

TITLE 4**MUNICIPAL PERSONNEL****CHAPTER**

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CHAPTER 1**OCCUPATIONAL SAFETY AND HEALTH PROGRAM****SECTION**

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4-101. Title. This chapter shall be known as "The Occupational Safety and Health Program Plan" for the employees of the City of LaFollette, Tennessee. (Ord. #2019-05, Sept. 2019)

4-102. Purpose. The City of LaFollette, in electing to update the established program plan, will maintain an effective and comprehensive occupational safety and health program plan for its employees, and shall:

(1) Provide a safe and healthful place and condition of employment that includes:

- (a) Top management commitment and employee involvement;
- (b) Continually analyze the worksite to identify all hazards and potential hazards;
- (c) Develop and maintain methods for preventing or controlling the existing or potential hazards; and
- (d) Train managers, supervisors, and employees to understand and deal with worksite hazards.

(2) Acquire, maintain and require the use of safety equipment, personal protective equipment and devices reasonably necessary to protect employees.

(3) Record, keep, preserve, and make available to the Commissioner of Labor and Workforce Development, or persons within the Department of Labor and Workforce Development to whom such responsibilities have been delegated, adequate records of all occupational accidents and illnesses and personal injuries for proper evaluation and necessary corrective action as required.

(4) Consult with the Commissioner of Labor and Workforce Development with regard to the adequacy of the form and content of records.

(5) Consult with the Commissioner of Labor and Workforce Development, as appropriate, regarding safety and health problems which are considered to be unusual or peculiar and are such that they cannot be achieved under a standard promulgated by the state.

(6) Provide reasonable opportunity for the participation of employees in the effectuation of the objectives of this program plan, including the opportunity to make anonymous complaints concerning conditions or practices injurious to employee safety and health.

(7) Provide for education and training of personnel for the fair and efficient administration of occupational safety and health standards, and provide for education and notification of all employees of the existence of this program plan. (Ord. #2019-05, Sept. 2019)

4-103. Coverage. The provisions of the occupational safety and health program plan for the employees of the City of LaFollette shall apply to all employees of each administrative department, commission, board, division, or other agency whether part-time or full-time, seasonal or permanent. (Ord. #2019-05, Sept. 2019)

4-104. Standards authorized. The occupational safety and health standards adopted by the City of LaFollette are the same as, but not limited to, the State of Tennessee Occupational Safety and Health Standards promulgated, or which may be promulgated, in accordance with section 6 of the Tennessee Occupational Safety and Health Act of 1972 (*Tennessee Code Annotated*, title 50, chapter 3). (Ord. #2019-05, Sept. 2019)

4-105. Variances from standards authorized. Upon written application to the Commissioner of Labor and Workforce Development of the State of Tennessee, we may request an order granting a temporary variance from any approved standards. Applications for variances shall be in accordance with Rules of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, VARIANCES FROM OCCUPATIONAL SAFETY AND HEALTH STANDARDS, CHAPTER 0800-01-02, as authorized by *Tennessee Code Annotated*, title 50. Prior to requesting such temporary variance, we will notify or serve notice to our employees, their designated representatives, or interested parties and present them with an opportunity for

a hearing. The posting of notice on the main bulletin board shall be deemed sufficient notice to employees. (Ord. #2019-05, Sept. 2019)

4-106. Administration. For the purpose of this chapter, the safety coordinator is designated as the safety director of occupational safety and health to perform duties and to exercise powers assigned to plan, develop, and administer this program plan. The safety director shall develop a plan of operation for the program plan in accordance with Rules of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, SAFETY AND HEALTH PROVISIONS FOR THE PUBLIC SECTOR, CHAPTER 0800-01-05, as authorized by *Tennessee Code Annotated*, title 50. (Ord. #2019-05, Sept. 2019)

4-107. Funding the program plan. Sufficient funds for administering and staffing the program plan pursuant to this chapter shall be made available as authorized by the city's budget as approved by city council. (Ord. #2019-05, Sept. 2019)

CHAPTER 2

WRITTEN HAZARD DETERMINATION PROGRAM

SECTION

4-201. Establishment and administration of program.

4-202. Evaluation of chemicals; used or produced, etc.

4-601. Establishment and administration of program. (1) A written hazard determination program is hereby established to evaluate chemicals used or produced by the City of LaFollette to determine if they are hazardous or not.

(2) The city administrator shall be responsible for the program.

