This manual applies to all City of Tumwater departments and their employees. The information and procedures in this manual are intended to implement City of Tumwater Operating Policy Number 6 (Safety Requirements). The manual is designed to meet the requirements of the Washington State Industrial Health and Safety Act (DOSH).

The City of Tumwater Safety Manual is also intended to implement the city's safety policy as expressed in Tumwater Operating Policy Number 6. The content of this manual constitutes city operating policy on safety matters.

**RESPONSIBILITY FOR SAFETY**

Safety is a constant consideration in carrying out the day to day business of the city. All managers, supervisors and employees have critical responsibilities for ensuring that work is performed safely. Failure to carry out these responsibilities can result in disciplinary action - including termination. These responsibilities are summarized as follows:

**Department Management**

It is the responsibility of management 1) to have thorough knowledge of the regulations applicable to the positions for which he/she has responsibility; 2) to provide the necessary safety equipment to all employees; 3) to adequately orient new employees to the workplace and the unique safety issues of the department; 4) to identify training needs of employees relevant to safety and ensure that appropriate, timely safety training is provided; 5) to identify, document and notify employees on a continuous basis of known safety hazards in the workplace; 6) to conduct departmental safety meetings as required by state law; 7) to enforce safety regulations; and 8) to ensure that all unsafe conditions observed or reported are adequately corrected and mitigated.

**Field or First-line Supervisor:**

It is the responsibility of supervisors 1) to have complete knowledge of the safety regulations applicable to the positions he/she supervises; 2) to teach these regulations to employees; 3) to ensure that employees know how and when to use safety equipment; 4) to ensure that regulations are followed and safety equipment is used; and; 5) to ensure safety violations/deficiencies are immediately corrected or reported upon knowledge of same.
Employees:

It is the responsibility of employees to 1) learn the safety regulations applicable to his/her job; 2) use safety equipment and/or personal protective equipment as set forth by regulations at all times and at the direction of the supervisor; and 3) report safety violations/deficiencies upon observation/occurrence.

**CITY OF TUMWATER’S SAFETY PROGRAM**

To carry out the mandates of state safety law, the city maintains an active safety program. This program has a number of elements, each of which is outlined below:

**I. Central Safety Committee**

The City has established a Central Safety Committee to coordinate the loss control and accident prevention program. This committee has commensurate authority delegated by the Mayor to develop and recommend for implementation applicable procedure and policies.

*Scope of the Central Safety Committee*

The scope of the Central Safety Committee shall be limited to matters covered by Chapter 296-24 of WAC, “General Safety and Health Standards”. Safety issues stemming from Chapter 296-155 WAC, “Safety Standards for Construction Work”, and from Chapter 296-305 WAC, “Safety Standards for Firefighters” shall be the concern of regular safety meetings/committees in the Operations Division of the Public Works Department and in the Fire Department.

*Membership and Operation*

The membership and terms of the Central Safety Committee are as follows:

- One representative elected from among city hall office staff .................... One Year Term
- One representative elected from Public Works Operations ..................... One Year Term
- One representative elected from Community Development field staff ... One Year Term
- One representative elected from Parks field staff................................. One Year Term
- One representative elected from Golf field staff................................. One Year Term
- One representative elected from Public Works Eng. field staff ............. One Year Term
- One representative elected from the Police Department ..................... One Year Term
- One representative elected from the Fire Department ......................... One Year Term
- One representative appointed by the City Administrator..................... One Year Term

Members may be re-elected to the committee.
Should a vacancy occur on the committee, a new member shall be elected from among eligible voters or by appointment, before the next meeting of the committee. The committee shall elect a chairperson to serve for a period of one year. The date, hour, frequency and location of meetings shall be determined by the committee.

Duties and Responsibilities of the Central Safety Committee

The Central Safety Committee shall:

☐ Take an active role in prescribing, designing, evaluating and adjusting city safety and loss control programs and policies. Recommendations and/or directions will be provided to the city Safety Coordinator and the city Risk Manager to ensure effective safety practices. The committee will review safety materials, training, equipment and resources and determine their applicability to city needs.

☐ On the basis of information gained through review of accidents, incidents, employee suggestions and inspection reports, the committee will assess safety training and accident prevention needs within the city and report such recommendations to the Safety Coordinator.

☐ Conduct safety meetings or provide safety programs for office employees who do not participate in the specialized city safety committees for field workers.

☐ Review safety inspection reports and, when appropriate, delegate members to evaluate and make recommendations on specific safety issues raised by inspections.

☐ Review accident and incident reports to assure that causes are accurately identified and that adequate corrective measures have been taken to prevent similar accidents in the future.

☐ Serve as a forum where information about safety concerns, practices and ideas can be shared between work groups and promulgated to the best advantage of the City.

Duties and Responsibilities of the Central Safety Committee Members

Each member of the Central Safety Committee shall:

☐ Attend each meeting of the committee. If unable to do so, he/she should send an eligible alternate to attend the meeting.
Actively participate in safety program and loss control efforts by suggesting training, education, or procedural corrections/improvements to the City's safety program.

