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City Clerk's Office
Hiawatha City Hall
101 Emmons Street
Hiawatha, Iowa 52233

Memo

To: Mayor and City Council

From: Kelly Kornegor, City Clerk

Date: July 19, 2017

Re: Safety Policies and Safety Manual

One of the duties of the safety committee is to review our internal safety policies and procedures to make sure the information is up to date. We have completed this task and are ready to approve the following safety policies and procedures as amended:

1. Blood-Borne Pathogens Procedures
   Overview of changes made: added detail to the current process for laundering contaminated clothing under Personal Protective Equipment section. Updated City's designated healthcare provider to MercyCare Occupational Health under Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up section. No other changes made to this policy

2. Hearing Conservation Program
   Overview of changes made: quite a few changes were made throughout this program. Through the review process we learned that we can do our own noise audits to test the decibel levels of equipment. Any equipment exceeding 85 decibels must be labeled to notify employees of required hearing protection. Luckily, most of our equipment is pre-labeled with noise rated labels and notice of required hearing protection. The department supervisors tested the noise levels on the non-labeled equipment and added labels as required. Each department submitted their list of equipment to me to track on a spreadsheet for future reference. Other changes to this policy include removing forms that are not currently in use and removing the requirement for outside contractors to provide the City with a copy of their hearing conservation program and to follow the requirements or be asked to leave. I spoke to Dean Schade from our Workers' Compensation carrier (IMWCA), on the Outside Contractors section and he was not concerned with removal as long as the City requires a Certificate of Liability Insurance as part of our project contracts. The City does require a Certificate of Liability Insurance on all contracts.

3. Lockout/Tagout Policy
   Overview of changes made: reordered processes listed under Program Administrator section and changed the program administrator from City Administrator to City Clerk to match the other safety policies. Referenced location of manuals at Lockout/Tagout stations under Lockout/Tagout Procedures section. No other changes made to this policy.

   The Safety Committee members also reviewed the Confined Spaces Program and Excavation and Trenching Manual but no changes were required. The Fire Department is currently reviewing the Respiratory Protection Policy and I will bring this back for City Council approval once the process is complete.

4. Safety Manual

   Overview: Another initiative the Safety Committee has been working on is creating a Safety Manual to provide employees with a short overview of all safety policies and procedures in one document with reference to the locations of complete copies.

   For the most part, each department has one binder containing complete copies of the individual safety policies. By implementing the Safety Manual, we can provide every employee with their own condensed reference guide to internal safety rules and responsibilities. Once implemented, the Safety Manual will go through an annual review by the Safety Committee to make sure the information stays current.

   At the back of the manual you will notice a certification page to be signed by all members of the Safety Committee and City Council. It is very important to us to have City Council support of all of our efforts in promoting accident prevention in the workplace and providing ongoing training and internal communication to help employees perform their duties safely, as well as look out for the safety of their team members so everyone can go home safe at the end of the work day.

   If you have any questions in your review of this material, please don't hesitate to ask.

   Thank you!

Blood-Borne Pathogens

Exposure Control Plan and Procedures

Locations: City Hall, Library, Parks and Recreation, Police and Public Works

Adopted: December 4, 2013

Amended: July 19, 2017

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Purpose
This program was created to ensure the safety and health of our employees to reduce or eliminate occupational exposure to blood-borne pathogens. All procedures and policies were prepared in accordance with OSHA regulation Section 1910.1030 Blood-borne Pathogens.

- Copies of this program will be located at each site where employees report to work.

Violation of blood-borne pathogens/exposure control program
Employees who violate procedures may be disciplined according to the personnel policy. Employees will also be required to attend retraining on the procedures or policies that were violated.

Program administrator
The program administrator shall be responsible for annual review of the program, coordination of blood-borne pathogen infection control training, purchasing equipment, and, incident reviews of injuries or illnesses involving potential and actual exposures and maintaining medical records.

Employees should refer their questions or comments about this program to the administrator.

