

City of Clovis

INJURY AND ILLNESS

PREVENTION PLAN

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Safety Policy Statement


It is the policy of the City of Clovis that accident prevention shall be considered of primary importance in all phases of operation and administration. Therefore, it is the intention of City Management to provide safe and healthy conditions for our employees and members of the public.

Further, all employees are responsible for following established safety procedures and adhering to safe work practices. Employees should immediately report any condition which they believe is a hazard to themselves, other employees, or the public.

The City's Injury and Illness Prevention Plan ("IIPP") has been developed as the framework for the City's workplace safety and injury prevention efforts. This document meets the Title 8 General Industry Safety Order Section 3203 requirement for the development of such a plan. The IIPP will be revised as necessary at the direction of the City's Safety Officer and all employees will be provided the opportunity to review this document. In addition, each department will develop plans that address the specific safety concerns of their operations.

It is expected that all City employees will make every effort to maintain the safety of the work environment.

Date: 12/16/2021



Luke Serpa, City Manager

I.0 PROGRAM RESPONSIBILITIES

City Manager: The City Manager's office is responsible for the overall administration of the Injury and Illness Prevention Program. The City Manager shall provide active leadership and participation in the safety program and will hold Department Heads accountable for the safety performance of their respective departments.

Safety Officer: Personnel/Risk Manager in the Personnel/Risk Management Division has been designated by the City Manager as the City's Safety Officer and has the authority to coordinate the implementation of this program, in conjunction with Department Heads. The Safety Officer shall:

- Convene a City Safety Committee for the purpose of assisting departments with their safety activities.
- Formally address anonymous reports of unsafe conditions or work practices.
- Periodically provide interim reports to the City Manager and the Safety Committee on the status of the program and the trends of accidents.
- Develop a comprehensive annual evaluation of the Injury and Illness Prevention Plan, by Department.

Department Heads: Department Heads are responsible for the safety of their departments. They must ensure that all safety and health policies and procedures are clearly communicated and understood by all employees. In addition, they shall:

- Designate a Department Safety Officer.
- Respond to inquiries and recommendations from the Safety Officer.
- Develop an annual, department-specific training calendar.
- Comply with the requirements of appropriate State of California safety orders, administered by Cal-OSHA. These requirements include industrial accident prevention regulations, training requirements, and applicable local and state regulations concerning safety.
- Communicate and enforce the Codes of Safe Practices fairly and uniformly.
- Actively participate in accident investigations and implement appropriate corrective measures.
- Ensure that their employees attend designated safety training.
- Arrange for safety self inspections periodically.
- Implement safety recommendations from internal and external sources.
- Disseminate safety and risk management information to the appropriate personnel.
- Keep informed of laws and standards.
- Comply with laws and regulations.
- Implement and participate in department and citywide safety committee activities.
- Make sure all new employees participate in a New Employee Orientation covering all Cal/OSHA required training.

Managers: Each Manager shall make the safety of employees an integral part of their management function. This includes making sure that the City's and the Department's Safety Plan is executed. In effectively executing safety responsibilities, Managers will:

- Implement the department safety plan of action.
- Make sure that safety orientations and training of new hires are completed prior to using equipment and vehicles.
- Stay abreast of pertinent safety laws and regulations.
- Conduct accident investigations and implement corrective action to prevent recurrences.
- Conduct regular safety inspections of work areas.
- Ensure that regulatory training is conducted.
- Participate in Department Safety Committee activities.

Leadworkers: Leadworkers provide a critical role in the successful operation of a comprehensive employee safety program. To effectively ensure the day-to-day safe working conditions of the department, Leadworkers shall:

- Understand and enforce safety regulations and Codes of Safe Practices applicable to operations within their areas of responsibilities.
- Instruct employees on hazards that are unique to their job.
- Hold safety meetings and disseminate risk management information to employees.
- Ensure that equipment, materials and work areas are maintained in safe condition.
- Provide personal protective equipment to employees and monitor its use.

Department Safety Committees: The Committees shall be under the direction of the Risk Management Division and will consist of a representative of Risk Management, a representative of the department's management, the Department Safety Officer, representatives from each of the department's bargaining unit and have the following duties:

- Provide assistance in leading and administering the Injury and Illness Prevention Program (IIPP).
- Provide input on department-wide safety recognition and safety programs.
- Provide input on the development of each department-wide plan of action.
- Review accident investigation reports periodically for trends and prevention opportunities.
- After each meeting, minutes will be developed and placed in a common area for all employees to review.

Employees: It is the responsibility of each employee to work safely, follow work procedures and comply with applicable Codes of Safe Practices or department policies. Employees are expected and encouraged to assist management in accident prevention activities, and shall:

- Report unsafe conditions and practices immediately to their Leadworker/Manager/ Safety Officer.

- Maintain good housekeeping activities at all times.
- Immediately report all injuries and exposures to their Leadworker/Manager/Safety Officer.
- Use the personal protective equipment provided.
- Wear appropriate clothing and footwear for the job tasks.
- Operate equipment with all safety guards in place.

2.0 COMPLIANCE WITH THE IIPP PLAN

All employees and management are responsible for working safely, following policies and procedures and assisting in maintaining a safe work environment. The City's system of ensuring that employees comply with the IIPP includes:

- Informing all employees of the provisions of the IIPP.
- Evaluating individual safety performance.
- Annual evaluation of each department's implementation of their safety plan of action.
- Recognizing employees who perform safe and healthful work practices.
- Developing incentive based programs to encourage participation in the Safety Plan.
- Providing training, both initially and remedial, to employees whose safety performance is deficient.
- Disciplining employees through standard progressive discipline for failure to comply with safe work practices after being trained and reminded.
- Providing employees or designated representative with access to the IIPP upon request within 5 days of the request. Electronic copies can be located at: City Pub\Personnel\IIPP

3.0 SAFETY COMMUNICATIONS

The City of Clovis recognizes that open, two-way communication between City Management and staff on health and safety issues is essential to an injury free, productive workforce. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of:

- New employee orientation to include a discussion of safety and health policies and procedures both at the Personnel/Risk Management level and the Department level.
- A review of the IIPP with employees annually.
- Regularly scheduled safety meetings within departments.
- Safety communication bulletins and awareness posters.
- Timely response by the Department Safety Officer to anonymously reported safety concerns.
- Safety Training programs including annual training as required, tailgate meetings and safety videos.
- City Safety Committee meeting minutes posted.
- City Safety Manuals and Policy and Procedures made available.

- Safety Data Sheets available.

4.0 SAFETY HAZARD ASSESSMENT

Safety Inspection Program:

Periodic safety inspections to identify and evaluate workplace hazards shall be performed in all City departments by the Department Head and/or their designee. The inspections shall be done using a standard inspection checklist and records of the inspections and documentation of corrective action taken shall be maintained in the Department Head's or designee files. Safety inspections shall be performed according to the following schedule:

- When new substances, processes or equipment, which present potential new hazards, are introduced into our workplace.
- When new hazards are recognized.
- Not less than quarterly in all departments.
- Whenever workplace conditions warrant an inspection.

Members of the Personnel/Risk Management Division, outside safety & risk control specialists or industrial hygienists, may do additional inspections. These will be done based upon a specific need or as the result of a serious accident. All reports of inspections will be forwarded to the Department Head for action.

Hazard Evaluation Process:

The City of Clovis has conducted a comprehensive hazard evaluation process of each Department whereby all employment positions have been consolidated into the following Job Safety Classes:

- Administrative & Clerical Personnel
- Fire Fighter
- Maintenance Personnel
- Police Officer
- Public Utilities
- Transit

For each Job Safety Classification, a detailed review of the job tasks was assembled and records reviewed to ascertain potential and actual safety and health hazards for the Job Safety Classification. From this analysis, 38 General Safety Hazards were identified which covers all known and potential causes of injury to employees working in any of the Job Safety Classes. These General Safety Hazards are:

General Safety Hazards	
Burns	Lacerations
Chemical Spills	Mental/Psychiatric Injury
Compressed Air	Motor Vehicles @ worksite
Dust, Fumes, Mists, Gases & Indoor Air	Office Equipment
Electrical Shocks & Burns	Operation of a Motor Vehicle
Emergencies / Disasters	Police Pursuit Operations
Environmental Hazards	Police Arrest Operations
Falls from Elevations	Powered Tools
Falls from Mobile Equipment	Repetitive Motion
Firearms	Slips, Trips and Falls
Fires	Strains and Sprains
Foot Injuries	Struck by Supplies/Equipment
Foreign Body in Eye	Tree Falling Operations
Forklifts & Industrial Truck Operations	Trenching and Excavation
Hazardous Materials/Chemicals	Violence in the Workplace
Hearing Loss	Welding and Cutting
Heavy Equipment	Working in Confined Spaces
Infectious Diseases & Blood borne Pathogens	Working in Traffic
Ladders	Working with Hand Tools

5.0 INJURY REPORTING AND ACCIDENT INVESTIGATION PROCEDURES

When an employee is injured on the job, or when they first notice an illness which arose out of or occurred in the course of performing their job duties, they shall report such instances to their supervisor within 24 hours. Following that report they will receive: 1) an On-the-Job Employee Injury Report 2) a DWC-1 Form (Employee's Claim For Workers' Compensation Benefits) and 3) a Medical Authorization. Employees who do not report an injury promptly may have their workers' compensation benefits delayed.

The supervisor then must initiate an investigation or investigate the injury and accidents in a timely manner.

The following minimum investigation steps are to be done:

1. Interview the injured employee and any witnesses.
2. Visit the accident scene and corroborate or note any inconsistencies in the testimony of the employee or witnesses.
3. Examine the workplace factors or unsafe conditions associated with the accident/exposure.
4. Determine the cause of the accident/exposure.
5. Develop a plan for corrective action including the date of implementation.

The results of the investigation must be documented on the Employee Injury/Accident Follow-up Report: Supervisor, and reviewed by the Department Head. The report must then be distributed as follows:

- Original to Personnel/Risk Management
- Copy for department files

Accident Reporting Procedures Involving City Vehicles:

The City of Clovis Police Department is called in accidents involving a City vehicle. If the employee is out of the area they must call the local Police Department. If any City employee is injured in an accident involving a vehicle they shall complete a General Liability Report in addition to a Vehicle Accident Report.

6.0 HAZARD CORRECTION

It is the City's intention to abate, with reasonable speed, any hazard which gives rise to a risk of harm in the workplace. In correcting an imminent unsafe condition, appropriate precautions will be taken to protect the safety of employees. The following plan will be implemented for identified hazards in the work place:

- Removal of the hazard where possible.
- Removal or relocation of employees from the area of exposure.
- Provide guarding mechanisms appropriate to the hazard and the specific process or piece of equipment being used.
- Provide appropriate personal protective equipment.
- Adjust work schedules, break periods or job rotation where feasible.
- Provide training in recognizing and taking self-corrective action regarding the hazard.

All such action taken and the dates of completion shall be documented by the Department Head or designee for reporting to the City Safety Committee.

7.0 HEALTH AND SAFETY TRAINING

Training in the hazards unique to the workplace and the procedures to prevent accidents (personal protective equipment, tool guards, safe handling of chemicals, safe use of tools and equipment etc.) is critical to risk control and is required by various Title 8 Safety Orders. The City of Clovis Safety Training Program is provided as follows:

- To all new employees upon hiring.
- Whenever an employee is given a new job assignment for which training has not previously been provided.
- Whenever new substances, processes, procedures or equipment that represent a new hazard are introduced into the workplace.
- Whenever the City is made aware of a new or previously unrecognized hazard.
- When required by a Title 8 Safety Order.

- To every supervisor and member of management staff to ensure their understanding of the safety procedures and rules which apply to their department.
- In coordination with the city-wide employee training and development program.
- Whenever the Personnel/Risk Manager feels that additional training is necessary.

Training shall be documented on a training form and/or forms utilized by individual departments to document initial and annual training. Records of training activities (orientation, "tailgate safety", workplace security, special workshops, etc.) shall be forwarded to the City's Personnel/Risk Management Department for inclusion in citywide training documentation.

Training Subjects:

Safety training subjects include, but are not limited to the following:

1. An explanation of the IIP Program, Emergency Action Plan, Fire Prevention Plan and the Employee Assistance Plan for counseling services.
2. How to report unsafe conditions or work practices.
3. The safe use of tools and equipment.
4. The use of personal protective equipment and the appropriate clothing for work, including footwear and gloves.
5. The availability of toilet, hand washing and drinking water facilities.
6. The provision of medical services and first aid.

In addition, employees will be provided job specific safety training in the following subjects, but are not limited to the following depending on what Job Safety Classification they are in:

- Blood-borne Pathogens and Infectious Disease Control Plan
- Code of Safe Practices for their Job Safety Class
- Confined Space Entry and Rescue Procedures
- Defensive Driving
- Police Pursuit Training
- Electrical Safety Program
- Ergonomics Safety Program
- Hazard Communication Program
- Hearing Conservation Program
- Powered Industrial Truck Safety
- Materials Handling
- Mobile Equipment Safety
- Police Arrest Operations
- Respirator Protection Program
- Special Operations (Tree Falling)
- Traffic Control Safety

- Trenching & Excavation Safety
- Weapons Safety
- Welding and Cutting Safety
- Workplace Violence Prevention

The above safety training topics will be prioritized by each Department Head or designee based on the needs and hazards of the Job Safety Classes in their department.

8.0 RECORDKEEPING

Each Department Head or designee shall maintain records of safety inspections and the action taken to correct identified unsafe conditions. Documentation of employee safety training shall be maintained in each department and/or centralized in the Personnel/Risk Management Division. Loss information and injury statistics including the OSHA 300 log is maintained in the Personnel/Risk Management Division.

9.0 ANNUAL PROGRAM EVALUATION

The Personnel/Risk Management Division conducts an annual evaluation of the citywide Injury and Illness Program. The evaluation utilizes a variety of information sources, including reports from the City's workers' compensation administrator and the City's general liability administrator for statistical trending of claims history. Minutes of Safety Committee meetings are reviewed for action taken. All accident investigation reports are evaluated for completeness, corrective measures identified and action taken. Department safety activities (safety inspections, employee safety training etc.) are measured against the department's Annual Training Calendar. This annual review examines the objectives, scope, performance and effectiveness of the Injury and Illness Prevention Plan as it is applied in each department.

Department Heads are responsible for implementing any recommendations in the report, and the findings are used in the management performance review process. Department Heads shall utilize the annual evaluation to develop, with other input, the Department Annual Training Calendar. The calendar should address and prioritize the safety action steps for the year, dates of new hire orientations, specific safety training, safety meeting schedules, dates of inspections, personal protective equipment needed and safety communication materials to be used during the following year.

The Department Annual Safety Plan calendar is submitted to the Personnel/Risk Management Division by January 15th each year.

10.0 WORKPLACE VIOLENCE

Cal/OSHA has classified the circumstances associated with workplace violence into three major types. Type I workplace violence occurs when an individual enters the workplace to specifically commit a criminal act. Type II workplace violence involves an assault or threat by a person who is either the recipient or object of service by the department. Type

Ill workplace violence consists of an assault by an individual who has some employment related involvement with the department. The department is committed to providing a workplace that is free of violence or threats of violence. The department's position and policy regarding threats or acts of violence in the workplace is one of **zero tolerance**. Management will take appropriate action whenever it determines that an employee has engaged in threats or violent behavior.