Represent the safety interests of employees in particular departments by seeking out their concerns and relaying information between employees and the committee.

Become aware of safety issues and concerns by learning about safety in the workplace and becoming an example of a safe worker for other workers.

Coordinate or directly conduct safety inspections as mandated by the committee in work areas of the employees they represent.

II. Field Work Safety Committee/Meetings

To fully address the schedules and specialized accident prevention issues of field work employees, the city has authorized three field work safety committees/meetings as provided for in WAC 296-24-045(6). The three committees are: Firefighting, Police Services and Construction Standards.

Generally, these committees have the authority of the Central Safety Committee and can operate through crew safety meetings to meet the needs of shift work schedules. Specialized work groups covered by construction safety standards may opt to conduct monthly crew safety meetings instead of participating in the scheduled meeting of the Construction Safety Standards Committee held each month in the Operations Division of Public Works. Minutes of such safety meetings will be recorded and forwarded to the Central Safety Committee through the city Safety Coordinator.

The Firefighting Safety Committee meeting is located in the Fire Department and covers all firefighting and advanced life saving personnel pursuant to WAC 296-305. The Police Services Safety Committee/Meeting is located in the Police Department and focuses on the DOSH topics most frequently encountered in police work.

The Construction Standards Committee/Meeting is located in the Operations Division of Public Works. This committee addresses the safety requirements of WAC 296-155.

The following categories of city employees are covered by this committee/meeting:

- Field engineering staff in the Public Works Department
- Field maintenance staff in the Public Works Department
- Field building inspection staff in the Community Development Department
- Field engineering staff in the Community Development Department
- Field maintenance staff of the Parks units of the Parks and Recreation Department.
As required by state regulations, minutes of all field work safety committee meetings will be prepared and kept on file in the department which housed the meeting.

III. Accident Reporting and Investigation

The city promotes aggressive, prompt reporting and investigation of all accidents and incidents posing a safety concern. Regardless of whether injuries have occurred or property has been damaged all incidents at the workplace that create a legitimate safety concern, must be reported and investigated. Employees involved in incidents/accidents shall report such incidents and accidents as soon as possible following the incident/accident. Reports must be filed on the Incident/Accident form issued by the Risk Manager (Administrative Services Director) and available on the City's website. Upon completion by the employee and the department manager, Incident/Accident Reports shall be submitted to the Risk Manager.

Within 24 hours of a reported incident/accident, the employing department will conduct an investigation and document the results on the City Comment Summary Sheet on the reverse side of the Incident/Accident form issued by the Risk Manager. This completed investigation report must be submitted to the Risk Manager by the department within 48 hours of the incident/accident.

The incident/accident report will be reviewed by the Risk Manager. A copy of the incident/accident report is provided as an addendum to this manual.

IV. Safety Coordinator

The Administrative Services Director is designated as the city's Safety Coordinator. The responsibilities of the Safety Coordinator include, but are not limited to: orienting new employees to city safety policies and documents; providing initial training to employees on hazardous materials in the workplace; supporting the Central Safety Committee in its operations and attending committee meetings; assessing department compliance with safety requirements and serving as a resource to departments in addressing safety issues; maintaining state-mandated records of accidents and safety incidents; and representing the city on safety matters with state or federal agencies.

As the city's central safety resource person, the Safety Coordinator maintains an up-to-date set of DOSH regulations and standards that are available to department personnel for reference. The Safety Coordinator also can provide information and recommendations on safety issues from the National Safety Council or other agencies.

Finally, the Safety Coordinator maintains information about safety training opportunities and will work with department managers to identify and provide needed safety training.
V. Risk Manager

The city's Risk Manager is the Administrative Services Director. The Risk Manager is responsible for monitoring the city's insurance liability through loss control efforts. The Risk Manager serves as the link between the city's liability insurance provider and the city. The Risk Manager establishes and maintains an accident reporting and recordkeeping system. All accidents and incidents involving city employees must be reported to the Risk Manager. As a loss control and accident prevention specialist, the Risk Manager provides assistance to safety committees in all departments of the city and prepares recommendations on corrective measures to improve safety practices and reduce risk.

VI. Facility Safety

The city is committed to maintaining a safe and healthful work environment. City efforts to maintain safety within buildings rests with city departments and with the Parks Unit of the Parks and Recreation Department.

City departments are responsible for daily enforcement of work site safety relating to facilities. This includes, but is not limited to, safe use of equipment, removal of fire or chemical hazards, control of hazardous substances, keeping walkways and exits clear, cleaning up or marking wet surfaces, ensuring that employees know the location of first aid supplies and fire escape routes, and identifying the need for signs, markings, or other reminders of hazards in the workplace.

