decontaminated as necessary:
  - a. Water – Water Operations Supervisor
  - b. Fire – Training / Safety Officer, Company Officers
  - c. Police – CSO Operations Coordinator (or Designee) or Contracted Cleaning Service
  - d. Health – Public Health Nurses
  - e. PRFM Pools – On-Duty Managers
  - f. DPW – Safety Coordinator
  - g. Wastewater – Wastewater Operations Supervisor

The following are suggested steps to take to protect employees while cleaning areas or equipment contaminated with blood or OPIM:

1. Secure the area and evaluate the clean-up situation. The goal of securing the area is to prevent further contamination of the area.
2. Locate and open the body fluid spill kit.

3. Put on the appropriate PPE and determine the equipment and supplies that will be used to clean-up.
4. Broken glass and other sharp items which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as with forceps, pliers, etc.
5. Wipe the soiled area(s) with paper towel and absorbent materials from the body fluid spill kit and place these soiled materials into a biohazard bag.
6. The key is to decontaminate all exposed surfaces, tools and equipment. Leave the disinfectant in place for at least 10 minutes. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or OPIM will be cleaned and decontaminated immediately or as soon as feasible.
7. Carefully remove gloves.
8. Dispose of all materials that could not be disinfected into a biohazard bag, seal the bag and properly dispose of it. See Section IV on regulated medical waste for more information.
9. Employee should wash their hands and all other potentially exposed skin areas.

Departments will be responsible for the clean-up and decontamination of areas as listed below (see Exhibit II for the general body fluid clean-up and decontamination procedures):

- Incidents in parking ramps, park settings and City-owned buildings will be the responsibility of the department of jurisdiction. For example:
    - Parking ramps, streets and communal sidewalks are the responsibility of DPW,
    - Parks are the responsibility of the Parks, Recreation and Facilities Management Department (PRFM) and
    - City buildings and associated property (e.g., related sidewalks) are the responsibility of the Parks, Recreation and Facilities Management Department (PRFM), etc.
  - Incidents involving public safety response will be handled as follows:
    - Incidents that occur within an owner occupied or rental properties will be the responsibility of the victim, guardian, or owner of the property. Questions from property owners should be referred to the Health Department. Owners may want to contact a property restoration company for proper clean-up and decontamination.
    - Incidents on public property that cannot be cleaned up/decontaminated with a single body fluid clean-up kit and an incident that the Fire Department would not normally respond to; the Police Department can request assistance from either a contractor or from DPW. During the hours of 7:00 AM to 3:00 PM, contact the DPW Operations Division at 832-5580. During off-hours, call dispatch; reference DPW emergency call list, Operations Division.
  - Incidents involving hazardous materials (e.g., car accident with spilled automotive fluids) where the Fire Department is responding to will be the responsibility of the Fire Department.
5. Personal Protective Equipment (PPE) is provided to City employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The types of PPE provided by the City includes but is not limited to the following: disposable gloves,

re-usable (utility) gloves, eye and face protection (goggle/glasses) and clothing (e.g., TYVEK coveralls). The following is a list of City facilities and the person responsible for ensuring the appropriate PPE is available:

<b>City Facility</b>	<b>PPE Used By / For</b>	<b>Person Responsible for Availability of PPE</b>
Pools	Lifeguards	Recreation Program Supervisor
Fire	Firefighters	Battalion Chief / Training Officer
City Hall - Health	Nurses	Nurses and Environmental Supervisor
Police	Officers	Operations Coordinator
City Hall - Other	First Aid / Bodily Fluid Spill Kit	HR Generalist
Municipal Garage	First Aid / Bodily Fluid Spill Kit	DPW Safety Coordinator
Parks and Recreation	First Aid / Bodily Fluid Spill Kit	Operations Supervisor and Recreation Program Supervisor
Library	First Aid / Bodily Fluid Spill Kit	Business Manager
Water	First Aid / Bodily Fluid Spill Kit	Water Operations Supervisor
Wastewater	First Aid / Bodily Fluid Spill Kit	Wastewater Operations Supervisor
Valley Transit	First Aid / Bodily Fluid Spill Kit	Maintenance Supervisor

