



City of Burlingame Corporation Yard

Exposure Control Plan

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8 CCR §5193(c)(1)(A) “Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure...”

1. PURPOSE

The purpose of this Exposure Control Plan is to:

- Eliminate or minimize occupational exposure to potential contagious diseases, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and any other potentially contagious pathogens that employees of the City of Burlingame Corporation Yard (herein referred to as “The Yard”) may encounter in their workplace.
- Comply with the intent of Cal/OSHA Bloodborne Pathogens/Sharps Injury Prevention Standard, Title 8, Chapter 4, subchapter 7, Article 100, Section 5193.

2. SCOPE

This Plan applies to the City of Burlingame Corporation Yard and its employees.

This plan applies to the potential for occupational exposure to blood or other potentially infectious materials (OPIM) as defined by Section 4.0 of this Plan. Since nobody is risk-free from HIV, HBV or other bloodborne disease infection, any employee who has occupational exposure to blood, OPIM, or any diseases that may be contagious through other routes of entry will be included within the scope of this standard.

3. REFERENCES

- California Code of Regulations, Title 8, General Industry Safety Orders, Section 5193 (8 CCR §5193), Bloodborne Pathogens.
- Federal Regulations, 64109-10 (1991) Federal Needlestick Safety and Prevention Law.
- 8 CCR §3204, Access to Employee Exposure and Medical Records.
- Centers for Disease Control (CDC)

4. DEFINITIONS

“**Blood**” means human blood, human blood components, and products made from human blood.

“**Bloodborne Pathogens**” While HBV and HIV are specifically identified in this plan, the term includes any pathogenic microorganism that is present in human blood or OPIM and can infect and cause disease in persons who are exposed to blood containing the pathogen. Pathogenic microorganisms can also cause diseases but are not limited to: hepatitis C (HCV), malaria, syphilis, babesiosis, brucellosis, relapsing fever, adult T-cell leukemia/lymphoma and viral hemorrhagic fever.

“**Chief**” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“**Contaminated**” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” means laundry, which has been soiled with blood or OPIM or may contain sharps.

“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 or item is rendered safe for handling, use or disposal.

“Engineering Controls” means controls that isolate or remove the bloodborne pathogens hazard from the workplace.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

“Hand-Washing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

“Hepatitis B (HBV)” means hepatitis B virus.

“HIV” means human immunodeficiency virus.

“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 (OPIM)” means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and 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.

“Personal Protective Equipment (PPE)” is specialized clothing or equipment worn or used by an employee for protection against a hazard.

“Regulated Waste” means liquid or semi-liquid blood or other potentially infectious materials (OPIM), or contaminated items that would release blood or other potentially infectious materials (OPIM) in a liquid or semi-liquid state if compressed.

“Universal Precautions” means all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

“Work Area” means the area where work involving exposure or potential exposure to blood or other potentially infectious materials (OPIM) exists, along with the potential contamination of surfaces.

“Work Practice Controls” means 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).

5. RESPONSIBILITIES

The Exposure Control Officer for the Yard has been determined to be:

Deputy Director of Public Works Operations

The Exposure Control Officer will be responsible for overall management and support of the Yard's Bloodborne Pathogens Compliance Plan (Plan). Activities that are delegated to the Exposure Control Officer typically include, but are not limited to:

- Know and understand legal and regulatory requirements concerning bloodborne pathogens, OPIM, and other contagions.
- The overall responsibility for implementation and administration of the Plan.
- Ensure that the Plan is maintained, reviewed at least annually and updated as required.
 - Work with management and solicit the active involvement of employees to develop, administer and update any additional bloodborne pathogen-related policies, procedures and practices needed to support the effective implementation of this Plan.
- Evaluate tasks and job descriptions to ensure that all potential exposure to bloodborne pathogens is included in the Plan and that proper controls are put into place to ensure protection for affected employees.
- Maintain records, to include:
 - Plan updates and revisions.
 - Exposure/injury/illness records.
 - Sharps injury log (See Appendix D).
 - Training records.
- Ensure that all labels/markings comply with the Plan and with the Hazard Communication Program.
- Ensure that personnel receive training as needed to comply with the Plan.
- Ensure that annual training and re-certification is conducted in accordance with the Plan.
- Provide emergency equipment, including all necessary personal protective equipment (PPE), first aid kits, CPR barriers, safety showers, and eyewash stations.
- Ensure that all emergency equipment is in good supply and sanitary through monthly inspections.
- Represent the Yard during Cal/OSHA inspections.
- Conduct periodic audits and inspections to maintain a current Plan.
- Maintain a current list of personnel who require training as well as of personnel who have completed training.
- Ensure that effective training takes place.
- Schedule annual training seminars for employees.
- Maintain training documentation as required, to include attendance rosters, quizzes, vaccination records, sharps injury log, etc.
- Periodically review the training plans with departmental managers and supervisors in order to include appropriate new information.

