CITY OF APPLETON PERSONNEL POLICY	TITLE: **BLOODBORNE PATHOGENS**	
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I. PURPOSE

The purpose of this exposure control plan is to eliminate and/or minimize our employees' exposure to blood or certain other body fluids and to comply with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030. This is based on DSPS Bloodborne Pathogens standard, 32.15 and 32.50.

II. POLICY

It is the policy of the City of Appleton to follow the Federal and State mandated Bloodborne Pathogens Policy. 29 CFR 1910.1030 and DSPS32.15 and 32.50. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION (taken from 29 CFR 1910.1030, unless otherwise indicated)

The policy defines specifically how the City will administer and follow the policy.

IV. DEFINITIONS

A. Bloodborne Pathogens – pathogenic microorganisms that are present in human blood and cause disease in humans.

B. Bulk Blood and Body Fluids – drippable or pourable quantities or items saturated with whole blood or blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid,

synovial fluid, amniotic fluid, peritoneal dialysate, pericardial fluid, pleural fluid and other body fluids visibly contaminated with blood. (s. NR 500.03 (22), Wis. Admin. Code)

C. Engineering Controls – controls (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

D. Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

E. Human Tissue – tissue removed from human beings. Human tissue does not include hair or nails, but does include teeth. (s. NR 500.03(106), Wis. Admin. Code)

F. Infectious Body Fluids – semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where is it is difficult or impossible to differentiate between body fluids.

G. Infectious Waste – solid waste that contains pathogens with sufficient virulence and in sufficient quantity that exposure of a susceptible human or animal to the solid waste could cause the human or animal to contract an infectious disease.
(§ 287.07(7)(c)1.c Wis. Stats.)

H. Infectious Waste Generator – a person or group of persons under the same corporate ownership and located on the same property who produces infectious waste. (s. NOR 500.03(111), Wis. Admin. Code)

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

J. 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.

K. Putrescible Waste – solid waste which contains organic matter capable of being decomposed by microorganisms and of such a character and proportion as to be capable of supporting a vector population or attracting or providing food for birds. (s. NR 500.03(185), Wis. Admin. Code)

L. 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 that 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.

M. Sharps – medical equipment or clinical laboratory articles that may cause punctures or cuts. Sharps include, but are not limited to, contaminated, unused and disinfected items listed in s. NR 526.05(1)(a). (s. NR 500.03(209), Wis. Admin. Code)

N. 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 infections for HIV, HBV and other bloodborne pathogens.

O. Work Place Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles by a two-handed technique).

P. ACRONYMS

1. AIDS – Acquired Immune Deficiency Syndrome
2. OSHA – Occupational Safety and Health Association
3. DWD – Department of Workforce Development (formerly DILHR)
4. BBD – Bloodborne diseases
5. BBP – Bloodborne Pathogens
6. CDC – Center for Disease Control and Prevention
7. DNR – Department of Natural Resources
8. HBIG – Hepatitis B Immune Globulin
9. PPE – Personal Protective Equipment
10. NIOSH – National Institute for Occupational Safety and Health
11. HBV – Hepatitis B Virus
12. HCV – Hepatitis C Virus
13. HIV – Human Immune Deficiency Virus
14. DSPS – Department of Safety and Professional Services

V. PROCEDURES

SECTION I

A. Exposure Determination: DSPS and OSHA require employers to perform an exposure determination to determine which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is based on the definition

of occupational exposure – "any employee who has occupational exposure to blood or other potentially infectious material" – absent the use of protective clothing and equipment. This definition does not cover "good samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee – but we as an employer will offer follow-up procedures in such cases. The following employee classifications are all individuals who will incur occupational exposure regardless of frequency.

1. Class I Employees

   These employees shall receive the Bloodborne Pathogen training annually and be offered the pre-exposure vaccine:

a.	Sworn Police Officers/ Community Service Officers	Officers using defense and arrest tactics
b.	Fire Fighters	Extricating injured individuals Blind search in fire Acting as First Responders
c.	Registered Nurses	Finger Stick
d.	Lifeguards	First Aid/Rescue

2. Class II Employees

   Listing of job classifications in which some employees have occupational exposure; these employees shall receive the Bloodborne Pathogen training during New Employee Orientation and be offered post-exposure vaccine. Also, some departments may choose to train annually and/or provide pre-exposure vaccine.

   a. Public Works (Parking Maintenance)

·	Supervisor	Clean up in ramps
·	Technician	Clean up in ramps
·	Custodian	Clean up in ramps

   b. Library

·	Library Maintenance Workers	Cleans Library & public bathrooms
·	Group Supervisor	Cleans Library & public bathrooms

   c. Valley Transit

·	Utility Person	Cleans bathrooms & buses

·	Transit Operations Sup., Maintenance Sup., Assistant General Mgr.	Responds to accident scenes
·	Mechanic	Acts as utility person in the evening

d. Health Department

·	Clerical Staff	Assists at immunization clinics
·	Sanitarian	Assists at immunization clinics

e. Parks and Recreation

·	Recreation Staff	Provides first aid
·	Park Caretaker	Cleans up spills at various park facilities and cleans public bathrooms

g. Wastewater

- Liquids Operators
- Solids Operators
- Utility Workers
- Lab Personnel
- Maintenance Specialists

h. Municipal Garage

- Sewer Crew
- Construction/Maintenance Personnel

i. Facilities Management

- Facilities Manager
- Carpenter/Painter
- Facilities Control Technician

- HVAC Technician/Pipefitter

- Master Electrician
- Plumber
- Facilities Specialist

3. Class III Employees

   All other City employees, not listed under Class I and Class II, fall under this category. These employees shall receive the Bloodborne Pathogens training during New Employee Orientation and will be offered post exposure vaccine.

SECTION II

A. Implementation Schedule and Methodology: DSPS and OSHA also require that this plan include a schedule and method of implementation for the various requirements for this standard. The following complies with this requirement:

1. Compliance Methods – Universal precautions will be observed at all City facilities in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. All first aid cabinets will have "Universal Precautions" posted on front of the cabinet.

2. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at City facilities and in the field where occupational exposure remains after institution of these controls. Personal protective equipment shall also be utilized.

   a. Sharps containers
   b. Biohazard bags and labels
   c. Forceps to pick up broken glass (Police)
   d. Bio-safety kit at pools
   e. Liquid treatment system (isolizer crystals)
   f. Bodily fluid spill kits (located in each City facility)
   g. Safe resuscitation devices
   h. Retractable lancets
   i. Retractable syringes
   j. Safe needle devices

3. The above controls will be examined on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

	DEPARTMENT	HOW OFTEN	PERSON RESPONSIBLE
a.	Health	Monthly	Nursing Supervisor
b.	Police	Monthly	Operations Coordinator

c. Parks Recreation and Facilities Management	Depending on season - once a week	Operations Manager Program Supervisor
d. Fire	Daily	Battalion Chief/ Training Officer
e. Library	Monthly	Business Manager
f. City Hall	Monthly	HR Generalist
g. Wastewater	Monthly	WW Operations Supervisor
h. Water Plant	Monthly	Water Operations Supervisor
i. Municipal Garage	Monthly	DPW Safety Coordinator
j. Parking Division	Monthly	Parking Utility Manager
k. Valley Transit	Monthly	Maintenance Supervisor

4. Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. DSPS and OSHA require that these facilities be readily accessible after incurring exposure.

    a. Most City employees who might be exposed to body fluids are in the field. They will be issued protective equipment along with a hand sanitizer and instructions on the proper use.

    b. Since most employees listed under this policy are in the field, they will be instructed and will then be responsible for properly removing protective gloves, washing their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

    c. Employees who incur exposure to their skin or mucous membranes shall be instructed and will be responsible for washing or flushing with water as soon as feasible following contact.

5. Needles (Health and Police Department) – Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

    a. Nursing staff continues to evaluate and implement new safety devices. The Vital Care Safety Lancet was reviewed in August of 2001 and is now in stock. The Haemolance product was reviewed and the Futura Safe-T-Lance will be substituted for that product due to better safety design. This was done in March of 2002. The B&D safety needle was reviewed, supplier shared safety concerns, product will be researched. Vanishing Point Syringes and Needle Pro

Needles continue to be in stock and one or the other is used by staff for all injections June, 2006, no new products submitted for review.

b. Nursing staff met 5/26/01 to review Vanish Point Syringe use. New devices will be evaluated at least annually if available.

Nursing staff reviewed new Portix syringe with Needle-Pro safety device for TB testing. Supply for use. 7-2007

c. The City will maintain a Sharps injury log in the Human Resources Department.

d. See Exhibit VIII for Accident Report Form

6. Containers for Reusable Sharps – the City of Appleton personnel do not utilize reusable sharps.

7. Work Area Restrictions – In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to 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 other potentially infectious materials are present.

a. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

b. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

8. Specimens – Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping.

a. The container for storage, transport or shipping shall be color coded in accordance with the requirements of **DSPS** and the OSHA standard.

b. Any specimen, which could puncture the primary container, will be placed within a secondary container, which is puncture resistant.

c. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

9. Contaminated Equipment – The following individuals are responsible for ensuring that equipment, which has been contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination is not feasible.

a. Water – Water Operations Supervisor

b. Fire – Training/Safety Officer

c. Police – CSO Operations Coordinator

d. Health – No equipment

e. PRFM Pools – No equipment

f. DPW – Safety Coordinator

g. Wastewater – Wastewater Operations Supervisor

10. Personal Protective Equipment

a. Personal Protective Equipment Provision – Each City facility is responsible for ensuring that the following provisions are met. All personal protective equipment used at City facilities and in the field will be provided without cost to employees. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, 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.

City Facility	Individuals using PPE	Individuals Responsible for Ensuring Equipment is available
CLASS I EMPLOYEES		
· Pools	Lifeguards	Recreation Program Supervisor
· Fire	Firefighters	Battalion Chief/Training Off.
· Health	Nurses	Nurses and Environmental Supervisor
· Police	Officers	Operations Coordinator
CLASS II EMPLOYEES		
· Other City Facilities:		
· City Hall	First Aid/Bodily Spill Kit	HR Generalist
· Municipal Garage	First Aid/Bodily Spill Kit	DPW Safety Coordinator
· Park/Rec.	First Aid/Bodily	Operations Supervisor

	Spill Kit	Recreation Program Supv.
· Library	First Aid/Bodily Spill Kit	Business Manager
· Water	First Aid/Bodily Spill Kit	Water Operations Supervisor
·		
· Wastewater	First Aid/Bodily Spill Kit	Wastewater Operations Supervisor
· Valley Transit	First Aid/Bodily Spill Kit	Maintenance Sup.

b. Personal Protective Equipment Use – Because the City has many of its employees in the field, the individual employee is responsible for using the appropriate personal protective equipment. There are instances when, under rare and extraordinary circumstances, the employee temporarily and briefly declines to use personal protective equipment. This transpires when it is the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When 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.

c. Personal Protective Equipment Accessibility – The individual responsible for ordering safety/health supplies for each City facility shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site and issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. Personal Protective Equipment Cleaning, Laundering and Disposal – All personal protective equipment will be cleaned, laundered or disposed of by the City at no cost to the employees. All repairs and replacements will be made by the City at no cost to the employees.