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area in such a way as to avoid contact with its outer surface area.
- PPE will be cleaned, laundered, replaced or disposed of by the City at no cost to the employee(s). When reusable PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing and decontamination.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces. Do not use gloves if torn, punctured or if their ability to function as a barrier is compromised. Never wash or decontaminate disposable gloves for reuse. Utility gloves may be decontaminated for re-use provided the integrity of the glove is not compromised.
- Wear appropriate face and eye protection when splashes, sprays, splatters or droplets of blood or OPIM pose a hazard to the eyes, nose or mouth.
- Protective clothing such as, but not limited to, gowns, coveralls, aprons or other body wear shall be worn in, but not limited to, the following situations:
  - Pools – lifeguards when administering first aid, and
  - Police – when investigating a scene where there is a large amount of body fluid present.

**SECTION IV - REGULATED WASTE DISPOSAL (See Exhibit II for additional information)**

**A. Disposable Sharps (considered a regulated waste):**

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on the sides and bottom and labeled or color-coded.

2. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (Health Department and various City restrooms).
3. The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overflow. Maintenance staff and/or a contracted cleaning service will monitor the need to empty the containers in public restrooms.
4. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
5. The container shall be placed in a secondary container if leakage of the primary container is possible. The secondary container shall be closable, constructed to contain all contents and prevent leakage during handling, storage and transport or shipping. The secondary container shall be labeled or color-coded to identify its contents.
6. Reusable containers shall not be opened, emptied or cleaned manually or in any other manner that would expose employees to the risk of injury.

B. Other Regulated Waste:

1. Other regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.
2. The waste container must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
3. Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations (the DNR is the controlling agency in Wisconsin). The City of Appleton contracts with the following company for its disposal of all generated regulated waste (including sharps):

LRI  
Medical Waste Disposal  
P.O. Box 12027  
Green Bay, WI 54307  
Telephone: 920-490-1954  
Fax: 920-592-1161

C. Laundry Procedures

1. Laundry contaminated with blood or other potentially infectious materials must be handled as little as possible with minimal agitation. Such laundry will be placed in appropriately marked biohazard labeled bags or containers. The proper PPE must be worn when handling and/or sorting contaminated laundry. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the

- bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
2. The City of Appleton contracts with Gunderson Cleaners, 200 West Wisconsin Avenue (this location only) to handle any contaminated laundry.
  3. The Fire Department may utilize laundry facilities on site to clean any contaminated laundry.

D. Labeling

Another method to prevent potential exposure to bloodborne pathogens is through communication which includes labels and signs. All regulated medical wastes must be labeled in accordance with applicable regulations for biohazard wastes. If the material is not considered regulated medical waste, it can be disposed of in an unlabeled bag and discarded in the normal trash. Any container that may store potentially infectious materials must be adequately labeled. Labels required by this section should include the following legend:



**BIOHAZARD**

SECTION V – HEPATITIS B VACCINATION

- A. The Human Resources Department will provide or coordinate training to applicable employees on the hepatitis B vaccination, addressing safety, benefits, efficacy, methods of administration and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;
- Antibody testing has revealed that the employee is immune;
- The vaccine is contraindicated for medical reasons.

Participation in a pre-screening program will not be a prerequisite for receiving the Hepatitis B vaccination.

- B. Employees who accept/decline the Hepatitis B vaccination that's offered must sign the Hepatitis B Vaccine Acceptance/Declination Form (see Exhibit III). Employees who decline this vaccination initially may request it later, at no cost, if they have an occupational exposure to bloodborne pathogens. A copy of this completed consent form will be retained by the Human Resources Department.