(3) The fire chief shall be assigned to hazardous chemical evaluation.

(2000 Code, § 4-201)

4-602. Evaluation of chemicals; used or produced, etc.

(1) For chemicals used Material Safety Data Sheets (MSDS) will be used to evaluate whether or not supplied chemicals are hazardous. Chemicals which are health hazards will be designated as such or listed in the hazardous ingredients section.

(2) For chemicals produced, such as intermediate products, welding fumes, carbon monoxide, and wood dust, MSDS's or equivalents will be produced internally or obtained from *1910 1200 Hazard Communication*, (d) and (g).

(3) Chemicals for which there is scientifically valid evidence that it a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive are considered hazardous, and defined as physical hazards.

(4) Chemicals found in the following publications will automatically be considered as health hazards:

(a) 29 CFR 1910, Subpart Z. "Toxic and Hazardous Substances," (OSHA);

(b) "Threshold Limit Values and Biological Exposure Indices," (latest edition), American Conference of Governmental Industrial Hygienists (ACGIH); and for chemicals that are carcinogens or potential carcinogens.

(c) (i) National Toxicology Program (NTP), "Annual Report on Carcinogens," (latest edition);

(ii) International Agency for Research on Cancer (IARC), "Monographs," (latest edition);

(iii) 29 CFR 1910, Subpart Z, "Toxic and Hazardous Substances," Occupational Safety and Health Administrations.

(5) For other chemicals produced and/or used, statistically scientific evidence will be identified and evaluated in accordance with the criteria set

forth in Appendices A and B of the Hazard Communication Standard. (2000 Code, § 4-202)

CHAPTER 3

WRITTEN HAZARD COMMUNICATION PROGRAM

SECTION

4-301. Establishment of program.

4-302. Administration; communication and implementation.

4-301. Establishment of program. A written hazard communication program is hereby established to communicate information concerning the location, uses and dangers of hazardous chemicals to employees and citizens. (2000 Code, § 4-701)

4-302. Administration; communication and implementation. The city administrator is responsible for the communication and implementation of the following requirements of the program to employees:

(1) Labels and other forms of warning. Labels and other forms of warning for each incoming hazardous chemical will be inspected for compliance with section (f) of the standard, and to ensure that proper forms of warning are posted. For hazardous chemicals produced within the plant or workshop (such as carbon monoxide and welding products), warnings will be posted if the situation demands (a written justification).

(2) Material Safety Data Sheets (MSDS). MSDS for each hazardous chemical to which employees are or may be exposed, will be obtained and made readily available according to the requirements of section (g) of the Standard. For new chemicals, MSDS will be made available prior to use. For hazardous chemicals produced internally, a MSDS may be used or developed to satisfy the physical and health hazard communication requirements. All incoming MSDS will be checked for accuracy.

(3) Employee information and training. (a) Information and training as required by section (h) of the standard will be provided to all employees at the time of initial assignment, whenever a new hazard is introduced into their work areas, or for any existing hazard.

(b) Required information will be obtained from sources which include those listed in Appendix C of the standard.

(c) Employees will be trained to be able to recall fundamental health and physical hazards associated with the specific chemicals to which they are exposed.

(d) Training will utilize such aids and methods as recommended by TOSHA.

(4) Hazardous chemicals list. The hazardous chemicals list shall be based on a format recommended by TOSHA.

(5) Methods used to inform employees of the hazards of non-routine tasks. Employees involved in non-routine tasks (such as tank cleaning and

maintenance) will be informed of the hazards involved, and trained at specific training sessions so as to ensure awareness of required information.

(6) Methods used to inform contractor employers. Contractors who may be exposed to hazardous chemicals will be informed both verbally and by means of an information sheet, as to hazards involved, at a meeting before any work is accomplished. (2000 Code, § 4-702)

CHAPTER 4**PERSONNEL POLICIES****SECTION**

4-401. Employee handbook and personnel policies.

4-401. Employee handbook and personnel policies.¹ The City of LaFollette Employee Handbook and Personnel Policies (and any amendments thereto) are adopted by reference herein as if copied verbatim. (2000 Code, § 4-801)

¹A copy of the City of LaFollette Employee Handbook and Personnel Policies is of record in the office of the city recorder. It is available for review during regular business hours.

CHAPTER 5**CIVIL RIGHTS COMPLIANCE MANUAL**¹**SECTION**

4-501. Adoption by reference.