1. Reporting Workplace Violence

Employees shall report any form of violence or threat of violence (actual or reasonably perceived) involving an employee or occurring in the workplace to the Personnel/Risk Manager at (559) 324-2725.

2. Carrying Firearms

The possession or carrying of an unauthorized firearm of any type is strictly prohibited.

3. Immediate Threats

If a threat is immediate to someone and there is a weapon in view, call 911. If the threat is not life threatening, contact the Personnel Risk Manager at (559) 324-2725 and/or place a non-emergency call to the Police Department at (559) 324-2800.

4. Restraining Orders

Employees are required to report the existence of any restraining order or any potential violent non work-related situation that could likely result in violence in the workplace to their manager and/or the Personnel/Risk Manager at (559) 324-2725.

5. Recognizing Warning Signs

Supervisors or employees should watch for warning signs that can lead to violent behavior. These warning signs can include belligerent or defiant behavior, harassing or threatening language, or indirect threats. Any such behavior should be evaluated, verified, and documented by a manager or supervisor and discussed with the Personnel/Risk Manager.

6. Bomb Threats

Any employee who receives a bomb threat or finds what appears to be a bomb shall immediately call 911.

11.0 CITY OF CLOVIS CODE OF SAFE PRACTICES

1. The City of Clovis Code of Safe Practices is established to provide specific direction for providing a safe work environment, and safe methods for completing work assignments. Additional Departmental Safety Rules may be established to provide specific direction for department activities and procedures.
2. Adherence to these rules will protect City employees from injury, and protect City property.

3. It is the responsibility of each Department Head to notify all department employees of these Safety Practices. All supervisory employees shall observe the Safety Practices and enforce their compliance by the employees under their supervision. Each City employee is required and expected to carry out the Code of Safe Practices.
4. If a difference of opinion arises as to the interpretation or applicability of any rule, the decision of the employee's immediate supervisor shall govern and shall be followed immediately. Subsequent appeal of a supervisor's decision shall be made through appropriate channels.
5. Employees who violate any of the Code of Safe Practices, or knowingly permit violation, shall be subject to disciplinary action as may be appropriate under the circumstances.
6. Each employee shall be provided a copy of these Safety Practices and shall read and understand the rules applicable to his/her work situation. Employee suggestions for improving these Safety Practices are encouraged.
7. The basis for safety and health standards that must be maintained in all California workplaces is a series of General Orders issued by the State Division of Industrial Safety. These orders became mandatory under the State Occupational Safety and Health Act of 1973 (CAL-OSHA). The two CAL-OSHA standards most applicable to City operations are the General Industry Safety Orders and the Construction Safety Orders. Portions of other safety orders such as electrical or compressed air, may apply to specialized City work assignments. The City Code of Safe Practices is in addition to mandatory State and Federal regulations.
8. Prevention of Accidents
 - 8.1 Employees shall exercise general care, orderliness and "good housekeeping" when performing their work, and shall employ the correct methods of handling, transporting and storing materials, supplies and tools.
 - 8.2 Work shall be conducted so as to eliminate hazards due to:
 - Slipping, tripping and falling
 - Handling material and equipment
 - Hand tools
 - Falling and flying objects
 - Protruding objects and materials
 - Moving machinery
 - Live current-carrying parts
 - Escaping gas
 - Excavations
 - 8.3 A clean workplace is a safe workplace. Employees are encouraged to adopt a "pick up as you go" method of housekeeping.

- 8.4 Possession of firearms and/or ammunition by any unauthorized person is prohibited in City facilities.
- 8.5 It is the duty of each employee, when going on or off duty, to carefully examine buildings, apparatus and equipment in their charge to see that everything is in good order. Unsafe conditions found shall be immediately reported.
- 8.6 Each employee is expected to be responsible for their own safety and at the same time to exercise care in avoiding injury to their fellow employees and members of the public.
- 8.7 Horseplay and practical jokes are forbidden.
- 8.8 Employees are required to learn the location of fire and safety exits.
- 8.9 All injuries must be immediately reported to supervisors.
- 8.10 Employees will immediately report any emergency to their supervisors. In the absence of a supervisor, the emergency will be reported to the next higher supervisor by telephone or other available means.
- 9. Qualifications for Duty
- 9.1 Employees shall be mentally and physically fit for the work assigned.
- 9.2 If a City employee believes that they are unable to safely perform the work assigned to them, they shall report this information to their immediate supervisor.
- 10. Suitable Clothing and Equipment
- 10.1 Employees shall wear suitable clothing, at all times, to avoid danger from live electrical equipment or lines, moving machinery, open flames, explosions, etc. The wearing of any type of visible jewelry, such as watches, rings, bracelets, necklaces, or long ties, while working around or operating moving machinery is prohibited.
- 10.2 Personal safety equipment will be furnished to employees working under hazardous working conditions.
- 10.3 Employees shall use approved safety belts and straps, life-lines or other adequate protection, as required when working in elevated positions.
- 10.4 It shall be the duty of each employee to inspect each safety device (whether furnished by the City or by the employee) each time it is used, and the employee shall only use such devices if they are in safe condition.

- 10.5 The City shall furnish approved safety devices such as safety glasses, gas masks, machine guards, fuse tongs, traffic signs, gloves, ear protection and other protectors as required.
- 10.6 Safety glasses shall be worn when doing work involving danger to the eyes, such as from flying or dropping particles, spattering hot liquids and injurious light and heat rays. Safety glasses will be worn in all safety glass areas.
- 10.7 When it is not possible to eliminate harmful airborne particles (including dust, smoke, fumes, vapors or gases) at the source in a manner adequate to protect the operators or other employees in the vicinity from harm, the nose and mouth of every employee in the area of contamination shall be protected in a manner which will insure a supply of clean air from a source independent of the occupied area; except that when approved by the Department Head in charge, approved respirators may be used.
- 11. Intoxicants and Drugs
 - 11.1 Possession or use of intoxicating liquor or illegal drugs by any employee while on duty is prohibited, per Admin. Memo #48.
 - 11.2 Any employee reporting for duty while under the influence of intoxicating liquor or drugs will not be allowed to assume the duties of his/her position, and will be subject to the rules and procedures of the City's Alcohol and Drug Free Workplace Policy.
- 12. Smoking
 - 12.1 Employees at gasoline fueling stations shall not smoke or permit others to smoke, or allow flame of any kind near a motor vehicle while it is being filled.
 - 12.2 Matches, cigars, cigarettes, and pipe ashes shall not be discarded while still burning, unless placed in a proper receptacle or otherwise disposed of safely.
 - 12.3 Smoking shall be permitted in areas designated as smoking areas.
- 13. First Aid
 - 13.1 Employees should familiarize themselves with the simple principles of first aid.
 - 13.2 Immediate first aid treatment shall be secured for every injury, however trivial it may appear.
 - 13.3 Employees should familiarize themselves with, and become reasonably proficient in, CPR and First Aid.

13.4 Properly equipped and approved first-aid kits shall be maintained in all facilities, on trucks, in attended plants or stations, and such other locations as may be designated.

14. Housekeeping

14.1 Work areas are to be kept free of debris.

14.2 Sufficient containers shall be provided for trash, scrap material, wastes, ashes, etc.

14.3 Floors shall be kept free of liquid spills or other substances which create a slipping hazard.

14.4 Aisles and walks are to be clearly defined and kept free of obstructions and slipping and tripping hazards.

14.5 Stored materials are not to be piled less than 18 inches from sprinkler heads and overhead light fixtures, nor are materials to be stored under or piled against buildings, doors or exits or under stairways.

14.6 Eating or storing food and beverages in areas where they can be contaminated is prohibited.

15. Report on Defective Apparatus (Tools)

15.1 Employees shall immediately report to their nearest superior any defective machinery, apparatus or tool, or any other condition which in their judgment may be dangerous either to persons or property.

15.2 Employees shall use proper tools suitable for the job in progress, and only those in good repair. Only authorized equipment may be used in specific operations using established operating procedures with appropriate guards and safety hardware. Never attempt to use defective tools or machinery.

15.3 Tools and other materials shall not be left in elevated positions, on top of ladders, over doorways, or suspended from any overhead position from which they may fall.

16. Safe Supports

16.1 No employee, nor any material or equipment, shall be supported or permitted to be supported on any portion of a tree, pole, scaffold, ladder, walk-way, or other elevated structure, crane or derrick, etc., without it first being determined that such support is sufficiently strong and properly secured in place.

16.2 Scaffolding shall be of sufficient strength and rigidity to support four times the load weight of employees and material to which it will be subjected.

- 16.3 When work is required to be done on elevated equipment which cannot be safely handled from a secure ladder, a substantial platform, stage or scaffold shall be erected in conformity with Construction Safety Order requirements.
17. Warning Signs, Guards, Barriers, etc.
- 17.1 Warning signs, barriers, guards and appropriate traffic control signs shall be installed on roadways wherever temporary or permanent hazards exist due to moving machinery, open excavations, hazardous construction operations, removal of manhole or handhold covers, etc.
- 17.2 Such warnings shall be placed in locations conspicuous to the traffic and in conformity with the Caltrans Manual for traffic signing through construction areas and not be disturbed or removed while the hazard exists, except by order of the supervisor in charge.
- 17.3 When public pedestrian or vehicular traffic is involved and where barricades and warning signs cannot control the moving traffic, a flagger shall be stationed to warn such traffic. An employee shall always be at the surface to guard open manholes, vaults, etc.
- 17.4 Employees (on foot) exposed to vehicular traffic shall wear a high-visibility clothing in accordance with MUTCD and the California Supplement.
18. Fire Prevention and Suppression
- 18.1 Employees shall acquaint themselves with the instructions covering fire prevention and suppression procedures and with the location, care and handling of all firefighting equipment in and about the buildings and premises occupied by the City where they are regularly employed.
- 18.2 All fire apparatus must be periodically inspected and maintained in usable condition. All emergency equipment such as fire extinguishers, fire alarms, and exit doors, must be kept clear of obstacles.
- 18.3 Fire extinguishers of the water type, such as foam, pump tanks, soda and acid and antifreeze solutions are conductors of electricity and should not be employed in fighting fires in or near electrical installations. Such extinguishers near electrical installations should be labeled with a conspicuous sign, warning persons not to use them on electrical fires.
- 18.4 In all cases of fire, the local Fire Department shall be called.
19. Clean Premises
- 19.1 Combustible materials, such as oil soaked and paint-covered cloths, rags, waste, shavings, rubbish, etc., shall not be allowed to accumulate on benches or floors, in yards, etc. Such material shall be disposed of in a proper manner.

19.2 Floors shall be kept clean and free from oils and greases.

20. Ladders

20.1 The use of any ladder not furnished by the City is not authorized.

20.2 Portable ladders shall not be used with a pitch such that the horizontal distance from the wall to the foot of the ladder exceeds one-quarter length of said ladder.

20.3 Ladders shall not be placed in front of doors that open toward the ladder unless the door is open, locked or guarded.

20.4 The employee shall face the ladder when ascending or descending. The employee must not ascend or descend the ladder with hands occupied by carrying material in such quantity or under such conditions as it will cause the use of the ladder to be unsafe.

20.5 When standing on a ladder, the employee shall not lean on one side while working, unless the ladder is secured. The ladder should be placed directly in front of the work.

20.6 Step ladders, when in use, should be fully spread; they should not be used as straight ladders.

20.7 Ladders with weakened, broken or missing steps, broken side rails, or otherwise defective, shall not be used. Defective ladders are to be tagged and repaired or destroyed.

20.8 All portable ladders shall be equipped with approved non-slip bases. Care should be exercised in placing and blocking, or lashing, or having the ladders held by another person, especially upon oily, metal or concrete surfaces.

20.9 Ladders shall be finished with clear shellac, varnish, or other clear finish only. Paint shall not be used which might obscure a defect.

20.10 Benches, boxes, tables, machinery, or other make-shift substitutes shall not be used as ladders.

20.11 Employees of departments with specific ladder policies will comply with their department standards guidelines and policies.

21. Packing, Unpacking, Storage, Loading, and Unloading of Materials

21.1 Nail points, end of loop or tie wires, etc., shall not be exposed when packing and unpacking boxes, crates, barrels, etc.

21.2 Nails shall be removed from loose lumber or the points turned down.

21.3 Materials, equipment tools, etc., shall be securely piled so as not to topple.

- 21.4 Aisle ways shall be kept clear.
- 21.5 Sharp or pointed articles should be stored as to prevent persons from coming in contact with the sharp edges and points.
- 21.6 When unpacking glassware, porcelain, etc., which is packed in straw, care should be used to prevent contacting possible broken items.
- 21.7 Loads should not be handled from the street side of a vehicle if it can be avoided.
- 21.8 Special regulations and instructions issued by the City department in charge and governing the loading and unloading of materials shall be strictly observed in every case.

22. Lifting

- 22.1 The correct way to lift is easiest and safest. Take a firm grip, secure a good footing, place the feet a comfortable distance apart, bend the knees, maintain the natural curve of the back, and lift with the leg muscles.
- 22.2 Secure help when needed. Lift only what you can comfortably lift. Get help when needed. Use cranes or hoists for lifting heavy loads. Do not stand or pass under loads which are suspended by hydraulics, ropes, chains or cables.
- 22.3 Use gloves or hand pads when handling rough or heavy materials.
- 22.4 Never carry a load that is so large it obstructs your vision.
- 22.5 Use carts and hand trucks and other appropriate devices to assist with lifting large and/or heavy objects.

23. Office and Clerical Work

- 23.1 Chairs, waste baskets, cords, and other articles shall not be left in the aisles or where they constitute a tripping hazard.
- 23.2 Desk drawers, cabinet doors, slides and files shall not be left open while unattended.
- 23.3 Pens or pencils, pins, paper clips, toothpicks etc., shall not be put in the mouth.
- 23.4 Common or sharp-pointed pins should not be used for fastening papers together. Approved staples, clips, or other approved fasteners shall be used.
- 23.5 Broken glass or other sharp-edged objects shall not be placed in waste baskets unless properly protected.
- 23.6 Approved ladders, step-stools, or other safe supports shall be used to reach material on high shelves or at other elevations if necessary for safe handling.

- 23.7 Keep cord and wires out of the walkways. Frayed or damaged electrical cords should be reported to your supervisor.
- 23.8 Do not overload electrical circuits with double or triple plugs. If there is a need for more electrical service additional circuits and outlets should be installed by authorized personnel.
- 23.9 Use chemicals carefully and be sure to read the labels. Hazardous chemicals that may be found in our workplace include cleaning fluids, photocopier inks, and rubber cement.

24. Stairways, Doors, Landings, Halls

- 24.1 Care should be used when passing through swinging doors. The hands should not be placed on the glass of a door when opening it.
- 24.2 Employees should keep to the right when using the hallways and when going around corners, or when opening or entering double doors.
- 24.3 Handrails should be used when ascending or descending stairs.
- 24.4 Running in hallways, up or down stairways, or around corners is prohibited, except in an emergency.

25. Moving Machinery

- 25.1 Employees should never use oiler, tools, or wiping cloths on or about parts of machinery in motion.
- 25.2 Do not operate or attempt to perform maintenance on any powered industrial truck unless you are trained and authorized to do so.
- 25.3 Stunt driving and horseplay are prohibited.
- 25.4 All equipment and machinery capable of movement is required to be de-energized and blocked out during cleaning servicing, adjusting or setting up and the power source locked-out to prevent accidental movement.