· All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. When reusable personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, and decontamination. Each City facility will adhere to this statement.

e. Gloves – Gloves shall be worn where it is reasonably anticipated that employees will have contact with blood, other potentially infectious materials, mucous membranes and non-intact skin and when handling or touching contaminated items or surfaces.

· Disposable gloves used at City facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

f. Eye and Face Protection – Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin length face shields, are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

· Situations in which this may occur are police officers and firefighters when they act as first responders to injury accident scenes where blood and other potentially infectious materials are present.

· This type of situation is usually not anticipated at other City facilities, but each facility is provided with a "bodily fluid" disposal kit. The kit contains eye and face protection.

· Firefighters may also face possible contamination in extricating individuals from wreckage, but they are in full protective gear at a rescue scene.

g. Additionally protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The following situations require that such protective clothing be utilized.

- Pools – lifeguards when administering first aid.
- Police – when investigating a scene where there is a large amount of body fluid present.

11. Housekeeping – The following City property will be cleaned and decontaminated according to the following schedule:

Area	Schedule	Person Responsible
· Fire – Extrication equipment	Cleaned after accident	Company Officer
· Health Dept. – Clinic Day	Immediately upon completion of clinic (monthly)	Public Health Nurse
· City Pools – Where accident or injury occurs	Immediately after incident	Manager on duty
· Squad cars	Immediately after incident	Contracted cleaning service
· Booking Room – Police	After incident	Contracted cleaning service
· All other City facilities	After incident	Contracted cleaning service
		Contracted Cleaning Service: Ultimate Cleaning contact Kurt VanVoorhis 920-205-5104 or 920-380-7041

12. Decontamination will be accomplished by utilizing the following materials:
    - Liquid Treatment System
    - Professional germicide
    - Bleach solution

    a. All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface has possibly become contaminated since the last cleaning. It is recommended that stainless steel or non-porous surfaces be utilized.

    b. All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regular basis. This means every time one of the above is used, it will be inspected and decontaminated by the individual doing the clean up.

    c. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.

    d. Reusable sharps that are contaminated with blood or other potentially infectious materials 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 (the City does not use reusable sharps).

SECTION III - REGULATED WASTE DISPOSAL

A. Disposable Sharps

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 overfill. Maintenance staff and/or the 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 percutaneous 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). Specific handling and storage procedures are outlined specifically in the City Medical Infectious Waste Handling Policy with LRI.

LRI
Medical Waste Disposal
P.O. Box 12027

Green Bay, WI 54307
Telephone: 920-490-1954
Fax: 920-592-1161

LRI or any other carrier contracted by the City will provide written documentation that:

a. They follow all rules regarding regulating waste in accordance with applicable laws

b. They will notify the City immediately if they lose or change their status.

C. Laundry Procedures

1. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked biohazard labeled bags at the location where it was used. To transport, follow regulated waste control procedures listed under section IV below. Such laundry will not be sorted or rinsed in the area of use.

2. The City of Appleton will contract with Gunderson Cleaners, 200 West Wisconsin Avenue, to handle the contaminated laundry (this facility only).

3. The Fire Department may utilize laundry facilities on site (Station #1 and Station #6). ALL previous handling and storage requirements will be followed.

4. 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.

Please note: If a City facility ships contaminated laundry off-site to a second facility that does not utilize universal precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers that are labeled or color coded in accordance with paragraph (g).

(g) Communication of hazards to employees – Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.

SECTION IV - REGULATED/INFECTIOUS WASTE HANDLING & STORAGE POLICY

A. Medical Waste Rules

1. In efforts to comply with Chapter NR526, Wisconsin Administrative Code, (Solid and Hazardous Waste Management), this policy addresses the rules applicable to the services of the City of Appleton.

2. The City will make every effort to clean up bulk blood and body fluid spills and reasonable efforts to recover liquid treatment system materials.

3. The following departments will respond to areas identified as their response areas as follows:

   a. Incidents in parking ramps, park settings, and City owned buildings will be the responsibility of the department of jurisdiction (e.g. parking ramps are the responsibility of the Department of Public Works (DPW); Parks are the responsibility of the Parks, Recreation and Facilities Management Department (PRFM); City buildings and associated property are the responsibility of the Parks, Recreation and Facilities Management Department, etc.)

   b. Incidents involving public safety response will be handled as follows:

      · Incidents within 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 ServePro (832-1110). They are available 24 hours a day.

      · Incidents on public property, in the situation of a spill that cannot be contained with a single kit and an incident that the Fire Department would not normally respond to, the Police Department may request assistance from DPW. During the hours of 7:00 a.m. to 3:00 p.m. call the Operations Division at 832-5580. During off-hours, call dispatch; reference DPW emergency call list, Operations Division. (See exhibit II)

   c. Incidents involving hazardous materials where the Fire Department is responding will be the responsibility of the Fire Department.

SECTION V – INFECTIOUS WASTE MANAGEMENT

A. A solid waste that is included in any of the following categories is presumed to be infectious waste:

1. Contaminated sharps which are both infectious and may easily cause punctures or cuts in the skin, including but not limited to, hypodermic needles, syringes with needles attached, scalpel blades, lancets, broken glass vials, broken rigid plastic vials and laboratory slides.

2. Unused or disinfected sharps which are being discarded, including hypodermic needles, scalpel blades, lancets and syringes with needles attached.

3. Bulk blood, body fluids, and tissue from humans.

B. A solid waste that is included in any of the following categories is presumed to be noninfectious waste, but should be placed in containers, such as a plastic bag, prior to disposal to contain the waste.

1. Items soiled but not saturated with blood or body fluids from humans included in the definition of "bulk blood and body fluids".

2. Items soiled with human urine, vomit or stool.

3. Blood/body fluid that have been chemically treated with Liquid Treatment System.

SECTION VI - SOURCE SEPARATION

A. No employee may mix infectious waste in the same bag or waste receptacle with solid waste that is not infectious waste unless mixing the wastes is necessary to protect the health or safety of clients, employees or other persons.

B. No employee may separate infectious waste from solid waste that is not infectious waste.

C. No employee may remove solid waste or infectious waste that has been placed in a bag or waste container labeled with the biohazard symbol or fail to manage the waste as infectious waste from the time of generation until the waste has been treated.

D. No employee may transport solid waste and infectious waste on the same cart or vehicle unless the wastes are in separate and identifiable bags or waste containers.

SECTION VII - CONTAINMENT

A. No employee may transport infectious waste from the generation site unless the person puts the waste in a container which protects waste handlers and other persons from exposure to the infectious waste and the person meets all of the following requirements:

1. Sharps shall be contained in rigid, puncture-resistant, labeled containers, such as metal or rigid plastic, designed to prevent the loss of contents and labeled with a visible biohazard emblem.

2. Infectious waste other than sharps shall be contained according to all of the following:

a. Infectious waste other than sharps shall be placed in a single plastic bag that meets or exceeds 165 grams resistance by the ASTM method D1709-91 and is tear resistant using methods ATSM method D19222-89 or, if necessary, a double bag that meets the same standards, or a rigid reusable container.

b. The bag or rigid reusable container shall be securely sealed to prevent leakage or expulsion of the contents under normal handling.

c. Any bag containing infectious waste shall be placed in a rigid container, such as a corrugated cardboard container, a covered reusable container or a cart. The rigid container shall be labeled with a visible biohazard emblem and the

word “biohazard”. Bulk containers shall be small enough to be handled by a single person.

d. All reusable containers shall be disinfected after being emptied.

3. No employee may open a secured container of infectious waste that is ready for transportation, unless repackaging is necessary to prevent spills or leakage.

SECTION VIII -HANDLING

A. All containers shall be handled and transported to prevent the loss or spilling of the contents.

B. If the infectious waste is putrescible waste or if nuisance conditions have developed, see Section IX, A –6.

C. All infectious waste shall be loaded and unloaded by hand or by a safe mechanical method which does not damage containers or spill their contents.

D. No infectious waste may be compacted.

SECTION IX – STORAGE AND TRANSFER

A. Since the City of Appleton meets the exemption under NR 526.09(2)(b), the minimum requirements for storing infectious waste will be met.

1. The storage area shall be kept clean and be impermeable to liquids. Carpeted areas or wooden floors may not be used in storage areas.

2. The storage area shall be designated for infectious waste and may contain only infectious wastes and their containers. The storage area may be an area designated within a room.

3. The storage area shall be in an enclosed building, container or vehicle so that the infectious waste is not exposed to weather.

4. The main storage area for the City of Appleton is an area designated within the sixth floor locked Health Department archives. Access to this area is limited to authorized Health Department Employees.

5. Until infectious waste is transported to the Health Department, or picked up by Contractor listed in III.B.3, it shall be segregated for proper disposal and contained in a locked, enclosed area, (e.g. a labeled locker).

6. If the infectious waste is putrescible waste, or if nuisance conditions have developed, place biohazard bagged waste in designated refrigerator at Fire Station #1 in the basement. Make sure the refrigerator is plugged in and working.

Contact the Health Department during their next regularly scheduled hours (832-6429). The department supervisor or designee will have the contact phone number.

7. The City of Appleton Health Department shall relinquish the infectious waste only to a licensed infectious waste transporter as necessary. The operator shall provide the City of Appleton with a copy of the infectious waste materials.

8. See Exhibit II that describes the departmental procedures relating to clean up.

SECTION X – TRANSPORTING AND SHIPPING

A. Since the City of Appleton meets the exemption under HR 526.10(2)(b) the minimum requirements for storing infectious waste will be met.

1. The infectious waste shall be contained and handled as noted prior in the policy and transported per department policy to the City of Appleton's main storage area at City Center. Contact the Health Department for access.

2. The portion of the vehicle where the infectious waste is contained shall be completely enclosed to prevent littering, spillage or leakage. The enclosed portion shall be leak-resistant, if necessary, considering the type of waste and its moisture content. Roll off boxes or dumpsters may not be used to transport infectious waste.

3. The vehicle shall be maintained in good repair and cleaned as frequently as necessary to prevent nuisances.

4. If the infectious waste is putrescible waste or if nuisance conditions have developed, contact the contracted infectious waste transporter for immediate pickup.

SECTION XI – TREATMENT METHODS

A. No employee may dispose of infectious waste in a solid waste disposal facility unless the infectious waste has undergone treatment in accordance with this policy. The treatment method shall effectively render the waste non-infectious. The treatment method shall be chosen by considering the properties of the waste being treated and the degree of microbial contamination.

B. The City of Appleton will chemically treat a bulk blood/body fluid spill resulting from a public safety incident with a Liquid Treatment System. This treatment is chosen based on the manufacturers recommended use of the product. It is also chosen based on the following factors: easy and fast clean up, absorbs, solidified, defoams, biodegradable and non-hazardous.

References

Chapter NR 500, Wisconsin Administrative Code (General Solid Waste Management Requirements), Register, October, 1994

Chapter NR 526, Wisconsin Administrative Code (Medical Waste Management), Register, October, 1994

SECTION XII – HEPATITIS B VACCINATION

A. The Human Resources Department, 100 North Appleton Street, will manage the Hepatitis B vaccination program.

1. The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure. The Employee Education and Training is outlined in Section XVI.

