



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final

### Human Resources & Information Technology Committee

---

Wednesday, December 12, 2018

6:30 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[18-1670](#) Request to approve minutes from 10/24/18 and 11/7/18 meetings.

**Attachments:** [Minutes 10-24-18.pdf](#)

[Minutes 11-7-18.pdf](#)

4. **Public Hearings/Appealances**

5. **Action Items**

6. **Information Items**

[18-1678](#) Appleton Housing Authority Memorandum of Understanding agreement.

**Attachments:** [Appleton Housing Authority Insurance MOU 2018.pdf](#)

[18-1667](#) Changes to the Bloodborne Pathogens policy.

**Attachments:** [Bloodborne Pathogens Policy 2018 Strike Bold.pdf](#)

[18-1668](#) Changes to the Telecommuting policy.

**Attachments:** [Telecommuting Policy 11-2018.pdf](#)

[18-1669](#) Changes to the Electronic Communication policy.

**Attachments:** [Electronic Communicaton Policy 11-2018.pdf](#)

7. Adjournment

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*

*Questions on agenda contact Director Matz 920-832-6426*



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Minutes Human Resources & Information Technology Committee

---

Wednesday, October 24, 2018

6:30 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

2. Roll call of membership

**Present:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

3. Approval of minutes from previous meeting

[18-1528](#)

Minutes from August 22, 2018

**Attachments:** [MeetingAgenda22-Aug-2018-09-21-01.pdf](#)

Raasch moved, seconded by Spears, that the minutes be approved. Roll Call.  
Motion carried by the following vote:

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

4. Public Hearings/Appearances

5. Action Items

[18-1549](#)

Request approval of the Department of Public Works table of organization to reflect 8 Professional/Civil Engineers and 14 Engineering Specialist/Technicians

**Attachments:** [DPW Table of Organization change.pdf](#)

Spears moved, seconded by Baranowski, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

[18-1551](#)

Request to approve changes to the 2018 Seasonal Pay Plan

**Attachments:**     [2018 Seasonal Pay Plan changes.pdf](#)  
                              [2018 Strike and Bold Seasonal Salary Schedule.pdf](#)

*Action amended to stated that item is to "Request to approve the 2019 Seasonal Pay Plan structure."*

**Baranowski moved, seconded by Konetzke to amend the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

**Spears moved, seconded by Raasch, that the Report Action Item be approved as amended. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

[18-1554](#)

Request to approve a 1.5% increase to the Seasonal Pay Plan for 2019

**Spears moved, seconded by Raasch, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

[18-1555](#)

Request to approve the Seasonal Employment Policy

**Attachments:**     [Seasonal Employment Policy.pdf](#)

**Baranowski moved, seconded by Spears, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

[18-1558](#)

Request to approve Aldermanic Salary for the 2020 Election Year

**Attachments:**     [Aldermanic Salary.pdf](#)

*Motion to approve the 2020 Aldermanic salary schedule with a zero percent increase.*

**Baranowski moved, seconded by Spears, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker

## 6. Information Items

[18-1529](#)

2019 Information Technology Budget

**Attachments:**    [2019 Information Technology Budget.pdf](#)  
                          [IT 2019 CIP Request.pdf](#)  
                          [2019 ERP CIP Request.pdf](#)

**This Presentation was presented.**

[18-1559](#)

Title change from Laborer to Operator on both the Department of Public Works table of organization and on the Non-Represented Classification Compensation Grade Order Listing

**Attachments:**    [Laborer Title change.pdf](#)

**This Presentation was discussed**

[18-1560](#)

Premium contribution and funding levels for 2019 medical plans

**Attachments:**    [Medical Premium and funding levels.pdf](#)

**This Presentation was discussed**

[18-1561](#)

2019 Human Resources Budget

**Attachments:**    [2019 HR Budget.pdf](#)

**This Presentation was presented**

[18-1562](#)

Connecting Care Clinic Open House - November 8, 2018 from 4:00 pm to 6:00 pm

**Attachments:**    [CCC Invite.pdf](#)

**This Presentation was presented**

[18-1563](#)

Recruitment Status Report as of October 18, 2018

**Attachments:**    [RSR thru 10-18-18.pdf](#)

**This Presentation was discussed**

## 7. Adjournment

**Baranowski moved, seconded by Spears, that the meeting adjourn be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Konetzke, Spears, Baranowski and Raasch

**Excused:** 1 - Baker



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Minutes Human Resources & Information Technology Committee

---

Wednesday, November 7, 2018

6:45 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

2. Roll call of membership

**Present:** 5 - Konetzke, Spears, Baker, Baranowski and Raasch

3. Approval of minutes from previous meeting

4. **Public Hearings/Appearances**

5. **Action Items**

[18-1632](#)

Request to approve an overhire for the position of Administrative Support Specialist at the Police Department for approximately 6 weeks.

**Attachments:** [Request to over hire 2018.pdf](#)

**Raasch moved, seconded by Spears, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Konetzke, Spears, Baker, Baranowski and Raasch

[18-1637](#)

Request to approve a proposed change to the Department of Public Works table of organization from 2 part time (.5 fte) Customer Service Specialists to 1 full time Customer Service Specialist.