The Parks Unit is responsible for locating and maintaining state-mandated first aid supplies in city facilities, for locating and maintaining fire alarm systems, fire extinguisher and fire sprinkler systems, and for establishing and documenting emergency evacuation plans and procedures. The Parks Unit also identifies safety hazards and mitigates them through cooperative efforts with the department housed in city facilities. Responsibility for safety in common areas of city facilities is assigned to the Parks Unit.

VII. Vehicle Safety

Responsibility for vehicle safety is shared within the city. Safe operation of vehicles is the responsibility of the employee operating the vehicle. Individual departments are responsible to ensure that all employee operators are familiar with and generally competent to drive assigned city vehicles. The Risk Manager is responsible for verifying the validity of employee drivers licenses and driving records to assure that all operators of city vehicles are eligible for insurance coverage with the city's insurance provider.
VIII. Safety Policies, Plans and Standard Operating Procedures

When DOSH requirements mandate general, city-wide safety policies or plans, they will be developed by the Safety Coordinator in conjunction with the Central Safety Committee. Such policies are maintained in the city’s Policy Manual or as supplements to the city’s Safety and Accident Prevention Manual.

City departments are responsible for establishing, implementing and maintaining all DOSH mandated policies, plans and standard operating procedures that require an approach customized to their operation. Assistance in developing department safety documents is available from the Administrative Services Department, and the Central Safety Committee.

IX. Safety Orientation of New Employees

New employees are oriented to safety in the city workplace through the combined efforts of the employing department and the Safety Coordinator. Upon initial hire, the Safety Coordinator will orient all new employees to general city safety policies and procedures. The Safety Coordinator will also arrange for hazardous materials training for the new employee.

The employing department is responsible for orienting the new employee to all aspects of safety at the work site. This includes training the employee in safe use of vehicles and equipment and ensuring that employees understand and follow safety practices in the field and in the office. The employing department is also charged with responsibility for assuring that all specific state mandated safety training required for particular positions is provided in a timely manner to all new employees.

X. Hazardous Materials Communication

The city will control hazardous materials under DOSH guidelines in order to protect employees or members of the public from the dangerous effects of exposure to volatile, caustic and toxic substances at the workplace. All containers with materials used in the workplace will be clearly labeled so that the contents are easily identified. Any required hazard warning and the name and address of the manufacturer of the substance will be identified on all such containers. Supervisors are responsible for required labeling of hazardous substances used by their employees. Employees who encounter unidentified substances that could pose a threat to employees in the workplace should notify the supervisor immediately.
Each department shall maintain Material Safety Data Sheets (MSDS) as required by DOSH for substances utilized by the department. Such sheets must be updated periodically and modified as necessary. Prior to the use of new items requiring an MSDS within the department, a new sheet will be prepared and notice will be given to all employees. Employees will be given easy access to the MSDS for their department. All new employees will be given an opportunity to review the MSDS for their department as part of orientation to the job.

Upon employment with the city, all employees will receive formal training which includes: An overview of the DOSH requirements covering to hazardous materials, information about chemicals in the workplace and the potential health risks associated with the chemicals, how to identify signs of exposure to chemicals in the workplace, how to reduce exposure, procedures for dealing with exposures, how to read and interpret container labels and MSDS, and location of MSDS information in the workplace.

The complete Hazard Communication policy can be found in the City's Policy Manual, Operating Policies Section 6, Safety Requirements.

XI. Employee Safety Suggestions

The city believes that employees are often best situated to identify safety implications of current practices within the workplace. Quick identification and correction of safety risks is a critical part of the city's accident prevention effort. For that reason, employees are encouraged to make suggestions for improved workplace safety whenever the need arises. Such suggestions should be made in writing to the employee's immediate supervisor. If there is need for approval and evaluation from elsewhere in the organization, the suggestion may be forwarded to the department manager or the City Administrator. When safety suggestions are possibly applicable to other departments, the supervisor should notify the Safety Coordinator so that the information can be shared with City safety committees.

XII. Bloodborne Pathogen Safety Program

The City of Tumwater mandates that all departments apply all known reasonable procedures to prevent and reduce the risk of bloodborne disease transmission or exposure to potentially infectious materials in the workplace. The city observes DOSH Bloodborne Standard 296-62-08001, related regional directives and any applicable rules or laws to eliminate or minimize the occupational exposure of City employees to and possible subsequent infection with bloodborne diseases. The DOSH standards governing these exposures are adopted as formal city operating guidelines. Copies of these standards are available from the city's Safety Coordinator upon request.
All city employees are required to observe universal precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids will be treated as though they were potentially infectious.

Responsibility of Management for Bloodborne Pathogen Safety

It is the responsibility of management to assure that all employees who are exposed to potentially infectious materials, objects, or fluids are protected from exposure by compliance with DOSH standards to include:

- Establishing, maintaining and enforcing compliance with City and department exposure control plans.
- Observing and enforcing universal precautions.
- Providing mandated engineering and work practice controls.
- Providing approved protective equipment.
- Complying with mandated housekeeping procedures in the workplace.
- Providing hepatitis vaccinations and post-exposure evaluation and follow up.
- Communicating biohazard information in the workplace through interactive training, educational materials and proper signage.