SECTION VI – POST EXPOSURE EVALUATION AND FOLLOW UP



- A. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, contact with blood or OPIM. Should an exposure incident occur, an affected employee must immediately report it to their supervisor. The employee and supervisor will in turn complete the “Bloodborne Pathogen Exposure Packet” (see Exhibit V) which includes implementing initial first aid measures (cleaning the wound site, flushing eyes or other mucous membranes, showering, etc.) and making available an immediate confidential medical evaluation (within 48 hours of the exposure incident). All exposure incidents must be documented using the reporting forms contained in the City’s Accident Reporting and Investigation Policy.
- B. The initial confidential medical evaluation/follow-up will include the following:
1. Description of the employee’s job duties relevant to the exposure incident, document the route of exposure, review of relevant employee medical records including vaccination status, and the circumstances under which the exposure incident occurred.
  2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
  3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; document the source individual’s test results were conveyed to the employee’s health care provider. If consent is not obtained from the source individual, the health care professional shall inform the exposed employee. NOTE: If the source is known to be infectious for HIV, HCV or HBV, testing need not be repeated to determine the known infectivity.
  4. Results of the source individual’s testing shall be made available to the exposed employee. The employee shall also be informed about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
  5. If necessary and after obtaining consent, the medical provider will collect the exposed employee’s blood as soon as feasible after the exposure incident, and will test this blood for HBV, HCV, and HIV serological status. If the employees does not give consent for HIV serological testing during collection of blood for baseline, the medical provider should preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, the medical provider will perform testing on this blood sample as soon as feasible.
  6. The Human Resources Department will provide the affected employee with a copy of the evaluating health care professional written opinion within 15 days after completion of the evaluation. The written opinion will be limited to whether the hepatitis B vaccination is needed for an employee and if further evaluation or treatment is needed. All other findings or diagnosis must remain confidential and will not be included in this report.

## SECTION VII - EMPLOYEE TRAINING & RECORD-KEEPING

### A. Employee Training

All employees who have an occupational exposure to bloodborne pathogens will receive initial and annual training conducted by or coordinated by the Human Resources Department. All

employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and modes of transmission of bloodborne pathogen diseases. In addition, the training program must cover, at a minimum, the following elements:

- How to access a copy and provide an explanation of the contents of the OSHA bloodborne pathogen standard.
- An explanation of the ECP and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices and PPE.
- An explanation of the types, uses, locations, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine will be offered free of charge.
- Information on the appropriate actions to take and person to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels used by the City.
- An opportunity for interactive questions and answers with the person conducting the training session.

## B. Record-Keeping

1. Training records are completed for each employee upon conclusion of training. These documents will be kept for at least three years in the Human Resources Department. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Human Resources. Training records will include the following information:
  - a. The date(s) of the training sessions.
  - b. The contents or a summary of the training sessions.
  - c. The names and qualifications of persons conducting the training.
  - d. The names and job titles of all persons attending the training sessions.

Note: A copy of the City's Blood Borne Pathogen Policy and an overview of the City's Blood Borne Pathogen Policy (Exhibit I) are distributed during new employee orientation.

2. Medical records (such as completed hepatitis B vaccination intent/declination forms) are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The Human Resources Department is responsible for the retention of these required medical records. These confidential records are kept in the Human Resources Department for at least the duration of employment plus 30 years. Employee medical records are provided upon

request of the employee or to anyone having written consent of the employee within 15 working days. Such request should be sent to Human Resources.

3. OSHA / WI DSPS Record-Keeping

Exposure incidents are evaluated to determine if it meets OSHA's / WI DSPS's required record-keeping requirements (e.g., OSHA 300 log). This evaluation and any recording activities are done by Human Resources.

4. Sharps Injury Report

A needlestick/sharps injury report shall be maintained by Human Resources (see Exhibit IV) according to the Needlestick Safety and Prevention Act. The report(s) shall be retained for a minimum of five years from the date of exposure.

Page 4

- ◆ Blood
- ◆ Semen
- ◆ Vaginal secretions
- ◆ Cerebrospinal fluid
- ◆ Synovial fluid
- ◆ Pleural fluid
- ◆ Peritoneal fluid
- ◆ Pericardial fluid
- ◆ Amniotic fluid

Body fluids that do NOT pose a risk of bloodborne pathogen transmission unless visibly contaminated with blood include:

- ◆ Urine
- ◆ Saliva
- ◆ Nonpurulent sputum
- ◆ Stool
- ◆ Emesis
- ◆ Nasal Discharge
- ◆ Tears
- ◆ Sweat