26. Starting, Stopping, or Working on Machinery

- 26.1 When an engine, pump or other machinery is closed down for repairs or adjustment the employee in charge shall place a "do not operate - down for maintenance" tag, signed by himself. The tag shall not be removed except by the person who placed it or by his order.

26.2 Control switches must be locked out to prevent accidental starting before repairs are completed.

27. Safeguards

27.1 The guarding of all mechanical rotating equipment shall be in accordance with the California Division of Industrial Safety General Industry Safety Orders.

28. Seat Belts

28.1 Each City-owned or leased motor vehicle shall be equipped with seat belts for each driver and passenger position. Each City employee driving or riding in any City-owned motor vehicle shall wear the seat belt in the fastened position while the vehicle is in motion. It shall be the responsibility of each driver to assure that his passengers have their seat belts properly fastened prior to placing his vehicle in motion.

29. Hazardous Materials

29.1 Materials that are classified as hazardous/toxic shall be stored, handled, and disposed of in accordance with applicable State and Federal laws. Safety Data Sheets (SDS) shall be maintained on all such materials. Copies of the SDS shall be kept on file with the Department in which the materials are located. It shall be the responsibility of the Department Safety Officer to ensure that SDS records are current, employees are properly trained in the safe handling of such materials, and the SDS sheets are accessible at all times.

29.2 All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all employees. The City communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal. The City communication system includes the following:

- New employee orientation including a discussion of safety and health policies and procedures
- Review of the City Injury/Illness Prevention Program
- Training programs
- Regularly scheduled safety meetings
- Posted or distributed safety information
- A system for workers to anonymously inform management about workplace hazards

30. Bloodborne Pathogens

- 30.1 In accordance with the Cal/OSHA Bloodborne Pathogens Standard, California Code of Regulations (CCR), Title 8, Section 5193, the City developed an exposure control plan.

The City's Exposure Control Plan (ECP) applies to all work operations in the City where employees might be exposed to blood or other potentially infectious materials (OPIMs) under normal working conditions. The City also has separate ECPs for Police and Fire that are incorporated as part of this City wide ECP by reference in the Appendices.

- 30.2 Appendix 12.0 (I) (Bloodborne Pathogens Exposure Control Plan and Appendices)

31. Ergonomics Control Plan

- 31.1 This Ergonomic program has been developed by the City of Clovis (the "City") to supplement the City's Injury and Illness Prevention Program (IIPP). Ergonomic issues are to be considered as separate from those examined as part of the overall IIPP. The goal of this program is to work in conjunction with the IIPP to prevent or minimize repetitive motion injuries (RMIs) in the workplace.

This program is intended to serve as a guide for personnel and designated Program Administrators at each City office location.

The contents of this program apply to City employees who are, or may be, exposed to ergonomic risk factors that may lead to musculoskeletal disorders. Examples of job categories that may be covered in this program include, but are not necessarily limited to:

- Computer keyboarding;
- Computer programming;
- Data entry;
- Graphics; and
- Xerographic reproduction.

In addition, this program is applicable to employees who conduct work activities from home that would otherwise be covered in the office environment. This program focuses on the office environment but does not exclude repetitive motion activities that may occur outside of the office. Non-office ergonomic issues will be addressed on an as-needed basis and during job-specific training.

- 31.2 Appendix 12.0 (J) (Ergonomics Control Plan and Appendices)

- 31.3 Safety and emergency response procedures specific and unique to Police and Fire can be found in the Departmental Standard Operating Procedures (SOP).

Appendices



City of Clovis

On-the-Job Employee Injury Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10)

THIS FORM IS TO BE FILLED OUT COMPLETELY BY THE EMPLOYEE AND SUPERVISOR WITHIN 24 HOURS OF INJURY.

Additionally, the supervisor should report the injury to Personal/Risk Management by phone as soon as possible.

1. Employee Name:		2. Date:	
3. Department:		4. Division:	
5. Date/Time of Accident (am/pm):		6. Time EE began Shift:	
7. Place Accident Occurred (specific address or intersection):			
8. Was another person responsible for the accident/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', name and address of person responsible:			
9. Names of any witnesses:			
a) _____ Name		_____ Phone	
b) _____		_____	
c) _____		_____	
10. What type of work was the employee doing when the accident occurred?			
11. Explain how accident occurred:			
12. Was there a particular object or substance that caused or inflicted the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please explain:			

13. In your opinion was the injury work-related? If 'yes', please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Nature of injury (i.e. particle lodged in left eye; pulled lower back muscle):		
15. Was any mechanical apparatus or vehicle involved? If 'yes', please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Were mechanical guards or other safeguards provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Was there damage to any equipment or property? If 'yes', please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Did employee receive medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. If answer to Question 18 is 'yes', please provide the following information. <u>It is essential that this section be filled out completely, and that supporting doctor's/hospital treatment slips be attached to this report:</u>		
<ul style="list-style-type: none"> Date employee first received medical treatment: _____ Will employee be required to be off work completely? <input type="checkbox"/> Yes <input type="checkbox"/> No Will he/she be away from work more than 3 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If employee has returned to duty, please give date returned: _____ Will employee be on "restricted duty"? <input type="checkbox"/> Yes <input type="checkbox"/> No If "light duty" is required, what is the anticipated length? _____ Treating physician information: _____ <div style="text-align: center; margin-top: 5px;">(Name of Physician or Emergency Room)</div> <div style="text-align: center; margin-top: 10px;">_____ (Address)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; text-align: center;">_____ (City)</div> <div style="width: 30%; text-align: center;">_____ (State)</div> <div style="width: 30%; text-align: center;">_____ (Zip)</div> </div> 		
19. DWC Form 1 provided to employee? <input type="radio"/> YES <input type="radio"/> NO Date provided _____		

The parties below agree that the information above is true and accurate to the best of their knowledge:

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

****Form must be completed within 48 hours and returned to PERSONNEL/RISK MANAGEMENT****



City of Clovis

Employee Injury/Accident Follow-up Report: Supervisor

THIS PAGE TO BE FILLED OUT BY THE EMPLOYEE'S SUPERVISOR

1. Employee Name:	2. Date:
3. Date/Time of Accident (am/pm):	
4. Type of injury/damage (check all that apply) <input type="checkbox"/> Non-Employee Injury <input type="checkbox"/> Damage to Private Property or Equipment <input type="checkbox"/> Employee Injury <input type="checkbox"/> Damage to City Property or Equipment	
5. Have you discussed the injury/accident with the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Were the tools or equipment involved in this accident the proper tools for the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Were the tools or equipment being used properly <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Had the employee been properly trained in the use of the tools or equipment involved in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Were Safety devices/equipment in use (gloves, safety glasses, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Had the employee been properly trained on the proper use of the safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. What steps have been taken to avoid a future injury/accident of this type?	
12. Do you or the employee have any other comments concerning this injury/accident or how it could have been avoided?	

Signature _____

Date _____

Print Name _____

****Supervisor:** Please submit this form to your department head no more than two working days after the initial injury/Accident Report.



City of Clovis

Vehicle Accident Report

1. Date/Time of Accident (am/pm):	
2. Place where accident occurred:	
3. Police Notified: YES <input type="checkbox"/> Officer: _____ Agency: _____ Report# _____ NO <input type="checkbox"/>	
4. Employee Name:	5. Department:
6. Division:	7. Phone Number:
8. CA Driver's License #:	9. Expiration Date:
10. Vehicle/Equipment Make:	11. City Vehicle #:
12. Vehicle License #:	13. Registered Owner:
14. Damages:	
15. Passengers Names: _____ Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Passengers Names: _____ Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Passengers Names: _____ Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Name:	17. Phone #:
18. CA Driver's License #:	19. Expiration Date:
20. Vehicle/Equipment make:	21. City ID #:
22. Vehicle License #:	23. Registered Owner:
24. Damages:	

PASSENGERS

25. Name: _____ Telephone: _____

Address: _____

Injuries/Treatment
Given: _____

28. Name: _____ Telephone: _____

Address: _____

Injuries/Treatment
Given: _____

29. Name: _____ Telephone: _____

Address: _____

Injuries/Treatment
Given: _____

WITNESSES

28. Name: _____ Telephone: _____

Address: _____

26. Name: _____ Telephone: _____

Address: _____

27. Name: _____ Telephone: _____

Address: _____

ACCIDENT DETAILS

31. How did the accident happen (describe in detail):

32. Diagram of Accident (please draw diagram below)

- If a City vehicle was involved, designate it vehicle **V1**
- Additional vehicles should be designated **2, 3**, etc.
- Give names or numbers of street(s) or highways
- Show traffic signs and signals
- Indicate **North** by an arrow . . .

33. Conditions at Accident Scene:

Light
Weather
Road Surface
Surrounding Area

☐ Daylight

☐ Clear

☐ Dry

☐ Business

☐ Night

☐ Fog

☐ Debris

☐ Rural

☐ Dawn

☐ Rain

☐ Ice

☐ Residential

☐ Dusk

☐ Wet

34. What was your approximate speed at time of collision?

35. Other comments regarding conditions at scene:

(Employee Signature) *after reading completed report*

(Date)

(Supervisors Signature)

(Date)

****Form must be completed within 48 hours and returned to PERSONNEL/RISK MANAGEMENT****



SAFETY COMMITTEE MEETING DOCUMENTATION

NOTE: This form, meeting minutes, or a similar record must be completed for each Safety Committee meeting held.

Department:_____

Meeting Date:_____ Meeting Chair:_____

Agenda:

Other Attendees:

Attach any additional supporting documentation to this form.

Issue Discussed:_____

Required Actions and Schedule:_____

Responsible Party:_____

Issue Discussed:_____

Required Actions and Schedule:_____

Responsible Party:_____

Issue Discussed:_____

Required Actions and Schedule:_____

Responsible Party:_____

Issue Discussed:_____

Required Actions and Schedule:_____

Responsible Party:_____

REPORT OF UNSAFE CONDITION

Department _____
Division: _____

Date: _____
Time: _____

LOCATION AND DESCRIPTION OF UNSAFE HAZARDOUS CONDITION:

Reported by: _____ Phone: _____ Date: _____
Please print

For Official Use Only – Do Not Write Below This Line

Date Investigated: _____ Time Investigated: _____

Findings of Investigation: _____

CATEGORY OF HAZARD

_____ Extreme Hazard
_____ Serious Hazard
_____ Moderate Hazard
_____ Lesser Hazard

ACTION TAKEN

_____ Handle as Work Order
_____ Refer to Safety Committee
_____ Not Found To Be A Hazard
_____ EMPLOYEE NOTIFIED

OTHER ACTION TAKEN (describe)

Investigator: _____ Date: _____

Follow-up:

Date Corrective Work Was Completed: _____

GUIDELINES FOR FILLING OUT THE
“REPORT OF UNSAFE CONDITION FORM”

Explanations of the form’s categories are as follows:

Category of Hazard:

Extreme Hazard	Hazard which is likely to cause death, serious injury or disease, major damage to facility or complete disruption of operations. Must be corrected IMMEDIATELY.
Serious Hazard	Likely to cause lost-time injury or disease, damage to facility which could limit or prohibit its use, or temporarily disrupt operations because of major equipment loss. Should be <u>locked out</u> or <u>tagged out</u> IMMEDIATELY and corrected within 24 hours.
Moderate Hazard	Likely to cause non-disability injury, limited damage to facility that would disrupt activities in immediate area, or require changes in activities due to equipment loss. Should be tagged ‘DANGER’ immediately and fixed within 72 hours.
Lesser Hazard	“Code Violations: not likely to cause injury but which could cause minor damage to facilities or non-essential equipment. Should be tagged “CAUTION” As soon as possible and fixed within 21 calendar days.

ACTION TAKEN: Check as many items as appropriate. If the EMPLOYEE NOTIFIED item is not checked, then you should explain why the employee was not given the results of the inspection in the OTHER ACTION TAKEN section.

SAFETY TRAINING ATTENDANCE SHEET

TRAINING TOPIC:

TRAINING PRESENTED BY:

DATE:

SPECIFIC ITEMS DISCUSSED:

[illegible]

CITY OF CLOVIS

Bloodborne Pathogens Exposure Control Plan



**Revised March 2016
August 2001
July 16, 2021**

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City of Clovis BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

POLICY:

The City of Clovis provides a safe and healthful workplace for employees. Our organization's policy is to establish, implement, and maintain an effective exposure control plan as required by the blood borne pathogens (BBP) regulation in *California Code of Regulations, Title 8 (8 CCR), Section 5193*. This written plan is designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM). The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR 3203).

The City's exposure control plan is made available upon request, for examination or copying, to our employees, the Chief of Cal/OSHA, and the National Institute for Occupational Health and Safety (or their respective designees) in accord with 8 CCR 3204, "Access to Employee Exposure and Medical Records."

The City's written exposure control plan contains at least the following elements:

- Exposure Determination
- Implementation Schedule, Methodology and Compliance Methods
- Communication of Hazards with Labels and Signs
- Hepatitis B Vaccination, Post Exposure Evaluation and Follow-up
- Information and Training
- Record Keeping
- Responsibilities

PURPOSE:

The purpose of this exposure control plan is to:

- 1) Eliminate or minimize employee occupational exposure to blood and other potentially infectious materials.
- 2) Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR, Title 8, Section 5193.

GOALS:

The City's Exposure Control Plan (ECP) applies to all work operations in the City where employees might be exposed to blood or other potentially infectious materials (OPIMs) under normal working conditions. The City also has separate ECPs for Police and Fire that are incorporated as part of this City wide ECP by reference in each department policy manuals. The City's goal is to provide a safe and healthful work environment for

all employees. To that end, the City may elect to exceed Cal/OSHA's minimum requirements for this program to ensure adequate protection for our employees. The City will review the ECPs at least annually and revise them based on our knowledge of changes or exposures.

EXPOSURE CONTROL PLAN

City employees can incur a risk of infection from bloodborne pathogens and subsequent illness while performing their jobs. While this risk is low even in employees where the risk is higher, it is still necessary to minimize and eliminate employee exposure incidents to hepatitis B, hepatitis C, and HIV.

EXPOSURE DETERMINATION

Hepatitis B and hepatitis C are viruses that cause an inflammation of the liver. HIV is a virus that attacks the immune system and can cause AIDS. All three viruses are transmitted by exposure to infectious body fluids, usually blood or blood components. Some of the ways employees may be exposed to bloodborne pathogens during work activities are:

- 1) Injuries from sharp objects that penetrate the skin (needles, knives, broken glass);
- 2) Skin or eye contact (mucous membranes);
- 3) Scratches or cuts (broken skin);
- 4) Bites or wounds (broken skin);
- 5) Providing first aid where blood is present, or while performing CPR (mucous membranes);
- 6) Handling blood or body fluids without gloves on (gets into broken skin);
- 7) Handling contaminated laundry without gloves and in some cases, without face protection (gets into broken skin, mucous membranes);
- 8) Physical contact in the detention of suspects (broken skin/bites, spitting etc.); and
- 9) Cleaning, disinfecting, and sterilizing instruments in clinic areas (puncture with dirty sharps)

Occupational exposure means "reasonably anticipated skin, eye, mucous membrane, or parenteral (non-intact skin) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties."

Although universal precautions can provide some protection from exposure to hepatitis B, hepatitis C, and HIV, pre-exposure risks are defined based on the probability of exposure to potentially infectious materials.