Responsibility of Employees for Bloodborne Pathogen Safety

In addition to the general mandate to observe universal precautions, all employees who are subject to an exposure control plan, shall be responsible to comply with the exposure control plan and to cooperate with management to maintain safety from bloodborne pathogens in the workplace.

Employee Exposure by Job Class

The chart (next page) lists city job classes in which the city has determined the incumbents to be subject to an occupational exposure to bloodborne pathogens or other potentially infectious materials (OPIM).
<table>
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<th>JOB CLASS</th>
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<td>Traffic Signal and Streetlight Technician</td>
<td>Public Works</td>
<td>All Positions</td>
<td>Public Works</td>
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Among the above listed job classes, the tasks and procedures which can cause exposure to bloodborne disease are as follows:

**Police Department Positions**
First aid; arrest; prisoner contact; evidence handling; handling refuse at accident/crime scenes.

**Fire Department Positions**
Life saving and first aid; contact with refuse or unidentified materials at fire or accident scenes.

**Public Works Maintenance/Meter** Contact with Sewage or refuse during repair
Reader Positions and maintenance activities potential for exposure to discarded sharps

Building & Grounds Workers/ Parks Maintenance Supervisor/ Facilities and Contracts Manager/Golf Course Positions Contact with sewage or refuse during repair and maintenance activities. Potential for contact with persons in need of medical attention.

Administrative Staff (Police & Fire Depts)/City’s designated first aid responder Potential for contact with persons in need of medical attention.

Recreation and Old Town Center Positions Potential for contact with persons in need of medical attention.

Collateral Exposure of City Positions

Any city employee can, by virtue of administering routine, emergency first aid or by unanticipated exposure to sewerage, refuse or OPIM, be exposed to bloodborne disease. To mitigate such collateral exposures, the City has developed a general exposure control plan, which is attached as an addendum to this manual. It is the responsibility of all departments to familiarize employees with this control plan and to assure that it is followed in the event of an unanticipated exposure.

City of Tumwater General Control Plan for Exposure to Bloodborne Disease

A general exposure control plan is an addendum to this manual. Departments with workers subject to exposure to bloodborne disease may develop department plans or plan elements that provide detail about necessary procedures. If no department plan is established, the City plan shall apply and must be observed. Forms for documenting required procedures are attached to the exposure control plan, which is an appendix to this manual.
CITY OF TUMWATER GENERAL CONTROL PLAN
FOR EXPOSURE TO
BLOODBORNE DISEASES

The following exposure control plan applies to all city departments. Individual departments should adopt control plans which, while providing equivalent protection, detail the specific procedures expected of employees in the department.

1.0 Universal Precautions

The Washington Administrative Code mandates universal precautions at all times to prevent contact with blood or other potentially infectious materials (OPIM). It is difficult or impossible to differentiate between body fluid types under circumstances present in the workplace. Therefore, all body fluids shall be considered potentially infectious materials, including blood and unfixed tissue or organs from a living or dead human.

2.0 Engineering and Work Practice Controls

2.1 Engineering and work practice controls shall be researched and used, if applicable, anytime there is a known or anticipated exposure to bloodborne pathogens.

(a) Engineering controls are those controls which removes the human contact with the potential exposure to bloodborne pathogens. Examples of engineering controls are; automated refuse collectors, tongs for handling contaminated materials, sharps containers.

2.2 Hand-washing facilities shall be provided at all locations where there is an anticipated exposure to bloodborne pathogens. If the anticipated exposure is to a crew working in the field, an approved portable pressure tank may be used. There shall be a sufficient amount of soap and water to wash the greatest number of anticipated washings on the crew. Where the anticipated exposure is to an individual, antiseptic handcleaner or towelettes may be used. However, if antiseptic handcleaner or towelettes are used, the exposed areas shall be washed with soap and running water as soon as possible.

2.3 Employees using personal protective equipment (PPE) shall wash with soap and water as soon as possible after removal of PPE.

2.4 Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
2.5 Contaminated syringes or needles shall be handled only in accordance with approved one-handed methods or with approved mechanical devices. Needles shall not be bent, recapped, or removed unless authorized by the department head and specifically trained to do so. Shearing or breaking of contaminated needles is prohibited.

2.6 If potentially contaminated syringes or needles are discovered on city property, the devices shall be placed in approved containers. After securing in an approved container, the Police Department shall be notified for disposition.

2.7 Eating, drinking, smoking, applying cosmetics, lip balm or handling contact lenses are prohibited in work areas, including field locations, where there is an anticipated exposure to bloodborne pathogens.

2.8 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present.