Managers are responsible for the following:

- Where required, ensure that biohazard signs are posted.
- Enforce procedures to minimize any occupational exposures, including those in this Plan.
- Provide suitable PPE.
- Assist with any incident, including medical assistance for cuts and/or exposures and cleaning up/disposal of broken glass.
- Reporting exposures as required including OSHA 300 logs, and sharps injury logs.
- Provide medical surveillance for personnel when required.
- Ensure that laboratory personnel demonstrate proficiency in standard and special microbiological practices before working with potentially infectious agents.
- Ensure that access to the laboratory is controlled to prevent unintentional exposure to other employees.
- Work directly with the Exposure Control Officer and employees to ensure that proper exposure control procedures are followed.
- Attend all required training and ensure that all affected personnel attend mandatory training sessions.
- Investigate, document and report all exposure incidents to the Exposure Control Officer.

All Yard employees are responsible to put the Plan into practice. To accomplish this, employees must:

- Follow the rules, procedures, and practices prescribed in this Plan.
- Wear PPE as required.
- Thoroughly wash hands and any exposed skin after handling hazardous substances, including biohazards and before leaving the laboratory.
- Attend training as required.
- Know the location of emergency equipment, including safety showers and eyewash stations.
 - Develop and maintain good personal hygiene habits.

8 CCR §5193(c)(1)(B) “*The Exposure Control Plan shall be in writing and shall contain at least the following elements: The exposure determination....*”

Employers are required to perform an exposure determination describing which employees may incur operational exposure to blood or other potentially infectious materials (OPIM) regardless of frequency. Since there is no population that is risk-free from disease, any employee who has occupational exposure to blood or OPIM will be included within the scope of this standard.

Job classifications and tasks which may present exposure

The exposure determination requires employers to identify and document:

- Job classifications in which all employees have occupational exposure to bloodborne pathogens and/or OPIM.
- Job classifications in which some employees have occupational exposure to bloodborne pathogens.

Job classifications in which all employees have exposure to blood or OPIM

Job Classification	Tasks Placing Employees at Risk
Streets, Storm Drains & Sewer Divisions Manager	Shipping/receiving packages that may contain biohazard materials; Inspection of sewers; Storm drain pump stations; Transfer station inspections; Responding to incidents or investigating scenes contaminated by blood or OPIM.
Supervisor Streets and Sewer	Sewer repair and cleaning; Refuse/debris collection (sharps exposure); Inspections of homes and construction sites, including unsanitary conditions; Inspections of homes for “unsanitary conditions”; Shipping/receiving packages that may contain biohazard materials; Inspection of sewers; Storm drain pump stations; Transfer station inspections; Responding to incidents or investigating scenes contaminated by blood or OPIM; Cleaning up blood and/or OPIM on contaminated surfaces or equipment; Handling potentially contaminated laundry or other articles or debris. Note: employees who handle items soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva would not be occupationally exposed during that task unless there is visible blood.
Streets and Sewer Leadworker	Sewer repair and cleaning; Refuse/debris collection (sharps exposure); Inspections of homes and construction sites, including unsanitary conditions; Inspections of homes for “unsanitary conditions;” Shipping/receiving packages that may contain biohazard materials; Inspection of sewers; Storm drain pump stations; Transfer station inspections; Responding to incidents or investigating scenes contaminated by blood or OPIM; Cleaning up blood and/or OPIM on contaminated surfaces or equipment; Handling potentially contaminated laundry or other articles or debris. Note: employees who handle items soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva would not be occupationally exposed during that task unless there is visible blood.