4-501. Adoption by reference. (1) The attachment to the ordinance codified herein, Title VI Compliance Manual for the City of LaFollette, Tennessee, shall be adopted in its entirety by reference.

(2) The following statement shall be deemed as the City of LaFollette's title VI policy statement: "It is the policy of the City of LaFollette to ensure that no citizen shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." (Ord. #2012-06, Jan. 2013)

¹The compliance manual is available for public inspection in the office of the city recorder.

CHAPTER 6

INFECTIOUS DISEASE POLICY

SECTION

- 4-601. Purpose.
- 4-602. Coverage.
- 4-603. Administration.
- 4-604. Definitions.
- 4-605. Policy statement.
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- 4-607. Hepatitis B vaccinations.
- 4-608. Reporting potential exposure.
- 4-609. Hepatitis B virus post-exposure management.
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- 4-613. Training high risk employees.
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- 4-615. Records and reports.
- 4-616. Legal rights of victims of communicable diseases.

4-601. Purpose. It is the responsibility of the city to provide employees a place of employment which is free from recognized hazards that may cause death or serious physical harm. In providing services to the citizens of the city, employees may come in contact with life-threatening infectious diseases which can be transmitted through job related activities. It is important that both citizens and employees are protected from the transmission of diseases just as it is equally important that neither is discriminated against because of basic misconceptions about various diseases and illnesses.

The purpose of this policy is to establish a comprehensive set of rules and regulations governing the prevention of discrimination and potential occupational exposure to Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV), and Tuberculosis (TB). (Ord. #2014-05, Oct. 2014)

4-602. Coverage. (1) Occupational exposures may occur in many ways, including needle sticks, cut injuries or blood spills.

(2) Several classes of employees are assumed to be at high risk for blood-borne infections due to their routinely increased exposure to body fluids from potentially infected individuals.

(3) Those high risk occupations include but are not limited to:

- (a) Paramedics and emergency medical technicians;
- (b) Occupational nurses;

- (c) Housekeeping and laundry workers;
- (d) Police and security personnel;
- (e) Firefighters;
- (f) Sanitation and landfill workers; and
- (g) Any other employee deemed to be at high risk per this policy and an exposure determination. (Ord. #2014-05, Oct. 2014)

4-603. Administration. This infection control policy shall be administered by the mayor or his designated representative who shall have the following duties and responsibilities:

- (1) Exercise leadership in implementation and maintenance of an effective infection control policy subject to the provisions of this chapter, other ordinances, the city charter, and federal and state law relating to OSHA regulations;
- (2) Make an exposure determination for all employee positions to determine a possible exposure to blood or other potentially infectious materials;
- (3) Maintain records of all employees and incidents subject to the provisions of this chapter;
- (4) Conduct periodic inspections to determine compliance with the infection control policy by municipal employees;
- (5) Coordinate and document all relevant training activities in support of the infection control policy;
- (6) Prepare and recommend to the board of mayor and city council any amendments or changes to the infection control policy;
- (7) Identify any and all housekeeping operations involving substantial risk of direct exposure to potentially infectious materials and shall address the proper precautions to be taken while cleaning rooms and blood spills; and
- (8) Perform such other duties and exercise such other authority as may be prescribed by the board of mayor and aldermen. (Ord. #2014-05, Oct. 2014)

4-604. Definitions. (1) "Body fluids." Fluids that have been recognized by the Centers for Disease Control as directly linked to the transmission of HIV and/or HBV and/or to which universal precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses.

(2) "Exposure." The contact with blood or other potentially infectious materials to which universal precautions apply through contact with open wounds, non-intact skin, or mucous membranes during the performance of an individual's normal job duties.

(3) "Hepatitis B Virus (HBV)." A serious blood-borne virus with potential for life-threatening complications. Possible complications include: massive hepatic necrosis, cirrhosis of the liver, chronic active hepatitis, and hepatocellular carcinoma.

(4) "Human Immunodeficiency Virus (HIV)." The virus that causes acquired immunodeficiency syndrome (AIDS). HIV is transmitted through sexual contact and exposure to infected blood or blood components and perinatally from mother to neonate.

(5) "Standard precautions" refers to a system of infectious disease control which assumes that every direct contact with body fluid is infectious and requires every employee exposed to direct contact with potentially infectious materials to be protected as though such body fluid were HBV or HIV infected.