2.9 Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing and shall be decontaminated as necessary. Emergency service equipment, such as ambulances may be used while contaminated to complete the assignment. However, upon completion of the immediate assignment the vehicle shall be removed from service and the contaminated area decontaminated prior to the next use. The contaminated area shall be identified with an approved BIOHAZARD label, and all affected employees, including maintenance personnel, shall be informed of the hazard, until decontaminated.

3.0 Personal Protective Equipment (PPE)

When an employee has an anticipated exposure to a bloodborne pathogen, and the exposure cannot be controlled through engineering or work practice controls, personal protective equipment shall be provided.

3.1 The equipment shall be provided at no cost to the employee and shall be decontaminated and/or replaced as necessary by the department.

3.2 All employees shall wear the personal protective equipment whenever there is a potential for an exposure.
3.3 Personal protective equipment shall only be considered appropriate when it does not permit blood or other potentially infectious materials to contact the employee's street clothes, undergarments, 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.

3.4 All personal protective equipment shall be approved by the department head.

3.5 Personal protective equipment shall be appropriate for the anticipated exposure. Some examples of PPE are latex (surgical) gloves, surgical masks, face-shields, disposable coveralls, and disposable boots.

3.6 If the PPE is penetrated by blood or OPIM the PPE shall be removed immediately or as soon as feasible.

3.7 All PPE shall be removed before leaving the work area, and placed into an appropriate designated area or container for storage, washing, decontamination, and/or disposal.

3.8 If gloves are used for protection, the following precautions shall be taken.

(a) Disposable gloves shall be replaced as soon as practical when contaminated.

(b) Disposable gloves shall not be washed or decontaminated for reuse.

(c) Reusable gloves may be decontaminated for reuse if the integrity of the glove is not compromised. Reusable gloves shall be thrown away if the glove is contaminated and cracked, torn, punctured, or when their ability to function as a barrier is compromised.

3.9 Masks, eye, and face protection shall be worn when there is an anticipated exposure to splashes, spraying, spatter of blood or OPIM.

3.10 Other body protection, such as disposable coveralls, over-boots and aprons, shall be worn when there is an anticipated exposure to blood or OPIM.

3.11 PPE shall be cleaned, laundered, and disposed of as required by the department, at no cost to the employee.

4.0 Housekeeping
Departments shall ensure that the worksite is maintained in a clean and sanitary condition. Supervisors shall determine and implement an appropriate written schedule for cleaning and a method for decontamination. If the anticipated exposure location is in the field, the supervisor shall determine if and where decontamination is necessary and implement the appropriate actions.

4.1 All equipment and environment, including work surfaces, shall be cleaned and decontaminated after known or suspected contact with blood or OPIM.

4.2 All protective coverings, such as plastic wrap used to cover equipment, shall be removed as soon as feasible.

4.3 All bins, cans, pails or similar devices, which are anticipated to become contaminated, shall be visually inspected and cleaned on a regular schedule. Except if there is visible contamination, they shall be cleaned immediately.

4.4 All refuse anticipated to be contaminated with blood or OPIM shall be handled with a mechanical device.

5.0 Waste Management

To prevent the spread of known or potentially infectious disease, a waste management program will be implemented. The program will be implemented as soon as the potential exposure is discovered. The city will use red plastic bags, identified with the biohazard label for contamination containers. Unless the contaminated materials are evidence and used in a criminal proceeding, the containers shall be transported only by persons qualified to handle biohazardous waste.

5.1 When contaminated materials are removed, they shall be placed in an appropriate biological hazard container. The container shall be:

(a) closable,
(b) constructed to contain all contents and prevent leakage of fluids,
(c) labeled biohazard and colored red, and
(d) closed prior to removal.

5.2 Disposal of all infectious waste shall be done in accordance with all federal, state, and local requirements.
6.0 Decontamination and Laundry

Decontamination of employees, equipment, materials, and the environment shall be done immediately or as soon as practical, upon discovery of the contamination. Decontamination means, the washing of the body, equipment, materials, and the environment so as not to have any contamination with blood or OPIM.

6.1 The minimally acceptable level of decontamination is washing with soap and water. Depending on the type of contamination, more critical measures may need to be taken.

6.2 If an employee’s clothes become contaminated, the employee shall immediately, or as soon as feasible, remove all contaminated clothing and wash with soap and water. If the employee becomes grossly contaminated, decontamination shall follow department policy or the employee shall be transported to a hospital for decontamination. If the employee is required to enter a city vehicle while contaminated, both the employee and vehicle shall be decontaminated prior to being put back into service.

6.3 All clothing and equipment considered for decontamination shall be placed in an appropriately colored or labeled container and transported to an approved commercial laundry.

6.4 Only qualified personnel shall transport contaminated materials. During transport, approved containers shall be utilized.

7.0 Hepatitis B Vaccination Information

7.1 All employees who have a reasonably anticipated occupational exposure to hepatitis B and have received bloodborne pathogen training, shall be offered the opportunity to receive the hepatitis B vaccination series, and any boosters as recommended by the United States Public Health Service. Getting the hepatitis B series is not mandatory, nor is it a bona fide occupational qualification.