Under Wisconsin Statutes s. 252.15(1)(em), "significantly exposed" means sustained a contact which carries a potential for a transmission of HIV, by one or more of the following:

1. Transmission into a body orifice or onto mucous membrane of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
2. Exchange during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

### Factors to Consider in assessing the need for follow-up:

#### Type of exposure

- Percutaneous injury
- Mucous membrane exposure
- Nonintact skin exposure
- Bites resulting in blood exposure to either person involved

#### Type and amount of fluid/tissue

- Blood
- Fluids containing blood
- Potentially infectious fluid or tissue
- Direct contact with concentrated virus

### Resources

You may also wish to seek further counseling at the AIDS Resource Center of Wisconsin, 103 E Washington, Appleton, 733-2068.

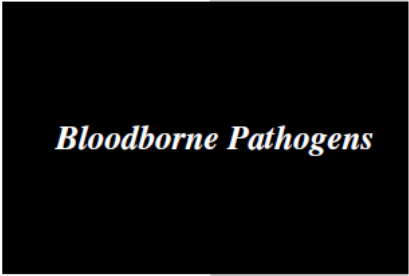
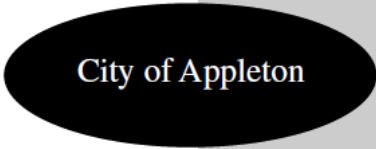
If you have questions or concerns, please contact the City of Appleton Human Resources Department at 832-6458.

General questions can be directed at ThedaCare on Call (24-hour Service)

(920) 830-6877  
(800) 236-2236



City of Appleton  
Human Resources Department  
100 N. Appleton Street  
Appleton, WI 54911-4799  
(920) 832-6458  
Fax: (920) 832-5845  
Email: [humanresources@appleton.org](mailto:humanresources@appleton.org)  
Website: <http://www.appleton.org>  
Equal Opportunity Employer



## Employee Information

After a possible occupational exposure to blood or other potentially infectious material, you are likely to be upset, concerned and confused.

These feelings are natural and it is important that you are well informed about what treatment options are available. This summary provides you with important information pertaining to options that are available to you following an occupational exposure.

You are encouraged to carefully review this information with the supervisor investigating the exposure, as well as with any medical personnel who may be providing treatment. Refer to the City of Appleton Bloodborne Pathogen Exposure policy for more information.

### Treat Exposure Site

- ◆ Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure
- ◆ Flush exposed mucous membranes with water
- ◆ Flush exposed eyes with water or saline solution
- ◆ Do NOT apply caustic agents, or inject antiseptics or disinfectants into the wound

### Notify a Supervisor

Immediately contact a supervisor. The supervisor will assist you with completing a City of Appleton Accident Investigation report, an exposure report, and obtaining medical care. The supervisor may be asked to assist the occupational health services in contacting the source

individual and obtaining consent to have a blood sample drawn for testing. If the source case is hospitalized, the occupational health services will assist in the source contact. The City will cover the cost of testing if necessary. If the source individual refuses testing, contact the Assistant City Attorney to obtain a judicial order to obtain a sample if possible.

### Medical Follow up

All exposures to blood or other potentially infectious materials require medical follow-up. Follow-up with the occupational health provider should take place as soon as possible. Follow-up care should be sought at the ER/ Hospital where source individual is treated.

#### Suggested Health Care Providers

**Theicare at Work**, M-F 8:00 a.m.-4:30 p.m., 2809 N Park Drive Lane, Appleton, (920) 380-4999

**Appleton Medical Center Emergency Room** (after hours), 1818 North Meade Street, (920) 738-6300, 24 hours a day

**Affinity Occupational Health**, M-F 7:30 a.m.-4:30 p.m., 1186 Appleton Road, Menasha, (920) 727-8700

**St. Elizabeth Emergency Room** (after hours), 1506 South Oneida, (920) 738-2000, 24 hours a day

Within 10 days of the possible occupational exposure you will receive a phone call from Theicare at Work or Affinity Occupational Health Systems to schedule an appointment to discuss your test results. Don't be alarmed, medical care providers are not allowed to provide you with the test results over the telephone. The test results of the source individual can only be released to the exposed individual. However, please keep in mind that these test results must be kept confidential as determined by State law.