**Attachments:** [Public Works TO change 11-2-18.pdf](#)

**Baker moved, seconded by Raasch, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Konetzke, Spears, Baker, Baranowski and Raasch

6. **Information Items**

7. Adjournment

**Baranowski moved, seconded by Baker, that the meeting adjourn be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Konetzke, Spears, Baker, Baranowski and Raasch

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE CITY OF APPLETON AND  
APPLETON HOUSING AUTHORITY  
FOR PROVISION OF, AND REIMBURSEMENT FOR,  
CERTAIN INSURANCE BENEFITS**

**THIS AGREEMENT**, for good and valuable consideration, is made on the date entered hereunder, by and between the City of Appleton, a municipal corporation, also referred to herein as the “City”, and the Appleton Housing Authority, a separate body politic created pursuant to Wisconsin Statutes, hereinafter referred to as “AHA”.

**DEFINITIONS**

The following terms shall have the following meanings:

- AHA:** The Appleton Housing Authority, a separate body politic created pursuant to Wisconsin Statutes by the Appleton Common Council for the purpose of providing housing options for low and moderate income households, with business offices located at 925 West Northland Avenue, Appleton, WI 54914.
- City:** The City of Appleton, a Wisconsin municipal corporation, with business offices located at 100 North Appleton Street, Appleton, WI 54911.
- HRA:** Health Reimbursement Account. An account funded by the employer for the purpose of reimbursing employees for medical expenses not otherwise covered by insurance.
- LTD:** Long Term Disability. A policy of insurance for providing benefits for an employee who is unable to work for an extended period of time.
- SPD:** Summary Plan Description. A document that explains the fundamental features of an employer's health plan benefits, including eligibility requirements, coverage, limitations, exclusions and the like.

**WITNESSETH:**

**Whereas**, following the creation of the AHA, the City and the AHA have a long cooperative relationship that has included extending eligibility to AHA employees to participate in the City’s medical, dental, life and long-term disability insurance and HRA plans (hereafter collectively “the plans”); and,

**Whereas**, in exchange for AHA employees’ participation in the plans, AHA agrees to reimburse the City for the cost of such participation; and,



**Whereas**, both the City and AHA wish to continue with this cooperative arrangement subject to certain terms and conditions.

**NOW, THEREFORE**, in consideration of the mutual covenants, promises, conditions and agreements hereinafter set forth and for other good and valuable consideration, it is agreed by and between the parties hereto as follows:

**1.0 TERM**

- 1.1 This agreement shall have a term that commences upon execution of this agreement by all parties and expires on December 31, 2020.
- 1.2 This agreement shall automatically renew for additional two-year terms subject to Common Council review.
- 1.3 Either party may cancel this agreement at any time, with or without cause, upon first providing no less than ninety (90) days written notice to the other party.

**2.0 INSURANCE AND BENEFITS PROVIDED**

- 2.1 The City shall allow employees of AHA eligibility to participate in the medical, dental, life and long-term disability insurance plans offered to City employees subject to the following:
  - 2.1.1 AHA shall align all eligibility and termination language in its benefit policies, employee handbook or the like with the City's SPD including, but not limited to items such as waiting periods, dates of termination and the like.
  - 2.1.2 AHA shall notify the City within five (5) days of its hiring or termination of an employee or any other status change that affects coverage, eligibility and the like under any of the insurance plans.
  - 2.1.3 AHA shall comply with the City's COBRA coverage provisions and notify the City of any AHA employee who becomes responsible for paying the full premium of their medical insurance as a result of a leave of absence or termination of employment. Notice shall be provided within ten (10) days of the commencement of leave or termination of employment. Should AHA fail to timely notify the City of a circumstance in which continued coverage pursuant to COBRA is applicable, AHA shall be solely liable for any benefits payable in that situation.

- 2.1.4 AHA shall charge its employees who elect to participate in any of the medical plans offered at least the same level of premium that regular non-represented City employees are charged to participate in each plan.
- 2.1.5 AHA shall reimburse the City for plan costs as follows:
  - 2.1.5.1 For medical and dental plans, AHA shall pay the City the COBRA rates plus any applicable Health Care Reform (HCR) fees;
  - 2.1.5.2 For life and LTD plans, AHA shall pay the City its actual premium expenses including associated provider charges.
  - 2.1.5.3 For HRAs, AHA shall fully reimburse the City for the City's funding of the HRAs at City established funding levels.
- 2.1.6 The process by which AHA will reimburse the City shall be as follows:
  - 2.1.6.1 On a monthly basis, the City shall provide AHA with an invoice of AHA plan costs incurred by the City. AHA shall pay the invoice within 28 days of its issuance to avoid potential interest charges and late fees.
- 2.2 In addition to the foregoing, the parties further agree:
  - 2.2.1 AHA will be responsible for establishing its own Health Savings Accounts (HSA) and shall be solely responsible for funding said HSAs.
  - 2.2.2 AHA employees shall only be eligible for medical and dental plans at retirement or termination of employment based on COBRA continuation regulations.
  - 2.2.3 That if the City's stop loss carrier declines to extend its stop loss coverage to AHA, or if the City's stop loss carrier applies a higher specific deductible on an individual greater than all other members in the City's plan due to significant expected medical claims (known as a laser) regarding an employee of the AHA, the City shall have the right to terminate this agreement upon providing AHA no less than sixty (60) days' written notice of the termination.
  - 2.2.4 In the event the stop loss carrier declines to extend coverage to an AHA employee due to late enrollment, that AHA employee shall not be eligible for the City's medical or dental plan under this agreement until the next regular plan enrollment period when stop loss coverage is also provided.