2. The vaccine will not be offered if the employee has previously received the complete Hepatitis B vaccination series, unless antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

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

4. If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

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

6. All employees who decline the Hepatitis B vaccination that's offered, will sign the "Hepatitis B Vaccine Declination Form" (Exhibit III) that relate to Hepatitis B.

7. The copy of the consent and/or declination will be sent to Human Resources for filing.

SECTION XIII – POST EXPOSURE EVALUATION AND FOLLOW UP

A. What is an exposure incident? An exposure incident is specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An exposure incident occurs when there is specific exchange of blood or other body fluids through broken skin or mucous membranes, blood splashing into the employees mouth or eyes, to name a few.

B. When do you report exposure incidents? *Employees should immediately report exposure incidents.* This allows for timely medical evaluation and follow-up by a health care professional, as well as for timely testing of the source individual's blood for Human Immune Deficiency Virus and Hepatitis B virus. The incident must be reported to the employee's immediate supervisor who in turn will investigate and complete the "Exposure to Blood or Body Fluids" packet.

1. Before the medical evaluation and documentation is done, the supervisor should make sure that the exposed employee has removed garments contaminated by blood or other infectious material as soon as feasible. This may even include a shower to completely clean the body. (Each major department will develop their individual guidelines regarding waste disposal). See section III.

3. The supervisor will then direct the employee to a health care professional.

4. The employee should go to the same health facility as the source.

NOTE: If you go to an emergency room for a post exposure incident, you must call Thedacare at Work or Affinity Occupational Health for an appointment with a nurse within 48 hours of the exposure.

C. Health Care Providers

1. Thedacare at Work, 8:00 a.m. – 4:30 p.m., Monday – Friday, 2009 S. Memorial Drive 380-4999

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

3. Affinity - Occupational Health Systems of Wisconsin – 1186 Appleton Road, Menasha, WI 54952 7:30 a.m. to 4:30 p.m., Monday – Friday

4. St. Elizabeth Emergency Room (after hours), 1506 South Oneida, 24 hours a day

If the source of the exposure is known, post exposure follow up should be provided by the same health system.

D. Information provided to the health care professional

1. The employee takes documents included in the gray Post Exposure packet.

2. A copy of the Appleton Investigation Report is available in the supervisor's packet and/or available on the intranet and should immediately be directed to the City's Worker's Compensation Administrator in the Human Resources Department. The report should be sealed and marked "CONFIDENTIAL".

3. The Hepatitis B Vaccination dates are available in the S:common/HepB/Dept.folders.

E Confidential medical evaluation and follow up

1. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

   a. Documentation of the route of exposure and the circumstances under which the exposure incident occurred (Bloodborne Pathogen Exposure Report)

   b. Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law.

      WISCONSIN LAW – See Wis. Stats. Sec 146.82(2)(a)2.a.

c. The source individual's blood must be tested as soon as feasible and after consent is obtained in order to determine Human Immune Deficiency Virus and Hepatitis B Virus infectivity. If consent is not obtained, the health care professional shall inform the exposed employee.

NOTE: If the source is known to be infectious for Human Immune Deficiency Virus and/or Hepatitis B Virus, testing need not be repeated to determine the known infectivity.

d. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

F. Collection and testing of exposed employee's blood

1. Collection and testing of the exposed employee's blood for HBV, HCV and HIV serological status must be obtained as soon as possible after the exposure incident. The medical professional must follow these guidelines:

a. Consent of the exposed employee to draw and test blood.

b. If the exposed employee consents to baseline blood collection, but does not consent to Human Immune Deficiency Virus serologic testing, the exposed employee's blood sample must be preserved for at least 90 days. If, within 90 days of the exposure incident the employee agrees to have the baseline sample tested, such testing shall be conducted as soon as feasible.

G. Post exposure evaluation. All employees who incur an exposure incident will be offered post-exposure evaluation and follow up in accordance with the OSHA standard. All post-exposure follow up will be performed by Thedacare at Work or Occupational Health Services. In addition, individuals may also be referred to the AIDS Resource Center of Wisconsin project for additional information and counseling, 120 North Morrison, Appleton, WI 54911. Telephone: 733-2068.

1. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

2. The Worker's Compensation Claims Administrator has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

H. Health care professional's written opinion

1. The health care provider (Thedacare at Work or Affinity Occupational Health) shall provide the Worker's Compensation Claims Administrator with a copy of the evaluating health care professional's written opinion within 15 days of the completion

of the evaluation (these records must be kept separate from other medical records and must be kept for the duration of employment plus 30 years).

2. The health care professional's written opinion for the Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee if the employee has received such vaccination.

3. The health care professional's written opinion for post exposure evaluation and follow-up must be limited to the following:

   a. It informs the employer that the employee has been informed of the evaluation.

   b. It indicates the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

   c. All other findings or diagnoses must remain confidential and will not be included in the report.

SECTION XIV

A. Post Exposure Protocol for Employees

1. 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 absolutely certain about what treatment options are available.

2. 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. See Exhibit V Bloodborne Pathogen Exposure Procedure for clarification.

B. First Priority

1. Your first priority following an occupational exposure is to clean the exposure site with either alcohol gel or the disinfecting wipes that have been given to you. You should complete a thorough washing of the exposure site as soon as possible with soap and water or eye flush.

C. Notify a Supervisor

1. Following a possible exposure, immediately contact a supervisor. The supervisor will assist you with obtaining medical care, completing a First Report of Injury and an exposure report.

2. 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 then:

a. The supervisor will need to insure that there is medical documentation that there is an exposure; and

b. If the source refuses, complete an affidavit; contact the Assistant City Attorney to obtain a judicial order to obtain a sample.

D. Medical Follow up

1. All exposures to blood or other potentially infectious materials require medical follow up.

a. Follow up with the occupational health provider should take place the next scheduled business day at Thedacare at Work or Affinity Occupational Health.

b. Follow up care should be sought at the ER/Hospital where source individual is treated.

E. Did You Receive a Hepatitis B Vaccination?

1. 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.

2. The Human Resources Department maintains these records. The file path is J:common/HepB/Dept. Folder.

F. If You Did Not Receive a Hepatitis B Vaccination

1. 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.

G. Treatment Options

1. It is important that you understand that the most important response following any exposure is to immediately clean the exposure sites. Treatment for the exposure is the following:

a. If you are receiving emergency medical care, the exposure site will be thoroughly cleaned

b. The physician will evaluate the probability that an exposure actually occurred, as well as discuss the risk factors of the source person

c. The physician will discuss treatment options and follow-up procedures

d. The physician should also talk to you about what precautions you may need to consider before the results of the tests are available

2. A lab technician will draw a blood sample that will be tested for HIV, HCV and HBV and Hepatitis. This serves as a base line for future testing and is not an indication of whether an actual exposure occurred.

a. You may also wish to seek further counseling at the AIDS Resource Center of Wisconsin, 120 North Morrison, Appleton, 733-2068.

H. Follow-up Procedures

1. Within 10 days of the possible occupational exposure you will receive a phone call from Thedacare 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. Everyone must schedule an appointment. If you are not contacted, please call the Affinity Occupational Health 730-5330 or Thedacare at Work 380-4999.

2. 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.

3. You will need to schedule two additional follow-up appointments with Thedacare at Work or Affinity Occupational Health Services to have your blood tested to determine if further treatment is needed. The first appointment will need to be scheduled 6 months after the exposure, the second 12 months after the exposure (by law the City cannot intervene – the employee has to follow-up on this). You will be notified in writing. If you refuse additional follow-up testing/procedures, Occupational Heath will require you to sign a declination form.

I. Problems/Concerns

1. If you are not contacted within 10 days, or have a concern about the care provided, contact the Human Resources Department at 832-6458.

2. If you have any concerns about the quality of care provided contact the Director of Occupational Health at 730-5330 or Thedacare at Work380-4999.

SECTION XV - EMPLOYEE EDUCATION AND TRAINING

A. The Human Resources Department, with the assistance of a Health Department registered nurse, shall ensure that training is provided. Training will be mandatory for all personnel who are listed under the section entitled "Exposure Determination".

1. Once all personnel have been trained and new personnel are hired, department heads or supervisors must inform the City Safety Coordinator that additional training is needed. This must be within ten working days of initial assignment.

2. Training will be provided on an annual basis.

3. The training will be tailored to the education and language of the employees, and offered during working hours.

4. Nurses will be trainers in the use of safer needle device.

5. The training will be interactive and cover the following:

   a. A copy of the standard and explanation of its contents.

   b. A discussion of the epidemiology and symptoms of bloodborne pathogens.

   c. An explanation of the modes of transmission of bloodborne pathogens.

   d. An explanation of the City of Appleton Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.

   e. The recognition of tasks that may involve exposure.

   f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, new technologies, work practices and personal protective equipment (PPE).

   g. Information on types, use, location, removal, handling, decontamination, and disposal of PPEs.

   h. An explanation of the basis of selection of PPEs.

   i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.

   j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

   k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

l. Information on the evaluation and follow-up required after an employee exposure incident.

m. An explanation of the signs, labels, and color coding systems.

n. An opportunity for interactive questions and answers with the person conducting the training session.

o. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training as it relates to the workplace.

p. Additional training shall be provided to employees when there are changes of tasks or procedures affecting the employees' occupational exposure. Department heads or supervisors must inform the Safety Health Coordinator when this happens.

q. All other City employees will receive, from the department head or supervisor, information on the existence of the work plan and availability of personal protective equipment and work practice controls.

r. Documentation for training of employees in Class I is mandatory. All other City employees will receive training from their department head or supervisor (see Exhibit VI).

B. Record keeping

1. The HR Generalist is responsible for maintaining records as indicated below. These records will be kept with the confidential medical file.

2. Rules pertaining to exposure record keeping: Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be kept confidential and will not be disclosed or reported without the employee's written consent to any person within or outside the workplace except as may be required by law. Records must be maintained for at least the duration of employment plus thirty years. The records shall include the following:

a. The name and social security number of the employee.

b. A copy of the employee's HBV vaccination status indicating the dates of vaccination.

c. A copy of all results of examinations, medical testing and follow-up procedures.

d. A copy of the information provided to the health care professional including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

C. Training Records

1. The HR Generalist is responsible for maintaining the training records.

2. Records will be kept in the Human Resources Department.

3. Training records shall be maintained for three years from the date of training. The following information shall be documented on the training log (Exhibit VI):

   a. The dates of the training sessions.

   b. An outline describing the material presented.

   c. The names and qualifications of persons conducting the training.

   d. The names and job titles of all persons attending the training sessions.

4. Training

   a. Class I Employees - yearly
   b. All employees other than Class I will receive training initially upon hire through the New Employee Orientation Program
   c. Additional training may be offered by individual departments

SECTION XVI

A. Availability

1. All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020.

2. All employee records shall be made available to the Department of Workplace Development and OSHA upon request.

B. Transfer of Records

1. If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

SECTION XVII

A. Evaluation and Review

1. The Human Resources Department along with the Appleton Health Department's Public Health Nurse, is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed.

B. Dates

1. All provisions required by this standard will be implemented by November 13, 1993.

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF CITY OF APPLETON BLOODBORNE PATHOGENS POLICY

I,_____, acknowledge the receipt of a copy of the City of Appleton's Bloodborne Pathogens policy and training.

