

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

1. SOCIAL SECURITY.
2. PERSONNEL REGULATIONS.
3. OCCUPATIONAL SAFETY AND HEALTH PROGRAM.
4. INFECTIOUS DISEASE CONTROL POLICY.
5. PUBLIC RECORDS POLICY.

**CHAPTER 1****SOCIAL SECURITY****SECTION**

- 4-101. Policy and purpose as to coverage.
- 4-102. Necessary agreements to be executed.
- 4-103. Withholdings from salaries or wages.
- 4-104. Appropriations for employer's contributions.
- 4-105. Records and reports.

**4-101. Policy and purpose as to coverage.** It is hereby declared to be the policy and purpose of this town to provide for all eligible employees and officials of the town, whether employed in connection with a governmental or proprietary function, the benefits of the system of federal old age and survivors insurance. In pursuance of said policy, and for that purpose, the town shall take such action as may be required by applicable state and federal laws or regulations. (1975 Code, § 1-701)

**4-102. Necessary agreements to be executed.** The mayor is hereby authorized and directed to execute all the necessary agreements and amendments thereto with the state executive director of old age insurance, as agent or agency, to secure coverage of employees and officials as provided in the preceding section. (1975 Code, § 1-702)

**4-103. Withholdings from salaries or wages.** Withholdings from the salaries or wages of employees and officials for the purpose provided in the first section of this chapter are hereby authorized to be made in the amounts and at such times as may be required by applicable state or federal laws or regulations, and shall be paid over to the state or federal agency designated by said laws or regulations. (1975 Code, § 1-703)

**4-104. Appropriations for employer's contributions.** There shall be appropriated from available funds such amounts at such times as may be required by applicable state or federal laws or regulations for employer's contributions, and the same shall be paid over to the state or federal agency designated by said laws or regulations. (1975 Code, § 1-704)

**4-105. Records and reports.** The recorder shall keep such records and make such reports as may be required by applicable state and federal laws or regulations. (1975 Code, § 1-705)

**CHAPTER 2****PERSONNEL REGULATIONS****SECTION**

4-201. Personnel rules and regulations.

**4-201. Personnel rules and regulations.** Personnel rules and regulations of the Town of Spring City shall be governed by Ord. #2009-07, titled "Personnel Rules and Regulations, Town of Spring City," and any amendments thereto.<sup>1</sup>

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<sup>1</sup>Ord. #2009-07, and any amendments thereto, are published as separate documents and are of record in the office of the recorder.

## CHAPTER 3

### OCCUPATIONAL SAFETY AND HEALTH PROGRAM

#### SECTION

- 4-301. Title.
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- 4-303. Coverage.
- 4-304. Standards authorized.
- 4-305. Variances from standards authorized.
- 4-306. Administration.
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**4-301. Title.** This chapter shall be known as "The Occupational Safety and Health Program Plan" for the employees of the Town of Spring City. (1975 Code, § 1-901, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-04, Dec. 2013, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

**4-302. Purpose.** The Town of Spring City 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. (1975 Code, § 1-902, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-04, Dec. 2013, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

**4-303. Coverage.** The provisions of the occupational safety and health program plan for the employees of the Town of Spring City shall apply to all employees of each administrative department, commission, board, division, or other agency whether part-time or full-time, seasonal or permanent. (1975 Code, § 1-903, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-04, Dec. 2013, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

**4-304. Standards authorized.** The occupational safety and health standards adopted by the Town of Spring City 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). (1975 Code, § 1-904, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-04, Dec. 2013, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

**4-305. 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. (1975 Code, § 1-905, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-04, Dec. 2013, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

**4-306. Administration.** For the purposes of this chapter, Jason Yuhas 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. (1975 Code, § 1-906, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-04, Dec. 2013, Ord. #2019-02, Jan. 2019 *Ch10\_2-6-20*, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

**4-307. Funding the program.** Sufficient funds for administering and staffing the program plan pursuant to this chapter shall be made available as authorized by the Town of Spring City. (1975 Code, § 1-907, as replaced by Ord. #28-03, Aug. 2003, Ord. #2013-03, Dec. 2013, and Ord. #2021-04, April 2021 *Ch11\_11-02-23*)