(6) "Tuberculosis (TB)." An acute or chronic communicable disease that usually affects the respiratory system, but may involve any system in the body. (Ord. #2014-05, Oct. 2014, modified)

4-605. Policy statement. All blood and other potentially infectious materials are infectious for several blood-borne pathogens. Some body fluids can also transmit infections. For this reason, the Center for Disease Control developed the strategy that everyone should always take particular care when there is a potential exposure. These precautions have been termed "standard precautions."

Universal precautions stress that all persons should be assumed to be infectious for HIV and/or other blood-borne pathogens. Universal precautions apply to blood, tissues, and other potentially infectious materials. Universal precautions also apply to semen, (although occupational risk or exposure is quite limited), vaginal secretions, and to cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Universal precautions do not apply to feces, nasal secretions, human breast milk, sputum, saliva, sweat, tears, urine, and vomitus unless these substances contain visible blood. (Ord. #2014-05, Oct. 2014, modified)

4-606. General guidelines. General guidelines which shall be used by everyone include:

(1) Think when responding to emergency calls and exercise common sense when there is potential exposure to blood or other potentially infectious materials which require universal precautions;

(2) Keep all open cuts and abrasions covered with adhesive bandages which repel liquids;

(3) Soap and water kill many bacteria and viruses on contact. If hands are contaminated with blood or other potentially infectious materials to which universal precautions apply, then wash immediately and thoroughly. Hands shall also be washed after gloves are removed even if the gloves appear to be intact. When soap and water or handwashing facilities are not available, then use a waterless antiseptic hand cleaner according to the manufacturers recommendation for the product;

(4) All workers shall take precautions to prevent injuries caused by needles, scalpel blades, and other sharp instruments. To prevent needle stick

injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items shall be placed in puncture resistant containers for disposal. The puncture resistant container shall be located as close as practical to the use area;

(5) The city will provide gloves of appropriate material, quality and size for each affected employee. The gloves are to be worn when there is contact (or when there is a potential contact) with blood or other potentially infectious materials to which universal precautions apply:

(a) While handling an individual where exposure is possible;

(b) While cleaning or handling contaminated items or equipment; and

(c) While cleaning up an area that has been contaminated with one of the above.

Gloves shall not be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration. Employees shall not wash or disinfect surgical or examination gloves for reuse.

(6) Resuscitation equipment shall be used when necessary. (No transmission of HBV or HIV infection during mouth-to-mouth resuscitation has been documented.) However, because of the risk of salivary transmission of other infectious diseases and the theoretical risk of HIV or HBV transmission during artificial resuscitation, bags shall be used. Pocket mouth-to-mouth resuscitation masks designed to isolate emergency response personnel from contact with a victims' blood and blood contaminated saliva, respiratory secretion, and vomitus, are available to all personnel to provide or potentially provide emergency treatment;

(7) Masks or protective eyewear or face shields shall be worn during procedures that are likely to generate droplets of blood or other potentially infectious materials to prevent exposure to mucous membranes of the mouth, nose, and eyes. They are not required for routine care;

(8) Gowns, aprons, or lab coats shall be worn during procedures that are likely to generate splashes of blood or other potentially infectious materials;

(9) Areas and equipment contaminated with blood shall be cleaned as soon as possible. A household (chlorine) bleach solution (one (1) part chlorine to ten (10) parts water) shall be applied to the contaminated surface as a disinfectant leaving it on for a least thirty (30) seconds. A solution must be changed and re-mixed every twenty-four (24) hours to be effective;

(10) Contaminated clothing (or other articles) shall be handled carefully and washed as soon as possible. Laundry and dish washing cycles at one hundred twenty degrees (120°) are adequate for decontamination;

(11) Place all disposable equipment (gloves, masks, gowns, etc.) in a clearly marked plastic bag. Place the bag in a second clearly marked bag (double bag). Seal and dispose of by placing in a designated "hazardous" dumpster.

NOTE: Sharp objects must be placed in an impervious container and shall be properly disposed of;

(12) Tags shall be used as a means of preventing accidental injury or illness to employees who are exposed to hazardous or potentially hazardous conditions, equipment or operations which are out of the ordinary, unexpected or not readily apparent. Tags shall be used until such time as the identified hazard is eliminated or the hazardous operation is completed.

All required tags shall meet the following criteria.