The program administrator is the City Clerk.

Definitions

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

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

Universal precautions are an approach to infection Control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Employees covered
Employees that perform tasks that meet one of the following descriptions shall be covered under this program:

a. Task that involve actual or potential for mucous membrane or skin contact with blood, body fluids or tissues.
b. Tasks that involve no exposure to blood, bodily fluid or tissues, but employment may require exposure in an emergency.

A list of job classifications of covered employees is maintained as an appendix to this program. The tasks that may result in occupational exposure will be included for each classification as well as the personal protective equipment that is provided to the employees;

Personal protective equipment
Contaminated equipment and clothing shall be cleaned, laundered or disposed of by each department. Employees shall not be allowed to take contaminated clothing home to launder.

The contracted laundry firm used by the Public Works Department is: City Laundering Company of Oelwein, Iowa. Phone: 319-283-5621. If laundry is too soiled to clean, Public Works employees shall notify the Public Works Director immediately, and the soiled laundry must be placed in a contamination bag for cleaning by City Laundering Company. Contamination bags can be obtained from the Public Works Director.

All other employees shall notify their supervisor immediately of any incidents where protective equipment and/or clothing becomes contaminated. The department supervisor will make the determination on the laundering or disposal process.

Universal precautions
Employees must comply with the following precautions if exposed to blood or blood products:
a. Wash hands after any potential exposures as soon as practical. Bottles of waterless hand soap may be issued to all employees working at locations without water sources.
b. Use necessary PPE with limited exception.
c. Contaminated sharps, glass or needles must be disposed in a puncture resistant and leak proof container with, proper warning labels.
d. Disinfect respirators after each use.
e. Employees with cuts or scrapes on their hands while preparing food must use food preparation gloves.
f. Eating, drinking, smoking, applying makeup or handling contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure.

Employee information and training
Any covered employee or those who supervise covered employees must receive training as required by Section 1910.1030(g) (2).

- See IMWCA Online training Course BP09

Housekeeping
All work-sites and vehicles will be maintained in a clean and sanitary condition. Each department must determine and implement appropriate written schedule for cleaning and method of decontamination based upon the location, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area.

All contaminated equipment or locations shall be cleaned up as soon as feasible using the universal precautions. All bins, pails, cans and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials should be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination. Biohazard bags and containers will be provided for contaminated material disposal.

Hepatitis B vaccination and post-exposure evaluation and follow-up
Hepatitis B vaccine and vaccination series will be provided free of charge to all employees who have occupational exposure, including post-exposure evaluations and follow-ups for all employees who have had an exposure incident. Medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series, and post-exposure evaluation and follow-up, including prophylaxis, will be performed by or under supervision of a licensed physician.

Employees seeking Hepatitis B vaccinations, post-exposure review or other medical procedures under this program shall use the following doctors or clinics:

Name of Physician	Clinic	Telephone Number
	MercyCare Occupational Health	319-558-0303

Employees accepting Hepatitis B vaccinations shall complete the consent form (see page 6).

Employees declining the Hepatitis B vaccinations shall complete the declination form (see page 7).

The forms and other medical records shall be maintained in the employees' confidential medical file.

Post-exposure procedures Employees subjected to an exposure incident must:

a. Immediately report exposure incident to Company Nurse by calling 1-888-770-0928,
b. Answer general injury related questions asked by a Company Nurse representative, used to complete an incident report,
c. Report to designated health care provider for post exposure evaluation, care and counseling.