7.2 The hepatitis B vaccination series shall be offered to all employees within 10 days of initial assignment, unless the employee has previously received the complete hepatitis B series; unless the antibody testing has revealed that the employee is immune to hepatitis B, or that the vaccine is contraindicated for medical reasons.
7.3 An employee may decline to receive the hepatitis B series initially, and change his/her mind and receive the series at any time they perform duties where there is a reasonably anticipated occupational exposure to hepatitis B.

7.4 If an employee declines to receive the hepatitis B vaccination series, the employee shall sign a statement indicating the declination. (See appendix)

8.0 Post Exposure Evaluation and Follow-up

8.1 Upon notification of an exposure to blood or other potentially infectious materials (OPIM) the employee will be given the opportunity to have a confidential medical evaluation and follow-up by a qualified health care provider.

8.2 The immediate supervisor of the employee exposed to blood or OPIM shall perform an investigation of the exposure immediately after the exposure. A copy of the evaluation shall be provided to the person performing the medical evaluation. The Post-Exposure Checklist shall be used (See Appendix).

8.3 The department shall obtain a copy of the health care provider's written opinion within 15 days of the evaluation, and shall provide the exposed employee a copy.

8.4 After an exposure, an employee shall be given the opportunity to have their blood tested for the presence of hepatitis B (HBV) and human immunodeficiency virus (HIV).

8.5 After an exposure, an employee shall be given the opportunity for counseling.

9.0 Communication and Training

9.1 Communication of the potential hazards from blood or OPIM contaminated materials shall be done by means of labels or signs, with the appropriate "biohazard" label, or red bags or red containers, which meet the DOSH requirements.

9.2 All employees working in classifications identified as having a reasonably anticipated potential for an occupational exposure to blood or OPIM, shall be trained prior to initial assignment, upon change in assignment, and annually thereafter.
10.0 Recordkeeping

10.1 Individual employee medical records shall be kept in the Administrative Services Department. The records shall be kept confidential and only released to the employee, to anyone having the employee's express written consent, and as may be required by law. Employee medical records with regards to exposures to blood or other OPIM shall be kept for the term of employment plus thirty (30) years.

10.2 An official record of training shall be maintained in the employee's personnel file in the Administrative Services Department. Training records shall be provided, upon request, to employees, employee representatives, and as required by law. The record of training shall be maintained for three (3) years after the training date.
KNOW THE ABC'S OF VIRAL HEPATITIS

Know that there are at least five types of viral hepatitis

Five types of viral hepatitis have been identified (see table below). They have similar clinical features but vary significantly in modes of transmission, prevalence and outcome.

<table>
<thead>
<tr>
<th>Type of hepatitis</th>
<th>Mode of Transmission</th>
<th>Incubation Period</th>
<th>Serological</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Fecal/oral</td>
<td>15 to 50 days</td>
<td>Available</td>
<td>Fulminant hepatitis</td>
</tr>
<tr>
<td>B</td>
<td>Parenteral, Sexual, Perinatal</td>
<td>40 to 180 days</td>
<td>Available</td>
<td>Fulminant hepatitis, Chronic liver disease, Cirrhosis, Primary hepatocellular carcinoma</td>
</tr>
<tr>
<td>C</td>
<td>Blood</td>
<td>35 to 75 days</td>
<td>Available</td>
<td>Chronic liver disease, Cirrhosis, Primary hepatocellular carcinoma</td>
</tr>
<tr>
<td>D</td>
<td>Parenteral, Sexual, Perinatal</td>
<td>21 to 49 days</td>
<td>Available</td>
<td>Chronic liver disease</td>
</tr>
<tr>
<td>E</td>
<td>Fecal/oral</td>
<td>28 to 42 days</td>
<td>Not Available</td>
<td>High mortality in pregnant women with fetal demise</td>
</tr>
</tbody>
</table>
Know the risk of hepatitis B

Hepatitis B virus is strong:
The virus can survive for more than 7 days in dried blood or on exposed surfaces - increasing the chances for infection.

How do you get it:
Hepatitis B virus is easier to "catch" than you may realize. The virus is found mainly in blood, semen and vaginal fluid, but has also been found in saliva, urine and sweat. Your risk increases with:

✓ Exposure to blood through accidental needlesticks
✓ Other contact with blood or body fluids - the virus can enter your body through an opening in the skin or through your eyes or mouth.
✓ Sexual contact with more than one partner in a 6 month period.

It can make you very sick:
Hepatitis B attacks your liver and can make you extremely ill - sick enough to affect your job and your personal life. In a small percentage of patients (less than 1%) hepatitis B is the direct cause of early death. The disease can lead to cirrhosis of the liver or liver cancer.