Did You Receive a Hepatitis B Vaccination? If you received the Hepatitis B vaccination series and a follow-up Hepatitis Titer test indicated a sufficient level of Titer, you will have greatly reduced the probability of contracting Hepatitis B from the exposure. Even though you may have had the Hepatitis series, you should speak to medical personnel about the benefits of receiving a Hepatitis booster following an exposure. If you did not receive the Hepatitis B vaccination series, then you will need to speak to the examining physician about the benefits and risks associated with receiving a shot known as HBIG (Hepatitis B Immune Globulin). This vaccine is made from blood products and is designed to provide you with immediate protection to Hepatitis and a variety of other communicable diseases. It will not provide you with any permanent immunity or immunity to the HIV virus. It will then be recommended that you begin the Hepatitis B series vaccination.

It is important that you understand that the most important response following any exposure is to immediately clean the exposure sites. The physician will evaluate the probability that an exposure actually occurred, as well as discuss the risk factors of the source person. The physician will discuss treatment options and follow-up procedures and what precautions you may need to consider before the results of the tests are available.

### General Information

The exposure should be evaluated for potential to transmit HBV (*hepatitis B virus*), HCV (*hepatitis C virus*), or HIV (*human immunodeficiency virus*) based on the type of body substance involved, the route, and severity of exposure.

Significant exposures to any of the following may pose a risk for bloodborne pathogen transmission and require further evaluation:

**Body Fluid Clean-up, Decontamination and Handling Procedures – City of Appleton**

The Parks, Recreation and Facilities Management Department is responsible for coordination of proper clean-up and disposal of bodily fluid spills within the following City facilities: City Hall (and related sidewalks), Parks and Recreation, Police Department, Fire Stations, Valley Transit Center, Water Distribution, Water Filtration, Wastewater Plant, Municipal Service Building, Parks, Trails and Pavilions. City Parking ramps, streets and communal sidewalks are the responsibility of DPW.

Incidents involving public safety response will be handled under the procedures listed in See Exhibit VI in this policy. Incidents involving the police station (e.g., suspect apprehension), outside of private residences such as on driveways, sidewalks and other hard surfaces will be the responsibility of the Police Department. Incidents involving hazardous materials (e.g., car accidents with spilled automotive fluids) which the Fire Department is responding to will be the responsibility of the Fire Department.

In limited situations, the City of Appleton has contracted with the following companies to clean up bodily fluid/blood spills (employees should check with their supervisor on which situations a contractor may be used):

- Parks, Recreation and Facilities Management: Clean Power (Contact: Jodi Soufal at 920-470-4044 or Clean Power's Call Center at 651-641-1717).
- DPW Parking Division: Clean Power (Contact: Jodi Soufal at 920-470-4044 or Clean Power's Call Center at 651-641-1717).
- Valley Transit (Transit Center and Valley Transit Offices): Clean Power (Contact: Jodi Soufal at 920-470-4044 or Clean Power's Call Center at 651-641-1717).
- Library: Clean Power (Contact: Jodi Soufal at 920-470-4044 or Clean Power's Call Center at 651-641-1717).
- Police: (Contact either Servpro of Appleton 24/7 at 920-832-1110 or CJ Synder at 414-507-7528)

**General Blood / Bodily Fluid Clean-up Procedures for City Personnel:**

The following procedures apply to the following types of materials: body parts/matter and blood or bodily fluid (except urine, stool or vomit) saturated materials that are drippable, pourable or squeezable. Feminine hygiene products (pads) may be disposed of in a Ziploc bag and thrown in the regular trash or flushed (tampons).

1. All city locations have small bodily fluid spill kits available for use. More complete/larger bodily fluid spill clean-up kits are available at the Wastewater Plant (located in the first aid room in S building) and the Police Department (located in the lower level supply room).
2. Secure the area (block off the area using barricade tape, floor signs, cones, marked buckets, etc.) and evaluate the clean-up situation. If applicable, prior to securing the area, notify the officer in charge (for public safety response incidents) that you are there to clean up the biohazard spill. The goal of securing the area is to prevent further contamination of the area.
3. Put on the appropriate personal protective equipment (e.g., latex free or nitrile gloves, rubber gloves, face shield, eye protection, rubber boots, protective outer wear, etc.).