### 3.0 **OTHER TERMS AND CONDITIONS**

- 3.1 INDEMNIFICATION:** AHA, ON BEHALF OF ITSELF, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND THE LIKE AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES, COSTS (INCLUDING ATTORNEY'S FEES) ARISING OUT OF THIS AGREEMENT EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

**THE UNDERSIGNED HAS READ AND THOROUGHLY CONSIDERED THE ABOVE, UNDERSTANDING THAT CERTAIN RIGHTS MAY BE FORFEITED AS A RESULT OF THIS LANGUAGE.**

**3.2 TAXES AND ASSESSMENTS:**

3.2.1 The City and AHA shall each be responsible for tax liabilities and IRS reporting requirements as they relate to their individual employees including, but not limited to, those requirements that are imposed under Health Care Reform (HCR).

3.2.2 The City reserves to the right to evaluate the financial impact of HCR regulations on this Agreement as those regulations take effect; and, AHA agrees to reimburse the City for additional costs resulting from HCR regulations as such costs relate to AHA employees' plans.

**3.3 TAX REPORTING:**

3.3.1 AHA agrees to provide the City with any information maintained by AHA that is necessary for the City to comply with any HCR reporting requirements.

- 3.4 MODIFICATIONS TO THIS AGREEMENT MUST BE IN WRITING:** None of the covenants, provisions, terms or conditions of this Agreement to be kept or performed by the City or AHA shall be in any manner modified, waived, or abandoned, except by written instrument duly signed by both parties and delivered to the City and AHA. This Contract contains the whole agreement of the parties.

- 3.5 NON-DISCRIMINATION-AHA'S HIRING PRACTICES:** AHA agrees to abide by hiring practices that shall not in any fashion discriminate against any individual because of race, religion, marital status, age, color, sex, handicap, national origin or ancestry, income level or source of income, arrest record or conviction record,

less than honorable discharge, physical appearance, sexual orientation, political beliefs, or student status.

3.6 **SEVERABILITY:** In the event that any part of this Agreement is found to be illegal, it shall be stricken from the Agreement and the Agreement interpreted as if the stricken clause did not exist.

3.7 **NOTICE PROCEDURE:** Notices required pursuant to this Contract shall, whenever practicable, be served in person or, alternatively, mailed by Certified Mail with Return Receipt in which case the date of mailing shall be considered the date notice is given. Notices to the City shall be sent in duplicate to the Human Resources Director and to the City Attorney, 100 North Appleton Street, Appleton, WI 54911. Notices to AHA shall be sent to 925 West Northland Avenue, Appleton, WI 54914.

**IN WITNESS WHEREOF**, the parties hereto set their hands and seals this \_\_\_\_ day of December, 2018, at Appleton, Wisconsin.

**APPLETON HOUSING AUTHORITY**

Witness: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**CITY OF APPLETON**

Witness: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

By: \_\_\_\_\_  
Timothy M. Hanna, Mayor

Witness: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

By: \_\_\_\_\_  
Kami Lynch, City Clerk

Provision has been made to pay the liability that will accrue under this contract.

Approved as to form:

\_\_\_\_\_  
Anthony D. Saucerman, Director of Finance  
City Law A18-0844

\_\_\_\_\_  
James P. Walsh, City Attorney

<b>CITY OF APPLETON PERSONNEL POLICY</b>	TITLE: <b>BLOODBORNE PATHOGENS</b>	
ISSUE DATE: June 1, 1993	LAST UPDATE: July 22, 2003 February 2, 2004 October 2004 (pg. 15-16; pgs. 31-62) June 2005 June 2006 June 2007 October 2009 October 2014	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 56
Reviewed by Legal Services Date: November 23, 2005 November 27, 2006 August 6, 2007 October 13, 2009 September 26, 2014	Committee Approval Date: September 18, 2000 January 11, 2006 December 13, 2006 September 12, 2007 December 9, 2009 October 20, 2014	Council Approval Date: September 20, 2000 January 18, 2006 December 20, 2006 September 19, 2007 December 16, 2009 November 5, 2014

#### 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 DSPS 32.15 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 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/<br>Community Service Officers | Officers using defense and arrest tactics   |
| b. | Fire Fighters  | Extricating injured individuals<br>Blind search in fire<br>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:

<u>DEPARTMENT</u>	<u>HOW OFTEN</u>	<u>PERSON RESPONSIBLE</u>
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. DSHS 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.

<u>City Facility</u>	<u>Individuals using PPE</u>	<u>Individuals Responsible for Ensuring Equipment is available</u>
<b>CLASS I EMPLOYEES</b>		
· Pools	Lifeguards	Recreation Program Supervisor
· Fire	Firefighters	Battalion Chief/Training Off.
· Health	Nurses	Nurses and Environmental Supervisor
· Police	Officers	Operations Coordinator
<b>CLASS II EMPLOYEES</b>		
· 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:

<u>Area</u>	<u>Schedule</u>	<u>Person Responsible</u>
· 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 Health 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 Work 380-4999.

## 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 (6<sup>th</sup> 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 6<sup>th</sup> 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.

**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 ~~H~~health 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	Disposable suits
Boots, Rubber gloves	Full-face shield
Crystals to be placed on spill areas	Plastic broom, shovels
Biohazard red pails	Biohazard red bags with tie clasps
Black garbage bags	Flash light during dark hours
Safety vest	Disinfectant spray <del>productsolution</del>

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 Recombinant 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) 1<sup>st</sup> injection

b) 2<sup>nd</sup> injection (1 month after 1<sup>st</sup> injection)

c) 3<sup>rd</sup> injection (6 months after 1<sup>st</sup> 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

**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  
(Parent or guardian if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**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.

**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.

### **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 are 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.



# UNIFORM NEEDLESTICK AND SHARP OBJECT INJURY REPORT



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

1. Injury ID: *for office use only*  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)

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

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

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

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

- |                             |                            |                                 |  |
|-----------------------------|----------------------------|---------------------------------|--|
| <input type="radio"/> 1 yes | <input type="radio"/> 2 no | <input type="radio"/> 3 unknown | <input type="radio"/> 4 not applicable |
|-----------------------------|----------------------------|---------------------------------|--|

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

- |                             |                            |                                 |  |
|-----------------------------|----------------------------|---------------------------------|--|
| <input type="radio"/> 1 yes | <input type="radio"/> 2 no | <input type="radio"/> 3 unknown | <input type="radio"/> 4 not applicable |
|-----------------------------|----------------------------|---------------------------------|--|

## 9) The sharp item was: (check one)

- |   |  |
|---|--|
| <input type="radio"/> 1 contaminated (known exposure to patient or contaminated equipment) →    | was there visible blood on the device? <input type="radio"/> 1 yes |
| <input type="radio"/> 2 uncontaminated (no known exposure to patient or contaminated equipment) | <input type="radio"/> 2 no   |
| <input type="radio"/> 3 unknown   |  |

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

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

## 11) Did the injury occur: (check one)

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

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

14) MARK THE LOCATION OF THE INJURY: →

15) Was the injury:

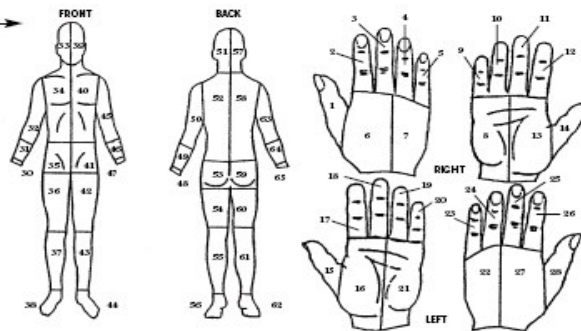
☐ 1 superficial (little or no bleeding)  
☐ 2 moderate (skin punctured, some bleeding)  
☐ 3 severe (deep stick/cut, or profuse bleeding)

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: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

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

12b) Model

(e.g. ABC No-Stick Syringe): \_\_\_\_\_

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

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?

- Medical treatment (HBIG, Hepatitis vaccine, gamma globulin, AZT, etc.; not first aid, not tetanus)
- Restricted/host 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.



# **NEEDLE** (for suture needle see "surgical instruments")

## Item Codes

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

# **SURGICAL INSTRUMENT OR OTHER SHARP ITEM** (for glass items see "glass")

## Item Codes

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

# **GLASS**

## Item Codes

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

\* Tubex™ is a trademark of Wyeth Ayerst; Carpuject™ is a trademark of Sandoz 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.



BLOODBORNE PATHOGEN  
EXPOSURE PACKET

Exposur  
e  
Incident▼  
Clean/



Notify  
Supervis  
or ▼

**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*

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

1. Give physician

*Report to Human Resources  
Supervisor within 48-hours  
Supervisors should forward  
Accident  
report to the Support  
staff)*

**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

**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.

SIGN-IN SHEET

SUBJECT BEING REVIEWED:\_\_\_\_\_

DATE:\_\_\_\_\_ LOCATION:\_\_\_\_\_

INSTRUCTOR:\_\_\_\_\_

Print Name	Signature	Department

Date: \_\_\_\_\_

Incident #: \_\_\_\_\_

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

<b>When Injury/Illness occurs on the job, Supervisors will:</b> <ol style="list-style-type: none"> <li>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.</li> <li>Accompany the employee to a doctor if the employee is unable to drive.</li> <li>If not an emergency, send a return to work form with the employee.</li> <li>Complete an Injury Investigation Report. In case of fatality or serious injury notify Human Resources Department immediately.</li> </ol>				<ol style="list-style-type: none"> <li>Determine the cause of Incident and correct the hazard to prevent recurrence.</li> <li>Replenish the first aid supply after use.</li> <li>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.</li> </ol>			
Type of Injury:		<input type="checkbox"/> E. Acupuncture		Type of Incident:			
<input type="checkbox"/> A. Bruise	<input type="checkbox"/> F. Burns	<input type="checkbox"/> A. Caught between		<input type="checkbox"/> F. Struck against			
<input type="checkbox"/> B. Strain/Sprain	<input type="checkbox"/> G. Foreign Body	<input type="checkbox"/> B. Struck by		<input type="checkbox"/> G. Slip, trip, fall			
<input type="checkbox"/> C. Puncture/Cut-include needle manufacturer:	<input type="checkbox"/> H. Disoriented	<input type="checkbox"/> C. Ingested/Inhaled/Inhaled		<input type="checkbox"/> H. Strain, overexertion			
	<input type="checkbox"/> I. Infection	<input type="checkbox"/> D. Sting/bite		<input type="checkbox"/> I. Lifting, pulling, etc.			
<input type="checkbox"/> D. Fracture	<input type="checkbox"/> J. Other:	<input type="checkbox"/> E. Burns		<input type="checkbox"/> J. Other:			
Part of body injured:				Severity of Incident:			
<input type="checkbox"/> Arm	<input type="checkbox"/> Finger	<input type="checkbox"/> Internal	<input type="checkbox"/> Shoulder	<input type="checkbox"/> First aid only	<input type="checkbox"/> Restricted Duty		
<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Knee	<input type="checkbox"/> Toe	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Fatality		
<input type="checkbox"/> Elbow	<input type="checkbox"/> Hand	<input type="checkbox"/> Leg	<input type="checkbox"/> Other:	<input type="checkbox"/> Lost Time			
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Head	<input type="checkbox"/> 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

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

## Unsafe Condition

- |  |   |
|--|---|
| <input type="checkbox"/> Inadequate guards or protection       | <input type="checkbox"/> Inadequate ventilation |
| <input type="checkbox"/> Defective equipment tools or material | <input type="checkbox"/> Excessive noise        |
| <input type="checkbox"/> Congestion                            | <input type="checkbox"/> Inadequate lighting    |
| <input type="checkbox"/> Inadequate warning                    | <input type="checkbox"/> Assault/Horseplay      |
| <input type="checkbox"/> Fire/Explosion hazards                | <input type="checkbox"/> Weather                |
| <input type="checkbox"/> Poor housekeeping                     | <input type="checkbox"/> 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

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

6. Unsafe Condition

- |  |   |
|--|---|
| <input type="checkbox"/> Inadequate guards or protection       | <input type="checkbox"/> Inadequate ventilation |
| <input type="checkbox"/> Defective equipment tools or material | <input type="checkbox"/> Excessive noise        |
| <input type="checkbox"/> Congestion                            | <input type="checkbox"/> Inadequate lighting    |
| <input type="checkbox"/> Inadequate warning                    | <input type="checkbox"/> Assault/Horseplay      |
| <input type="checkbox"/> Fire/Explosion hazards                | <input type="checkbox"/> Weather                |
| <input type="checkbox"/> Poor housekeeping                     | <input type="checkbox"/> 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?

Where 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.)

CITY OF APPLETON PERSONNEL POLICY		Telecommuting Policy	
ISSUE DATE: Nov 2010	LAST UPDATE: October 2018	SECTION: Human Resources	
POLICY SOURCE: Human Resources Department	AUDIENCE: <del>Non-represented</del> All employees	TOTAL PAGES: <del>5</del> 6	
Reviewed by Legal Services Date: November 30, 2010 May 2015	Committee Approval Date: March 23, 2011 August 24, 2015	Council Approval Date: April 6, 2011 September 2, 2015	

## I. PURPOSE

Telecommuting is an arrangement in which an employee may work at a place different than the traditional workplace, typically their home, for the benefit of the employees and the organizational needs of the City of Appleton.

## II. POLICY

Telecommuting arrangements may vary for individuals or positions. The determination as to whether any particular position, assignment or employee is a good fit for telecommuting is at the sole discretion of the ~~Department Director~~ City.

- Telecommuting is not an entitlement of any employee. ~~The employee agrees to work at the Official Work Location or Telecommuting Location, and not from another unapproved site.~~
- It is the employee's responsibility to communicate any issues or concerns regarding the telecommuting arrangement with his/her supervisor as soon as possible.
- Telecommuting employees must comply with all City policies. Failure to comply with this policy or other City policies may result in discipline up to and including discharge.

Management retains the right to modify the telecommuting agreement and to remove the employee from the arrangement for any reason. With proper notice, the employee may stop participating in the telecommuting arrangement at any time.

For purposes of Library administered systems and networks, Library Administration and Network Services serve the review and approval functions of Human Resources and Information Technology as listed below. Library rules and procedures are subject to review and approval by Human Resources, Information Technology and the City Attorney.

## III. DISCUSSION

Employees who wish to engage in a telecommuting arrangement must meet the following criteria:

- ~~1. A minimum of 6 months of continuous employment.~~
2. A history of reliable and responsible completion of work duties at a performance level that is Consistent or higher. ~~meets or exceeds expectations.~~



3. Employee must demonstrate a history of and maintain regular, punctual and predictable attendance.
4. Employee must provide broad band internet access at their own expense.
5. Employee must utilize a City-owned computer.

In the event that an individual meets the above mentioned criteria and wishes to engage in a telecommuting arrangement, the position and adaptability of the person will be evaluated to determine if ~~both are~~ suitable to telecommute.

#### IV. PROCEDURES:

Managers should take into account the following when considering an employee for telecommuting:

- Face-to-face communication is not a daily requirement of the position and communication can be effectively accomplished over the telephone, e-mail, via mail, or other appropriate means.
- The individual already works in a self-directed role and produces clearly defined output and work products or the work activities are measurable.
- The employee must be self-motivated, self-disciplined, self-directed with the ability to establish, manage, communicate, and collaboratively determine priorities.
- The employee must clearly demonstrate skills in planning, organizing, managing time, and meeting clear standards and objectives.
- The employee must maintain regular, punctual and predictable attendance.
- The employee must maintain ~~an above average~~ a performance level that is “Consistent” or above.
- The employee can maintain a safe and ergonomically sound home office free from distractions.
- Risk Management and/or Information Technology may complete an onsite inspection of the designated work area.

The employee agrees to be available during their scheduled work hours for communication through phone, e-mail, in-person or other appropriate communication tools (text or skype). Employee initiated schedule changes must be approved by their supervisor.

The employee agrees that City representatives may make on-site visits to the telecommuting site during established work hours and that such visits may be made without notice.

The employee will try to schedule any off-site business meetings on telecommuting days in order to maximize the time they are available at the Official Work Location. On occasion, it may be possible for employees to teleconference into the meetings that are scheduled on telecommuting workdays.

The employee will meet with the supervisor according to procedures previously agreed upon to receive assignments and to review completed work as necessary. The evaluation of the employee’s job performance will be based on established standards and the employee’s performance must ~~continue to be at least~~ “Consistent” or above ~~to meet or exceed expectations to~~ continue to telecommute.

All records, papers, and correspondence done at the telecommuting location are considered the City's business and may be subject to open records disclosure.

The employee will apply safeguards to protect records from unauthorized disclosure or damage.

The employee agrees to maintain all information which is protected by federal or state regulations in a confidential manner. Phone contacts involving such information will be conducted in a private area. Passwords and protected entry codes to the City's software will be kept confidential. The employee agrees that family members and others will not have access to protected information at any time.

### **Home Office Requirements:**

Employees wishing to telecommute must have safe and adequate work space to work from home. Following are criteria that must be met for home office safety requirements:

- The temperature, noise, ventilation and lighting levels of the dedicated office area must be adequate for maintaining normal levels of job performance.
- File cabinet doors and drawers are arranged so they do not open into walkways.
- Phone lines, electrical cords and other extension wires are secured.
- Aisles, corners and doorways in the work area are free of obstructions.

In addition to meeting safety requirements in the home office, a telecommuting workstation must be ergonomically suited for the employee. Employees will be responsible for ensuring they maintain the following ergonomic guidelines while working from home:

- Chair should be adjusted so feet are flat on floor or footrest and legs are vertical to ground.
- Computer monitor should be directly centered in front of the user. User should not have to look up, down, left or right for better viewing. Additionally, the monitor should be at a comfortable viewing distance.
- Use good posture when keyboarding. Elbows should be at a 90 degree angle. Wrists should be level with the keyboard.

### **Equipment:**

The City reserves the right to make the determination as to the appropriate equipment which is subject to change at any time. Equipment needs may be periodically assessed by the Information Technology Department to ensure that the individual is equipped for telecommuting based on the needs of the position. The City may provide necessary computer and telephone equipment for a fully functional real and virtual office for telecommuting employees who telecommute on a routine basis.

The employee will be responsible for providing Internet connectivity that is at least a standard speed (which doesn't impede the employee from completing online work in an efficient manner). Connectivity should be checked before the employee begins working remotely.

The City's Information Technology Department can supply the following equipment for approved telecommuters:

City laptop pre-loaded with required standard programs  
VoIP capable phone that connects to internal phone system  
Printer, if required for the job

Set up of the telecommuting account (VPN) (must meet with IT at least 48 hours in advance to set up and test the VPN account prior to telecommuting)

Instructions and training on how to get connected to the internal network

The costs related to the equipment, installation and maintenance may be the responsibility of the requesting department.

Employees must make arrangements regarding the use of the City's equipment in their remote office. ~~The Information Technology Department requires at least one (1) week advance notice and the Department Director's approval for any equipment set up for telecommuting.~~ Also, the Information Technology Department has the authority to determine for employees who work at multiple locations whether it will provide a single laptop which is transported between locations rather than maintaining a workstation at each location.

In no event shall the use of the City's equipment change the ownership of or impede the City's access to the equipment. All equipment and materials provided by the City shall remain the City's property. The employee agrees to return all City owned furniture, equipment and supplies in proper working condition and agrees to take financial responsibility for missing and/or broken items upon the termination of the telecommuting arrangement or termination from employment. If the employee's own home equipment such as personal cell phone or home phone is used, it will be at the employee's expense. Special supplies not normally provided by the City (ink cartridges, toner, etc) may be the employee's responsibility. Expenses for supplies normally available in the office may or may not be reimbursed depending on the circumstances.

Equipment provided by the City must not be used for purposes other than City business and must be kept in a secure, **confidential** location, and protected against damage and unauthorized use.

City owned equipment will be serviced and maintained by the City. Equipment provided by the employee will be at no cost to the City and will be maintained by the employee. ~~The City is not liable for repairing or replacing your own equipment if it breaks while performing work for the City.~~

If equipment requires repair or replacement where it is impossible for the employee to work at the remote location, the employee may be temporarily assigned to another location or may suffer loss of pay for hours not worked. Any lost hours may be made up within the confines of the Fair Labor Standards Act and/or the departmental policies.

The City will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities) associated with the use of the employee's residence. The City is not responsible for insuring any personal equipment in the employee's remote office. The employee understands that he or she is responsible for any tax and insurance from this arrangement and for conforming to any local zoning regulations.

### **Liability:**

The City will not be liable for damages to the employee's property resulting from participation in the telecommuting program. By participating in the telecommuting arrangement, the employee agrees to hold the City harmless against any and all claims including injuries to others at the telecommuting location.

If an employee is injured while working at home, the employee should follow the City's established procedures for reporting on-the-job injuries.

**Employment Laws:**

Telecommuting employees will be held to the same employment law standards as employees in the traditional office. ~~(Exempt employees will continue to be required to complete timesheet records.)~~ They will adhere to normal work schedules and will have to obtain prior management approval for any change to their normal work schedule (including overtime).

**Time Off:**

Telecommuting employees agree to follow established procedures for requesting and obtaining approval of leave, including Paid Time Off. In the event that a telecommuting employee is ill, he or she must follow the City's Attendance Policy.

**Child/Elder Care:**

Telecommuting is not an alternative for child care or elder care and the telecommuter agrees to make regular dependent care arrangements during telecommuting periods.

Employees must not use work hours for any other purposes than City business related duties.

**PTO**

Telecommuting may be used as a temporary arrangement in lieu of paid time off at the Department Director's and Human Resources Director's discretion.

**Miscellaneous:**

Occasionally a telecommuting employee's presence may be required in the traditional office for meetings or other purposes and it is the responsibility of the employee to be present when requested. In most cases the employee will be notified in advance of the requirement; however, advanced notification may not be feasible in some cases.

The telecommuting employee understands that they may be required to forfeit the use of a personal office or work station in favor of a shared arrangement to maximize the City's office space needs.

**CITY OF APPLETON**  
**Routine Telecommuting Request Form**

Employee Name:	
Current Position:	
Start date of telecommuting:	
End date of telecommuting:	
Address of employee, phone number & specific area employee will work from:	

The employee's telecommuting work schedule will be:

Telecommuting Days:

Mon Tue Wed

Thu Fri

Telecommuting Time:

Start Time:

Finish Time:

Breaks (if applicable):

Total Telecommuting Hours Per Day:

Will the employee perform the duties of their current position? Yes

No

If no, which duties will the employee perform? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This agreement is subject to the terms and conditions stated in the City of Appleton Telecommuting Policy, a copy of which has already been made available to the employee. I have read and understand both the City of Appleton Telecommuting Policy and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. I understand that this agreement may be terminated at any time.*

*If the reason for the telecommuting request is due to a medical condition, documentation must be attached to this form supporting this request. Furthermore, the employee agrees to operate within any work restrictions they might have as a result of their own medical condition.*

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

Date: \_\_\_\_\_

Supervisor approval: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head approval: \_\_\_\_\_

Date: \_\_\_\_\_

HR Director approval: \_\_\_\_\_

Date: \_\_\_\_\_

***\*if request is approved, a copy needs to be sent to the Information Technology Director***

<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE: ELECTRONIC COMMUNICATION (INTERNET, CELL PHONES)</b>	
ISSUE DATE:	LAST UPDATE: September 2003 October 2006 January 2007 October 28, 2010 February 6, 2013 October 28, 2015 October 2018	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: City Employees and Volunteers	TOTAL PAGES: 4
Reviewed by Legal Services Date: September 12, 2003 February 5, 2007 February 6, 2013 January 2016 December 2015	Committee Approval Date: September 24, 2003 April 18, 2007 December 8, 2010 July 15, 2013 April 11, 2016	Council Approval Date: October 1, 2003 May 2, 2007 December 15, 2010 July 24, 2013 April 20, 2016

## **I. PURPOSE**

To provide guidelines for the use of City electronic communications systems and/or equipment (including but not limited to e-mail, FAX, Internet, voicemail, calendars, telephones, computer applications, internal network or any device that is used to access or monitor any of these services). The City of Appleton provides this policy to set standards for users to adhere to when utilizing these resources.

## **II. POLICY**

Generally, any communications transmitted by, received from or stored in City of Appleton systems and/or equipment are the property of the City of Appleton and are subject to open records (see Public Records Policy). Some personal communications may be exempt pursuant to law, however, (even if deleted) they are still not considered private if created or transmitted using City equipment (computers, cell phones, instant messaging, etc.). The use of City equipment for private or personal purposes must be pre-authorized by a supervisor. Failure to follow this policy may result in discipline up to and including discharge.

For purposes of Library administered systems, networks and/or equipment, Library Administration and Network Services serve the review and approval functions of Human Resources and Information Technology as listed below. Library rules and procedures are subject to review and approval by Human Resources, Information Technology and Legal Services.

### III. DISCUSSION

The City of Appleton reserves the right to monitor City systems and/or equipment to ensure they are being used for legitimate business purposes, to ensure City systems and/or equipment are being used appropriately, and to access information at any time with or without notice. While monitoring an employee's electronic communication, the City of Appleton will have the right to access all information to which an employee has gained access or created.

Employees should recognize that legally they do not have a personal privacy right in any matter created, sent, received or stored in a City of Appleton system and/or equipment. When an employee deletes a message this does not guarantee that it has been erased.

Employees who are provided City equipment or devices for purposes of electronic communication related to City business will be expected to utilize them for City business to facilitate compliance with open records laws. All materials created, sent, received or stored in a City of Appleton system or device will remain City of Appleton property and may, subject to applicable laws, be monitored or recorded by authorized staff as applicable, including Human Resources, Legal Services or Information Technology staff and such records may be subject to discovery and disclosure.

All City equipment should be used by the employee only. Employees should take a common-sense approach to care for the equipment (securing in the trunk of a vehicle to deter theft, taking inside when below freezing, not letting it out of sight in a public setting, etc.).

### IV. GENERAL GUIDELINES

When using City of Appleton electronic communication systems and/or equipment, employees will be required to follow these guidelines:

- A. Employees should have prior supervisory approval before utilizing City resources for personal use and personal use must be kept to a minimum (limited frequency and duration). Department directors have the right to restrict usage to workplace use only. An employee is expected to wait until non-work time or breaks for personal usage of electronic devices, unless extenuating circumstances arise. Employees shall not allow persons not employed by the City to utilize City issued devices and/or equipment.
- B. Usage will be audited and monitored by the department director and/or Mayor if applicable. The department director, or Mayor and Finance Director will determine whether the employee should reimburse the City for any personal or unauthorized services (e.g., cell phone overage charges or text message charges). An authorized supervisor may request to monitor systems by making the request to both the Human Resources Director and the Information Technology Director.
- C. Employees shall not access, send, solicit, display, print or otherwise distribute material that may harass, threaten or embarrass others or that is sexually explicit, fraudulent or otherwise inappropriate for a professional environment. This also violates the City's Harassment & Discrimination and Workplace Violence policies.

- D. No employee shall intentionally intercept any communication without consent. The Privacy Act of 1986 makes any interception without consent illegal and punishable under the law.
- E. Employees shall not copy, download, disseminate or print copyrighted materials except within 'fair use' rules, applicable licenses, contracted agreements, with express permission of the copyright holder, or as otherwise allowed by law. This includes articles, images, games, software, music, etc.
- F. Employees shall not use City of Appleton equipment/resources to engage in personal, non-employer-related activities for gain or profit as referenced in the Code of Conduct Policy. Examples include, but are not limited to, consulting for pay or advertising or selling goods or services for personal gain.
- G. Employees shall not engage in illegal activities or use any City of Appleton communication system for any illegal purposes, including initiating or receiving communications that violate any laws or regulations. The City of Appleton will fully cooperate with lawful requests from law enforcement agencies and internal investigations for logs, diaries, data and archives on any computing activities.
- H. Employees are prohibited from using cameras or other video-capable recording devices within the City without the express prior permission of their department director and of the person(s) present at the time (unless it is at a public meeting or public gathering place). Use of cameras or other video-recording devices are explicitly banned from City restrooms and locker rooms.
- I. Employees are prohibited from knowingly visiting inappropriate Internet sites, unauthorized chat rooms or instant messaging services through the City systems. If an employee inadvertently connects to an inappropriate internet site he/she must disconnect immediately and inform the supervisor of the incident. This would not pertain to employees during times they are required to access an inappropriate site in the course of their job duties. Designated staff at the Library may use instant messaging services for work related purposes on Library systems at the discretion of the Library Director. These services may only be used with log files enabled and will be subject to regular review by the Library Director or designee.

If an employee receives an unsolicited/inappropriate joke, advertisement etc. these messages should be immediately deleted. If an employee receives a grossly inappropriate message, they should immediately notify their supervisor.
- J. When an employee is using the City of Appleton equipment to perform union business, they must follow the same procedures as outlined for personal business.
- K. Any employee who uses City systems and/or equipment off-duty is doing so voluntarily and will not be compensated for off-duty use unless they have received prior approval from their department director.
- L. Employees should inform a supervisor if he/she becomes aware that a fellow employee is violating any of the guidelines listed above.
- M. The City of Appleton will report any illegal usage to the police.



## **V. SPECIFIC GUIDELINES**

### **A. Cell Phones**

1. Employees are expected to follow applicable state or federal laws and regulations regarding the use of cell phones/tablets at all times. As a part of Wisconsin law (as of December 1, 2010), employees are prohibited from texting while driving any motor vehicle.
2. Employees should refrain from using their cell phone/tablet while driving and/or operating equipment. Employees should pull off to the side of the road and safely stop the vehicle before placing or accepting a call. Employees are encouraged to use hands-free technology. These guidelines will not supersede stricter departmental rules.
3. Employees who are charged with traffic violations resulting from the use of electronic communications equipment while driving for the City may be held personally liable for the consequences of such actions.
4. Activation of services beyond the normal plan (e.g., internet activation, data charges, text messaging, roaming charges, long distance, etc.) **on a City-issued cell phone** must have prior written authorization from the employee's department director and/or Mayor if applicable.

### **B. Fax/Copy Machines**

Reasonable use of copy machines and fax machines for personal needs must have supervisor approval. High volume personal usage is prohibited. As a guide to define reasonable usage, please consider this to be 20 sheets of paper or less.

If you are uncertain at any time how to apply these guidelines or have any questions, you should seek guidance from your supervisor, or the Human Resources Department or Legal Services prior to engaging in electronic communications activities or using City-owned electronic communications equipment.