I agree to follow the City of Appleton's rules and procedures as outlined in this policy.

I understand I will not be penalized for reporting conduct that I believe is forbidden by this policy.

I understand that should I have future questions, I may contact my supervisor, the Human Resources Department or the City Attorney's Office.

Employee Name printed: _____Dept_____

Employee Signature:_____Date_____

INFECTIOUS WASTE CLEAN-UP AND HANDLING PROCEDURE
FOR
FACILITIES MANAGEMENT
AND
CONTRACT CLEANING PERSONNEL

Facilities Management is responsible for coordination of proper clean-up and disposal of bodily fluid spills within the following City facilities: City Hall, Parks and Recreation, Police Department, Fire Stations, Valley Transit, Transit Center, Water Distribution, Water Filtration, Wastewater Plant, Municipal Service Building, parks, trails, and pavillions ~~and Parking Ramps~~. The Facilities Manager is the primary contact for the City. If not available, the Director of Facilities & Construction should be notified, and they will contact the proper personnel.

Arrangements have been made with the contract cleaning service to perform the actual biohazard clean up. Therefore, if you are unable to contact anyone from Facilities Management, a contact person from that company has been listed on the call-in list.

CONTACT: Kurt Van Voorhis, Ultimate Cleaning at 920-205-5104

Facilities Management personnel will follow the guidelines given in the City of Appleton Bloodborne Pathogen Policy. Contract cleaning personnel will adhere to their company policy.

PROCEDURE

1. All facilities will have small spill kits available for use. Gross exposure equipment will be 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). Should a gross exposure event be reported to another facility, you will need to obtain the appropriate equipment prior to going to the site.

2. Assess the affected area as soon as you arrive at the scene. Block off the area using barricade tape, floor signs or marked buckets.

3. Use the appropriate Personal Protective Equipment.

4. Spray the affected area with germicidal solution provided in kits. For larger areas, spray bottles of pre-mixes phenolic disinfectant are provided in the gross exposure supplies. A 2% solution of bleach may also be used to disinfect an area, if it is hard surface that will not be stained by the bleach. (Do not use bleach on carpet!) Undiluted bleach will be available in the Wastewater First Aid room and in the Police Department supply room.

5. Use LTS (liquid treatment system) materials to absorb any blood or bodily fluids. Once absorbed, pick up the saturated material using a small scoops or plastic dustpan for larger amounts. Place material in garbage bags and seal. If body parts are present, place materials in red biohazard bags.

6. Once all fluids, saturated powder, and other waste has been placed in bags, spray the affected area once again with disinfectant spray. The area must remain saturated with solution for a minimum of ten minutes in order to disinfect the spill.

7. Disposable equipment should be placed in biohazard bags. Use larger bags for larger pieces of equipment. Any re-useable equipment used in the procedure (plastic dustpans, brooms and brushes) must be sprayed with disinfectant solution and allowed to air dry. If it is felt that equipment is too contaminated to re-use, dispose of in large bio bags.

8. Return to the spill area and wipe up excess disinfectant solution using disposable cloths. Place the cloths in the red bags. Each bag containing the biohazard waste must be tied and placed within another red bag. Place the double-bagged waste into a red biohazard bucket. Remove gloves and any other personal protective equipment into the bucket(s) and seal completely. Remember to use proper procedure for removal of PPE so you are not re-contaminating yourself and other surfaces.

9. Place the biohazard bucket in the custodial supply closet.

10. Notify the Facilities Manager or appropriate management personnel that the spill has been contained and a pick-up is necessary.

11. The supervisor will handle waste according to the regulated waste disposal policy. If material is determined not to be putrescible, then it may be brought to the City Hall disposal site (6th floor Health archives). If you do not have keys to this area, you can contact Ultimate Cleaning at 920-205-5104 to gain access. If material is putrescible, it is put into the refrigerated area at Fire Station #1. The Health Department must be notified about the event as soon as possible.

PARKS, RECREATION AND FACILITIES MANAGEMENT DEPARTMENT

REGULATED/INFECTIOUS WASTE HANDLING AND STORAGE GUIDELINES

This will serve as a step by step guide for the disposal of such materials and the use of Biohazard bags.

1. A Biohazard bag or a bag labeled with the Biohazard emblem, should **ONLY** be used for the disposal of BLOOD and other regulated body fluid (anything except urine, stool or vomit) saturated materials that are **DRIPPABLE, POURABLE or SQUEEZEABLE.**

2. If the use of a biohazard bag is necessary, complete the following steps:

   a. Place material in a sealed, labeled Biohazard bag or ziploc bag
   b. Notify your supervisor of the situation
   c. Notify the Operations Manager of Parks that a pick up is needed.
   d. The Operations Manager will notify the Health Department and arrange for transport to Fire. (832-6429)
   e. Place the biohazard in a second ziploc bag, and place it in a cardboard box, sealed and labeled with a biohazard sticker. (This must be done in order to transport.)

   NOTE: The box will be picked up by park maintenance staff and transported to the Health Department, located on the 6th floor of City Hall. Someone will meet the transporter at the door. The container must be transported in a fully enclosed vehicle (i.e.: **NOT** the back of a pick up truck.).

   If the infectious waste is putrescible waste, or if nuisance conditions have developed, place biohazard bagged waste in designated refrigerator at Fire Station #1. Make sure the refrigerator is plugged in and working. Contact the Health Department during their next regularly scheduled hours (832-6429). The department supervisor or designee will have the contact phone number.

   f. If this situation occurs during weekend hours of operation, follow the necessary steps to contain the materials. Place the container in a **LOCKED** cabinet. Notify the necessary individuals Monday morning to arrange for its disposal.

The following materials **DO NOT** apply to this procedure. These items should be placed in a ziploc bag and disposed of in the regular trash:

   a. Blood saturated materials that are **NOT** drippable, pourable or squeezable. (Example: bloody gauze, gloves)
   b. All feces, vomitus and urine materials.

      NOTE: If any of these materials also contain blood and are drippable, pourable or squeezable, they are to be disposed of using a biohazard bag and following those disposal procedures.

   c. Feminine hygiene products may be disposed of in a ziploc bag (pads) and thrown in the regular trash, or flushed (tampons).

If you are unable to determine which steps to follow, please contact your supervisor for further instructions.

Exhibit II

INFECTIOUS WASTE CLEAN UP AND HANDLING PROCEDURE
FOR
DPW – OPERATIONS DIVISION

I. Purpose

A. To provide safe direction for Public Works employees for the clean up of blood spills and the subsequent handling of generated infectious and non-infectious waste.

II. Policy Statement

A. Public Works employees will follow the guidelines in the City Bloodborne Pathogen policy. This policy includes the Regulated/Infectious Waste Handling and Storage Policy, which identifies department incident response areas. This states that Public Works will respond to a blood spills larger than "2 feet x 2 feet", when the Police Department cannot contain the spill or when the Fire Department will not be called for hazardous materials containment during public safety incidents response.

III. Procedure

A. Identified and trained Public Works employees will respond to Police request for assistance with blood/body fluid spill clean up.
B. Employee will use all personal protective equipment available (latex or nitrile gloves, rubber work gloves, face shield or mask and eye protection, protective outer ware, and rubber work boots).
C. Spray affected area with germicidal spray solution or specified bleach mixture to disinfect the area. Allow specified "kill time" for solution to work before adding crystal coagulant.
D. Liquid Treatment ~~System~~ Crystals will be used to solidify the blood spill. These crystals will also be used on snow and ice with reasonable efforts to cover liquid materials.
E. In situations where the spill has dried, a disinfecting solution will be applied on the spill prior to use of the Liquid Treatment System.
F. Sweep or shovel the crystals into red biohazard bag.
G. Transport as directed in the Regulated/Infectious Waste Handling and Storage Policy.
H. If proper disposal requires the use of a red biohazard bag and materials are putrescible, the bags may be temporarily stored in the designated refrigerator area at Fire Station #1. If the material is not putrescible and it is during normal business hours, employees or supervisors may contact City Hh~~h~~ealth Department at 832-6429 for drop off and disposal. ~~Dispose drum contents in the Sanitary Manhole at the Municipal Services Building located between the main garage and the salt shed.~~
I. Decontaminate all reusable equipment with disinfecting spray solution and let air-dry. This includes reusable work gloves and boots.
J. Dispose of any non-reusable equipment per policy.
K. As locations allow and as a final precaution, employees should make time to thoroughly wash hands or use hand sanitizer if a sink or wash station is not readily available.

BIOHAZARD CLEAN UP PROCEDURE POLICY

If DPW is called to assist Police Department

Red: Biohazard bag
Black: Household garbage bag

** All responding employees must have been offered the HEP B vaccination

1. Check your materials list. Load all necessary clean up equipment needed into an available pickup truck.

2. Upon arrival at the scene, survey the accident site and notify the officer in charge that you are there to clean up the biohazard spill.

3. a. Place red bags in red containers if necessary (when body parts are present, or the clean up materials are drippable, squeezable or pourable, place all collected materials in the red bags).

   b. Liquids contained with LTS (liquid treatment system) materials not containing body parts or not drippable, squeezable or pourable can be placed in black garbage bags.

4. Put on all necessary PPE (personal protective equipment). Rubber boots, disposable body suit (keep the hood up always during the clean up procedure), wear latex gloves under the heavy protective outer gloves and use the full-face shield.

5. Spray entire contaminated area with disinfecting spray solution ~~(over spray entire spill)~~.

6. Spread crystals on treated surfaces (spread very lightly).

7. Clean up

   a. Place all body parts in the red bag inside the red container.

   b. Use plastic shovel and broom to sweep up the spill contained with LTS crystals. Place in the red bag.

   c. When you disinfect and spread crystals over a contaminated area where there are no body parts and no body fluids that are drippable, squeezable or pourable, then place all collected materials into a regular garbage bag and dispose of in a garbage truck when you return to MSB.

8. Re-spray contaminated area after completing clean up procedures. Leave to air dry.

9. Spray all containers and let air-dry (broom, broom handles, shovels, boots, gloves, red containers and container's handle, etc.). Remember to leave your latex gloves on during the disinfecting procedures. As you disinfect a piece of equipment, place it on the truck's tailgate so it is out of your way and you know that this piece has been cleaned and disinfected.

A. Remember, you must disinfect everything you have touched (it is important to remember this before you get into the truck and leave the scene.)

B. As you disinfect your equipment, place the tools on the tailgate of the truck so you do not confuse what you have cleaned and not cleaned.

C. After completing the clean up procedures and your disposable body suit is clean, place them into a garbage bag with your latex gloves. When you get back to the city garage throw the black garbage bag into a refuse truck.

D. If body parts are on your disposable suit, or the suit contains drippable, pourable, or squeezable materials, then these items will be placed into a red biohazard bag along with all clean up materials and latex gloves.

E. If proper disposal requires the use of a red biohazard bags and materials are putrescible, the bags may be temporarily stored in the designated refrigerator area at Fire Station #1. If the material is not putrescible and it is during normal business hours, employees or supervisors may contact City Health Department at 832-6429 for drop off and disposal.

F. As locations allow for a final precaution, employees should make time to thoroughly wash hands or use hand sanitizer if a sink or wash station is not readily available.