Cal/OSHA requires the City to perform an exposure determination to identify employees who may incur an occupational exposure to blood or other potentially infectious materials (OPIMs). This is done without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even when wearing their

personal protective equipment). The following is the City's determination of jobs and tasks.

CATEGORY I - These are job classifications where all employees may be expected to be routinely exposed to bloodborne pathogens or OPIMs. The normal work routine involves procedures or job-related tasks that have an inherent potential for risk, regardless of the frequency of the task.

<u>Category I Job Classification</u>	<u>Tasks/Procedures</u>
Firefighters	Administration of first-response medical aid
Police – sworn officers	Administration of first-response medical aid

CATEGORY II – These are job classifications where employees are not usually exposed to bloodborne pathogens or OPIMs. However, some employees in these categories may be exposed under certain conditions. The normal work routine does not involve procedures or job related tasks that have an inherent potential for risk.

Designated first aid providers whose primary job assignment is not the provision of first aid (collateral providers) are included in this category.

<u>Category II Job Classification</u>	<u>Tasks/Procedures</u>
Water/Sewer Maintenance Employees	Maintenance and repair of water/sewer lines
Parks	Maintenance and repair of park facilities and structures including restrooms
Streets	Road clean-up/repair after vehicular accidents
Solid Waste	Collection of refuse and solid waste materials
Fleet	Repair/Maintenance of water/sewer/streets/solid waste vehicles

CATEGORY III – This group is reserved for collateral duty first aid providers. This means that first aid and CPR response are not their primary job assignments. Emergency response is provided only as needed.

<u>Category III Job Classification</u>	<u>Tasks/Procedures</u>
Departmental Personnel designated as first aid and defibrillator providers	varies

CATEGORY IV – Classifications where employees should not ever be exposed to bloodborne pathogens or OPIMs. In other words, there is no predictable risk of occupational exposure. This would include all other job classifications.

Category IV Job Classification
All other personnel not specifically
listed in any of the prior categories

Tasks/Procedures
varies

IMPLEMENTATION SCHEDULE AND METHODOLOGY & COMPLIANCE METHODS

Universal Precautions

The City requires the use of universal precautions by all employees in order to prevent contact with blood or OPIMs. A universal precaution is an infection control practice. It means that all human blood and certain body fluids are treated as if they are known to be infected with human immunodeficiency virus (HIV), hepatitis B (HBV), hepatitis C (HCV) and other diseases carried and transmitted by blood. The City considers all human blood or OPIMs as infectious regardless of their source.

Engineering and Work Practice Controls

The City will utilize engineering and work practice controls to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized. These controls will be examined and maintained on a regular schedule. Engineering controls include: sharps containers, self-sheathing needles, tongs to pick up dirty needles and syringes, dustpans and brooms. The City will provide and enforce the use of the following engineering and work practice controls:

- 1) PPE
- 2) Tongs
- 3) Dustpans
- 4) Brooms
- 5) Footwear to reduce the possibility of needle stick injuries

Communication of Hazards with Labels and Signs

The City will provide red bags with the orange or red biohazard label for disposal of contaminated items. We will also provide sharps containers with a fluorescent orange or red biohazard label for the disposal of needles, syringes, or other sharp contaminated items that employees may find on City premises.

Hand-Washing Facilities

The City will make hand-washing facilities available to employees who incur exposure to blood or OPIMs. Cal/OSHA requires that these facilities be readily accessible after incurring exposure. (If hand-washing facilities are not feasible, the City will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap

and running water as soon as feasible.) The City provides the following supplies for emergency hand washing use until employees can get to soap and water:

Hand Washing Supplies

Antiseptic Cleanser/Paper Towels

Location

Public Utilities Corporation Yard, City Hall,
Landfill, Fire HQ, Police HQ

Supervisors are responsible for ensuring that employees wash their hands and other exposed skin areas after they remove their personal protective gloves.

NEEDLES AND SHARPS CONTAINERS

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. If needles or syringes are found on any of the City's premises, do not pick them up with your hands. Notify your supervisor immediately. Bring a sharps container to the area and use tongs to pick them up and place them into the container.

WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or OPIMs, 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, shelves, cabinets, or on counter tops or bench tops where blood or OPIMs are present.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIMs.

SPECIMENS

Place specimens of blood or OPIMs into containers that prevent leakage during collection, handling, processing, storage, transport or shipping.

CONTAMINATED EQUIPMENT

City management is responsible for ensuring that equipment which has become contaminated with blood or OPIMs will be examined prior to reusing and decontaminated as necessary unless the decontamination of the equipment is not feasible.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

City supervisors and managers are responsible for ensuring that the following PPE requirements are met.

Provision

All personal protective equipment used at City facilities will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIMs. The protective equipment will be considered appropriate only if it does not permit blood or OPIMs to pass through or reach the employees' 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.

PPE (examples)

Tasks

Disposable vinyl or latex gloves
Utility gloves

Restroom maintenance/repair, first-aid
Mowing, welding, machinery repair; tasks that could result in hand cuts

Safety glasses/goggles

Mowing, welding, sawing, machinery repair
welding; tasks that could result in flying debris

CPR Masks

First-response safety personnel

Disposable nitrile gloves

Fleet employees working on vehicles or
providing first aid

Waterproof/abrasion resistant gloves

Wastewater workers

PPE Use and Accessibility

City supervisors and managers will ensure that employees use appropriate PPE. Management will provide appropriate PPE, without cost to employees (initial and replacement), in the appropriate sizes and make it easily available at work. For our purposes, disposable, non-sterile, vinyl or rubber gloves and utility gloves will be provided. If disposable clothing is necessary for cleaning up, then this will also be provided.

PPE Cleaning, Laundering and Disposal

All personal protective equipment will be cleaned, laundered, or disposed of by the City at no cost to the employees. The City, at no cost to employees, will make all repairs and replacements.

All garments, which are penetrated by blood, will be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Employees are required to wear gloves where it is reasonably anticipated that employees will have hand contact with blood, OPIMs, non-intact skin, and mucous membranes (first aid, CPR, cleanup of body fluids visibly contaminated with blood).

Disposable gloves used by employees in the City are not to be washed or decontaminated for reuse 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 reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Note: If grossly contaminated, discard them.

Eye and Face Protection

City employees, who work in jobs or perform tasks that could expose their eyes and mucous membranes to blood or body fluids, are required to wear eye and face protection. The City will provide masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, to be worn whenever splashes spray, splatter, or droplets of blood or OPIMs may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

HOUSEKEEPING/CUSTODIAL

Decontaminate all contaminated work surfaces with an *EPA-approved germicide* after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIMs, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

Inspect and decontaminate all bins, pails, cans, and similar receptacles on a regularly scheduled basis.

Decontaminate all contaminated work surfaces after completion of infectious procedures and immediately after any spill of blood or OPIMs. At the end of the work shift, any surface, which may have become contaminated since the last cleaning, must also be cleaned.

Advise employees not to pick up contaminated broken glassware directly with their hands, gloved or not. Provide brooms and dustpans or tongs.

If this applies to City operations, store reusable sharps such as forceps or needles contaminated with blood or OPIMs, in a manner that does not require employees to reach into the container with their hands to retrieve them.

City facilities that need to be routinely decontaminated are:

Facility

Schedule

Public Restrooms

Established by Parks Department

Note - Do not pickup any broken contaminated glassware directly with the hands. Use the dustpans and hand brooms or forceps/tongs that are available for use.

REGULATED WASTE DISPOSAL

The City will dispose of all regulated waste in accordance with applicable federal, state and local regulations.

Regulated waste includes liquid or semi-liquid blood or infectious materials, items saturated with liquid blood or OPIMs, items caked with dried blood or OPIMs, contaminated sharps, and pathological and microbiological wastes containing blood or OPIMs.

Disposable Sharps

If any employee finds dirty needles, syringes, razor blades or other sharp items, discard them immediately or as soon as feasible into containers that are capable of being sealed, puncture resistant, leak proof on sides and bottom and labeled or color coded (sharps containers)

Provide containers for contaminated sharps to employees and in easily accessible locations, as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., public works vehicles, fire trucks,).

Maintain the containers upright throughout use, replace routinely, and do not allow them to overfill.

When moving containers of contaminated sharps from the area of use, close the containers immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Place the sharps container in a secondary container if leakage of the primary container is possible. The second container must be capable of being sealed, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container must be labeled or color-coded to identify its contents.

To prevent exposures to the risk of percutaneous injuries (breaking skin) employees must not, under any circumstances, open, empty, or manually clean (or clean in any other manner) reusable containers.

Other Regulated Waste

Place other regulated waste in containers which are closeable, and constructed to contain all of the contents and prevent leakage of fluids during handling, storage, transportation and shipping.

LAUNDRY PROCEDURES

Handle laundry contaminated with blood or OPIMs as little as possible. Sort and place contaminated laundry in appropriately marked (biohazard labeled, or color coded red bag) bags at the location where it was used. Do not sort or rinse laundry in the area of use. If the contaminated laundry is wet and likely to soak through the original red bag or container, transport the laundry in a second bag or container that prevents leakage. Contaminated laundry should be sent to the City designated facility for cleaning. Contaminated laundry is not to be taken to the home for cleaning.

HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

Pre-Exposure

The City will offer pre-exposure hepatitis B vaccination series to all employees who have occupational exposure (Category I employees and Category II employees who have occupational exposure as listed above). The vaccination will be offered after employees have attended the initial training on occupational exposure and within 10 days of assignment.

Post-Exposure

The City will offer post-exposure hepatitis B vaccination and follow-up to all employees who have an occupational exposure, and/or who provide first aid at an incident where blood or body fluids are present even if there is no documented exposure incident. Safety officers should also follow departmental SOP for reporting and handling an exposure incident in conjunction with the Fresno County Department of Health.

General

The City's Personnel/Risk Management Department will ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series, and any post exposure follow-up, including prophylaxis are:

- 1) Made available at no cost to the employee;
- 2) Made available to the employee at a reasonable time and place;
- 3) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and are

4) Provided according to the recommendations of the U.S. Public Health Service.

All employee blood drawn for serological testing will be sent to an accredited laboratory for testing at the City's expense.

HEPATITIS B VACCINATION

Pre-Exposure

Hepatitis B pre-exposure vaccination will be offered to all Category I employees and Category II employees who have potential exposure.

Post-Exposure

The City will offer post-exposure hepatitis B vaccination and follow-up to all employees who have a documented occupational exposure and/or who provide first aid at an incident where blood or body fluids are present even if there is no documented exposure incident.

Participation in a prescreening program is not a prerequisite for receiving hepatitis B vaccination. If the employee initially declines pre or post-exposure hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the City will then make the vaccination available. The hepatitis B vaccination is a three-shot series given over a period of six months.

City policy requires that all employees who accept the City's offer of hepatitis B vaccination sign an acceptance statement after attending training on the City's bloodborne pathogens program.

Cal/OSHA requires that all employees who decline the hepatitis B vaccination offered by the City, sign the Cal/OSHA required waiver indicating their refusal. A copy of the two-part acceptance/decline form is included as part of this ECP. If the U.S. Public Health Service recommends a routine booster dose of hepatitis B vaccine at a future date, such booster doses will be made available at no cost to employees.

POST EXPOSURE EVALUATION AND FOLLOW-UP

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Cal/OSHA standard. All post exposure follow-up will be performed at the City's designated occupational health clinic.

Report Incidents Immediately - All exposure incidents will be reported, investigated, and documented. When the employee incurs an exposure incident, they must report it to their immediate supervisor and Personnel/Risk Management.

Medical Referral - Following a report of an exposure incident, Personnel/Risk Management or the immediate supervisor will immediately refer the employee for a confidential medical evaluation and follow-up, including at least the following elements:

- 1) Documentation of the route of exposure and the circumstances under which the exposure incident occurred;
- 2) Identification and documentation of the source individual, unless the City can establish that such identification is not feasible or is prohibited by state or local law;
- 3) If known, testing of the source individual's blood as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity; and
- 4) When the source individual is known to be infected with HBV, HCV or HIV, testing of the source individuals HBV, HCV or HIV status need not be repeated.
- 5) Advise and make available the results of the source individuals testing to the exposed employee, and inform the employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. The employee will have their blood collected for testing of the employees HIV/HBV/HCV serological status.

COLLECTION AND TESTING OF EXPOSED EMPLOYEE'S BLOOD

Testing of employees' blood:

- 1) Obtain consent from the employee for blood testing;
- 2) Collect blood sample as soon as feasible after the consent is obtained;
- 3) Offer employees the option of having their blood tested for HIV/HBV serological status. The lab must preserve the blood sample for 90 days to allow employees to decide if they want their blood tested for HIV serological status; and
- 4) Send the blood to an accredited laboratory for testing (testing free to employees).

FIRST AID INCIDENT REPORT

The City will investigate and document on a first aid incident form and on a separate first aid log/list, all first aid incidents involving the presence of blood or OPIMs. Investigations must include the following information:

1. Names of all first aid providers who rendered assistance, regardless of the use of PPE;

2. Description of the incident. This must include a determination of whether or not, in addition to the presence of blood, if an occupational exposure incident occurred;
3. Time and date of incident. (Include location);
4. Offer of hepatitis B vaccination to all unvaccinated first aid providers who rendered assistance, within 24-hours of the incident.

The first aid incident report and log will be made available to employees and Cal/OSHA upon request.

SHARPS INJURY PROTECTION

The City has established the following procedures to protect employees from accidental piercing of mucous membranes or skin barriers through events such as needle-sticks, human bites, cuts, and abrasions.

Use needleless systems for the following purposes:

- 1) Withdrawal of body fluids after initial venous or arterial access has been established;
- 2) Administration of medications or fluids; and
- 3) Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

If needleless systems are not used, needles with engineered sharps injury protection will be used for the following procedures:

- 1) Withdrawal of body fluids;
- 2) Accessing veins or arteries;
- 3) Administration of medications or fluids; and
- 4) Any other procedure involving the potential for an exposure incident for which a needle device was engineered and sharps injury protection is available.

If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

EXCEPTIONS – The following exceptions apply to the engineering controls set forth above:

- 1) The engineering control is not required if it is not available in the marketplace;

- 2) The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of judgment, that the use of an engineering control will jeopardize the patient's safety or the success of a medical, dental, or nursing procedure involving the patient. All determinations invoking this exclusion shall require written documentation that sets forth the factual basis for the determination;
- 3) The engineering control is not required if the City can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative method used by City employees; and
- 4) The engineering control is not required if it can be demonstrated that reasonably specific and reliable information is not available on the safety performance of the engineering control. In this event, the City will review previously completed objective product evaluation criteria, to determine whether use of the engineering control will reduce the risk of exposure incidents.

SHARPS INJURY REPORTING

All parenteral contacts (piercing or lacerations) that occur in the workplace must be reported and recorded within 14 days of the incident. The data recorded must include the following information, if known or reasonably available:

- 1) Date and time of the exposure incident;
- 2) Type and brand of the sharp involved;
- 3) The procedure that the exposed employee was performing at the time of the incident;
- 4) How the incident occurred;
- 5) The body part involved in the incident;
- 6) If the sharp had engineered sharps injury protection, whether the mechanism was activated and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism, or after activation of the mechanism, if applicable;
- 7) If the sharp had no engineered sharps injury protection, the employee's opinion as to whether and how such a mechanism could have prevented the injury; and
- 8) The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

Record the required information on the Sharps Injury Log.

Record all exposure incidents involving sharps on the CAL/OSHA 300 Log. Record them as "needle sticks".