~~**Outside contractors**~~

~~The program administrator shall inform all contractors of the elements of this program. Contractors must also make a copy of their blood-borne pathogens program and their exposure control plan available to the program administrator.~~

Blood-Borne Pathogens Exposure Determination

City of Hiawatha

Updated by: _____ Last Updated: _____

Employees under the following classifications have been identified as having potential occupational exposure risks:

Police Department

- Covered employees: all patrol officers, command officers, jailers, trainees and custodial staff
- Tasks: restraint of suspects, first aid/CPR, accident/crime scene investigations, housekeeping duties
- PPE: gloves, resuscitation masks

Fire Department

- Covered employees: all firefighters, fire inspectors and command officers
- Tasks: first aid/CPR
- PPE: gloves, resuscitation masks
- Refer to Fire Department Policy #402 Blood Borne Pathogens

Parks and Recreation

- Covered employees: program instructors, laborers, parks. supervisors, and custodial staff
- Tasks: first aid/CPR, garbage collection, housekeeping duties
- PPE: gloves, resuscitation masks

Wastewater and Water Treatment Plant

- Covered employees: supervisors and wastewater operators I and II
- Tasks: first aid/CPR, sewer line repair, sample collection, pump maintenance, housekeeping duties
- PPE: gloves, resuscitation masks, protective eyewear

Other: library and maintenance shop

- Covered employees: housekeeping
- Task: first aid/CPR

City of Hiawatha Employee
Hepatitis B Voluntary Consent Form

This is to certify that I, _____, have been offered the Hepatitis B Vaccine through the City of Hiawatha, due to the possibility of exposure created by my employment.

_____ I have read the prescribed information for the Hepatitis B Vaccine and understand the usage, contraindications, precautions, adverse reactions, dosage and administration related to the vaccine.

_____ I understand that I must have three (3) doses of the vaccine to confer immunity and that that cost of the Hepatitis B Vaccine will be assumed by the City of Hiawatha.

_____ I understand that there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine.

_____ I have read this form and understand its contents; therefore I request that the Hepatitis B Vaccine be given to me.

_____ I believe I have received the Hepatitis B vaccine series in the past; therefore I request to receive a Hepatitis B Tighter blood draw to determine immunity.

_____ _____
Employee's Signature *Date*

_____ _____
Witness Signature *Date*
MercyCare Occupational Health

Vaccination Date	Lot Number	Injection Site	Signature from whom given	Manufacturer

Tighter Blood Draw Date	Blood Draw Site	Signature from whom drawn

City of Hiawatha Employee
Hepatitis B Declination Form

This is to certify that I, _____, understand that due to my occupational exposure to blood or other potentially infections materials that I may be at risk of acquiring the Hepatitis B Virus (HBV) infection.

_____ City of Hiawatha has given me the opportunity to be vaccinated at no charge, however I am declining the vaccination at this time.

_____ I understand that by declining vaccination, I continue to be at risk of acquiring Hepatitis B Virus infection.

_____ I understand that in the future, while employed by City of Hiawatha, I may choose to have the Hepatitis B Vaccination Series at no charge to me.

_____ I have read this form and understand its contents.

_____ _____
Employee's Signature *Date*

_____ _____
Witness Signature *Date*

If you are declining vaccination because you have previously received the Hepatitis B vaccine series, please list facility/employer where you received the vaccine and approximate date of receipt:

_____
Facility/Employer

_____
Date of vaccines

Appendix A

For more information refer to Occupational Safety and Health Administration Standard (OSHA) Standard 1910.1030 Bloodborne pathogens using the following link:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

DRAFT

RESOLUTION NO. 17-
City Council

RESOLUTION APPROVING AMENDED BLOOD-BORNE PATHOGENS EXPOSURE CONTROL PLAN AND PROCEDURES

WHEREAS, the Safety Committee reviewed and determined it necessary to amend the Blood-Borne Pathogens Exposure Control Plan and Procedures to reflect current processes as outlined in the attached Exhibit "A," and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF HIAWATHA, IOWA, to concur with the Safety Committee recommendation and said Blood-Borne Pathogens Exposure Control Plan and Procedures are hereby amended, approved and adopted.

AYES:
NAYS:
ABSENT:

PASSED AND APPROVED this 19th day of July, 2017.

_____
Bill Bennett, Mayor

ATTEST:

_____
Kelly Kornegor, City Clerk