4. Broken glass or other sharp items which may be contaminated shall not be picked up directly with the hands. Collect these items up using mechanical means, such as with forceps, pliers, etc. Contaminated sharp items shall be placed in an appropriate puncture resistant container (with biohazard symbol on it).
5. Spray the affected area with a germicidal spray solution or a 2% bleach/water mixture to disinfect the area. Allow specified “kill time” for solution to work (at least 10 minutes) before adding crystal coagulant (liquid treatment crystals will be used to solidify the blood/bodily fluid spill). In situations where the spill has dried, a disinfecting solution (germicidal spray solution or bleach/water mixture) will be applied on the spill prior to the use of the liquid treatment crystals. Do not use bleach solution on carpet areas.
6. Once the bodily fluid/blood spill has been absorbed by the liquid treatment crystals, pick up the material using a small scoop, plastic dustpan, shovel, etc. Place this material into a red biohazard bag and seal. Note: Liquids fully contained (not drippable, squeezable or pourable) with the use of the liquid treatment crystals and do not contain body parts or contaminated sharps can be discarded along with the normal garbage (place in garbage bags). If body parts are present, place these materials in red biohazards bags and seal.
7. Spray the affected area(s) once again with germicidal spray solution or bleach/water mixture. Keep this disinfectant solution on the affected area for another 10 minutes. Wipe up excess disinfectant solution using disposable cloths. Place the cloths in red biohazard bags. Each bag containing biohazard waste must be tied and placed within another biohazard bag. Place the double-bagged waste into a red biohazard bucket.
8. Disposable equipment should be placed in red biohazard bags. Use larger bags for large pieces of equipment. Any re-usable equipment used in the clean-up procedure (brooms, shovels, pails, plastic dustpans, forceps, pliers, brushes, etc.) needs to be disinfected and allowed to air dry. If it is felt that equipment is too contaminated to re-use, dispose of in large red biohazard bags.
9. Remove gloves and any other personal protective equipment into the red biohazard bucket and seal completely. Employees should follow the proper procedures for the removal of personal protective equipment so as not to contaminate themselves or other surfaces. Employees should thoroughly wash hands and all other potentially exposed skin areas with soap and water or use hand sanitizer if a sink or wash station is not readily available.
10. Biohazard Waste Disposal: Either notify the appropriate supervisor that the spill has been contained and pick-up is necessary or transport the waste directly. When transporting the waste, the portion of the vehicle where the infectious waste is contained shall be completely enclosed to prevent littering, spillage or leakage. This enclosed portion should be leak resistant, if necessary, considering the type of waste and its moisture content. The supervisor will handle the waste according to the regulated waste disposal policy information. If the material is determined not to be a putrescible waste (solid waste which contains organic matter capable of being decomposed by microorganisms and of such a character and proportions as to be capable of support a vector population or attracting or providing

food for birds), then it may be brought to the City Hall disposal site (6<sup>th</sup> floor Health Department archives area). If the material is determined to be putrescible waste, it should be taken and put into the refrigerated area at Fire Station #1. Notify the Health Department about the bodily fluid clean-up event as soon as possible.

- a. For Parks, Recreation and Facilities Management: If the blood/bodily fluid spill occurs during weekend hours of operation, follow the necessary steps to contain the cleaned materials: place the biohazard containers (with waste materials) in a locked cabinet. Notify the necessary individuals Monday morning to arrange for its disposal.
- b. For Library: Notify the Business Manager that a clean-up has been contained. Place the biohazard bucket in a locked custodial supply closet until it can be delivered to the drop off location at either the City Hall (6<sup>th</sup> floor Health Department archives area) or if needed, Fire Station #1 (refrigerator).
- c. For Valley Transit: Notify supervisor of the incident and the need to dispose of the biohazard bags. A supervisor will transport the biohazard bags to the drop off location at either City Hall (6<sup>th</sup> floor Health Department archives area) or if needed, Fire Station #1 (refrigerator).