(a) Tags shall contain a signal word and a major message. The signal word shall be "BIOHAZARD," or the biological hazard symbol. The major message shall indicate the specific hazardous condition or the instruction to be communicated to employees.

(b) The signal word shall be readable at a minimum distance of five feet (5') or such greater distance as warranted by the hazard.

(c) All employees shall be informed of the meaning of the various tags used throughout the workplace and what special precautions are necessary.

(13) Linen soiled with blood or other potentially infectious materials shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen. All soiled linen shall be bagged at the location where it was used. It shall not be sorted or rinsed in the area. Soiled linen shall be placed and transported in bags that prevent leakage.

The employee responsible for transported soiled linen should always wear protective gloves to prevent possible contamination. After removing the gloves, hands or other skin surfaces shall be washed thoroughly and immediately after contact with potentially infectious materials.

(14) Whenever possible, disposable equipment shall be used to minimize and contain clean-up. (Ord. #2014-05, Oct. 2014)

4-607. Hepatitis B vaccinations. The city shall offer the appropriate Hepatitis B vaccination to employees at risk of exposure free of charge and in amounts and at times prescribed by standard medical practices. The vaccination shall be voluntarily administered. High risk employees who wish to take the HBV vaccination should notify their department head who shall make the appropriate arrangements through the infectious disease control coordinator. (Ord. #2014-05, Oct. 2014)

4-608. Reporting potential exposure. (1) City employees shall observe the following procedures for reporting a job exposure incident that may put them at risk for HIV or HBV infections (i.e., needle sticks, blood contact on broken skin, body fluid contact with eyes or mouth, etc.):

(a) Notify the infectious disease control coordinator of the contact incident and details thereof;

(b) Complete the appropriate accident reports and any other specific form required; and

(c) Arrangements will be made for the person to be seen by a physician as with any job-related injury.

(2) Once an exposure has occurred, a blood sample should be drawn after consent is obtained from the individual from whom exposure occurred and tested for Hepatitis B surface Antigen (HBsAg) and/or antibody to Human Immunodeficiency Virus (HIV antibody). Testing of the source individual should be done at a location where appropriate pretest counseling is available. Post-test counseling and referral for treatment should also be provided. (Ord. #2014-05, Oct. 2014)

4-609. Hepatitis B virus post-exposure management. (1) For an exposure to a source individual found to be positive for HBsAg, the worker who has not previously been given the hepatitis B vaccine should receive the vaccine series. A single dose of Hepatitis B Immune Globulin (HBIG) is also recommended, if it can be given within seven (7) days of exposure.

(2) For exposure from an HBsAg-positive source to workers who have previously received the vaccine, the exposed worker should be tested for antibodies to Hepatitis B surface antigen (anti-HBs), and given one (1) dose of vaccine and one (1) dose of HBIG if the antibody level in the worker's blood sample is inadequate (i.e., ten (10) SRU by KIA, negative by EIA).

(3) If the source individual is negative for HBsAg and the worker has not been vaccinated, this opportunity should be taken to provide the hepatitis B vaccine series. HBIG administration should be considered on an individual basis when the source individual is known or suspected to be at high risk of HBV infection. Management and treatment, if any, of previously vaccinated workers who receive an exposure from a source who refuses testing or is not identifiable should be individualized. (Ord. #2014-05, Oct. 2014)

4-610. Human immunodeficiency virus post-exposure management. For any exposure to a source individual who has AIDS, who is found to be positive for HIV infection, or who refuses testing, the worker should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within twelve (12) weeks after the exposure. Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection.

Following the initial test at the time of exposure, seronegative workers should be retested six (6) weeks, twelve (12) weeks, and six (6) months after exposure to determine whether transmission has occurred. During this follow-up period (especially the first six to twelve (6-12) weeks after exposure) exposed workers should follow the U.S. Public Health Service recommendation for

preventing transmission of HIV. These include remaining from blood donations and using appropriate protection during sexual intercourse. During all phases of follow-up, it is vital that worker confidentiality be protected.