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

The Personnel/Risk Manager will provide the healthcare professional responsible for the employees hepatitis B vaccination program with the following information:

- 1) A copy of CCR, Title 8, Section 5193;
- 2) A written description of the exposed employees duties as they relate to the exposure incident;
- 3) Written documentation of the route of exposure and circumstances under which exposure occurred;
- 4) Results of the source individuals blood testing, if available; and
- 5) All medical records relevant to the appropriate treatment of the employee including vaccination status as provided by federal, state, and local laws regarding confidentiality.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

The Personnel/Risk Management department will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up will be limited to the following information:

- 1) A statement that the employee has been informed of the results of the evaluation; and
- 2) A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIMs which require further evaluation or treatment.

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

INFORMATION AND TRAINING

Personnel/Risk Management staff, Employee Health/ Safety Committee(s), and the Fire Department Training Officer will facilitate and/or provide employee training at the time of

initial assignment to tasks where occupational exposure may occur, and again within twelve months of the previous training. (This includes all Category I, II and III employees). Training will be tailored to the education and language level of City employees and offered during the normal work shift. The training will be interactive and cover the following:

- 1) A copy of the standard and an explanation of its contents. It is available from the Personnel/Risk Management Division and on the Internet at <http://www.dir.ca.gov/title8/5193.html>;
- 2) A discussion of the epidemiology and symptoms of bloodborne diseases;
- 3) An explanation of the modes of transmission of bloodborne pathogens;
- 4) An explanation of the City's Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy. It is available in Personnel/Risk Management;
- 5) The recognition of tasks that may involve exposure;
- 6) An explanation of the use and limitations of methods to reduce exposure, for example: universal precautions, engineering controls, work practices and personal protective equipment (PPE);
- 7) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE;
- 8) An explanation of the basis of selection of PPE;
- 9) Information on the hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- 10) Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs;
- 11) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up: (*Note: this includes completing all required accident and incident investigation forms*);
- 12) Information on the evaluation and follow-up required after an employee exposure incident; and
- 13) An explanation of the signs, labels, and color-coding systems.

The person conducting the training will be knowledgeable in the subject matter and the City's workplaces and potential exposures.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy are permitted to receive training in provisions of the policy that were not covered. However, the City may require all previously trained employees to repeat the full training program annually.

Additional training will be provided to employees when there are any changes in tasks or procedures affecting the employees' occupational exposure. Managers will notify Personnel/Risk Management staff of any changes in tasks or procedures.

RECORD KEEPING

Medical Records

The designated occupational health physician at the clinic is responsible for maintaining medical records as indicated below.

Medical records will be maintained in accordance with Cal/OSHA requirements. These records will be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records will include the following:

- 1) The name and social security number of the employee;
- 2) A copy of the employees HBV vaccination status, including the dates of vaccination
- 3) A copy of all results of examinations, medical testing, and follow-up procedures; and
- 4) A copy of the information provided to the healthcare 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.

Training Records

Personnel/Risk Management staff and the department managers are responsible for maintaining the training records. These records will be kept in Personnel. Training records will be maintained for **three years** from the date of training. The following information will be documented:

- 1) The dates of the training sessions;
- 2) An outline describing the material presented;
- 3) The names and qualifications of persons conducting the training; and
- 4) The names and job titles of all persons attending the training sessions.

Availability

The City will make all employee records available to employees in accordance with Cal/OSHA requirements. All employee records will be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

If the City ceases to exist and there is no successor employer, to receive and retain the records for the prescribed period, Personnel will contact the director of NIOSH for final disposition.

EVALUATION AND REVIEW

The Personnel/Risk Manager and the Safety Committee, in conjunction with the department managers, are responsible for annually reviewing the City's ECP and its effectiveness and for updating the ECP as needed.

RESPONSIBILITIES

Department Heads and Supervisors are responsible for:

- 1) Monitoring their department to ensure compliance with the Exposure Control Plan, including maintaining an adequate supply of protective equipment;
- 2) On-going training of employees on department specific safe work practices relative to exposure to blood or OPIMs; and
- 3) Ensuring that employees attend initial and annual training sessions.

Personnel/Risk Management Division is responsible for:

- 1) Maintaining employee-training records;
- 2) Maintaining HBV vaccination records or declination forms in employees' personnel files;
- 3) Ensuring that each Category I or II employee has completed or has plans to get the hepatitis B vaccine, or has signed the declination form;
- 4) Assisting supervisors to monitor individual departments for compliance with the ECP;
- 5) Ensuring that employees who are appointed to an affected job classification are referred for training and, if necessary, are offered the HBV vaccination within 10 days of employment in a Category I or II job classification;
- 6) Arranging for the agreement with the designated occupational health clinic that provides HBV vaccination and post-exposure follow-up;
- 7) Assisting with the initial and annual training for all employees covered by the City' ECP;
- 8) Ensuring that the health care professional's written opinion is provided to employees receiving post exposure follow-up;

- 9) Maintaining records relative to post-exposure follow-up;
- 10) Arranging for payment of vaccine and post-exposure follow-up expenses;
- 11) Coordinating post-exposure follow-ups with medical contractors;
- 12) Reviewing and updating infection control plan annually;
- 13) Ensuring that the health care professional's written opinion is provided to employees receiving post-exposure follow-up; and
- 14) Provide an advisor for the development and implementation of the training program.

The Safety Committee is responsible for:

- 1) Providing input to senior management on the implementation of the ECP; and
- 2) Supporting the ECP and reinforcing the need for compliance.

References

Cal/OSHA Bloodborne Pathogens Regulation:

<https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

Cal/OSHA's Most Frequently Asked Questions About Bloodborne Pathogens:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=21010

Police SOP for Bloodborne Pathogens

Fire Department SOP for Bloodborne Pathogens

City of Clovis
Hepatitis B Vaccine Consent/Declination

Date: _____

CONSENT - RECORD OF CONSENT FOR HEPATITIS "B" VACCINATION
(This Section is OPTIONAL)

I have attended the in-service training on the blood borne pathogens program regarding HIV, hepatitis B, and the hepatitis-B vaccine. I have also read the in-service training literature and have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand I must have at least three doses of vaccine over a six month period to confer immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. *You must complete the whole series within the six months.*

I request that it be administered to me.

Print Name: _____ Employee #: _____

Employee Signature: _____ Date: ____/____/____

Employer Representative: _____

DECLINATION - RECORD OF HEPATITIS "B" VACCINE DECLINATION
(This Section is MANDATORY)

Date: _____

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 me. 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.

Print Name: _____ Department: _____

Employee Signature: _____ Employee #: _____

Employer Representative: _____

CITY OF CLOVIS

Ergonomics Control Plan



Revised March 2016
August 2001
July 16, 2021

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Ergonomics is the study of people and their interaction with the elements of their job or task including equipment, tools, facilities, processes, and environment. In essence, it is the science of human comfort. When aspects of the work or workplace affect the human body, the result is often a musculoskeletal disorder (MSD). MSDs are wear and tear injuries that can affect muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels, or spinal discs of the body.

POLICY

It is the policy of the City of Clovis to provide all employees with a safe and healthy workplace. The ergonomics program is a proactive approach to assist in the identification, prevention, and control of employee exposure to ergonomic risk factors. It is a collaborative effort that includes managers, supervisors, and employees and consists of the following components:

- Roles and responsibilities
- Identification of high risk jobs
- Worksite evaluations and setting priorities
- Control of ergonomic risk factors
- Training
- Early intervention and medical management
- Program evaluation and follow-up

This program enables the City of Clovis to meet the requirements of the ergonomics regulation, *California Code of Regulations, Title 8 (8 CCR), Section 5110*.

PURPOSE

The purpose of the ergonomics program is to apply ergonomic principles to the workplace in an effort to reduce or eliminate the number and severity of MSDs, thus increasing employee productivity, quality, and efficiency, while decreasing workers' compensation claims.

Identifying and prioritizing jobs with increased risk factors is a critical step in our program. Once risks are identified and prioritized the focus is then on: (1) making changes before an injury/illness has occurred, (2) incorporating ergonomics into the design phase of a new facility or process, and (3) purchasing the appropriate equipment and tools.

RESPONSIBILITIES

Program Administrator

The City Manager has the ultimate authority and responsibility for the implementation of the ergonomics program and provides:

- Executive management oversight of the ergonomics program through the Ergonomics Program Administrator

- Performance goals and accountability for program implementation in collaboration with department heads
- Program evaluations and resources to support program implementation

Ergonomics Program Administrator

The Ergonomics Program Administrator is the Personnel Risk Manager and will report directly to the City Manager. The Ergonomics Program Administrator is responsible for maintaining the program in addition to the following:

- Facilitating the identification and evaluation of high-risk jobs and overseeing the implementation of control measures
- Coordinating ergonomics training for managers, supervisors, and employees to ensure the recognition and control of ergonomic risk factors, early reporting procedures, and effective medical management
- Maintaining documentation of training and worksite evaluations
- Monitoring the ergonomics program on an annual basis

Department Heads

Department heads have the authority and responsibility for the implementation of the ergonomics program. Department heads provide leadership to develop a strong safety culture and continuous improvement within their departments. Responsibilities include:

- Providing leadership and adequate funding to ensure the ergonomics program is effectively implemented
- Identifying high-risk jobs and ensuring the implementation of recommended control measures
- Providing manager and supervisor training regarding their program responsibilities
- Ensuring managers and supervisors are knowledgeable about ergonomic hazards under their supervision and control
- Encouraging employee participation in the ergonomics program

Managers and Supervisors

Managers and supervisors support the ergonomics program by actively observing employees to identify ergonomic hazards. Duties of all managers and supervisors include:

- Assisting the Ergonomics Program Administrator with the identification and evaluation of high-risk jobs
- Reviewing worksite evaluations and ensuring the implementation of effective control measures, including a system to monitor their effectiveness
- Encouraging active participation by employees in the ergonomics program, including attendance at required training and participation in the development of controls
- Attending ergonomics training for managers and supervisors

Employees

Employees are an essential element to the success of the ergonomics program and will be asked for their input and assistance with identifying ergonomic risk factors, worksite evaluations, and development and implementation of controls and training. All employees will:

- Comply with our ergonomics program including the safe and appropriate use of tools, equipment, parts, materials, and procedures
- Attend required ergonomics training
- Report MSD signs, symptoms, and work-related hazards as early as possible to facilitate proactive interventions and prompt medical treatment
- Take responsibility for personal health and safety

ERGONOMICS PROGRAM

Identification of High-Risk Jobs

The following methods will be used to identify and prioritize high-risk jobs:

- Worksite evaluations
- Self-assessment and employee input
- Walk throughs and observations
- Review of loss data and Cal/OSHA 300 log

WORKSITE EVALUATION

Worksite evaluations provide a systematic approach for identifying ergonomic risk factors found within a job, process, or workstation. We use two worksite evaluation methods: the computer workstation evaluation (Appendix A) and the job hazard analysis (Appendix B).

The Ergonomics Program Administrator may schedule a worksite evaluation based upon the following:

- Any job, process, or workstation that has contributed to a worker's current MSD
- A job, process, or workstation that has historically contributed to MSDs
- Specific jobs, processes, or workstations that have the potential to cause MSDs
- An employee reports an MSD sign or symptom to his/her supervisor

Other triggers that may require a worksite evaluation include, but are not limited to:

- Change of jobs, tasks, equipment, tools, processes, scheduling, or work shifts
- When a safety walk through, inspection, or survey has uncovered potential MSD hazards
- Self-assessment identifying significant ergonomic hazards

RISK FACTORS

Risk factors are aspects of the work that increase the likelihood that an injury will take place. The result is often an MSD. The worksite evaluation will assist the Ergonomics Program Administrator in identifying the following ergonomic risk factors:

- Awkward postures
- Repetitive motion
- Forceful exertion
- Contact stress
- Vibration

Other factors are also considered, such as lighting, noise, and temperature.

CONTROL MEASURES

Once the risk factors are identified, the hazards will be addressed by using the following control measures:

Engineering Controls

This is our preferred method for controlling ergonomic hazards. They may encompass a redesign of the workplace, changes in processes, or purchases of specialized equipment to eliminate the risk factors. Some examples include:

- Workstation layout
- Height-adjustable workbench or desk
- Locating tools and materials within short reaching distances
- Selection and use of tools
- Using clamps and vise-grips to hold work pieces to relieve awkward hand/arm positions
- Pistol hand grips for knives or squeeze grip actuated screwdrivers
- Lighter –weight packing materials to reduce lifting loads
- Using mechanical assist devices
- Using handles or slotted hand holds
- Height-adjustable material bins
- Removing obstructions
- Using mechanical assist devices to relieve heavy load lifting

Administrative Controls

Although engineering controls are preferred, administrative controls are implemented as temporary measures until engineering controls can be implemented or when engineering controls are not technically feasible. Since administrative controls do not eliminate hazards, management makes every attempt to ensure the practices and policies are followed. Administrative control strategies include:

- Rest breaks

- Reducing shift length

Personal Protective Equipment (PPE)

Where engineering and administrative controls are not feasible or practical, PPE will be provided to reduce risk factors. Some examples of PPE include:

- Gloves that absorb vibration
- Gloves that protect the hands from cuts
- Cloths/gloves that protect against the cold
- Gel shoe insoles to cushion the foot/lower extremity when walking on hard surfaces

REPORTING PROCEDURES

Employees who experience discomfort or symptoms associated with MSDs are to immediately report to their direct supervisor. The supervisor will complete and submit the worksite evaluation request form (Appendix D) to the Ergonomics Program Administrator.

Any injury diagnosed as a work-related MSD by a licensed health care provider will be immediately reported to the supervisor or Ergonomics Program Administrator.

Supervisors or any member of management who acquire information that an employee is experiencing symptoms of an MSD must notify the Ergonomics Program Administrator.

The Ergonomics Program Administrator will ensure appropriate action is taken and order an ergonomic evaluation if needed.

Supervisors notify the Ergonomics Program Administrator upon receipt of a request for an evaluation, modification, or accommodation.

The supervisor is responsible for discussing the identified exposures and recommended solutions with the employee. In addition, the supervisor is responsible for implementing the recommended corrective actions. The employee will be asked for input regarding ideas about improving ergonomics in his/her work area. Employees are responsible for using equipment correctly and performing tasks as outlined in the recommended solutions.

The Ergonomics Program Administrator will contact the supervisor and determine if a follow-up worksite evaluation is necessary to measure the effectiveness and/or implementation status of the recommendation(s).

TRAINING

Training is designed to educate managers, supervisors, and employees to recognize work-related ergonomic risk factors and to understand and implement appropriate

control measures.

Ergonomics awareness training will be provided and documented:

- When the program is introduced and annually thereafter
- To all new employees
- When new jobs, tasks, tools, equipment, machinery, workstations, or processes are introduced
- When high exposure levels to ergonomic risk factors have been identified

The training will cover all the following topics:

- Ergonomics program
- Risk factors associated with MSDs
- Symptoms and consequences of injuries caused by MSDs
- Importance of early reporting symptoms of MSDs to supervisors
- Awareness of safe work methods and techniques (i.e., stretch breaks, proper use of assistive devices/PPE) to minimize risk factors associated with MSDs

Specialized training may be provided for managers, supervisors, and employees who work in identified high-risk jobs or departments (i.e. police, fire, public works, etc.).