There is no cure:
If you get hepatitis B, there is no treatment. But there is a way to prevent it.
Help protect yourself with vaccination

- Three shots of vaccine usually provide protection
- The new vaccines are not made from blood products. You cannot get AIDS or hepatitis B from the vaccine.
- Soreness, swelling or redness at the site of the vaccination are the most common side effect. For more information about the safety of hepatitis B vaccination, ask your doctor.

Hepatitis A (formerly called "infectious" hepatitis)
- Primarily transmitted by fecal/oral person-to-person contact, also by uncooked shellfish, fruits, vegetables and contaminated water.
- Pre-exposure prophylaxis immunoglobulin given before exposure recommended for certain international travelers.
- Responsible for 50% of reported cases of hepatitis in the United States in 1988.

Hepatitis B (formerly called "serum" hepatitis)
- Transmitted via blood or body fluids at birth or during early childhood through sexual contact and by contaminated needle.
- Sequelae of chronic hepatitis B infection include chronic liver disease, cirrhosis and primary liver cancer.
- An estimated 300,000 people in the United States are infected with hepatitis B virus annually more than 10,000 require hospitalization and an average of 250 die of fulminant disease.

Hepatitis C (non-A and non-B hepatitis)
- Parenterally transmitted non-A, non-B hepatitis virus.
- Traditionally associated with blood transfusions, but parenteral drug users and dialysis patients are also considered at-risk groups.
- Accounts for 20% to 40% of acute viral hepatitis in the United States.
Hepatitis D (delta-agent hepatitis)

- May cause infection only in the presence of active HBV infection.
- Co-infection with delta-agent intensifies the acute symptoms of hepatitis B.
- Prevention of HBV infection also prevent HDV infection, since HDV is dependent on HBV for replication.

Hepatitis E (enterically transmitted non-A, non-B hepatitis)

- First identified through waterborne epidemics in developing countries; sporadic cases also occur.
- Mild disease, except in women in the third trimester of pregnancy in whom the mortality rate is high.
- Neither a carrier state nor chronic liver disease has been reported.

Know that hepatitis B, the most serious of the hepatitis viruses, is vaccine preventable.

Help Protect Yourself With HBV Vaccination
CITY OF TUMWATER
Bloodborne Pathogen Standard/Exposure Control Plan

POST-EXPOSURE CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

EMPLOYEE:________________________

POSITION:__________________________

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>COMPLETION DATE</th>
<th>BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee furnished with documentation regarding exposure incident. (Exposure Incident Investigation Form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source individual's blood tested and results given to exposed employee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consent has not been able to be obtained.</td>
<td></td>
<td></td>
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<tr>
<td>Exposed employee's blood collected and tested.</td>
<td></td>
<td></td>
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<tr>
<td>Appointment arranged for employee with Thurston County Health Department.</td>
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</tbody>
</table>

The following documentation forwarded to the appropriate healthcare professional.

Name (Healthcare Professional)

<table>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

- Bloodborne Pathogens Standard.
- Description of exposed employee's duties.
- Description of exposure incident, including routes of exposure.
- Result of source individual's blood testing.
- Employee's medical records.

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CITY OF TUMWATER

CONSENT OR DECLINE FORM
HEPATITIS B VACCINE

Employee Name (Please Print)      Social Security Number

Hepatitis B Vaccination Consent

I have had the opportunity to ask questions of a licensed health care professional regarding the Hepatitis B disease and I have read the immunization information and understand the risks of the immunizations. I know that, as with all immunizations, there may be vaccine side effects and there is no guarantee that I will become immune. I also know that I must receive 3 doses to achieve immunity.

________________________________________________________________________
Employee Signature                         Date Signed

Witness Signature                         Date Signed

Decline of Vaccination for Hepatitis B (Mandatory Wording)

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 decline 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

________________________________________________________________________
Employee Signature                         Date Signed

Witness Signature                         Date Signed
CITY OF TUMWATER
BLOODBORNE PATHOGENS

HBV VACCINATION MEDICAL RECORD

Employee ______________________________ SS# ____________

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Administration by</th>
<th>Employee initial</th>
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City of Tumwater
Hearing Conservation Plan

Long term exposures to excessive noise leads to permanent, irreparable hearing loss. Many individuals who live and work in noise are reluctant to recognize it as a serious threat or to accept and use personal hearing protection. Noise-induced hearing loss occurs slowly over months or years making it difficult to convince those at risk to guard their sense of hearing. The purpose of the Hearing Conservation Program is to prevent job-related, noise induced, hearing loss in City of Tumwater employees. The five-part program includes: monitoring, noise control, training, testing, and hearing protection.

1.0 MONITORING:

1.1 EMPLOYEE EXPOSURE: When reasonable information indicates that any employee’s exposure may equal or exceed an 8 hour time-weighted average of 85 dBA, the City shall obtain individual or representative exposure measurements for all employees who may be exposed at or above that level.

(a) The sampling strategy shall be designed to identify all employees required to be included in the hearing conservation program and to enable the proper selection of hearing protectors.