## CHAPTER 4

### INFECTIOUS DISEASE CONTROL POLICY

#### SECTION

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**4-401. Purpose.** It is the responsibility of the Town of Spring 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 Town of Spring 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. #226, July 1992)

**4-402. Coverage.** Occupational exposures may occur in many ways, including needle sticks, cut injuries or blood spills. 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. Those high risk occupations include but are not limited to:

- (1) Paramedics and emergency medical technicians;
- (2) Occupational nurses;

- (3) Housekeeping and laundry workers;
- (4) Police and security personnel;
- (5) Firefighters;
- (6) Sanitation and landfill workers; and
- (7) Any other employee deemed to be at high risk per this policy and an exposure determination. (Ord. #226, July 1992)

**4-403. Administration.** This infection control policy shall be administered by the mayor or his/her 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 town 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 commissioners any amendments or changes to the infection control policy;
- (7) Identify any and all housekeeping operations involving substantial risk of direct exposure to body fluids 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 commissioners. (Ord. #226, July 1992)

**4-404. Definitions.** (1) "Body fluids" - fluids that have been recognized by the Center 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 body fluids 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) "Tuberculosis (TB)" - an acute or chronic communicable disease that usually affects the respiratory system, but may involve any system in the body.

(6) "Universal 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 body fluids to be protected as though such body fluid were HBV or HIV infected. (Ord. #226, July 1992)

**4-405. Policy statement.** All blood and body fluids are potentially infectious for several blood-borne pathogens and 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 "universal 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 body fluids which contain visible blood. 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. #226, July 1992)

**4-406. 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 body fluids 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 body fluids 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 town 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 body fluids to which universal precautions apply:

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

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

(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 body fluids 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 body fluids.

(9) Areas and equipment contaminated with blood shall be cleaned as soon as possible. A household (chlorine) bleach solution (1 part chlorine to 10 parts water) shall be applied to the contaminated surface as a disinfectant leaving it on for a least 30 seconds. A solution must be changed and re-mixed every 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 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 (5) feet 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 body fluids 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 body fluids.

(14) Whenever possible, disposable equipment shall be used to minimize and contain clean-up. (Ord. #226, July 1992)

**4-407. Specific guidelines for town departments.** (1) Fire and emergency medical services. These guidelines apply to fire and emergency medical services. This includes structural fire fighters, paramedics, emergency medical technicians, and advanced life support personnel. Fire and emergency medical services personnel are engaged in the delivery of medical care in the prehospital setting. The following guidelines are intended to assist these personnel in making decisions concerning use of personal protective equipment and resuscitation equipment, as well as for decontamination, disinfection, and disposal procedures.

(a) Appropriate personal protective equipment shall be made available routinely by the town to reduce the risk of exposure as defined above. For many situations, the chance that the rescuer will be exposed to blood and other body fluids can be determined in advance. Therefore, if the chances of being exposed to blood is high (e.g. CPR, IV insertion,

trauma, delivering babies, etc...), the employee shall put on protective attire before beginning patient care.

(b) Disposable gloves shall be a standard component of emergency response equipment, and shall be donned by all personnel prior to initiating any emergency patient care tasks involving exposure to blood or other body fluids. Extra pairs shall always be available. For situations where large amounts of blood are likely to be encountered, it is important that gloves fit tightly at the wrist to prevent blood contamination of hands around the cuff. For multiple trauma victims, gloves should be changed between patient contacts, if the emergency situation allows.

Greater personal protective equipment measures are indicated for situations where broken glass and sharp edges are likely to be encountered, such as extricating a person from an automobile wreck. Structural fire-fighting gloves that meet the Federal OSHA requirements for fire-fighters' gloves shall be worn in any situation where sharp or rough surfaces are likely to be encountered.

While wearing gloves, avoid handling personal items, such as combs and pens, that could become soiled or contaminated. Gloves that have become contaminated with blood or other body fluids should be removed as soon as possible, taking care to avoid skin contact with the exterior surface. Contaminated gloves shall be placed and transported in bags that prevent leakage and shall be disposed of properly. Reusable gloves shall be cleaned and disinfected immediately.