MEDICAL MANAGEMENT

Pursuant to the law, we provide medical care to all employees injured at work. If an employee develops a MSD, a medical evaluation will be conducted by the City's occupational physician.

In the event of a work-related injury or illness, the medical care provider/professional will:

- Provide diagnosis and treatment for injured employee(s)
- Determine if reported MSD signs or symptoms are work-related
- Comply with our early return-to-work program by recommending restricted, modified, or transitional work duties when appropriate
- Provide timely work status reports

Appendix A

Computer Workstation Evaluation			
EMPLOYEE INFORMATION			
Employee Name:		Evaluation Date:	
Supervisor/Contact:		Dominant Hand: <input type="checkbox"/> Right <input type="checkbox"/> Left	
Evaluator:			
SYMPTOMS			
Check all that apply & indicate Right/Left if applicable	<input type="checkbox"/> wrist/forearm/elbow	<input type="checkbox"/> neck/shoulder	<input type="checkbox"/> lower back
	<input type="checkbox"/> eyestrain/headaches	<input type="checkbox"/> mid/upper back	<input type="checkbox"/> no symptoms
HOURS WORKED: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 8 hrs <input type="checkbox"/> 10 hrs <input type="checkbox"/> Overtime _____			
TASKS PERFORMED			
Data Entry:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs
Phone Use:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs
Writing:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs
Other:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs

WORKSTATION CHECKLIST

CHAIR – SITTING POSTURE		RECOMMENDATIONS/ADJUSTMENTS	
Backrest provides lumbar support	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> backrest adjusted <input type="checkbox"/> not adjustable	
Feet resting flat on the floor or on a footrest	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> adjusted chair height <input type="checkbox"/> order footrest	
Shoulders relaxed and armrests providing forearm support	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> adjusted armrests <input type="checkbox"/> not adjustable	
Seat depth adjusted properly	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> adjusted seat depth <input type="checkbox"/> not adjustable	
Additional Comments/Recommendations:			
KEYBOARD		RECOMMENDATIONS/ADJUSTMENTS	
Elbows close to sides at a 90°-110° angle	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> adjusted keyboard tray <input type="checkbox"/> chair adjusted	
Wrists straight and parallel to the floor	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> adjusted keyboard tray <input type="checkbox"/> chair adjusted	
Keyboard centered to monitor	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> reposition keyboard <input type="checkbox"/> alternate keyboard	
Wrists protected from edge or hard surface	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> order wrist rest <input type="checkbox"/> adjust chair or tray	
When typing wrists are neutral (no ulnar deviation)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> recommend alternate keyboard	
Additional Comments/Recommendations:			

Computer Workstation Evaluation			
POINTING DEVICE (MOUSE)		RECOMMENDATIONS/ADJUSTMENTS	
Provides palm support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend alternate pointing device
Shoulders remain in a neutral position	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition device <input type="checkbox"/> alternate keyboard
Wrist in neutral position (no ulnar deviation)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition device <input type="checkbox"/> alternate pointing device
Additional Comments/Recommendations:			
MONITOR		RECOMMENDATIONS/ADJUSTMENTS	
Top of the screen is about 15° below eye level	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted height of monitor
Monitor 18"- 24" from eyes (arms length)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted position of monitor
Monitor tilted slightly (~15°) up	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted angle of monitor
Employee does not wear bifocals	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> lowered the monitor <input type="checkbox"/> raised the chair
Additional Comments/Recommendations:			
LIGHTING		RECOMMENDATIONS/ADJUSTMENTS	
Lighting level is comfortable	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> dim lights <input type="checkbox"/> recommend task light
No glare on the monitor screen	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition monitor <input type="checkbox"/> close blinds
Additional Comments/Recommendations:			
WORKSPACE AND TOOLS		RECOMMENDATIONS/ADJUSTMENTS	
Documents off flat work surface, located between the keyboard and monitor	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> order "in-line" document holder
Shoulders in a relaxed position when writing	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> chair adjusted
Frequently used items within reach	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> rearranged work area
Avoid cradling the phone between head and shoulder	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend head set
Ten-key calculator used infrequently	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend gel palm rest
Additional Comments/Recommendations:			
ENVIRONMENT		COMMENTS/DISCUSSIONS	
Temperature is comfortable	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Regular breaks and micro-breaks are taken	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Activities are varied throughout the day	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Additional Comments/Recommendations:			
Evaluator Signature		Employee Signature	

Appendix B

Job Hazard Analysis

Job:	Department:	
List of Required PPE:		
Analysis By:	Reviewed By:	
Date:	Date:	
Sequence of Steps	Potential Hazards	Control Measures
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Appendix C

Computer Workstation Self-Assessment Questionnaire

This questionnaire is intended for use by employees to complete a self-assessment for potential ergonomic risk factors at their workstation. Answer the questions below to determine problems that might cause musculoskeletal disorders (MSDs). If you answer “NO”, turn to the page(s) indicated in the Cal/OSHA publication *Easy Ergonomics for Desktop Computer Users* for improvement options located at http://www.dir.ca.gov/dosh/dosh_publications/computerErgo.pdf. Contact your supervisor for additional assistance.

Date:	Name:		
Work hrs/week:	Dept:	Position:	
Describe symptoms (if applicable):			
ACTIVITY	Yes	No	If NO, see page:
WHEN SITTING			
Is the chair height adjusted so that your feet rest comfortably flat on the floor or footrest, with your knees just slightly lower than the hips?	<input type="checkbox"/>	<input type="checkbox"/>	9
Look at the depth of the seat pan. Is there a small gap (2-4 inches) between the back of your legs and the front edge of the seat pan?	<input type="checkbox"/>	<input type="checkbox"/>	10
Does the curve of the back of the chair fit into your low back?	<input type="checkbox"/>	<input type="checkbox"/>	11
Does the back of the chair tilt back?	<input type="checkbox"/>	<input type="checkbox"/>	12
With your shoulders relaxed, are the armrests slightly below your elbows, and do your arms hang comfortably at your sides?	<input type="checkbox"/>	<input type="checkbox"/>	13
Can you get your chair close enough to your keying, pointing, or writing surfaces without reaching?	<input type="checkbox"/>	<input type="checkbox"/>	15
WHEN KEYING			
With your shoulders relaxed and your fingers curved, is the home row of keys at the same height as your elbows or slightly below your elbows?	<input type="checkbox"/>	<input type="checkbox"/>	17
WHEN POSITIONING THE CURSOR WITH A POINTING DEVICE			
Is the pointing device positioned close to the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	20
WHEN ORGANIZING THE WORK SPACE			
Are you able to use your work surface and equipment without over reaching or using awkward postures?	<input type="checkbox"/>	<input type="checkbox"/>	23
WHEN VIEWING THE MONITOR			
Is the monitor in front of you and the top line of print is at or just below eye level or even lower if you wear bifocal or progressive lenses, AND are you able to scan the screen from top to bottom using only eye movements, not head movements?	<input type="checkbox"/>	<input type="checkbox"/>	27
Can you sit against the back and read the monitor screen from a comfortable distance without experiencing eye fatigue, blurred vision, or headaches?	<input type="checkbox"/>	<input type="checkbox"/>	28
Is the monitor screen free of glare?	<input type="checkbox"/>	<input type="checkbox"/>	29
WHEN READING THE DOCUMENT			
Is the document off the flat work surface and positioned between the monitor and the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	31
WHEN USING NEW SOFTWARE PROGRAMS & OPERATING SYSTEMS			
Have you been trained on the software programs and operating system you are using?	<input type="checkbox"/>	<input type="checkbox"/>	33

Appendix D

Worksite Evaluation Request

EMPLOYEE INFORMATION	
Employee Name:	Job/Title:
Department:	Location:
Contact number for employee:	Self-Assessment Questionnaire Completed?
Describe areas of concern or discomfort of employee:	
Supervisor Name:	Date Submitted:
ERGONOMICS PROGRAM ADMINISTRATOR SECTION	
Type of Worksite Evaluation <input type="checkbox"/> Computer Workstation Evaluation <input type="checkbox"/> Other	Date employee contacted:
Date evaluation is scheduled:	
Comments:	
Follow-Up Action Plan:	
Date Evaluation Completed:	Date of Follow-Up:

Department Code of Safe Practices-To be added

City of Clovis

COVID-19 Prevention and Control Plan

**This document also serves as Attachment “I” to the City of Clovis
Illness and Injury Prevention Program**

June 5, 2020

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I. PURPOSE

The City of Clovis is committed to providing safe and healthy workspaces for City employees and volunteers. In order to ensure we have a safe and healthy workplace, the City has developed the following COVID-19 Prevention and Control Plan in response to the COVID-19 pandemic. Our goal is to mitigate the potential for transmission of COVID-19 in our workplace and community, which requires full cooperation among our employees of the City. Only through this cooperative effort can we establish and maintain the safety and health for our employees and workplaces.

This Plan describes methods for meeting the requirements of a written COVID-19 Prevention and Control Plan, and it includes:

- Responsibilities for implementing the plan.
- Measures that will be taken to prevent the spread of the COVID-19 virus within the workplace.
- Information and training.
- A documented process to check for compliance and correct deficiencies.
- A method to investigate infectious disease cases (specifically SARS-CoV-2), alert Cal/OSHA when necessary, and identify and isolate workplace contacts of infected employees.

The Plan applies to all employees, except for employees covered by the Cal/OSHA regulations related to the Aerosol Transmissible Diseases (“ATD”). Please refer to Fire and Police department ATD Programs to protect safety officers from infectious diseases such as COVID-19.

Note: This Plan is subject to change to ensure compliance with CDPH and Cal/OSHA requirements and guidelines. All new changes will supersede all previous versions within the Plan, which is referenced within the “Addendum”.

II. DEFINITIONS

For the purposes of the Plan, the following definitions shall apply:

“Close contact”: unless otherwise defined by regulation or order of the CDPH, the following definition shall apply: indoor spaces of 400,000 or fewer cubic feet per floor, an employee sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minutes exposures for a total of 15 minutes) during the COVID-19 case’s infectious period, regardless of the use of face coverings. In addition, offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces. EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the infectious period.

“COVID-19” (Coronavirus Disease 2019) the disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).

“COVID-19 case” means a person who either: (1) Has a positive “COVID-19 test”; (2) Has a positive COVID-19 diagnosis from a licensed health care provider; or (3) Is subject to COVID-19-related order to isolate issued by a local or state health official; or (4) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

“COVID-19 hazard” means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

“COVID-19 symptoms” means one of the following: (1) fever of 100.4 degrees Fahrenheit or higher or chills; (2) cough; (3) shortness of breath or difficulty breathing; (4) fatigue; (5) muscle or body aches; (6) headache; (7) new loss of taste or smell; (8) sore throat; (9) congestion or runny nose; (10) nausea or vomiting; or (11) diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

“COVID-19 test” means a test for SARS-CoV-2 that is: (1) Cleared, approved, or authorized, including an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test; and (2) Administered in accordance with the authorized instructions. (3) To meet the return to work criteria set forth in subsection (c)(10), a COVID-19 test may be both self-administered and self read only if another means of independent verification of the results can be provided (e.g., a time-stamped photograph of the results).

“Exposed group” means all employees at work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, breaks or eating areas, and waiting areas. The following exceptions apply:

- (1) For purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.
- (2) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- (3) If the COVID-19 case visited a work location, working area, or common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

“Face covering” means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without

slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

"Infectious period" means the following for symptomatic confirmed cases: It is a minimum of 24 hours from the day of symptoms onset: (1) COVID-19 cases may return if 24 hours have passed with no fever, without the use of fever-reducing medications, **AND** (2) their symptoms are mild and improving.

"Respirator" means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.

"Returned case" means a COVID-19 case who returned to work pursuant to subsection (c)(10) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 30 day after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 30 days after the first positive test. If a period of other than 30 days is required by a CDPH regulation or order, that period shall apply.

"Worksite," for the limited purposes of sections 3205.1, means the building, store, facility, agriculture field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter.

III. RESPONSIBILITIES

a. Department Head

The Department Head has the ultimate responsibility for compliance with this Plan by:

- Activating heightened surveillance of illness within the department.
- Gathering data on symptoms of employees and volunteers who are sick at home.
- Providing fact sheets and guidelines for employees, volunteers, and their families to make them aware of symptoms and remind them of respiratory hygiene etiquette, proper hand washing practices, and the need for social distancing.
- Referring media inquiries related to service status to the City Manager's office.
- Implementing work-at-home protocols, where operationally feasible and appropriate to the status of the pandemic, to reduce the number of employees at the worksite.

As necessary, due to fluctuating guidance and information, the Department Head, or their designee, will conduct a review of this Plan to ensure regulatory compliance is effective in ensuring the health and safety of City employees, volunteers, and citizens potentially

affected by City operations; and identify opportunities for improvements to the Plan.

b. **Manager**

The Manager will ensure that:

- Employees and volunteers who are ill with a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) stay home.
- Ill staff and volunteers are sent home immediately.
- Employees and volunteers are kept informed of developing issues.
- Manufacturer's instructions are followed for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, personal protective equipment).
- When choosing cleaning chemicals, the City will consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.
- The Personnel/Risk Management Division will be provided with training records upon completion.
- A periodic evaluation of existing COVID-19 prevention controls within their worksites are performed to assess whether there is a need for different and/or additional controls.
- Periodic inspections of their worksites and facilities are conducted as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19.

c. **Employees**

The employees are responsible for the following:

- Stay home when ill with a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) or if required per Addendum B if they have come in direct contact with a person diagnosed with COVID-19.
- Tell their direct supervisor if they have a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) or if they have come in direct contact with a person diagnosed with COVID-19.
- Practice respiratory hygiene etiquette.
- Wash their hands frequently.
- Report possible COVID-19 hazards at the worksites or facilities.
- If the employee tests positive, employees shall follow:
 - Refer to **ADDENDUM B** of the Plan.

The City will not discriminate or retaliate against any City employee who reports COVID - 19 symptoms or possible close contact, and possible COVID-19 hazards at the workplace.

IV. WORKPLACE-SPECIFIC IDENTIFICATION OF COVID-19 HAZARDS

The City conducted a workplace-specific assessment of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19

hazards. Please refer to **Identification of COVID-19 Hazard form** for additional information.

As part of this process, the City identified places and times when employees and individuals congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not, including, for example, during meetings or trainings, in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

As part of this process, the City identified potential workplace exposure to all persons at worksites and facilities, including employees, employees of other entities, members of the public, customers or clients, and independent contractors. The City considered how employees and other persons enter, leave, and travel through City worksites and facilities, in addition to addressing employees' fixed workspaces or workstations.

As part of this process, the City treated all persons, regardless of symptoms or negative COVID-19 test results, as potentially infectious.

V. CORRECTION OF COVID-19 HAZARDS AT WORKSITES AND FACILITIES

The City will implement effective policies and/or procedures for correcting unsafe or unhealthy conditions, work practices, policies and procedures in a timely manner based on the severity of the hazard.

This includes, but is not limited to, implementing controls and/or policies and procedures in response to the evaluations conducted related to the identification and evaluation of COVID-19 hazards and investigating and responding to COVID-19 cases in the workplace. This also includes implementing controls related to physical distancing, face coverings, engineering controls, administrative controls, and personal protective equipment (PPE) as required.

VI. EXCLUSION OF COVID-19 CASES

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits as required by law.