Items needed for a biohazard clean up:

Latex-free or nitrile gloves
Boots, Rubber gloves
Crystals to be placed on spill areas
Biohazard red pails
Black garbage bags
Safety vest
Disposable suits
Full-face shield
Plastic broom, shovels
Biohazard red bags with tie clasps
Flash light during dark hours
Disinfectant spray product~~solution~~

Infectious/Non-Infectious Waste Clean-up and Handling Procedures
For
DPW Parking Division

I. Purpose:

To provide safe direction for Parking employees for the clean-up of blood spills and the subsequent handling of generated infectious and non- infectious waste.

II. Policy Statement:

Parking employees will follow the guidelines in the City Blood borne Pathogen Policy. This policy includes the regulated/infectious waste handling and storage policy. This states that public works will respond to a blood spill larger than "2 foot x 2 foot", when the Police Department cannot contain the spill or when the Fire Department will not be called for hazardous material containment during public safety incidents response.

III. Procedure:

1. Retrieve waste clean-up cart.
2. Assess the affected area. Block off the area using barricade tape, floor signs, and cones.
3. Use the appropriate PPE (personal protective equipment).
    a) Latex free or nitrile gloves.
    b) Rubber gloves.
    c) Face shield.
    d) Eye protection.
    e) Rubber boots.
    f) Protective outer wear such as disposable pants, sleeves, aprons or suits.
4. Spray the affected area with germicidal solution (MegaQuat) or a 2% solution of bleach may be used to disinfect the area and allow for specified kill time before starting cleanup.
5. Use LTS (liquid treatment system) material (Devour) to absorb any blood or body fluid (feces, vomitus, and urine materials).
6. Once all fluids, saturated powder and other waste has been placed in trash bag, spray the affected area once again with disinfectant spray (MegaQuat). The area must remain saturated with solution for a minimum of ten minutes or specified product time in order to disinfect the spill.

- NOTE: A biohazard bag should **ONLY** be used for the disposal of blood and other regulated body fluid (except: urine, stool, vomit) or saturated materials that are drippable, pourable, or squeezable.
- For areas within parking ramps with limited access and clean-ups larger than a 2'X2' area, arrangements have been made with : Ultimate Cleaning

Contact:
Kurt Van Voorhis
920-205-5104 or
920-380-7041

7. Any reusable equipment used in clean-up must be sprayed with disinfectant and allowed to air dry. As you disinfect a piece of~~your~~ equipment, place it in a separate location ~~the tools on the tailgate of the truck~~ so you do not confuse what you have cleaned and not cleaned.
8. After the area is completely cleaned, remove any barricades used.
9. Remove PPE in proper way to ensure you are not touching any of the contaminated surfaces. Discard into an appropriate container.

10. Replace waste removal cart in proper location. Restock waste cart of any materials that were used if necessary.
11. As locations allow as a final precaution, employees should make time to thoroughly wash hands or use hand sanitizer if a sink is not readily available.
12. If proper disposal requires the use of a red biohazard bags and materials are putrescible, the bags may be temporarily stored in the designated refrigerator area at Fire Station #1. If the material is putrescible and ~~Otherwise, if~~ it is during normal business hours, employees or supervisors may contact City Health Department at 832-6429 for drop off or to receive directions for disposal.
13. Materials collected that do not require the use of red biohazard bags may be double bagged, tied shut, and placed in regular trash for disposal.

APPLETON POLICE DEPARTMENT
Operations Bureau Directive

RE: Body Fluid Spill Cleanup **(Tissue materials need to be handled by DPW or contracted cleaning service)**

City of Appleton employees will make very effort to clean up bulk blood and body fluid spills. We will use reasonable efforts to recover the (LTS) liquid treatment system materials. The LTS materials can be disposed of through normal trash disposal per policy guidelines.

- Incidents in parking ramps, park settings, and City-owned buildings will be the responsibility of the department of jurisdiction (e.g. Parking Ramps are the responsibility of DPW, parks are the responsibility of the Parks and Recreation Dept., City buildings and associated property are the responsibility of Facilities Management, etc).

- Incidents involving public safety response will be handled as follows:

  * Incidents involving police actions that result in body fluid/materials being cleaned from private property will be at the discretion of APD to call "a contracted service" or provide the property owner with information to do so. Current contract is with Servpro of Appleton. 24/7 call (920) 832-1110 or CJ Snyder cell (414) 507-7258.

  * Body fluid spills within private, owner occupied or rental properties will typically be the responsibility of the victim, guardian, or owner of the property. Questions from property owners should be referred to the Health Department. They have a list of qualified cleaning services.

  * 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. Officers would be expected to use their issued LTS to absorb the body fluid spill.

  * If a Police Department employee distributes LTS, we are responsible for the material pick up. An on-duty CSO can be asked to respond. The CSO vehicle will have a small shovel and trash containers for picking up the material. If the CSO is not available, the officer should check with their supervisor for the appropriate action.

  * Once the LTS crystals have been used on body fluids, the spill is no longer considered infectious material. The absorbed material can then be collected, using appropriate protective and environmental controls and disposed of in a sealed garbage bag in a closed dumpster.

  * In the situation of a spill larger than 2 feet x 2 feet, a supervisor may request assistance from DPW's Operations Division. The CSO vehicle will also have additional LTS materials available. As noted above **"tissue materials need to be handled by DPW".**

- Incident involving traffic accidents where the Fire Department has responded for hazardous automobile fluid spills, will be the responsibility of the Fire Department for cleanup of spill containment materials.

- Storage and Transfer – If necessary, transport infectious waste to the biohazard refrigerator at Fire Station #1. The materials (clothing, debris, etc.) shall be segregated for proper disposal and contained in a locked, enclosed area (e.g. a labeled locker). If possible, the supervisor should try to contact a representative of the Health Department for guidance.

- When officers use their individual LTS supply and seek replacement materials, the district supervisor will take note of the type of incident so the level of department response to body fluid spills can be administratively monitored.

Valley Transit – Bio-Hazard Clean-up Procedures

Service Persons within Valley Transit are responsible for proper clean-up and disposal of bodily fluids or spills upon the Valley Transit buses.

Procedure:

1. Use the appropriate PPE (i.e. gloves, rubber boots, full face shield, disposable body suit)
2. Spray the affected area with germicidal solution (2% bleach). May also use LTS materials (liquid treatment system) or crystals to absorb any blood or bodily fluids. Once absorbed pick up the material using small scoops or plastic dust pan, place materials in garbage bag and seal. Discard in an appropriate container. *If body parts are present, place materials in red bio-hazard bags.*
3. Once the area is initially cleaned, spray once again with germicidal solution and allow to the spray to remain for ten minutes in order to disinfect.
4. Disposable equipment should be placed in bio-hazard bags. Any reusable equipment used in the above clean-up (dust pans, brooms, brushes) must be sprayed with disinfectant solution and allowed to air dry. If it is felt that the equipment is too contaminated to re-use, dispose of in large bio-hazard bags.
5. After the area is completely cleaned, remove PPE in proper way to ensure you are not touching any of the contaminated surfaces. Discard into an appropriate container
6. Notify your supervisor of the incident and the need to dispose of the bio-hazard bags. A supervisor will transport the bio-hazard bags to the refrigerator at Fire Station #1.

Note: The Transit center and Valley Transit offices are handled by Ultimate cleaning (920-205-5104)

(Please refer to page 29 of the city policy)

INFECTIOUS WASTE CLEAN-UP AND HANDLING PROCEDURE
FOR THE APPLETON PUBLIC LIBRARY

Operations staff are responsible for proper clean-up and disposal of bodily fluid spills within the library. The Business Manager is the primary contact if there are any issues, coordination needs, or to place a request with Ultimate Cleaning as necessary. If not available, the Assistant Director then Director should be notified.

CONTACT: Kurt Van Voorhis, Ultimate Cleaning at 920-205-5104 (when operations staff are unavailable)
Operations library staff will follow the guidelines as acknowledged by signing the City of Appleton Bloodborne Pathogen Policy.

If an employee comes into contact or becomes exposed to any blood or bodily fluids, IMMEDIATELY clean/disinfect the exposure site and then notify your supervisor to initiate the post-exposure process.

PROCEDURE:
1. Assess the affected area as soon as you arrive at the scene. Block off the area using barricade tape, floor signs, and/or cones.
2. Use the appropriate Personal Protective Equipment
3. Spray the affected area with germicidal solution or crystals to absorb any blood or bodily fluids. A 2% solution of bleach may be used to disinfect a hard surface area that will not be stained by the bleach (do not use bleach on carpet!).
4. Use LTS (liquid treatment system) materials to absorb any blood or bodily fluids. Once absorbed, pick up the saturated material using a small scoop or plastic dustpan. Place material in garbage bags and seal. Place all materials in the red biohazard bags.
5. Once all fluids, saturated powder, and other waste has been placed in bags, spray the affected area once again with disinfectant spray. The area must remain saturated with solution for a minimum of ten minutes in order to disinfect the spill.
6. Disposable equipment should be placed in biohazard bags. Any re-useable equipment used in the process (plastic dustpan, brooms, brushes, etc.) must be sprayed with disinfectant solution and allowed to air dry. If it is felt the equipment is too contaminated to re-use, dispose of in large bio bags.
7. Return to the spill area and wipe up excess disinfectant solution using disposable cloths. Place the cloths in the red bags. Each bag containing the biohazard waste must be tied and placed within another red bag. Place the double-bagged waste into a red biohazard bucket. Remove gloves and any other personal protective equipment into the bucket and seal completely. Remember to use proper procedure for removal of PPE so you are not re-contaminating yourself and other surfaces.
8. Place the biohazard bucket in a locked custodial supply closet until it can be delivered to the drop off location at City Hall.
9. Notify the Business Manager that a cleanup has been contained.

CITY OF APPLETON
100 NORTH APPLETON STREET
APPLETON, WI 54911-4799

HEPATITIS B VACCINATION PROGRAM

Informed Consent

1. I understand that _____ have been identified as being at higher risk for the Hepatitis B infection due to potential exposure during provision of such hand-on procedures as _____.

2. I understand that it is recommended that all personnel whose jobs involve participation in tasks or activities with exposure to blood or other bodily fluids, to which universal precautions apply, be vaccinated with the Hepatitis B vaccine.

3. Recombivax HB* (Hepatitis B Vaccine Recombiant MSD) is a non-infectious sub-unit vaccine derived from Hepatitis B surface antigen (HbsAg) produced in yeast cells. A portion of the Hepatitis B virus gene is cloned into yeast and the vaccine for Hepatitis B is produced from cultures of the recombinant yeast strain. This vaccine is prepared from recombinant yeast cultures and is free of association with human blood or blood products.

   *Registered trademark Merck and Company, 1986

4. I understand that a high percentage of healthy individuals who receive two doses of vaccine and a booster achieve levels of surface antibody (anti-HBs) protection against Hepatitis B. Full immunization requires three doses of vaccine over a six-month period, although some persons may not develop immunity even after three doses.

   There is no evidence that the vaccine has ever caused the Hepatitis B infection. However, persons who begin the vaccine series while in the incubation period of Hepatitis B may go on to develop clinical Hepatitis in spite of immunization. The duration of immunity is unknown at present, and the need for a booster dose is not yet defined.