(b) Noise dosimeters and/or sound level meters complying with the standard shall be utilized in a manner acceptable with the standard.

(c) The City shall notify each employee exposed at or above an 8 hour time-weighted average of 85 dBA of the results of the monitoring. The City shall provide affected employees or their representatives with an opportunity to observe any measurements of employee noise exposure which are conducted pursuant to this policy.

(d) Some employees, by the nature of their work, are occupationally exposed to noise levels at or above the level that require inclusion in the hearing conservation program. Those occupations are listed in Section 6 of this addendum.

2.0 NOISE CONTROL:

2.1 Whenever employee noise exposures equal or exceed an 8 hour time-weighted average of 90 dBA, feasible administrative or engineering controls shall be utilized.

(a) Methods of noise control include, in this order depending on
availability and economy, engineering controls, administrative controls, and use of personal protective equipment.

3.0 TRAINING

3.1 Training in the use and care of all hearing protectors provided to employees will be provided. Training will be conducted as provided for in the City’s Policy Manual.

4.0 AUDIOMETRIC TESTING

4.1 The City shall establish and maintain a mandatory audiometric testing program in accordance with the standard for all employees whose exposures equal or exceed an 8 hour time-weighted average of 85 dBA. Other employees may be tested with their consent and the recommendation of their supervisor and/or the Safety Coordinator.

4.2 The program will be provided at no cost to employees.

4.3 BASELINE AUDIOGRAM

(a) Prior to or within 180 days after an employee's first exposure to noise at or above a time-weighted average of 85 dBA, a baseline audiogram shall be conducted for each employee which subsequent audiograms of that employee can be compared to.

(b) Testing to establish the baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. The City shall notify employees of the need to avoid high levels of nonoccupational noise exposure during the 14-hour period immediately preceding the audiometric examination.

4.4 ANNUAL AUDIOGRAM

(a) At least annually, after obtaining the baseline audiogram, the City shall obtain a new audiogram for each employee exposed at or above a time-weighted average of 85 dBA. Annual audiometric testing may be conducted at any time during the workshift.

4.4 AUDIOGRAM EVALUATION

(a) Each employee’s annual audiogram shall be compared to that employee’s baseline audiogram to determine if a standard threshold shift has occurred. Re-testing and/or referral to an audiologist or physician may be recommended in compliance with the standard. The
employee will be informed as to the results of the annual test and whether or not there has been a hearing level decrease or improvement since the previous test.

4.5 FOLLOW-UP PROCEDURES

(a) If a comparison of the annual audiogram to the baseline audiogram indicates a standard threshold shift, the City will take the following steps:

   (1) Employees not using hearing protectors shall be fitted with hearing protectors, trained in their use and care, and required to use them,
   (2) Employees already using hearing protectors shall be refitted and retrained in the use of hearing protectors and provided with hearing protectors offering greater attenuation if necessary,
   (3) Inform the employee in writing, within 21 days of the determination, of the existence of a standard threshold shift,
   (4) Refer the employee, at no cost to the employee (for the initial referral), for a clinical audiological evaluation or an otological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors; and
   (5) Inform the employee of the need for an otological examination if a medical pathology of the ear which is unrelated to the use of hearing protectors is suspected.

5.0 HEARING PROTECTORS

5.1 The City will make hearing protectors available to all employees exposed to a time-weighted average of 85 dBA or greater at no cost to the employees. In addition, departments are encouraged to provide hearing protectors to all employees, regardless of their exposure level. Hearing protectors shall be replaced as necessary.

5.2 The City has the responsibility to ensure that hearing protectors are worn

   (a) by any employee who is exposed to an 8 hour time-weighted average of 85dBA or greater, or
   (b) by any employee who is exposed to noise above 115 dBA, or
   (c) by any employee who is exposed to any impulsive or impact noise measured at or above 140dB peak using an impulse sound level meter set to either the linear or C-scale.
5.3 Employees shall be given the opportunity to select their hearing protectors from at least two different types (i.e. molded, self-molded, custom molded, or ear muffs) of suitable hearing protectors provided by the employer.

5.4 Hearing protectors must attenuate employee exposure to at least a time-weighted average of 85dBA or below.

5.5 WARNING SIGNS. Signs will be posted at entrances to or on the periphery of all well defined work areas in which employees may be exposed at or above 115 dBA. Warning signs will indicate that the area is a high noise area and that hearing protectors are required.

6.0 OCCUPATIONS INCLUDED IN THE HEARING CONSERVATION PLAN

6.1 Commissioned Police Officers
6.2 Public Works Maintenance Employees
6.3 Building and Grounds Workers
6.4 Golf Course Maintenance Personnel
6.5 Public Works Engineering Field Personnel
6.6 Community Development Field Personnel
6.7 Exemption: Uniformed Firefighters are subject to Tumwater Fire Department policies and procedures based on hearing conservation standards for firefighters as outlined in WAC 296-305-02005.