VII. CONTROL OF COVID-19 HAZARDS

The City will use a framework called the "hierarchy of controls" to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

When it may not be possible to eliminate the COVID-19 hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and personal protective equipment (PPE). There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect employees from exposure to COVID-19.

a. Administrative Controls for All Employees

Administrative controls require action by the employee or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Administrative controls for COVID-19 include:

- Encouraging or requiring sick employees to stay at home.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time.
- Directing employees to wear a mask as required in Addendum A.
- The City will continuously provide employees with up-to-date education and training on the infectious disease outbreak risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Customer service windows may be equipped with a barrier or Plexiglas barrier to help maintain physical distancing when required.

b. Employees Required to Continue Their Routine Tasks

Some employees (as designated by the City Manager or Department Head) are required to continue their routine tasks in the public interest and/or continue essential functions of the City. These employees will continue to report to the workplace unless they test positive.

Employees Able to Continue Their Routine Tasks Remotely

Some employees (as designated by the City Manager or Department Head) are required to continue their routine tasks in the public interest and/or continue essential functions of the City; however, these employees must have the capabilities of conducting their assigned tasks from their homes and may continue working from home (telework) if authorized and assigned by management.

Employees Who Are Considered High-Risk and Unable to Work Remotely

If an employee is considered high-risk and has a medical or other condition identified by the CDC or the employees' health care provider due to increased risk of severe COVID-19 illness and are able to work, the City may provide for accommodations, upon the employees' request.

The City will periodically review the following web address in order to account for any additional medical conditions and other conditions that the CDC has identified as placing or potentially placing individuals at an increased risk of severe COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

City employees are encouraged to review the list of medical conditions and other conditions provided above in order to determine whether they have such a condition. To request an accommodation under the City policy, employees may make a request with the Personnel/Risk Management Division at 559-324-2725.

c. Engineering Controls

For indoor City worksites and facilities, the City evaluated how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the worksites and facilities' existing ventilation systems; and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. The City has installed Needlepoint Bipolar Ionization systems in City building heating and air conditioning systems which cleans the air and reduces the infectivity of viruses.

d. Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to infectious diseases, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19.

Employees who desire to voluntarily use an N95 respirator should contact either their supervisor or Personnel at 559-324-2725. The City will supply the respirators, and provide the employee with training regarding the use and fit of N95 respirators.

The City will check the state and federal Occupational Safety and Health Administration (OSHA) and CDC websites regularly for updates about recommended PPE.

All types of PPE will be:

- Selected based upon the hazard to the employee.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

The City will provide employees with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected while working and job tasks that may lead to exposure.

VIII. EMPLOYER'S RESPONSE TO COVID-19 CASES

In the event that City employees test positive for COVID-19 or are diagnosed with COVID-19 by a health care provider, the City will instruct the employees to remain at or return to their home or place of residence and not report to work until such time as they satisfy the minimum criteria to return to work as referenced within **Addendum B**.

The City will advise employees of any leaves to which they may be entitled during this self-isolation period.

The City will comply with all reporting and recording obligations as required under the law, including but not limited to, reporting the COVID-19 case to the following individuals and institutions as required based on the individual circumstances: (1) Cal/OSHA; (2) employees who were present at a City worksite or facility when the COVID-19 case was present; (3) the employers of subcontracted employees who were present at the City worksite or facility; and (4) the City's workers' compensation plan administrator.

If possible, the City will interview the COVID-19 cases in order to ascertain the nature and circumstances of any contact that the employees may have had with other employees during the infectious period. If the City determines that there were any close contact COVID-19 exposures, the City will require employees to remain at home as required by Addendum B.

The City possesses authority to require that employees who report to work at a City worksites or facilities be tested for COVID-19. Where the City requires that employees be tested, the City will inform employees for the reason that testing is required and offer paid time at no cost to the employee.

The City has adopted policies and procedures that ensures the confidentiality of employees and comply with the Confidentiality of Medical Information Act (CMIA). Specifically, the City will not disclose to other employees, except for those who need to know, the fact that the employees tested positive for or were diagnosed with COVID-19. Further, the City will keep confidential all personal identifying information of COVID-19 cases or persons unless expressly authorized by the employee to disclose such information or as other permitted or required under the law.

IX. COVID-19 HAZARDS

The City will notify employees and subcontracted employees of any potential COVID-19 exposure at a City worksite or facility where a COVID-19 case and City employees were present on the same day. The City will provide written notice by email to City employees of such potential exposures within one (1) business day, in a way that does not reveal any personal identifying information of the COVID-19 case.

If the City should reasonably know that an employee has not received the notice, or has limited literacy in the language used in the notice, the City shall provide verbal notice, as soon as practicable, in a language understandable by the employee. Written notice may include, but is not limited to, personal service, email, or text message if it can reasonably be anticipated to be received by the employee within one business day of sending.

Within one business day of the time the City knew or should have known of the COVID-19 case, the City will provide the notice required by Labor Code section 6409.6(a)(2) and (c) to the authorized representative of any employee at the worksite during the infectious period.

X. INVESTIGATION RESPONSE TO COVID-19 CASES IN WORKSITES AND FACILITIES

The City has a procedure for investigating COVID-19 cases in the workplace. The City will

conduct an investigation in order to determine whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.

As provided below, the procedure provides for the following: seeking information from employees regarding COVID-19 cases and close contacts, COVID-19 test results; and onset of COVID-19 symptoms; and identifying and recording all COVID-19 cases.

a. Response to COVID-19 Cases

In the event that City employees test positive for COVID-19 or are diagnosed with COVID-19 by a health care provider, the City will instruct the employees to remain at or return to their home or place of residence and not report to work until such time as the employees satisfy the minimum criteria to return to work.

b. Contact Tracing

If possible, the City will interview the COVID-19 cases in order to ascertain the following information: (1) the date on which the employees tested positive, if asymptomatic, or the date on which the employees first presented COVID-19 symptoms, if symptomatic; (2) the COVID-19 cases' recent work history, including the day and time they were last present at a City worksite or facility; and (3) the nature and circumstances of the COVID-19 cases' contact with other employees during the infectious period, including whether there were any close contact COVID-19 exposures.

If the City determines that there were any close contact COVID-19 exposures, refer to instructions outlined within Addendum B.

c. Reporting the Potential Exposure to Other Employees

The City will comply with all reporting and recording obligations as required under the law, including, but not limited to, reporting the COVID-19 case to the following individuals and institutions as required based on the individual circumstances: (1) employees who were present at a City worksite or facility when the COVID-19 case was present; and (2) subcontracted employees who were present at the City worksite or facility.

XI. MULTIPLE OUTBREAK MANAGEMENT

This section of the Plan applies if a City workplace covered by CCR, Title section 3205 if three or more employee COVID-19 cases within an exposed group, as defined by section 3205(b), visited the workplace during their infectious period at any time during a 7-day period.

a. COVID-19 testing during a multiple outbreak

- We will provide COVID-19 testing to all employees in our exposed group except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 7-day period. COVID-19 testing will be available at no cost to employees within the exposed group, during employees' paid time.
- COVID-19 testing is not required under the following:
 - For returned cases who did not develop COVID-19 symptoms after returning to work pursuant to subsections 3205(c)(10), not testing is required.
- COVID-19 testing consists of the following:
 - Immediately upon being covered by this section, the City shall make testing

available to all employees in the exposed group, regardless of vaccination status, and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.

- After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees once per week at no cost, during paid time, to all employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 7-day period.
- Employees who had close contacts shall have a negative COVID-19 test taken within three and five days after the close contact or shall be excluded and follow the return to work starting from the date of the last known close contact.
- We will provide additional testing when deemed necessary by Cal/OSHA.

b. Investigation of workplace COVID-19 illness

The City shall continue to comply with all applicable provisions of section 3205, and shall also do the following:

- Employees in the exposed group shall wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in subsection 3205(c)(D)(C) applies.
- The City shall give notice to employees in the exposed group of their right to request a respirator for voluntary use under subsection 3205(c)(7)(C)2.
- The City shall evaluate whether to implement physical distancing of at least six feet between persons or, where six feet of physical distancing is not feasible, as much distance between person as feasible.

c. COVID-19 investigation, review and hazard correction

In addition to our City policy identification and evaluation of COVID-19 hazards and correction of COVID-19 hazards, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

XII. MAJOR OUTBREAK MANAGEMENT

This section of the Plan applies to any workplace with twenty or more COVID-19 cases in an exposed group, visited the workplace during their infectious period within a 30-day period.

This section of the Plan will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

a. COVID-19 testing during a major outbreak

- COVID-19 testing shall be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by the local health department. Employees in the exposed group shall be tested or shall be excluded and follow the return to work requirements starting from the date that the outbreak begins.
- Additional actions during a major outbreak:
 - The City shall provide a respirator for voluntary use to employees in the exposed

group and shall determine the need for changes to the existing respiratory protection program to address COVID-19 hazards.

- Any employees in the exposed group who are not wearing respirators required by the City and used in compliance with section 5144 shall be separated from other persons by at least six feet, except when the City can demonstrate that six feet of separation is not feasible, and except for momentary exposure while employees are in movement. When it is not feasible to maintain a distance of at least six feet, individuals shall be as far apart as feasible.
- The City will evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.

b. Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees with COVID-19 exposure are excluded from the workplace in accordance with our City Plan and Addendum B, and any relevant local health department orders.

c. Investigation of workplace COVID-19 illnesses

We will comply with the requirements of our City Plan by investigating and responding to COVID-19 cases.

d. COVID-19 hazard correction

In addition to the requirements of our **Correction of COVID-19 Hazards** policy, we will take the following actions:

- The City will provide a respirator for voluntary use in compliance with subsection 5144(c)(2) to employees in the exposed group and shall determine the need for a respirator protection program or changes to an existing respirator protection program under section 5144 to address COVID-19 hazards.
- Implement any other control measures deemed necessary by Cal/OSHA.

XIII. ADDITIONAL MISCELLANEOUS INFORMATION

a. Free COVID-19 Testing for Close Contact Exposures

The City will make COVID-19 testing available at no cost, during paid time, to all employees of the City who had close contact at a City worksite or facility and provide them with the information on benefits, described in subsection (c)(5)(B), with the exception of returned cases as defined in subsection 3205(b)(11). Employees who desire a test, should contact either their supervisor or Personnel at 559-324-2725 for information and locations.

b. Free COVID-19 Testing for Symptomatic Employees

The City will make COVID-19 testing available at no cost to City employees with COVID-19 symptoms, during employees' paid time. Employees who desire a test, should contact either their supervisor or Personnel at 559-324-2725 for information and locations.

c. COVID-19 Vaccinations for Employees

COVID-19 vaccinations are effective at preventing COVID-19, protecting against both transmission and serious illness or death. Employees who desire to obtain a COVID-19 vaccination may contact Personnel at 559-324-2725 for information and locations. Employees may use their sick leave or other available leave balances to obtain the vaccine.

and for time off due to side-effects. For additional information regarding COVID-19 vaccine effectiveness, visit the CDC link at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Covid19Vaccines.aspx>

d. Leave and Compensation Benefits for Close Contact Exposures

The City will provide these employees with information regarding COVID-19-related benefits to which the employees may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, if applicable, workers' compensation law, local governmental requirements, the City's own leave policies, and leave guaranteed by contract.

For work related exposures the City will continue to provide and will maintain these employees' earnings, seniority, and all other employee rights and benefits, including the employees' right to their former job status, as if the employees had not been removed from their jobs, as required by law.

The City may require that these employees use their available sick leave for this purpose and consider benefit payments from public sources in determining how to maintain earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.

e. Confidential Medical Information

The City will protect the confidentiality of the COVID-19 cases, and will not disclose to other employees the fact that the employees tested positive for or were diagnosed with COVID-19.

The City will keep confidential all personal identifying information of COVID-19 cases or person with COVID-19 symptoms, and any medical records required by section or sections 3205.1 through 3205.4, unless is permitted or required under the law. Unredacted information on COVID-19 cases shall be provided to the local health department, CDPH, the Division, and National Institute for Occupational Safety and Health (NIOSH) immediately upon report, and when required by law.

f. Follow Existing Cal/OSHA and OSHA Standards

Existing Cal/OSHA and OSHA standards may apply to protecting workers from exposure and infection.

Cal/OSHA's Bloodborne Pathogens Standard CCR, Title 8, Section 5193 applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit infectious respiratory diseases.

During outbreaks of infectious disease, OSHA may provide information about standards and requirements related to record keeping, illness/injury recording, and sanitation, risk communication related to hazardous chemicals in sanitizers and cleaning products, and other pertinent information. See the OSHA and Cal/OSHA webpages for information.

In accordance with applicable law, the City will immediately report to Cal/OSHA any serious COVID-19-related illnesses or deaths of City employees occurring at a worksite or facility or in connection with any employment.

Further, in accordance with applicable law, the City will record any serious work-related COVID-19-related illnesses or deaths.

XIV. ADDITIONAL MEASURES TO PROTECT WORKERS

For employees who do not have frequent contact with the general public, the City will follow the general recommendations contained in:

<https://www.osha.gov/Publications/OSHA3990.pdf>. This planning guide to preparing for the COVID-19 outbreak will provide applicable guidelines for most infectious disease outbreaks.

a. Engineering Controls

Cal/OSHA requires employers to ensure engineering controls, if any, used to protect employees from other job hazards continue to function as intended. If conditions or recommendations from the CDC change, the City will investigate the feasibility of implementing the CDC recommended engineering controls.

b. Administrative Controls

- Monitor public health communications from reliable sources about infectious diseases and ensure workers have access to that information. Frequently check the CDC website.
- Collaborate with employees to designate effective means of communicating important infectious diseases information.

XV. TRAINING

All City employees will receive initial training on the hazards associated with exposure to COVID-19 and the protocols in place within the City facilities to isolate and report cases and/or reduce exposures. Minimum training provided to all City employees by each department will include:

- Recognizing COVID-19 symptoms and how to participate in hazard identification.
- COVID-19 hazard evaluations.
- Cough and sneeze etiquette.
- Hand hygiene.
- Avoiding close contact with sick persons.
- Avoiding touching eyes, nose, and mouth with unwashed hands.
- Performing routine environmental cleaning of shared workplace equipment and furniture (disinfection beyond routine cleaning is not recommended).
- Advising employees to check [CDC's Traveler's Health Notices](#) prior to travel.
- Methods of physical distancing of six feet and the importance of combining physical distancing with the wearing of face covering as required.
- Information regarding COVID-19 leave benefits to which the employee may be entitled to under applicable federal, state, or local laws.
- Importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.

- City policies for providing respirators, and the right of employees to request a respirator for voluntary use, without fear of retaliation and at no cost to employees. Refer to “N95 Mask Commonly Asked Questions”, Addendum E for more information.

XVI. COMPLIANCE

The City has a “zero tolerance” policy for any employees showing up and/or working when they are showing or experiencing symptoms of COVID-19. Any employee who fails to adhere to the aforementioned terms outlined within the Plan will be subject to disciplinary action, up to and including termination.

XVII. WORKERS’ COMPENSATION

If employees believe that they were possibly exposed to the infectious disease at work, they must inform their supervisor and seek medical attention immediately. Any employees wishing to file a workers’ compensation claim related to the communicable disease may do so by completing all required paperwork and submitting it to Personnel/Risk Management Division.

XVIII. REPORTING, RECORD KEEPING, AND ACCESS

The Personnel/Risk Management Division will maintain records associated with this COVID-19 Prevention and Control Plan including, but not limited to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

XIX. ADDITIONAL SOURCES OF INFORMATION

Cal/OSHA has important information on its website spotlighting precautions for those who may become exposed to an infectious disease at: <https://www.dir.ca.gov/dosh/>.