If the source individual was tested and found to be seronegative, baseline testing of the exposed worker with follow-up testing twelve (12) weeks later may be performed if desired by the worker or recommended by the health care provider. If the source individual cannot be identified, decisions regarding appropriate follow-up should be individualized. Serologic testing should be made available by the city to all workers who may be concerned they have been infected with HIV through an occupational exposure. (Ord. #2014-05, Oct. 2014)

4-611. Disability benefits. Entitlement to disability benefits and any other benefits available for employees who suffer from on-the-job injuries will be determined by the Tennessee Workers' Compensations Bureau in accordance with the provisions of *Tennessee Code Annotated*, § 50-6-303. (Ord. #2014-05, Oct. 2014)

4-612. Training regular employees. On an annual basis, all employees shall receive training and education on precautionary measures, epidemiology, modes of transmission and prevention of HIV/HBV infection and procedures to be used if they are exposed to needle sticks or potentially infectious materials. They shall also be counseled regarding possible risks to the fetus from HIV/HBV and other associated infectious agents. (Ord. #2014-05, Oct. 2014)

4-613. Training high risk employees. In addition to the above, high risk employees shall also receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and understand the concept of "standard precautions" as it applies to their work situation. They shall also be trained about the meaning of color coding and other methods used to designate contaminated material. Where tags are used, training shall cover precautions to be used in handling contaminated material as per this policy. (Ord. #2014-05, Oct. 2014, modified)

4-614. Training new employees. During the new employee's orientation to his job, all new employee will be trained on the effects of infectious disease prior to putting them to work. (Ord. #2014-05, Oct. 2014)

4-615. Records and reports. (1) Reports. Occupational injury and illness records shall be maintained by the infectious disease control coordinator. Statistics shall be maintained on the OSHA-200 report. Only those work-related injuries that involve loss of consciousness, transfer to another job, restriction of work or motion, or medical treatment are required to be put on the OSHA-200.

(2) Needle sticks. Needle sticks, like any other puncture wound, are considered injuries for record-keeping purposes due to the instantaneous nature of the event. Therefore, any needle stick requiring medical treatment (i.e. gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) shall be recorded.

(3) Prescription medication. Likewise, the use of prescription medication (beyond a single dose for minor injury or discomfort) is considered medical treatment. Since these types of treatment are considered necessary, and must be administered by physician or licensed medical personnel, such injuries cannot be considered minor and must be reported,

(4) Employee interviews. Should the city be inspected by the U.S. Department of Labor Office of Health Compliance, the compliance safety and health officer may wish to interview employees. Employees are expected to cooperate fully with the compliance officers. (Ord. #2014-05, Oct. 2014)

4-616. Legal rights of victims of communicable diseases. Victims of communicable diseases have the legal right to expect, and municipal employees, including police and emergency service officers are duty bound to provide, the same level of service and enforcement as any other individual would receive.

(1) Officers assume that a certain degree of risk exists in law enforcement and emergency service work and accept those risks with their individual appointments. This holds true with any potential risks of contacting a communicable disease as surely as it does with the risks of confronting an armed criminal.

(2) Any officer who refuses to take proper action in regard to victims of a communicable disease, when appropriate protective equipment is available, shall be subject to disciplinary measures along with civil and/or criminal prosecution.

(3) Whenever an officer mentions in a report that an individual has or may have a communicable disease, he shall write "contains confidential medical information" across the top margin of the first page of the report.

(4) The officer's supervisor shall ensure that the above statement is on all reports requiring that statement at the time the report is reviewed and initiated by the supervisor.

(5) The supervisor disseminating newspaper releases shall make certain the confidential information is not given out to the news media.

(6) All requests (including subpoenas) for copies of reports marked "contains confidential medical information" shall be referred to the city attorney when the incident involves an indictable or juvenile offense.

(7) Prior approval shall be obtained from the city attorney before advising a victim of sexual assault that the suspect has, or is suspected of having a communicable disease.

(8) All circumstance, not covered in this policy, that may arise concerning releasing confidential information regarding a victim, or suspected victim, of a communicable disease shall be referred directly to the appropriate department head or city attorney.

(9) Victims of a communicable disease and their families have a right to conduct their lives without fear of discrimination. An employee shall not make public, directly or indirectly, the identity of a victim or suspected victim of a communicable disease.

(10) Whenever an employee finds it necessary to notify another employee, police officer, firefighter, emergency service officer, or health care provider that a victim has or is suspected of having a communicable disease, that information shall be conveyed in a dignified, discrete and confidential manner. The person to whom the information is being conveyed should be reminded that the information is confidential and that it should not be treated as public information.

(11) Any employee who disseminates confidential information in regard to a victim, or suspected victim of a communicable disease in violation of this policy shall be subject to serious disciplinary action and/or civil and/or criminal prosecution. (Ord. #2014-05, Oct. 2014)