5. The Hepatitis B vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, Hepatitis C virus, Non-A Non-B Hepatitis viruses, or any other virus known to infect the liver.

6. The incidence of side effects is very low. No serious adverse reactions to the vaccine have been reported during the course of clinical trials. A few persons may experience soreness, redness, swelling and the nodule formation at the injection site. Low grade fever, weakness, headache, nausea, diarrhea, joint pain and respiratory infection has also been reported. As with any vaccine, there is the possibility that more extensive use could reveal more serious side effects not observed in the clinical trials.

7. I have read the above statements about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits/risks of the Hepatitis B vaccination. I understand that I must have three doses of vaccine to confirm immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine.

8. I understand that it is the responsibility of the employee to schedule injection of all three doses with the coordinator.

   a) 1st injection
   b) 2nd injection (1 month after 1st injection)
   c) 3rd injection (6 months after 1st injection)

   All injections will be given in the deltoid muscle (arm)

9. It is the employee's decision to choose whether or not they will participate in this vaccination program.

   Please sign this form indicating your decision at to the level of participation you wish in this program.

   _____ I have already received vaccination against Hepatitis B
   1.(Month)_____(Day)____(Year)_____
   2. (Month)_____(Day)____(Year)_____
   3.(Month)_____(Day)_____(Year)_____

   Provider_____

   _____ I will have my personal physician administer the vaccine of my choice, at my own expense and will provide the Human Resources Department with documentation of same.

   _____ I request vaccination against Hepatitis B using Recombivax HB to be administered by the provider supplied by the City of Appleton.

   _____ I request blood titer to be drawn and analyzed for anti-HB prior to making my decision using a provider supplied by the City of Appleton.

_____	_____	_____
Name (please print)	Signature (Parent or Guardian if minor)	Date
_____	_____	_____
Witness (please print)	Signature	Date

Exhibit III

CITY OF APPLETON
100 NORTH APPLETON STREET
APPLETON, WI 54911-4799

HEPATITIS B VACCINE DECLINATION FORM

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

_____ _____

Signature Date
(Parent or guardian if minor)

_____ _____

Witness Date

WISCONSIN DIVISION OF PUBLIC HEALTH
Department of Health and Family Services

Hepatitis B

Disease Fact Sheet Series

What is hepatitis B?

Hepatitis B (formerly known as serum hepatitis) is a liver disease caused by the hepatitis B virus (HBV). The disease is fairly common; about 50 acute cases and 600 chronic/unspecified cases are reported in Wisconsin each year.

Who is most likely to get hepatitis B?

- Injection drug users
- Healthcare workers
- Men who have sex with men
- Heterosexuals with multiple partners
- Hemodialysis patients
- Sexual/household contacts of infected people
- Infants born to infected mothers
- Infants/children of immigrants from HBV-endemic countries

How is the virus spread?

HBV is spread by contact with blood, serum, semen, vaginal fluids and, rarely, saliva. Direct contact with infected body fluids; usually by needle stick injury, sharing needles, or sexual contact, is necessary for spread. HBV is not spread by casual contact or by respiratory droplets.

What are the signs and symptoms of hepatitis B?

The signs and symptoms of hepatitis B include fatigue, poor appetite, nausea, vomiting, abdominal discomfort and sometimes joint pain or rash. Later, urine may become dark and jaundice (a yellowing of the skin and whites of the eyes) may appear. Many people do not have typical signs and symptoms of hepatitis; only 10% of children and 30-50% of adults develop jaundice.

When do symptoms appear?

Symptoms usually appear 2-3 months after exposure (range: 1½-6 months).

How long can a person spread the virus?

HBV is present in blood and other body fluids several weeks before symptoms appear and usually persists for about 3 months. However, the likelihood of complete recovery with elimination of the virus from the body depends on the age when infection occurs.

Chronic infection occurs in 80-90% of infants infected during the first year of life, in 30-50% of children infected between 1-4 years of age and in 5-10% of people infected after 6 years of age. People with chronic hepatitis B may infect others and 15-25% may die prematurely of either cirrhosis or liver cancer.

What is the treatment for hepatitis B?

Hepatitis B infected persons should be evaluated by their doctor for liver disease. There are no medications available for recently acquired (acute) HBV infection. Hepatitis B vaccine is available for the prevention of HBV infection. There are antiviral drugs available for the treatment of chronic HBV infection. Currently five drugs are used for the treatment of persons with chronic hepatitis B. These drugs include adefovir dipivoxil, interferon alfa-2b, pegylated interferon alfa 2-a, lamivudine and entecavir. Additional anti-virals are under development.

What precautions should a person with acute or chronic hepatitis B take?

The person should follow standard hygienic practices to protect close contacts from blood and other body fluids. The infected person must not share razors, toothbrushes, needles, or any other object that may have become contaminated with blood. Use of latex condoms during sexual activity may reduce transmission of HBV among homosexuals and heterosexuals. The infected person must not donate blood and should inform dental and medical care providers so that proper precautions can be followed.

How can hepatitis B be prevented?

Hepatitis B can be prevented either before or right after exposure to the virus. To prevent disease before exposure, hepatitis B vaccine is recommended for all infants and children <19 years of age, people in high risk occupations (e.g., healthcare workers) and people with a high risk behavior (e.g., injection drug use or multiple sexual partners). Susceptible sexual and household contacts of people with chronic hepatitis B should also be immunized and the sexual partners should be tested for immunity after they complete the 3-dose series.

To prevent disease after exposure, hepatitis B immune globulin (HBIG) is given along with hepatitis B vaccine.

- Infants of infected mothers. Because these infants are exposed to the virus during labor and delivery, all pregnant women should be screened for hepatitis B prenatally. Infants of women who test positive should receive HBIG and the first dose of hepatitis B vaccine within 12 hours of birth. The infant should receive the remaining doses of hepatitis B vaccine at 1-2 months and 6 months of age.
- Sex partners of a person with acute hepatitis B should be given HBIG within 2 weeks of the last sexual contact.
- Household contacts of a person with acute hepatitis B do not need HBIG unless they have had a blood exposure to the case within the past 2 weeks. Questions about preventing hepatitis B after other types of exposures should be directed to your physician or local health department.

DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION.
PPH 42055 (Rev. 12/05)

WISCONSIN DIVISION OF PUBLIC HEALTH
Department of Health and Family Services

Disease Fact Sheet Series

Hepatitis C

What is hepatitis C?
Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease.

How is the virus spread?
HCV is spread primarily by exposure to human blood from an infected person. It can also be spread sexually or perinatally from an infected mother to her infant. Blood products, organs, tissues, semen and vaginal secretions from an infected person are sources for potential HCV infection transmission. HCV is not spread by casual contact such as hugging, sneezing, coughing or sharing food. However, sharing razors or toothbrushes with an infected person could spread HCV.

Who should be tested for hepatitis C?

- Persons who ever injected illegal drugs, including those who injected once or a few times many years ago.
- Persons who were treated for clotting problems with a blood product made before 1987.
- Persons who were notified that they received blood from a donor who later tested positive for hepatitis C.
- Persons who received a blood transfusion or solid organ transplant before July 1992.
- Long-term hemodialysis patients.
- Persons who have signs or symptoms of liver disease (e.g., abnormal liver enzyme tests).
- Healthcare workers and others (e.g., family members) after significant exposures (e.g., needle sticks or splashes to the eye) while caring for or assisting an HCV-infected person.
- Children born to HCV-positive women.
- Sexual partners of HCV infected persons, although the risk of transmission is low.

What are the signs and symptoms of HCV infection?
Most (90%) HCV infections are not symptomatic. A few individuals experience elevated (seven times the normal range) or fluctuating levels of the liver enzyme alanine aminotransferase, loss of appetite, fatigue, nausea and vomiting, vague abdominal pain and jaundice. Of persons infected with HCV, 15% may develop cirrhosis over a period of 20 to 30 years, and 5% may die from the consequences of long term infection (liver cancer or cirrhosis).

How soon do signs or symptoms occur?
Persons with acute illness usually develop symptoms 6-7 weeks after exposure. Hepatitis C antibody (anti-HCV) can be found in 7 out of 10 persons when symptoms begin and in about 9 out of 10 persons within 3 months after symptoms begin.

When and for how long is a person able to transmit HCV?
Some persons carry the virus in their blood and may remain contagious for years. A chronic carrier state may develop in as many as 75-85% of infected persons.

Are there treatments for hepatitis C?
The FDA has approved three drugs to treat HCV infection. Patients are advised to consult their medical providers about treatment options. Immune globulin (IG) is **not** effective for post-exposure prophylaxis of hepatitis C.

- more -

Are there sensitive and specific tests for diagnosing hepatitis C?
There are several blood tests that can be done to diagnose HCV infection. The enzyme immunoassay (EIA) is usually done first. The recombinant immunoblot assay (RIBA) is a supplemental test used to confirm a positive EIA test. Both the EIA and the RIBA detect anti-HCV in serum or plasma. Anti-HCV does not tell whether the infection is new (acute), chronic (long-term) or is no longer present.

The presence or absence of virus (HCV RNA) in the blood is detected with qualitative reverse transcriptase polymerase chain reaction test (RT-PCR). PCR and other tests to directly detect virus are not yet licensed but are widely used in clinical practice. A single positive PCR test indicates infection with HCV. A single negative PCR test does not prove that a person is not infected. Virus may be present in the blood and not found by PCR. Also, a person infected in the past who has recovered may have a negative test. When hepatitis C is suspected and the PCR is negative, the PCR should be repeated 6 months later.

How can the spread of HCV be prevented?
Persons who are infected with HCV should take the following precautions to prevent transmitting hepatitis C:

- Do not donate blood, body organs, semen (sperm), ova, or other tissue.
- Do not share toothbrushes, razors or other sharp personal care articles.
- Cover cuts and open sores.
- Do not share needles or works with others and use only clean needles and works. Staff in a public health department can provide information on how to obtain clean needles, e.g., through needle exchange or a local pharmacy, and how to enter a drug treatment program.
- The rate of transmission of HCV between regular sexual partners is low. Partners who want to lower the chance of transmitting HCV should use latex condoms.

Persons having sex with multiple partners should use a latex condom correctly every time to prevent the transmission of sexually transmitted diseases to susceptible partners.

DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION
PPH 42056 (Rev. 05/04)

HIV Infection

What is HIV infection?
HIV infection is a communicable disease caused by the human immunodeficiency virus (HIV) which damages the body's immune system, the system that fights infections. Without the immune system's protection, the body is defenseless against serious and potentially life-threatening diseases which can lead to the development of Acquired Immune Deficiency Syndrome (AIDS), the later stage of HIV infection.

How is HIV transmitted?
HIV is transmitted through contact with infected body fluids such as blood, semen, vaginal secretions, and breast milk. It is spread by sexual contact with an infected person, and by sharing needles and/or syringes (primarily for drug injection) with someone who is infected. Very rarely, HIV is transmitted through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breastfeeding after birth.

HIV is not transmitted by mosquitoes or through casual contact such as shaking hands, social kissing and hugging, coughing, sneezing, swimming in a pool; by sharing bathrooms, eating utensils, food, office equipment or furniture; or from drinking from a water fountain. However, sharing razors or toothbrushes with an infected person could spread HIV.

How can a person learn if they have HIV infection?
The only way for a person to learn if they have HIV infection is through testing of blood or other body fluids such as oral fluids or urine. Tests most commonly used to diagnose HIV infection detect HIV antibodies produced by the body to fight HIV. Most people develop detectable antibodies within 3 months after infection. In rare cases, it can take up to 6 months. Persons can be tested by their physicians or at clinics specializing in sexually transmitted diseases, family planning services, and agencies providing publicly funded HIV counseling and testing services.

What are the signs and symptoms of HIV infection?
Some individuals experience an acute phase of HIV infection with short-term (one to two weeks) flu-like symptoms (fever, head, malaise, enlarged lymph nodes in the neck or groin) within one or two months after becoming infected. Most individuals do not have any symptoms for many years. Over time, however, the body's immune system weakens and a person may become vulnerable to other viruses and infections including certain pneumonias; several forms of cancer; nervous system damage; and extreme weight loss. A very small number of persons with HIV infection remain symptom-free even though they are able to transmit the virus to others.

Who should be tested for HIV?
- Men who had unprotected sex (sex without a condom) with another man.
- Persons who shared needles for injecting drugs, tattooing, or body piercing.
- Persons who had several sex partners.
- Persons who had any sexually transmitted disease (STD), e.g. gonorrhea, herpes, chlamydia, venereal warts, or any other STD.
- Persons who received a blood transfusion or blood product between 1978 and mid-1985.
- Persons who had unprotected sex with any of the persons described above.
- Persons who had unprotected sex with a person infected with HIV.
- All pregnant women as well as infants born to HIV-infected mothers.
- Persons who were significantly exposed to another person's blood or other body fluids (e.g., someone's blood coming in contact with open lesions on another person's hand).

- more -

For how long can an infected person carry HIV?
Persons infected with HIV remain contagious for their entire life--even after an HIV test no longer detects the virus in a person who previously tested positive.

Are there treatments for HIV infection?
There several effective HIV antiviral medications. Early treatment with antiviral and other related medications can slow the progression of HIV disease and the development of AIDS. Persons with HIV infection usually take a combination of two or more HIV drugs to prevent disease progression. Because there is no medication that rids HIV from the body, most infected persons will need to take HIV medications their entire lives. HIV-infected pregnant women who take HIV medications can decrease the risk of transmitting HIV to a fetus/newborn infant during pregnancy or delivery.

How can the spread of HIV be prevented?
The only sure way to avoid becoming infected or infecting others with HIV is to not have sex and to not share needles; however

- Persons who are sexually active should:
    - Limit the number of sexual partners and avoid sex with people whose sexual history is unknown.
    - Always use condoms when having sex (vaginal, oral, or anal). A dental dam (a sheet of latex) or a male condom cut open can be used for oral sex on a woman.
    - Avoid the use of alcohol and other drugs that might cloud thinking and lead to high-risk behavior.
- Persons who inject drugs should:
    - Not share needles or injection drug equipment with others.
    - Use only clean needles and works.
    - Enter a treatment program.

Staff in a local health department can provide information on how to obtain clean needles (e.g., through needle exchange or a local pharmacy) and how to enter a drug treatment program.

Pregnant women who are infected with HIV can reduce the risk of transmitting HIV to their unborn child when they take special HIV medications.

DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION
PPH 42059 04/06

UNIFORM NEEDLESTICK AND SHARP OBJECT INJURY REPORT

EPINet™ FOR WINDOWS® — EXPOSURE PREVENTION INFORMATION NETWORK

Last Name _____ First Name _____

1. Injury ID: *for office use only* [S] 1a. Facility ID: *for office use only* [ ]

2. Date of Injury: [ ][ ] month [ ][ ] day [ ][ ][ ][ ] year 2a. Time of Injury: [ ][ ] : [ ][ ] ○ am ○ pm

3. Department where injury occurred: _____

4. Home Department: _____ 4a. Filled out by: _____

5) Job Category: (check one)

- ○ 1 M.D. *(attending/staff)*; specify specialty: _____
- ○ 2 M.D. *(intern/resident/fellow)*; specify specialty: _____
- ○ 3 medical student
- ○ 4 nurse: specify: → ○ 1 RN ○ 2 LPN ○ 3 NP ○ 4 CRNA ○ 5 midwife
- ○ 5 nursing student
- ○ 18 CNA/HHA
- ○ 6 respiratory therapist
- ○ 7 surgery attendant
- ○ 8 other attendant
- ○ 9 phlebotomist/venipuncture/I.V. team
- ○ 10 clinical laboratory worker
- ○ 11 technologist *(non-lab)*
- ○ 12 dentist
- ○ 13 dental hygienist
- ○ 14 housekeeper
- ○ 19 laundry worker
- ○ 20 security
- ○ 16 paramedic
- ○ 17 other student
- ○ 15 other, describe: _____

6) Where did the injury occur: (check one)

- ○ 1 patient room
- ○ 2 outside patient room *(hallway, nurses' station, etc.)*
- ○ 3 emergency department
- ○ 4 intensive/critical care unit: specify type: _____
- ○ 5 operating room
- ○ 6 outpatient clinic/office
- ○ 7 blood bank
- ○ 8 venipuncture center
- ○ 9 dialysis facility *(hemodialysis and peritoneal dialysis)*
- ○ 10 procedure room *(x-ray, EMG, etc.)*
- ○ 11 clinical laboratories
- ○ 12 autopsy/pathology
- ○ 13 service/utility area *(laundry, central supply, loading dock, etc.)*
- ○ 16 labor and delivery room
- ○ 17 homecare
- ○ 14 other, describe: _____

7) Was the source patient identifiable?: (check one)

○ 1 yes ○ 2 no ○ 3 unknown ○ 4 not applicable

8) Was the injured worker the original user of the sharp item: (check one)

○ 1 yes ○ 2 no ○ 3 unknown ○ 4 not applicable

9) The sharp item was: (check one)

- ○ 1 contaminated *(known exposure to patient or contaminated equipment)* → was there visible blood on the device? ○ 1 yes ○ 2 no
- ○ 2 uncontaminated *(no known exposure to patient or contaminated equipment)*
- ○ 3 unknown

10) For what purpose was the sharp item originally used?: (check one)

- ○ 1 unknown/not applicable
- ○ 2 injection, intramuscular/subcutaneous, or other injection through the skin (syringe)
- ○ 3 heparin or saline flush (syringe)
- ○ 4 other injection into (or aspiration from) I.V. injection site or I.V. port (syringe)
- ○ 5 to connect I.V. line (intermittent I.V./piggyback/I.V. infusion/other I.V. line connection)
- ○ 6 to start I.V. or set up heparin lock (I.V. catheter or winged set – type needle)
- ○ 16 to place an arterial / central line
- ○ 7 to draw a venous blood sample
- ○ 8 to draw an arterial blood sample
  - *if used to draw blood was it a:* ○ direct stick ○ draw from a line
- ○ 9 to obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy)
- ○ 10 fingerstick/heel stick
- ○ 11 suturing
- ○ 12 cutting
- ○ 17 drilling
- ○ 13 electrocautery
- ○ 14 to contain a specimen or pharmaceutical (glass items)
- ○ 15 other, describe: _____

11) Did the injury occur: (check one)

- ○ 1 before use of item (item broke or slipped, assembling device, etc.)
- ○ 2 during use of item (item slipped, patient jarred item, etc.)
- ○ 15 restraining patient
- ○ 3 between steps of a multi-step procedure (between incremental injections, passing instruments, etc.)
- ○ 4 disassembling device or equipment
- ○ 5 in preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.)
- ○ 6 while recapping a used needle
- ○ 7 withdrawing a needle from rubber or other resistant material (rubber stopper, I.V. port, etc.)
- ○ 16 device left on floor, table, bed or other inappropriate place
- ○ 8 other after use, before disposal (in transit to trash, cleaning, sorting, etc.)
- ○ 9 from item left on or near disposal container
- ○ 10 while putting the item into the disposal container
- ○ 11 after disposal, stuck by item protruding from opening of disposal container
- ○ 12 item pierced side of disposal container
- ○ 13 after disposal, item protruded from trash bag or inappropriate waste container
- ○ 14 other, describe: _____

12) What type of device caused the injury?:
(refer to list of items on attached page) _____
If item is "other", then please describe:
_____

12a) Brand / Manufacturer of product: (e.g. ABC Medical Company) _____

12b) Model (e.g. ABC No-Stick Syringe): _____

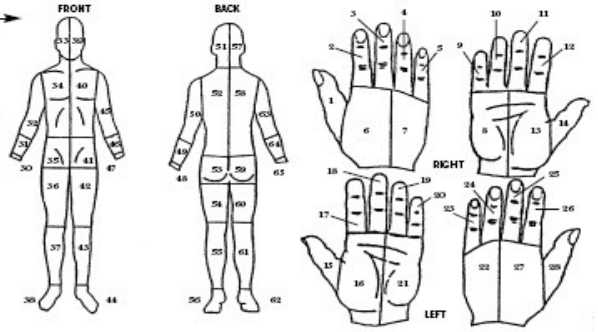
13) If the item causing the injury was a needle, or sharp medical device, was it a "safety design" with a shielded, recessed, retractable or blunted needle blade?

○ 1 yes ○ 2 no/not applicable

13a) Was protective mechanism activated?
○ 1 yes, fully ○ 2 yes, partially ○ 3 no

13b) Did exposure incident happen:
○ 1 before activation ○ 2 during activation ○ 3 after activation

14) MARK THE LOCATION OF THE INJURY: →



15) Was the injury:
○ 1 superficial (little or no bleeding)
○ 2 moderate (skin punctured, some bleeding)
○ 3 severe (deep stick/cut, or profuse bleeding)

16) If the injury was to the hands, did the sharp item penetrate: (check one)
○ 1 single pair gloves
○ 2 double pair gloves
○ 3 no gloves

17) Was the injured worker: (check one)
○ 1 right handed
○ 2 left handed

18) Describe the circumstances leading to this injury: *(please note if a device malfunction was involved)*
_____
_____
_____
_____

19) For injured employee: If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

○ yes ○ no

Explain: _____

20) For injured employee: Do you have an opinion that any other engineering administrative or work practice could have prevented the injury?

○ yes ○ no

Explain: _____

FOR OFFICE USE ONLY:

			lab charges (Hb, HCV, HIV, other)
			– Employee
			– Source
			Treatment/prophylaxis (HBIG, Hb vaccine, tetanus, other)
			– Employee
			– Source
			Service charges (Emerg. Dept., Empl. Health, other)
			Other costs (Workers' Comp., surgery, other)
			Total (round to nearest dollar)

In this incident OSHA reportable?
- Medial treatment (HBIG, Hepatitis vaccine, gamma globulin, AZT, etc.; not first aid, not tetanus)
- Restricted/lost work time; job transfer
- Illness / death

○ Yes ○ No

If yes, enter:

			days away from work
			days restricted work activity

Does this incident meet the FDA medical device reporting criteria?
(yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 work days of incident.)

○ Yes ○ No

If yes, refer to EPINET manual for FDA reporting protocol.