11. Restock clean-up kits, waste removal carts, etc. of any materials that were used during blood/bodily fluid clean-up, if necessary.



**Hepatitis B Vaccination Intent / Declination Form  
(For Class 1 and Class 2 Employees Only)**

**Employee Name:** \_\_\_\_\_

**Job Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Bloodborne Pathogen Classification (Circle One): (Class 1 or Class 2)**

Each City of Appleton employee is assigned to a classification based on the employee’s risk to blood or other potentially infectious materials while performing work duties. Those in Classes 1 and 2 (including your position) have a higher likelihood of exposure and may opt to receive a preventative vaccination at the City’s expense. Please refer to the CDC’s (Center for Disease and Control) Hepatitis B Vaccination Fact Sheet for more information regarding this vaccine.

Please review the choices below. Indicate the option that is appropriate for you by marking the corresponding box (CHOOSE ONE), then sign below.

- I have already received a completed series of three doses of the Hepatitis B Vaccine. You can check your prior immunization records here: <https://www.dhfswir.org/PR/clientSearch.do?language=en>.
- I intend to receive the Hepatitis B Vaccine. I understand there is no charge to me for this service. I further understand that my failure to follow through with arrangements for this vaccine constitutes a waiver as indicated in the section option below.
- I decline any doses of the Hepatitis B Vaccine at this time. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, at no charge to me. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have an occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me. I further understand that if I feel I need more information regarding the Hepatitis B vaccine, I can receive this information from the City’s Health Department.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Hepatitis B Vaccine:

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Hepatitis B vaccine** can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

### 2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

**Children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults**:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

Hepatitis B vaccine may be given at the same time as other vaccines.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

### 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

### 4 Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

### 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

### 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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Vaccine Information Statement (Interim)  
**Hepatitis B Vaccine**



Office use only

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8/15/2019 | 42 U.S.C. § 300aa-26

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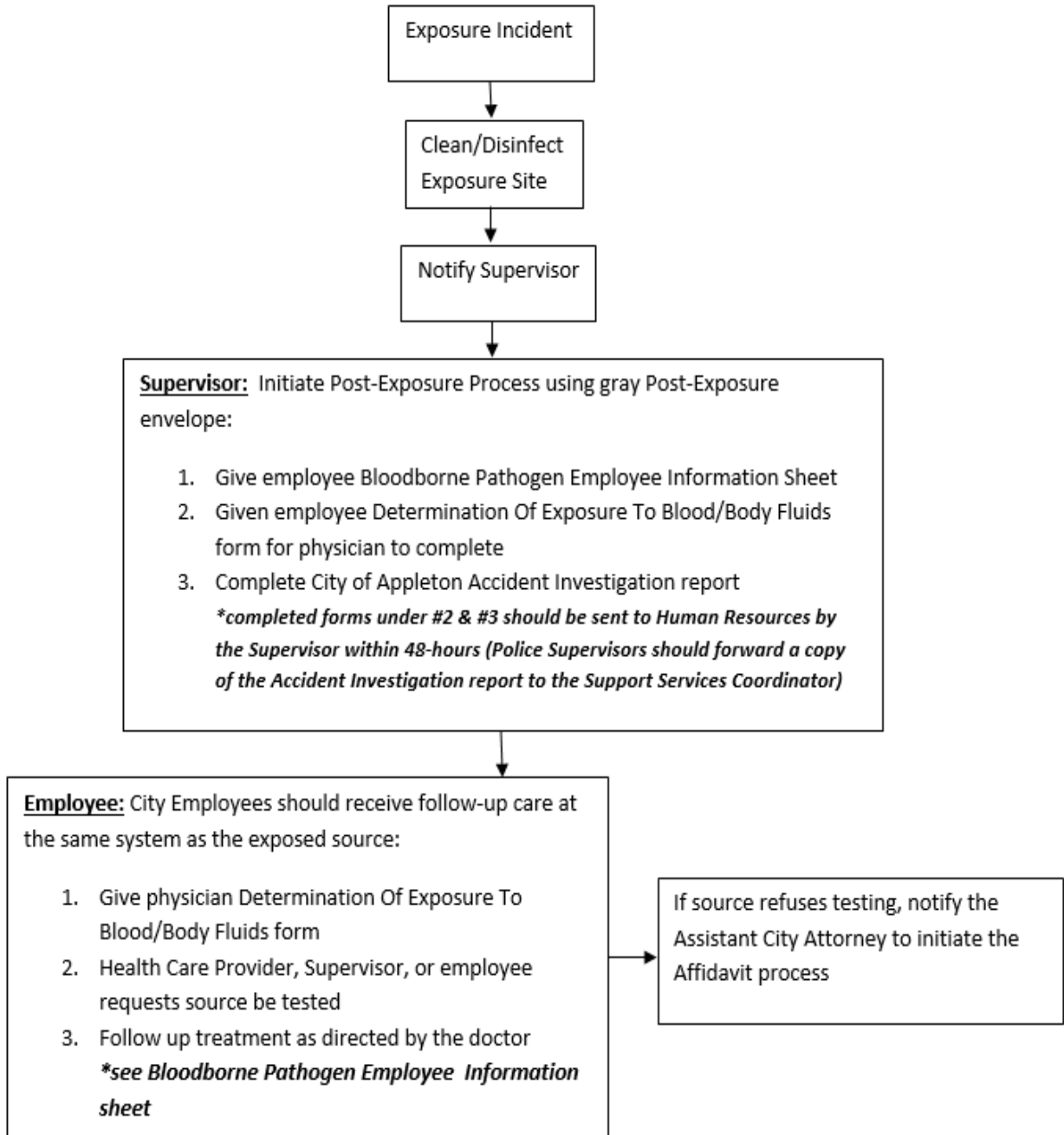
## Sharps/Needlestick Injury Report