Maintenance Worker Streets and Sewer	Sewer repair and cleaning; Refuse/debris collection (sharps exposure); Inspections of homes and construction sites, including unsanitary conditions; Inspections of homes for “unsanitary conditions”; Shipping/receiving packages that may contain biohazard materials; Inspection of sewers; Storm drain pump stations; Transfer station inspections; Responding to incidents or investigating scenes contaminated by blood or OPIM; Cleaning up blood and/or OPIM on contaminated surfaces or equipment; Handling potentially contaminated laundry or other articles or debris. Note: employees who handle items soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva would not be occupationally exposed during that task unless there is visible blood.
Facilities Leadworker	Sewer repair and cleaning; Refuse/debris collection (sharps exposure); Building maintenance; Restroom cleaning; Cleaning up blood and/or OPIM on contaminated surfaces or equipment.
Facilities Worker	Sewer repair and cleaning; Refuse/debris collection (sharps exposure); Building maintenance; Restroom cleaning; Cleaning up blood and/or OPIM on contaminated surfaces or equipment.

6. PROCEDURES

8 CCR §5193(c)(1)(B) “*The Exposure Control Plan shall be in writing and shall contain at least the following elements: ... 2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance. Universal precautions shall be observed to prevent contact with blood or OPIM.*”

6.1 General Practices

Universal Precautions will be used whenever an employee has the potential for occupational exposure to blood or blood products. This includes the delivery of emergency medical care (CPR and/or First Aid), biohazards through laboratory work, handling of regulated wastes and/or janitorial work.

Unless specified, such as might be with laboratory work, all body fluids will be presumed to be infected.

Whenever contact with blood or other body fluids is anticipated, employees should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure. See Personal Protective Equipment, Section 7.

Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids.

- Hands will be washed immediately after removing gloves using approved methods identified in the training Plan.
- Washing will be performed for at least 20 seconds, scrubbing vigorously, using approved soaps and disinfectant materials.
- If hand washing facilities are not immediately available, antiseptic solutions or towelettes shall be used until a handwashing facility is available.
- If the exposure to body fluids is to the eyes, face, or any location other than the hands, the exposed employee shall appropriately wash at an eyewash station and/or safety shower.

Employees should take these same precautions when cleaning up any areas contaminated by blood or other body fluids. While the risk of transmission due to contact with saliva is minimal, all saliva will be considered to be contaminated with blood and treated accordingly. Whenever CPR is administered, barriers, mouth-to-mouth resuscitation mouthpieces, resuscitation bags or other ventilation devices will be used.

Yard employees who have significant open wounds should refrain from all direct handling of blood, blood products, and bodily fluids.

Pregnant employees are not at greater risk of contracting HIV infection than those who are not pregnant. However, if an employee develops HIV infection during pregnancy, the infant is a risk of infection from perinatal transmission. Because of this risk, pregnant employees should be especially familiar with and strictly adhere to precautions to minimize the risks of HIV transmission.

Upon completion of any task that might have exposure to blood, blood products and/or bodily fluids, all equipment and materials will be thoroughly cleaned and disinfected.

- Thoroughly clean equipment or instruments that require sterilization before exposure to the germicide, following the manufacturer's instructions for germicide use.
- Closely follow the manufacturer's specifications for compatibility of the equipment and instruments with chemical germicides.
- Universal precautions will be used including gloves and washing hands upon completion of tasks.

In addition to commercially available chemical germicides, a solution of sodium hypochlorite (household bleach) prepared daily or at the time it is needed, is an effective germicide. Concentrations ranging from approximately 500 ppm (1:100 dilution of household bleach) to 5,000 ppm (1:10 dilution of household bleach) are effective depending on the amount of organic material (e.g., blood, mucous) present on the surface to be cleaned and disinfected.

7. PERSONAL PROTECTIVE AND OTHER EQUIPMENT

8 CCR §5193(c)(1)(B) *“The Exposure Control Plan shall be in writing and shall contain at least the following elements: ... An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments.... (d)(3)(J)(4) Personal Protective Equipment...”*

The Yard will provide, at no charge to the employees, personal protective equipment based upon the potential for occupational exposure. Personal protective equipment will be considered “appropriate” only if it does not permit blood, OPIM or other anticipated contagions to pass through and reach the employee’s work or street clothes, undergarments and 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 Yard shall provide PPE in appropriate sizes and accessible locations.

The type and amount of PPE must be chosen to protect against contact with blood or OPIM based upon the type of exposure and quantity of these substances reasonably anticipated to be encountered during the performance of a task or procedure. Each employee must inspect all PPE for defects and must immediately repair or replace any defective PPE and notify his/her supervisor. Disinfecting agents may cause deterioration of the glove material, which may transport blood or OPIM via undetectable pores to the skin or other mucous membranes. For this reason, disposable gloves may not be washed and reused.