EXPOSURE PREVENTION INFORMATION NETWORK

EPINet™ FOR WINDOWS®

NEEDLE (for suture needle see "surgical instruments")
Item Codes

- ○ 1 disposable syringe
  - ○ a Insulin
  - ○ b Tuberculin
  - ○ c 24/25 gage needle
  - ○ d 23 gage needle
  - ○ e 22 gage needle
  - ○ f 21 gage needle
  - ○ g 20 gage needle
  - ○ h "other"
- ○ 2 prefilled cartridge syringe (includes Tubex™* / Carpuject™* – type syringes)
- ○ 3 blood gas syringe (ABG)
- ○ 4 syringe, other type
- ○ 5 needle on I.V. line (includes piggybacks and I.V. line connectors)
- ○ 6 winged steel needle I.V. set (includes winged set – type devices)
- ○ 7 I.V. catheter (stylet)
- ○ 8 vacuum tube blood collection holder/needle (includes VACUTAINER™* – type devices)
- ○ 9 spinal or epidural needle
- ○ 10 unattached hypodermic needle
- ○ 11 arterial catheter introducer needle
- ○ 12 central line catheter introducer needle
- ○ 13 drum catheter needle
- ○ 14 other vascular catheter needle (cardiac, etc.)
- ○ 15 other non-vascular catheter needle (ophthalmology, etc.)
- ○ 28 needle, not sure what kind
- ○ 29 other needle (please describe device on the report form)

SURGICAL INSTRUMENT OR OTHER SHARP ITEM (for glass items see "glass")
Item Codes

- ○ 30 lancet (finger or heel sticks)
- ○ 31 suture needle
- ○ 32 scalpel, reusable (scalpel, disposable: code as 45)
- ○ 33 razor
- ○ 34 pipette (plastic)
- ○ 35 scissors
- ○ 36 electrocautery device
- ○ 37 bone cutter
- ○ 38 bone chip
- ○ 39 towel chip
- ○ 40 microtome blade
- ○ 41 trocar
- ○ 42 vacuum tube (plastic)
- ○ 43 specimen/test tube (plastic)
- ○ 44 fingernails/teeth
- ○ 45 scalpel, disposable
- ○ 46 retractors, skin/bone hooks
- ○ 47 staples/steel sutures
- ○ 48 wire (suture/fixation/guide wire)
- ○ 49 pin (fixation/guide pin)
- ○ 50 drill bit/bur
- ○ 51 pickups/forceps/hemostats/clamps
- ○ 58 sharp item, not sure what kind
- ○ 59 other sharp item (please describe item on the report form)

GLASS
Item Codes

- ○ 60 medication ampule
- ○ 61 medication vial (small volume with rubber stopper)
- ○ 62 medication/I.V. bottle (large volume)
- ○ 63 pipette (glass)
- ○ 64 vacuum tube (glass)
- ○ 65 specimen/test tube (glass)
- ○ 66 capillary tube
- ○ 67 glass slide
- ○ 78 glass item, not sure what kind
- ○ 79 other glass item (please describe item on the report form)

* Tubex™ is a trademark of Wyeth Ayerst; Carpuject™ is a trademark of Sanofi Winthrop; Butterfly™ is a trademark of Abbott Laboratories; VACUTAINER™ is a trademark of Becton Dickinson. Identification of these product categories does not imply involvement or endorsement of these specific brands.

Packet date:

Ex

BLOODBORNE PATHOGEN EXPOSURE PACKET

Exposure Incident

Clean/

Notify Supervisor

Supervisor: Initiate Post-Exposure Process using gray Post-Exposure envelope:

1. Give employee Bloodborne Pathogen Employee Information Sheet
2. Give employee Determination Of Exposure To Blood/Body Fluids form for physician to complete
3. Complete City of Appleton Accident Investigation report

completed forms under #2 & #3 ...t to Human Resources ...visor within 48-hours ...visors should forward ... Accident ... report to the Support ...stant)

Employee: City Employees should receive follow-up care at the same system as the exposed source:

1. Give physician ...

If source refuses testing, notify the Assistant City Attorney to initiate the Affidavit process

Exhibit VI

TRAINING LOG FOR COMPLIANCE WITH OSHA/COMMERCE REQUIRED WORKER EDUCATION AND TRAINING FOR HIV AND HEPATITIS B

Date of Training Session: _____

Location of Training Session: _____

Length of Session: _____

Name of Trainer(s): _____

Qualifications of Trainer(s): _____

_____

_____

_____

_____

Content Covered:

Training and information to ensure employee knowledge of such issues as the mode of transportation, signs and symptoms, medical surveillance and therapy, and site-specific protocols including purpose and proper use of controls shall be provided to all current employees and to new workers upon hiring. Training will be provided on an annual basis.

Workers shall be trained to recognize and report to the city health nurse, any client with symptoms suggestive of infectious TB and instructed on post exposure protocols to be followed in the event of an exposure incident.

Exhibit VII

SIGN-IN SHEET

SUBJECT BEING REVIEWED:_____

DATE:_____ LOCATION:_____

INSTRUCTOR:_____

Print Name	Signature	Department

Date: _____ Incident #: _____

EXHIBIT VIII

THIS REPORT MUST BE SENT TO HR AND DIRECTOR WITHIN 48 HOURS. FAX TO 832-5845

Date:_____ **Incident #:**_____

Date/Time Faxed to HR:_____ Date/Time Faxed to Dept. Director:_____

CITY OF APPLETON INVESTIGATION REPORT

This incident report is to be completed by a Supervisor and submitted to the Human Resources Director within 48 hours of the incident. If the employee is unable to complete his/her account of the incident, the supervisor is to provide the information, in addition to the analysis of the incident. An employee account is required.

GENERAL INFORMATION:

Name:		Date of Birth		Social Security
Home Address	City	State	Zip	Home Telephone Number
Date and Time of Incident	Date Incident Was Reported	Department and Job Title		Length of Time on Current Job
Specific Location of Incident (Dept., Street, Road):		Date of Hire		
Witness(s): 1:	2:			
Photographs Taken by:				

Did the employee lose time from work due to the incident? ☐ **Yes** ☐ **No** **Last day worked:**

Did the employee receive treatment? ☐ **Yes** ☐ **No**

Facility Name:_____ **Doctor:**_____

INJURY INCIDENT

When Injury/Illness occurs on the job, Supervisors will:

1. Determine the extent and nature of the injury/illness. See that proper first aid is applied to prevent shock, bleeding, etc. Activate EMS (911), if necessary.
2. Accompany the employee to a doctor if the employee is unable to drive.
3. If not an emergency, send a return to work form with the employee.
4. Complete an Injury Investigation Report. In case of fatality or serious injury notify Human Resources Department immediately.
5. Determine the cause of Incident and correct the hazard to prevent recurrence.
6. Replenish the first aid supply after use.
7. Advise Human Resources Dept. when an employee returns to work. Request a doctor's release before permitting return. Be sure the employee is capable of resuming his/her work.

Type of Injury:				Type of Incident:	
☐A. Bruise		☐E. Acupuncture		☐A. Caught between	☐F. Struck against
☐B. Strain/Sprain		☐F. Burns		☐B. Struck by	☐G. Slip, trip, fall
☐C. Puncture/Cut-include needle manufacturer: _____		☐G. Foreign Body		☐C. Ingested/Inhaled/Inhaled	☐H. Strain, overexertion
		☐H. Disoriented		☐D. Sting/bite	☐I. Lifting, pulling, etc.
☐D. Fracture		☐I. Infection		☐E. Burns	☐J. Other:
Part of body injured:		☐J. Other:		Severity of Incident:	
☐Arm	☐Finger	☐Internal	☐Shoulder	☐First aid only	☐Restricted Duty
☐Back	☐Foot	☐Knee	☐Toe	☐Medical Treatment	☐Fatality
☐Elbow	☐Hand	☐Leg	☐Other:	☐Lost Time	
☐Eye(s)	☐Head	☐Mouth			

EMPLOYEE'S ACCOUNT

Describe the Incident/ Include details:

Where did this occur:

When did this occur:

What were you doing just prior to the incident:

How did this incident occur:

Can the employee and/or supervisor suggest any changes to procedure or improvements to equipment that, if made, might make it less likely for a similar incident to occur in the future?

Unsafe Practice

- ☐ Operating without authority
- ☐ Failure to warn or secure
- ☐ Operating at an improper speed
- ☐ Making safety devices inoperable
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Alcohol/Drugs Suspected
- ☐ Overexertion
- ☐ Stress/Fatigue/Attitude
- ☐ Inadequate training
- ☐ Failure to use PPE properly
- ☐ Improper loading or placement
- ☐ Improper lifting
- ☐ Improper position
- ☐ Servicing equipment in motion
- ☐ Inattention
- ☐ Horseplay
- ☐ Failure to comply with rules or procedures
- ☐ Other:

Unsafe Condition

- ☐ Inadequate guards or protection
- ☐ Defective equipment tools or material
- ☐ Congestion
- ☐ Inadequate warning
- ☐ Fire/Explosion hazards
- ☐ Poor housekeeping
- ☐ Inadequate ventilation
- ☐ Excessive noise
- ☐ Inadequate lighting
- ☐ Assault/Horseplay
- ☐ Weather
- ☐ Other:

The above statement is true and correct to the best of my knowledge.

Signature: _____ Date:_____ Time: _____

SUPERVISOR ANALYSIS

1. Supervisor summary of the incident:

2. What can be done to prevent this type of accident in the future?

3. Were you at the accident scene: ☐ before ☐ while occurring or ☐ after the incident?

4. Describe corrective action recommended or state why corrective action is not warranted?

5. Unsafe Practice

- ☐ Operating without authority
- ☐ Failure to warn or secure
- ☐ Operating at an improper speed
- ☐ Making safety devices inoperable
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Alcohol/Drugs Suspected
- ☐ Overexertion
- ☐ Stress/Fatigue/Attitude
- ☐ Inadequate training
- ☐ Failure to use personal protective equipment properly
- ☐ Improper loading or placement
- ☐ Improper lifting
- ☐ Improper position
- ☐ Servicing equipment in motion
- ☐ Inattention
- ☐ Horseplay
- ☐ Failure to comply with rules or procedures
- ☐ Other:

6. Unsafe Condition

- ☐ Inadequate guards or protection
- ☐ Defective equipment tools or material
- ☐ Congestion
- ☐ Inadequate warning
- ☐ Fire/Explosion hazards
- ☐ Poor housekeeping
- ☐ Inadequate ventilation
- ☐ Excessive noise
- ☐ Inadequate lighting
- ☐ Assault/Horseplay
- ☐ Weather
- ☐ Other:

SUPERVISOR'S SIGNATURE:_____DATE:

REVIEWED BY DIRECTOR'S SIGNATURE:_____DATE:

WITNESS REPORTING FORM

Name: Date:

Address: Time: AM/PM

Phone: Interviewer:

City Employee: ☐ Yes ☐ No

Were you at the accident scene:
☐ Before accident occurred
☐ While accident was occurring
☐ After accident occurred

Who was involved in the accident?

Were did the accident happen?

When did the accident happen?

How did the accident happen?

Describe in detail the events that occurred before the accident as you remember them:

In your own words, what were the major contributing factors, which caused the accident?

(Use back for diagram if necessary.)