As part of our Exposure Control Plan, exposures involving contaminated sharps will be documented using this report. This will be included in the City’s evaluation and selection of safer sharps and will be maintained for five years. Injuries will be documented and treated according to our post evaluation and follow-up policy.

Employee exposed (name, department and job position):		Corresponding OSHA 300 Log #:
Date and time of needlestick or contact with Sharp:	Location of incident:	
Affected body part(s):	Procedure being performed at time of exposure:	
Describe how the incident occurred: <input type="checkbox"/> Agitated Patient / Hostile Patient <input type="checkbox"/> Emptying or handling sharps container <input type="checkbox"/> During disposal of sharp/needle <input type="checkbox"/> Re-sheathing of sharp/needle <input type="checkbox"/> Other: _____ _____ _____		
Sharps information if known (Type, Brand Model, etc.):	Was the Sharp contaminated with another person’s blood?	
Was appropriate training provided on the use of the Sharp (if known):		
What do you think could have been done to prevent this injury?		
Form completed by:		Date completed:

### BLOODBORNE PATHOGEN

#### EXPOSURE PACKET



## **Blood/Body Fluids Clean-Up**

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### **Incidents Involving Public Safety Response**

#### **Owner Occupied or Rental Property Incidents**

Incidents that occur within an owner occupied or rental property will typically be the responsibility of the victim, guardian, or owner of the property.

#### *Process*

1. Provide the owner/responsible party with information for contracted services and/or inform the owner of their responsibility to clean the property. The City Health Department may be able to assist the owner with questions.
2. If emergency responders are not able to reach an owner, it will be at the discretion of APD or AFD to call a "contracted service". The current contracted service provider is ServPro of Appleton 24/7. Contact ServPro at (920) 832-1110 or CJ Snyder at (414) 507-7258.

#### **Public Property Incidents**

For incidents on public property that cannot be cleaned up/decontaminated with a single body fluid clean-up kit (larger than 2 feet x 2 feet) incident command from APD/AFD can request assistance from:

1. Servpro of Appleton 24/7 at (920) 832-1110 or CJ Snyder at (414) 507-7258
2. DPW Sewer Crew Operations: If incident occurs during normal business hours, contact DPW's front desk at (920) 832-5580. For incidents after hours, follow the emergency notification process to contact the DPW supervisor that is on call.

#### **City-Owned Building Incidents**

Contact Clean Power (Jodi Soufal) at (920) 470-4044 or Clean Power's Call Center at (651) 641-1717.