7.1 Gloves

The mandatory use of gloves will vary according to the procedure involved.

Disposable gloves are required whenever contact with body fluids is possible. Disposable gloves will not be reused. Gloves shall also be changed whenever:

- The glove becomes contaminated.
- The glove has a tear, hole or any other form of compromise.

Employees will always wear gloves when working with blood, blood products and/or bodily fluids, particularly in the following circumstances:

- If the employee has cuts, abraded skin, chapped hands dermatitis or similar conditions.
- When examining or treating abraded or non-intact skin or patients actively bleeding.
- During all cleaning of body fluids and decontamination procedures.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Eye protection such as goggles or glasses with solid side shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated

7.3 CPR Barriers

All employees currently trained in CPR and first aid who have a potential for occupational exposure to blood or bodily fluids should use a CPR barrier kit when performing CPR. It is highly recommended that this kit be used during CPR to prevent exposures. Should an

employee use the barrier kit in the performance of CPR, a new barrier kit will be issued as a replacement. The old kit will be disposed of as bio-hazardous waste.

- The Yard provides at no charge to the employee, a cleaning service for uniforms.
- Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with Section 7.8 of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Use

The Yard shall ensure that employees use appropriate PPE unless it can be shown that the employee temporarily and briefly declined to use the PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of services or would have decreased the safety of the employee. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. The Yard encourages employees to report all such instances without fear of reprisal.

Accessibility

The Yard shall ensure that required PPE in the appropriate sizes is readily accessible at the Yard or is issued to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal

The Yard shall clean, launder, and dispose of personal protective equipment at no cost to the employee.

Repairs and Replacement

The Yard shall repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.

Removal

If a garment(s) is penetrated by blood, OPIM, or other contagion, the garment(s) shall be removed immediately or as soon as feasible. All PPE shall be removed or doffed before leaving the work area. When PPE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Currently, the Yard utilizes these materials and equipment:

- Nitrile gloves
- Face shields

- Spill kits
- CPR masks
- Gel hand sanitizers
- Bleach

8. PROCEDURES

The Yard recognizes that it is important to keep the Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually by the Safety Committee, on or before March of each calendar year
- Whenever managers or supervisors implement new or modified tasks and procedures which impact occupational exposure of employees.
- Whenever employee job functions are revised such that new instances of occupational exposure may occur.
- Whenever the Yard establishes new functional positions within their operations that may involve exposure to bloodborne pathogens.
- The review and update must reflect innovations in procedure and technological developments that eliminate or reduce exposure to bloodborne pathogens. A periodic review ensures that the exposure control plan remains current with the latest information and scientific knowledge pertaining to bloodborne pathogens.

Universal precautions are methods of control to protect employees from exposure to all human blood or other potentially infectious materials (OPIM). The Yard will observe the practice of universal precautions in order to prevent contact with blood or OPIM.

Universal Precautions is the concept that all human blood and other body fluids will be treated as if they are known to be infectious for Hepatitis B (HBV), Hepatitis C (HCV), HIV and other bloodborne pathogens.

The Yard will also make use of universal precautions to prevent spread of influenza and other highly contagious diseases. When it is difficult or impossible to differentiate between body fluid types, all body fluids, whether the exposure is through work-related tasks, administration of CPR and first aid, or being close to someone who is coughing and sneezing, are assumed to be potentially infectious.

General universal precaution methods include:

- Practicing good health measures, including maintaining current immunizations and boosters (especially hepatitis B vaccine (HBV)), influenza vaccinations, and yearly tuberculosis (TB) screening.
- Being careful. Think before contacting potentially infectious materials or being close to any contagious person occurs and prepare to exercise common sense. Don't let good intentions get in the way of protecting yourself first.
- Treating all people, their body fluids, and surfaces including work surfaces where infectious or contagious materials could hide, as potentially infectious. Disinfect and sanitize surfaces when necessary.
- Wearing gloves and eye, nose, and mouth protection as necessary to prevent exposure to disease-causing agents during any procedures where contact with blood or body fluids is anticipated, including First Aid and/or CPR.

- Covering your cuts, wounds, non-intact skin with a moisture-resistant Band-Aid or other dressing prior to exposure to contagions. Change the bandage when it becomes wet.
- Using barriers. Although saliva has not been implicated in HIV transmission, mouthpieces or other ventilation devices should be available for use in resuscitation (CPR).
- Washing hands often, even when gloves have been worn. Use warm running water with soap, and scrub (especially fingertips and under the nails) for at least 20 seconds before rinsing and drying.
 - Leave rings on fingers.
 - Turn on water and apply soap.
 - Scrub hands, palms, backs between fingers, around and under fingernails, wrists and arms if exposed.
 - Grasp rings and move up and down until thoroughly soaped.
 - Rinse in same manner under running water.
 - Dry hands with clean paper towel.
 - With paper towel, turn off faucets.
- As an interim measure when water is not available, using a hand-cleaning germicide or disinfectant, following with a soap and water scrub as soon as possible.
- After hand washing and/or using a hand sanitizer, apply lanolin or other lotion to prevent hands from drying and cracking, which could increase the risk of infectious organisms entering the body.
- When sick, stay home. Do not introduce contagions into the workplace.
- Where there is a risk of infectious conditions, make use of webinars and virtual meetings rather than be in close contact with others.
- Before international travel, review health conditions in the area to which you are traveling and take all necessary precautions.

The Yard has several work practices and controls to help minimize employee exposure to bloodborne pathogens.

- Eating, drinking, smoking, or handling contact lenses is prohibited in areas where there is a reasonable likelihood or chance of exposure. There are designated areas where these activities can be done such as personal offices or the break room.
- Contaminated sharps (needles, razors, broken glass) shall be handled with mechanical means such as pliers, grabbers or broom and dustpan. The mechanical means used are to be cleaned in a solution of one (1) part bleach to ten (10) parts water. Collected needles and sharps are to be packaged in the appropriate Sharps container. Sharps are never to be picked up with bare or unprotected hands.
- All equipment intended for reuse (pails, buckets, mops, etc.) must be cleaned immediately or as soon as possible upon visible contamination.
- Gloves must be worn whenever an employee may come in contact with blood, OPIM, or other potential contagions as well as handling or touching contaminated equipment, items or surfaces. Employees shall make sure that the gloves are not torn before using them and periodically check to ensure their integrity during use.
- Masks, in combination with goggles, glasses or face shields shall be worn whenever splashes, spray, splatter or droplets may be generated and whenever eye, nose or mouth contamination can be reasonably anticipated or when in close proximity to airborne agents. Gowns should be worn, when possible, if it becomes likely that a uniform will be soaked or contaminated with blood or OPIM.

- To minimize migration of contamination beyond the work area, employees must remove contaminated PPE or clothing before they enter any break or lunchroom. If a garment is contaminated with blood or OPIM, the garment is to be removed immediately. All PPE shall be removed and properly cleaned or disposed of into a designated biohazard waste container.
- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Contaminated sharps shall not be bent, recapped, or removed from devices.
- Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of sharps injury.
- Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing and shall be decontaminated as necessary, unless it can be demonstrated that decontamination of the equipment or portions of it is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.
- The containers for collection, storage, transport, or shipping of items exposed to blood or OPIM shall not leak and shall be large enough to fully enclose the exposed item to be collected.
- Fluorescent orange or warning labels shall be affixed to containers, refrigerators, freezers, etc., which store or transport blood or OPIM.
- Trash/Garbage Cans – Personnel emptying trash or garbage cans shall either dump the container into a larger container or use mechanical means, rather than pull the trash out by hand, which could lead to being stuck or cut by sharp objects or exposed to blood or other potentially infectious materials.
- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

Although the chances of coming across sharps such as syringes or needles may be rare or uncommon, it is important that they be treated and handled under appropriate guidelines and procedures. Sharps cannot be disposed of or thrown away in normal trash or garbage bags that may be punctured and possibly injure anybody who may have to handle the bags. Sharps must be disposed of in sharps containers. However, if it can be shown that sorting through waste to separate sharps would be more hazardous to the employee, then consideration should be given to having all waste be treated the same. The following are Cal/OSHA guidelines for the handling of contaminated sharps:

- Contaminated sharps shall be placed in properly labeled containers.
- Sharps containers must be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries). These containers can be found at the following locations:
 - Street & Sewer Division crew room
 - Street & Sewer Divisions duty truck (S83)
 - Downtown Maintenance Vehicle

- Sharps containers must meet the following criteria:
 - Maintained upright throughout use, where feasible; and
 - Replaced as necessary to avoid overfilling.
- All sharps containers for contaminated sharps shall be:
 - Rigid;
 - Puncture resistant;
 - Leak proof on the sides and bottom;
 - Portable, if portability is necessary to ensure easy access by the user;
 - Labeled properly.

When any container of contaminated sharps is moved for disposal, the container shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
- Placed in a secondary container if leakage is possible. The second container shall be:
 - Closable;
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - Labeled properly.
- All employees must ensure that the Yard is maintained in a clean and sanitary condition.
- The Exposure Control Officer shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.
- The method of cleaning or decontamination used shall be effective and shall be appropriate for the:
 - Location within the Yard;
 - Type of surface or equipment to be treated;
 - Type of soil or contamination present; and
 - Tasks or procedures being performed in the area.
- All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood, OPIM, or any potential contagion no later than the end of the shift. Cleaning and decontamination of equipment and work surfaces may be required more often.
- Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
 - Surfaces become overtly contaminated;
 - There is a spill of blood or OPIM;
 - Procedures are completed; and
 - At the end of the work shift if the surface may have become contaminated since the last cleaning.
- Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly

contaminated or at the end of the work shift if they may have become contaminated during the shift.

- Work areas and Equipment:
 - The Exposure Control Officer must determine and implement an appropriate written schedule of cleaning and decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present (gross contamination versus minor splattering) and tasks and procedures being performed.
 - If management determines that a clean-up of blood or OPIM is out of the Yard's control then they are directed to contact a third party private cleaning service, which is better suited to clean up large amounts of blood.
 - Decontamination and housekeeping will be accomplished by utilizing a solution of bleach and water, generally a ratio of one (1) part bleach to ten (10) parts water, mixed at the time of decontamination because the effectiveness of the solution dissipates over time and is not effective over twenty-four (24) hours.



Regulated waste includes the following categories of waste which require special handling, at a minimum:

- Liquid or semi-liquid blood or OPIM:
- Items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed.
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological wastes containing blood or OPIM.

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM.

- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Labels required by this section shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with this section. Labels on red bags or red containers do not need to be color-coded in accordance with this section.
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.
- Regulated waste that has been decontaminated need not be labeled or color-coded.

- Sharps must be picked up with a tool (not by hand), and placed in a properly labeled biohazard container for transportation. These containers can be found at the following locations:
 - Street & Sewer Division crew room
 - Street & Sewer Divisions duty truck (S83)
 - Downtown Maintenance Vehicle
- Disposal Procedures. The City of Burlingame will use a private contractor to dispose of all biohazardous waste in accordance with their procedures.

9. HEPATITIS B VACCINATION PLAN

8 CCR §5193(f) “*Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.*”

Immunizations are a means to reduce the potential for exposure. Affected employees are eligible for a Hepatitis B Vaccination Plan that complies with regulatory requirements. This Plan is available at no cost to the employee. The Yard and the Exposure Control Officer will advise all employees of the importance of the vaccination Plan. Employees will have the opportunity to participate in a Hepatitis B vaccination Plan before any occupational exposure. Employees will either participate or sign a notice of declination of the vaccination series (See Appendix A).

The Yard shall ensure that all medical evaluations and procedures, including the HBV vaccination and post exposure follow-up are:

- Made available at no cost to the employee
- Made available to the employee within ten (10) working days of their initial assignment
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional
- Provided according to the recommendations of the U.S. Public Health Service

Employees will receive the vaccination after having received training in occupational exposure and within ten working days of initial assignment unless the employee has previously received the HBV vaccine, antibody testing shows the employee to be immune to hepatitis B, or the vaccine is contraindicated for medical reasons. If the employer claims one of these exemptions, it must be documented in the employee’s medical record.

Each vaccine Plan consists of a series of three inoculations over a six month period. If an employee declines the HBV vaccination series, but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make the HBV vaccination available at no cost to the employee. Employees are to contact their supervisor for vaccine information.

The Yard shall ensure that employees who decline to take part in the Plan shall be recorded and must sign the Cal/OSHA-required HBV Vaccine Declination Statement (Appendix A).

The HBV vaccination series is to be made available as soon as possible, but no more than twenty-four hours, to all unvaccinated employees who may have been exposed to blood or OPIM during the performance of their duties.

Employees who have been inoculated should continue to use universal precautions whenever working in a known or potentially contaminated environment or with known or potentially contaminated equipment or materials.

The Yard will provide post-exposure evaluations and follow-up to employees for bloodborne pathogens, such as hepatitis B or C, as recommended by the Centers for Disease Control (CDC).

An exposure incident is an incident in which an employee has specific eye, mouth, other mucous membranes, non-intact skin, or parenteral (piercing the skin) contact with blood or other potentially infectious material. An exposure incident must be reported immediately to a supervisor or the Exposure Control Officer (Appendix E). A medical evaluation and follow-up services will be provided by a qualified healthcare professional at no cost to the employee. The Exposure Control Officer is responsible for ensuring that the confidentiality of all medical information related to the exposure incident, including the identity of the employee and test results will be protected.

The details of the incident must be documented. Include as much information as possible, including routes of exposure, circumstances under which the incident occurred, identification of source individual, if feasible, (i.e., identity is known, and disclosure is not prohibited by law).

Within 24 hours a medical evaluation must be available to the exposed employee. The Yard will encourage the exposed employee to follow through with the medical evaluation. If the exposed employee declines medical evaluation, the employee must sign the "Post Exposure Medical Evaluation Declination" form (Appendix B).

The evaluating healthcare professional will be provided with the following information:

- A copy of the Bloodborne Pathogen Standard.
- A description of the exposed employee's duties related to the exposure incident.
- Documentation on the routes of exposure and circumstances of the incident.
- Relevant medical records (e.g., vaccination status).
- Inform affected employees of confidentiality issues.

The Yard shall obtain and provide to the employee a copy of the healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation. The following information shall be included:

- The healthcare professional's opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation or treatment.

All other findings or diagnosis shall remain confidential and will not be included in the written report.

10. TRAINING

8 CCR §5193(c)(1)(B) *“The Exposure Control Plan shall be in writing and shall contain at least the following elements: (g) Communication of Hazards to Employees....”*

The Yard shall ensure that all employees understand and acknowledge that they are potentially at risk of occupational exposure to bloodborne pathogens and will be properly trained in order to create awareness and minimize exposure. The training Plan shall contain the following topics:

- A copy of this Exposure Control Plan and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne illnesses.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the appropriate methods for recognizing tasks and other duties that may involve exposure to blood and OPIM.
- An explanation of the use and limitations of methods that will prevent or minimize exposure including engineering controls, work practice controls and PPE.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
- Information on the HBV vaccination.
- Information on the appropriate actions to take and persons to contact in case of an emergency involving blood or OPIM.
- Information on the procedures to follow if an exposure incident occurs including the Sharps Injury Log, reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide following an exposure incident.
- An explanation of the signs and labels used to indicate regulated waste.

The Yard shall provide at no charge to the employee, appropriate material in content and vocabulary to educational level and literacy.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training Plan as it relates to the activities and duties of the employees receiving the training. The person conducting the training sessions shall provide opportunity for the employees to ask questions and not have the training be through video alone.

Training records shall include the following:

- The dates, time and location of the training session.
- The contents or a summary of the training session.
- The name(s) and job title(s) of training instructor(s).
- The name(s) of all employees attending the training.

11. RECORDKEEPING

The Human Resources Department maintains records for each employee with occupational exposure. These records include:

- Name and Employee number;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- The employer's copy of the healthcare professional's written opinion
- A copy of the information provided to the healthcare professional;

The 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 except as required by this section or as may be required by law.

These records shall be maintained for at least the duration of employment plus 30 years.

Training records shall be maintained for at least one year from the date on which the training occurred.

The Yard shall establish and maintain a Sharps Injury log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within fourteen working days of the date the incident is reported to the Exposure Control Officer, Human Resources, Department Manager or Supervisor or the employee's superior.

If an employee receives an injury due to a sharp, s/he should notify his/her Supervisor immediately who will then coordinate medical attention and follow-up. Sharps Injury Forms and Logs may be found in Appendices C and D.

The information recorded shall include the following information:

- Date and time of the exposure incident;
- Type and brand of sharp involved in the exposure incident;
- A description of the exposure incident, which shall include:
 - Job classification of the exposed employee;
 - Department or work areas where the exposure incident occurred;
 - The procedure/activity that the exposed employee was performing at the time of the incident;
 - How the incident occurred;
 - The body part involved in the exposure incident;
 - If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
 - If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
 - The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
- Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

- The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.
- The Exposure Control Officer will compile and retain an aggregate log (Appendix D).
- The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

To assist in their efforts, the Yard's Exposure Control Plan is available to all employees at any time. Employees are advised of this during education and training sessions. A copy of the plan may be found in the Safety Library located in the mail/photocopy room.

The Yard shall ensure that all records required to be maintained by this section shall be made available upon request to Cal/OSHA and NIOSH for examination and copying.

Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to Cal/OSHA, and to NIOSH.

Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to Cal/OSHA, and to NIOSH.

The Sharps Injury Log shall be provided upon request for examination and copying to employees, to employee representatives, to Cal/OSHA, to the Department of Health Services, and to NIOSH.

The Yard shall comply with the requirements involving transfer of records as found in 8 CCR §3204. If the Yard ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

APPENDIX A: HEPATITIS B VACCINE DECLINATION FORM

CITY OF BURLINGAME

HEPATITIS B VACCINE DECLINATION

Date: _____

Department: _____ **Work Phone:** _____

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B (HBV) vaccine, at no charge to me. However, I decline Hepatitis B (HBV) vaccine at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B (HBV), a serious and potentially fatal disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials (OPIM), and I want to be vaccinated with Hepatitis B (HBV) vaccine, I can receive the vaccination at no charge to me.

Note: Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Section 142.3, Labor Code and Sections 117600 through 118360, Health and Safety Code.

Employee Name: _____

Job Title: _____

Signature: _____

Employer Representative: _____

Signature: _____

YES: I am interested in the Voluntary Hepatitis B Vaccination

NO: I am not interested in the Voluntary Hepatitis B Vaccination.

APPENDIX B: POST-EXPOSURE MEDICAL EVALUATION DECLINATION FORM

POST-EXPOSURE MEDICAL EVALUATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection or other infectious diseases. I have been given the opportunity to receive post-exposure medical evaluation and follow-up, at no charge to me. I understand that immediate medical evaluation is recommended; however, I decline the medical evaluation at this time.

Employee Signature

Date

Manager's Signature

Date

APPENDIX C: SHARPS INJURY INCIDENT FORM

**City of Burlingame Corporation Yard
SHARPS INJURY INCIDENT FORM**

Please complete a log for each employee exposure incident involving a sharp (needle, razor, etc.)

Department: _____

Work location: _____

Date filled out: _____ **By:** _____ **Phone:** _____

Date of exposure: _____ **Time of day:** _____ **Location:** _____

Explain the exposure incident exactly:

Job Classification: Laboratory Maintenance Operations Inspector

Other: _____

Procedure: Injection/puncture Picking up trash Found in work area

Other: _____

Did the exposure incident occur:

- After use and before disposal of sharp Upon finding sharp in inappropriate place
 While putting sharp into disposal container While recapping sharp
 Other: _____

Body part involved: Finger Hand Arm Head/neck Torso Leg

Explain: _____ Other: _____

Identify sharp involved: Type: _____ Brand: _____

Model: _____ (e.g. 1" needle/ABC medical/"No stick" syringe)

Did device used have engineered sharps injury protection: Yes No Don't know

Was the protective mechanism activated? Yes, fully Yes, partly No Don't know

Did the exposure incident occur: Before During After activation DK NA

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion whether such a mechanism could have prevented injury? Yes No

If 'yes,' explain: _____

Exposed employee: Do you have an opinion whether any other engineering, administrative or work practice control could have prevented the injury? Yes No

If 'yes,' explain: _____

APPENDIX E: EXPOSURE INCIDENT FORM

EXPOSURE INCIDENT REPORT

Name of exposed employee: _____ Soc. Sec. Number: _____

Date and time of exposure incident: _____

Where did the incident occur? _____

Type of potentially infectious material involved in incident: _____

Name of source individual, if known: _____

Describe the incident and circumstances under which it occurred: _____

What were the routes of exposure (e.g., skin penetration, eyes, mouth, etc.)? _____

What PPE was the exposed employee using at the time of the incident? _____

Describe any decontamination and clean-up actions that were taken and by who? _____

Include any additional information that is pertinent to this incident: _____

Manager's Signature

Date

APPENDIX F: AUTHORIZED LABELING

AUTHORIZED LABELING



BIOHAZARD

Or, in the case of regulated waste, the legend:

BIOHAZARDOUS WASTE

or

SHARPS WASTE

NOTE: THESE LABELS SHALL BE FLUORESCENT ORANGE OR ORANGE-RED OR PREDOMINANTLY SO, WITH LETTERING AND SYMBOLS IN A CONTRASTING COLOR