There are federal agencies and international organizations that have further resources:

- The CDC has additional online resources at <https://www.cdc.gov/>.
- The World Health Organization (WHO) has information on infectious disease outbreak at <https://www.who.int/>
- The Fresno County Public Health Department at <https://www.co.fresno.ca.us/departments/public-health/covid-19?locale=en>

- EPA Registered Antimicrobial Products for use against the Novel Coronavirus SARS-CoV-2 at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- California Governor's Executive Order N-62-20 (workers' compensation benefits and preemptions of the work-relatedness of COVID-19 at <https://www.gov.ca.gov/wp-content/uploads/2020/05/5.6.20-EO-N-62-20.pdf>

ADDENDUM A – FACE MASKS

Effective June 22, 2020
Revised November 18, 2020
Revised December 9, 2020
Revised May 20, 2021
Revised June 18, 2021
Revised December 15, 2021
Revised January 14, 2022 with new OSHA definitions
Revised February 16, 2022
Revised March 1, 2022
Revised April 20, 2022
Revised May 11, 2022

In accordance with updated face mask requirements published by California Department of Public Health, the following applies to City of Clovis employees effective April 20, 2022.

Guidance for The Use of Face Coverings: While facemasks are not required in the workplace, the City of Clovis will provide face masks to employees upon request, regardless of vaccination status. N95 masks will be provided to employees on a voluntary basis. Requests can be made through the employee's supervisor. The City will provide the N95 masks and training on their proper fit and use.

Masks are no longer required by all employees and passengers while on public transit.

Note: Police and Fire may be subject to different requirements.

Face Covering Definition:

Face covering means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of materials without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that, otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech of sign language respectively.

Respirator Definition:

Respirator means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator. Employees who desire to voluntarily utilize a

respirator, should contact either their supervisor or Charles Johnson at 559-324-2731 for training on proper fit and use of a respirator.

NOTE: COVID-19 is an airborne disease. N95's are more protective respirators that protect the users from airborne disease while face covering primarily protect people around the user.

ADDENDUM B

Revised July 20, 2020

Revised July 24, 2020 following State guideline change

Revised November 18, 2020 following State guideline change

Revised December 8, 2020

Revised December 29, 2020 following County quarantine guideline change

Revised February 22, 2021 following County quarantine change for vaccinated persons

Revised June 18, 2021 following CALOSHA guideline revision

Revised October 12, 2021 following State and County Health guidelines revision

Revised January 14, 2022 following CalOSHA ETS and CDPH guideline revision

Revised February 13, 2023 Following Adoption of COVID-19 Permanent Standards

Revised March 13, 2023 Following revised CDPH guideline revision

Revised January 9, 2024 Following revised CDPH guideline revision

City of Clovis

COVID-19 Workplace Prevention and Outbreak Protocol

The following pages include protocols for workplace COVID-19 cases. Department Managers and Supervisors should follow the protocol for identifying and tracking active and potential COVID-19 cases. Managers and Supervisors should inform Charles Johnson 559-324-2731, Linda Parry at 559-324-2728 and Lori Shively 559-324-2726 in Personnel about confirmed positive cases and assist with contact tracing of positive cases. When emailing documentation, send to all three names above.

Guidance for employees who had a COVID-19 close contact, OR who test positive.

Recommendations for people who test positive

1. **Stay home if you have COVID-19 symptoms**, until you have not had a fever for 24 hours without using fever reducing medication AND other COVID-19 symptoms are mild and improving.
 - If you do not have symptoms, you should follow the recommendations below to reduce exposure to others.
2. **Mask** when you are around other people indoors for the 10 days* after you become sick or test positive (if no symptoms). You may remove your mask sooner than 10 days if you have two sequential negative tests at least one day apart. Day 0 is symptom onset date or positive test date.
3. **Avoid contact with people at higher-risk for severe COVID-19 for 10 days***. Higher-risk individuals include the elderly, those who live in congregate care facilities, those who have immunocompromising conditions, and that put them at higher risk for serious illness.
4. **Seek Treatment**. If you have symptoms, particularly if you are at higher risk for severe COVID-19, speak with a healthcare provider as soon as you test positive. You may be eligible for antiviral medicines or other treatments for COVID-19. COVID-19 antiviral medicines work best if taken as soon as possible, and within 5-7 days from when symptoms start.
 - Call 1-833-422-4255 if you are unable to contact a healthcare provider, or use the [treatment options](#) to find one.

*The potential infectious period is 2 days before the date of symptoms began or the positive test date (if no symptoms) through Day 10. (Day 0 is the symptom onset date or positive test date).

Recommendation for close contacts of cases

- **If you have new COVID-19 symptoms**, you should test and mask right away.
- **If you do not have symptoms**, and are at higher risk of severe COVID-19 infection and would benefit from treatment, you should test within 5 days.
- **If you do not have symptoms** and have contact with people who are at higher risk for severe infection, you should mask indoors when around such people for 10 days. Consider testing within 5 days after the last exposure date (Day 0) and before contact with higher-risk people.

Protocol for Managers related to COVID-19 in the workplace

Managers' Responsibility

Supervisor or manager completes tracking sheet for positive cases, investigation as needed and provides documentation to Personnel immediately while still ensuring confidentiality of infected employee.

Supervisor assists employee with obtaining free COVID-19 testing as required or when employee requests.

Supervisor or manager tracks employee COVID-19 related time lines on tracking form. Supervisor or manager should regularly check-in with employee to ascertain their status and when fever ends for return to work. Enter communication info on tracking sheet comments sections.

Supervisor ensures that employees who are required to isolate due to a positive test shall not report to work until they satisfy the minimum criteria to return to work. Employees returning must wear a mask for 10 days from positive test; however, they can return back sooner if you have two sequential negative tests at least one day apart.

Supervisor or manager shall immediately inform Personnel of any employees who are hospitalized or pass away, whether suspected to be work related or not. This includes weekends and evenings.

Personnel's Responsibility (For positive cases or isolation)

Within one workday of knowledge that an employee who was on the worksite during their infectious period tested positive, Personnel will notify City staff, bargaining units, and contractors via email of the positive confirmation, while maintaining confidentiality of infected employee.

Personnel will provide excluded employee with benefits regarding leaves and workers comp if applicable.



Personnel will work with the supervisor or manager to complete a tracking form and an Investigating COVID-19 Cases form as needed.

Personnel will report COVID-19 cases to the Cal/OSHA whenever required by law and report any serious injury and hospitalizations to Cal/OSHA within 8 hours of knowledge.

Protocol for Telework and/or Returning back to the workplace

Telework Opportunities

Depending upon the employee's position, their manager may authorize telecommuting while quarantining or isolating.

If telecommuting is authorized, employee may work from home if they are feeling well enough to do so. Telecommuting may be eliminated or revoked at any time.

Returning to Work

Employees may return to work when time periods and milestones within the protocol for their situation have been reached. Supervisor should inform Personnel when employee returns and track, noting dates, on tracking sheet.

Employees may return to work with a note from a doctor stating they are able to return without restrictions.

Additional assistance and resources:

Fresno County Department of Public
Health COVID-19 Hotline
559-600-3332

Frequently Asked Questions regarding COVID-19

- **What are COVID-19 symptoms?** Symptoms can include any of the following: fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.
- **What is considered close contact?** *"Close contact" is now defined by looking at the size of the workplace in which the exposure takes place. For indoor airspaces of 400,000 or fewer cubic feet, "close contact" is now defined as sharing the same indoor airspace with a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period. For indoor airspaces of greater than 400,000 cubic feet, "close contact" is defined as being within six feet of a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period. Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces.*
- **How does an employer determine the cubic feet (volume) of an indoor space?** *Multiply the square footage by the average ceiling height. Or, follow the general formula for calculating the cubic feet of an indoor space: **Length** of space X (multiplied by) **Width** of space X (multiplied by) **Height** of space = **Volume of space***

Example:

1. *A store is 60 feet long and 40 feet wide, and has a 24 foot high ceiling. The cubic feet of the indoor space of the store is: 60 feet X 40 feet X 24 feet = 57,600 cubic feet*
2. *A warehouse is 200 feet long and 150 feet wide, and has a 24 foot high ceiling. The cubic feet of the indoor space of the warehouse is: 200 feet X 150 feet X 24 feet = 720,000 cubic feet*

Note that rooms with floor to ceiling walls are not to be counted as part of any larger indoor space.

- **What is the infectious period?** *"Infectious period" for symptomatic confirmed cases means the following: It is a minimum of 24 hours from the day of symptoms onset: (1) COVID-19 cases may return if 24 hours have passed with no fever, without the use of fever-reducing medications, AND (2) their symptoms are mild and improving.*
- **Do I need to wear a face covering when returning to work?** *Employees who return to work following the protocol above are still required to wear a mask for 10 days from the date of positive test if they had/never had symptoms. However, after ending isolation, confirmed cases may remove their mask sooner than Day 10 if they have two sequential negative tests at least one day apart. In addition, all employees who work in a location in an outbreak status are required to wear a mask.*
- **Is COVID-19 considered worker's compensation eligible?** *It may be considered work related depending upon the situation. You may complete a worker's compensation claim form if desired. **NOTE:** A positive PCR test, not a rapid test, is required for workers' compensation cases.*

- **If I must quarantine or am ill, can I work from home?** *It depends on the individual situation for your job duties, the division where you work, the work flow, and if other employees are out. These requests should be made with your supervisor and can change or be revoked depending upon the situation and department needs.*
- **I know some people at the City are quarantining or isolating at home. How will I be informed if I am at risk of exposure?** *If a City employee tests positive for COVID-19, management will work with the COVID-19 positive employee to determine which employee(s), if any, the employee had close contact with. Again, close contact is defined as sharing the same indoor airspace with a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period. Management will inform employees who have had close contact with the infected employee, but to maintain confidentiality, will not disclose the name of the infected employee. Per AB685, if an employee or contractor tests positive and was at a City worksite within the infectious period, all City employees and their bargaining units will be notified. The notification will be sent via email and will state the worksite location of the positive employee, testing information, and leaves available to employees. Although employees may receive a notification of exposure in a particular building, they may not have had any contact with the COVID-19 positive employee.*
- **Does the City allow paid time off for testing, and does the City pay for the test?** *No-cost testing during paid time will be available for work-place exposures or symptomatic employees.*
- **Am I required to get a COVID-19 test?** *If you were exposed at the workplace during an identified outbreak, the City's COVID-19 policy states testing shall be made available. For exposures outside of the workplace, the City cannot require you to test, however the City will provide free testing for symptomatic employees. Additional testing may be required in the event of an outbreak or to maintain safety sensitive and essential operations.*
- **Do I have to be completely without symptoms before I return to work?** *Some COVID-19 symptoms, such as loss of taste or smell, may last for months but the employee is otherwise feeling healthy. If the symptoms are continuously improving, the employee may be able to return to work once they have completed their required isolation period. A doctor's note may be required if symptoms are ongoing.*
- **Do Emergency Services or critical services employees have different protocol?** *Some emergency services and critical infrastructure positions are defined under the EMS/First Responder/Health Care Worker protocol due to the nature of their jobs. Employees in emergency services departments or determined to work in critical infrastructure positions should speak with their supervisor about protocol.*
- **What if I have trouble getting a test?** *If you have difficulty getting a test, contact Personnel and they can provide resources or feel free to visit the FCPHD website for local testing sites at: <https://www.co.fresno.ca.us/departments/public-health/covid-19/covid-19-testing-sites?locale=en>.*

City of Clovis Contact Tracing Investigation Form
For Employees Who Test Positive For COVID-19

Employee Name: _____ **Date:** _____

Below, list any City employee(s) that you came in close contact with either while you had COVID-19 symptoms, or during the 24 hours prior to having symptoms, or during the 24 hours prior to a positive test if asymptomatic. Close contact is defined as *sharing the same indoor airspace with a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period.*

☐ None (if none, skip to signature on next page)

Employee Name	Department	How and when did the exposure occur?
1.		
2.		
3.		
4.		
5.		
6.		
7.		

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Print

Date

8

This form to be completed by
Supervisor or Manager

Addendum C
COVID-19 Employee Tracking Sheet

Employee:

Supervisor:

Date Tracking Began:

Department:

FOR EMPLOYEES WITH SYMPTOMS - SEE PROTOCOL 1

		Response	Comments
1	Date Employee Symptoms Began.		
2	Date Physician/County Health Contacted.		
3	Did employee take a COVID-19 test?	NO or YES	
3a	If NO, go to #4		
3b	If YES, date of test		
3c	IF YES, test result		
3d	Date employee notified supervisor of test results		
3e	If test is positive, last day employee worked before positive test result		
4	Date fever ended without the use of medication.		
5	Date employee eligible to return to work.		
6	Date employee actually returned to work.		

FOR EMPLOYEES WITH NO SYMPTOMS - DIRECT EXPOSURE TO A COVID-19 POSITIVE PERSON - SEE PROTOCOL 2

		Response	Comments
7	Date of Employee Direct Exposure to Positive person.		
8	Did employee take a COVID-19 test?	NO or YES	
8a	If NO, skip to #9		
8b	If YES, date of test		

Addendum C
COVID-19 Employee Tracking Sheet

8c	IF YES, test result		
8d	Date employee notified supervisor of test results		
8e	If Positive and Symptomatic, move to #1 above.		
8f	If Positive but no symptoms, last day employee worked before positive test results. Then continue to #10.		
9	If other household resident(s) test positive, date of the other household resident(s) recovery. Or state N/A.		
10	Date employee eligible to return to work if they continue to be without symptoms. If symptoms start, go to #1.		
11	Date employee actually returned to work.		

FOR EMPLOYEES WITH NO SYMPTOMS - SECONDARY EXPOSURE TO A COVID-19 POSITIVE PERSON - SEE PROTOCOL 3

		Response	Comments
12	Date of Employee Secondary Exposure to a person who was exposed to a Positive person.		
13	Did employee take a COVID-19 test?	NO or YES	
13a	If NO, skip to #14		
13b	If YES, date of test		
13c	IF YES, test result		
13d	If Positive and Symptomatic, move to #1 above.		
13e	If Positive but no symptoms, last day employee worked before positive test results. Then continue to #14.		
14	Date employee eligible to return to work if they continue to be without symptoms. If symptoms start, go to #1.		
15	Date employee actually returned to work.		

ADDENDUM D

N95 Mask Commonly Asked Questions

Q: What is an N95 mask?

A: An N95 mask is a disposable filtering facepiece respirator with two straps. When worn properly (with the mask making a tight seal with the user's face), it can protect against hazardous airborne particles. N95 masks do not protect against gases, vapors and cannot be used for asbestos, and they do not provide oxygen. The "N" designation means the mask is not resistant to the effects of oil mists. For instruction on using filtering facepieces, see Using Disposable Respirators.

Q: When and how should an N95 mask be worn?



A: When working conditions include possible exposure to infectious diseases. The masks will not protect the user if the mask does not make a tight seal with the user's face due to factors such as facial hair that interferes with the seal or the mask not being put on correctly.

How to Determine if an Employee is eligible for a booster

Use the chart below to determine when an employee is eligible for a booster vaccine:

COVID-19 vaccine	Primary vaccination series	When does a person become booster-eligible	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	2 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine