

**CITY OF CHICO**  
**Administrative Procedure and Policy Manual**

Subject:		Number: 13-43
EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS		Effective Date: March 16, 2010
Department(s) Affected: All Departments		Supersedes: 13-43 Dated 3/1/93
Authority: Section 2.12.010 Chico Municipal Code		File Reference: PS-13-22
		Approved:

**I. PURPOSE**

The purpose of this Administrative Procedure and Policy is to establish an exposure control plan, which identifies employees who are subject to occupational exposure to bloodborne pathogens, establishes information and training standards for those employees, establishes engineering controls and work practice requirements, and establishes an immunization program for the Hepatitis B virus which, in total, will provide protection for City employees from occupational exposure to bloodborne disease.

**II. POLICY**

It is the City's policy to protect the health and safety of employees through the establishment and enforcement of this exposure control plan which will eliminate or minimize occupational exposure of employees to bloodborne pathogens.

**III. PROCEDURE**

A. It can be reasonably anticipated that employees in particular job classifications will be exposed to blood or other potentially infectious materials during the course of performing their regularly assigned job duties. The most current list of such job classifications will be maintained by the Human Resources and Risk Management Office, and the provisions of this procedure shall apply to all employees in such classifications.

If it is determined that employees may be assigned duties which could reasonably be expected to expose them to blood or other potentially infectious materials, the specific assignment for that job classification may be added as a position to be covered by the provisions of this procedure. Such job classifications will be included on the list maintained by the Human Resources and Risk Management Office.

**B. INFORMATION AND TRAINING STANDARDS**

1. This procedure will be posted at each Fire Station, in the Police Department briefing room, and at the Lifeguard room at One Mile Recreation Area for access by employees. A copy of the procedure will be provided within 15 days to any covered employee who requests such from his/her supervisor. This procedure will be reviewed by the Human Resources and Risk Management Director on an annual basis, along with all Supervisor's Reports of Exposure, to determine if the procedure requires updating to reflect significant modifications in tasks or procedures which may result in changes in the potential for occupational exposure.
2. Covered employees will receive initial training within three months following the adoption of this procedure and annual training thereafter on the hazards associated with exposure to blood and other potentially infectious materials and the protective measures to be taken to minimize the risk of occupational exposure.
3. Training will be conducted by someone knowledgeable in the subject matter as it relates to the employee's work place and the City's exposure control plan elements.

**C. ENGINEERING CONTROLS AND WORK PRACTICE REQUIREMENTS**

1. Employees will treat all human blood and other potentially infectious materials as if they were known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or other bloodborne pathogens, regardless of the perceived "low risk" of the person being rendered assistance.
2. Employees will be provided, and will be required to use, biohazard containers appropriate to their work assignment. Employees are required to wash hands with soap and tepid water as soon as is feasible following exposure. Employees who do not have immediate access to running water will use antiseptic hand cleaner and then wash their hands with soap and running water as soon as feasible thereafter.
3. Employees shall not be permitted to eat, drink, or smoke or to have food, beverages, or smoking materials in any location where they could possibly be contaminated by blood or other potentially infectious materials.

4. Employees shall clean all contaminated equipment with the designated cold disinfectant or with soap and water followed by soaking in a solution of 10% bleach. Clothing contaminated with blood or other potentially infectious materials shall be rinsed and decontaminated by use of a disinfecting spray or solution as is appropriate to the garment prior to removal of the garment from the work area.
5. The City will provide Personal Protective Equipment (PPE) which must be used by employees to protect against contact with blood or other potentially infectious materials. PPE which is appropriate to the work assignment will be provided. If an employee abandons use of PPE in extraordinary circumstances and is exposed to blood or other potentially infectious materials as a result, the Department Head will investigate and report to the Human Resources and Risk Management Director the circumstances surrounding the incident and what steps have been taken to reduce the likelihood of a future exposure incident in a similar situation.
6. Contaminated work surfaces and equipment shall be cleaned as soon as is practical with appropriate disinfection solutions. All contaminated PPE shall be deposited in a biohazard container. Used biohazard containers shall be transported to Fire Station No. 1 for disposal.

D. HEPATITIS B VACCINATION PROGRAM

1. Hepatitis B vaccinations shall be made available to all occupationally exposed employees at City cost. This is a voluntary procedure which shall be available to employees within 10 working days of their initial assignment. Vaccination services shall meet the standards established by the United States Public Health Service/Center for Disease Control.
2. Employees who do not elect to participate in the vaccination program are required to complete the declination form attached as Exhibit "1". Employees who initially decline vaccination can elect at any time to commence vaccination. Record of completion or declination of the vaccination program shall be filed in the employee's Personnel File.
3. Vaccination services shall be provided during work hours. Employees will be provided with transportation to vaccination service sites if they are not available at the employee's work site.
4. A copy of this procedure will be provided to the medical services provider selected by the City to provide Hepatitis B vaccinations to City employees.

E. POST EXPOSURE EVALUATION AND FOLLOWUP

1. Any City employee who has been exposed to blood or other potentially infectious materials through a failure in environmental controls, work practices, or PPE is required to immediately report such exposure to his/her supervisor. If the exposure also included an accident, such as a cut or needle stick, the employee shall be given a Workers Compensation Claim Form. The employee may choose to complete the Claim Form, or, for Fire Department employees, a Chico Fire Department Exposure Report Form. In all exposure incidents, even if the employee does not complete and return the Workers Compensation Claim Form or the Fire Department Exposure Report, the Supervisor will complete the Supervisor's Report of Injury, completing an investigation of the circumstances that resulted in the exposure and making recommendations that will limit the potential for another such exposure. This section applies to employees with occupational exposure as identified in Section III.A, and any other employees who have contact with blood or other potentially infectious materials in the course of rendering first aid when it is a collateral duty, and they are responding to injuries or accidents in their work place.
2. The supervisor will identify the source individual in the exposure incident, unless this is not feasible, and contact that person to request that they voluntarily participate in blood testing to determine if they have any disease that could be transmitted to the exposed employee through the contact with blood or other potentially infectious materials. Contact with the source individual and their willingness to be tested shall be documented as part of the Supervisor's Report of Injury. Results from such testing as may occur will be provided only to the medical care professional who will provide followup services to the exposed employee.

The City may petition the Court for an order to test the source individual's blood pursuant to Health and Safety Code 55199.97, as appropriate.

3. The supervisor will notify the employee that he/she may obtain free and confidential medical evaluation and treatment from the City's designated medical care professional. The City's agreement with the medical care professional to provide these services shall include provisions to maintain the confidentiality of the employee's identity and the results of any testing which may be conducted. The employee may choose to have blood drawn at the time of the first follow-up medical evaluation, and the medical care professional will maintain that blood sample for at least 90 days, so that the employee may choose at any time within that period to have tests run to determine if he/she has contracted a bloodborne disease.
4. The health care professional shall provide a written opinion to the employee within 15 days of completion of the original evaluation. A separate report regarding the post-exposure evaluation will be provided to the City which states only that the services have been provided.

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**CITY OF CHICO  
HUMAN RESOURCES & RISK MANAGEMENT OFFICE**

**HEPATITIS B VACCINE DECLINATION (MANDATORY)**

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I declined hepatitis B vaccine 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

OR

I have already received the three injections in the Hepatitis B Vaccine series.

Year completed vaccine series \_\_\_\_\_

Name of facility that administered Hepatitis B Vaccine \_\_\_\_\_