(c) Masks, eyewear, and gowns shall be present on all emergency vehicles that respond or potentially respond to medical emergencies or victim rescues. These protective barriers shall be used in accordance with the level of exposure encountered. Minor lacerations or small amounts of blood do not merit the same extent of barrier use as required for exsanguinating victims of massive arterial bleeding.

Management of the patient who is not bleeding, and who has no bloody body fluids present, should not routinely require use of barrier precautions. Masks and eyewear shall be worn together, or a faceshield shall be used by all personnel prior to any situation where splashes of blood or other body fluids are likely to occur. Gowns or aprons shall be worn to protect clothing from splashes with blood. If large splashes or quantities of blood are present or anticipated, impervious gowns or aprons shall be worn. An extra change of work clothing should also be available at all times.

(d) Disposable resuscitation equipment and devices shall be used once and disposed of or, if reusable, thoroughly cleaned and disinfected after each use. Mechanical respiratory assist devices such as bag-valve masks or oxygen demand valve resuscitators shall be available on all emergency vehicles and to all emergency response personnel who

respond or potentially respond to medical emergencies of victim rescues. Pocket mouth-to-mouth resuscitation masks designed to isolate emergency response personnel from contact with a victims' blood and blood contaminated saliva, respiratory secretions and vomitus shall be provided to all personnel who provide or potentially provide-emergency treatment.

(2) Law enforcement and security officers. Law enforcement officers and Security personnel may face the risk-of exposure to blood during the conduct of their duties. There is an extremely diverse range of potential situations which may occur in the control of persons with unpredictable, violent, or psychotic behaviors. Therefore, informed judgment of the individual officer is paramount when unusual circumstance or events arise.

The following guidelines are intended to serve as an adjunct to rational decision making in those situations where specific guideline do not exist, particularly where immediate action is required to preserve life or prevent significant injury.

(a) Law enforcement and security personnel are exposed to a range of assaultive and disruptive behavior through which they may potentially become exposed to blood or other body fluids containing blood. Behaviors of particular concern are biting, attacks resulting in blood exposure, and attacks with sharp objects. Such behavior may occur in a range of law enforcement situations including arrests, routine interrogations, domestic disputes, and lockup operations.

Hand-to-hand combat may result in bleeding and may thus incur a greater chance for blood-to-blood exposure.

In all cases, extreme caution must be used in dealing with suspects if there is any indication of assaultive or combative behavior. When blood is present and a suspect is combative or threatening to staff, gloves should always be put on as soon as conditions permit. In case of blood contamination of clothing, an extra change of clothing should be available at all times.

(b) Law enforcement personnel should also be concerned about infection through the administration of cardiopulmonary resuscitation. Protective masks or airways shall also be available to officers and provided with the proper training in their use.

(c) An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the, circumstances at hand, should determine if a suspect or prisoner-should empty his/her own pockets or if the officer should use his own skills in determining the contents of a suspect's clothing. When a search is warranted the following guidelines shall be used:

(i) A safe distance should always be maintained between the officer and the suspect.

(ii) Protective gloves should be worn if exposure to blood is likely to be encountered.

(iii) Protective gloves should be used for all body cavity searches.

(iv) If cotton gloves are to be worn when working with evidence of potential latent fingerprints value at the crime scene, they can be worn over protective disposable gloves when exposure to blood may occur.

(v) Always carry a flashlight, even during the daylight shifts, to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search under car seats.

(vi) If searching a purse, carefully empty contents directly from the purse, by turning it upside down over a table.

(vii) Use puncture-proof containers to store sharp instruments and clearly mark plastic bags to store other possibly contaminated items.

(viii) To avoid tearing loves, use evidence tape instead of metal staples to seal evidence.

(ix) When possible evidence items should be air dried before sealing in plastic.

(d) Officers and crime scene technicians may confront unusual hazards, especially when the crime scene involves violent behavior, such as a homicide where large amounts of blood are present. Protective gloves shall be available and worn in this setting. In addition, for very large spills, consideration should be given to other protective clothing such as overalls, aprons, boots, or protective shoe covers. They should be changed if torn or soiled, and always removed prior to leaving the scene. While wearing gloves, avoid handling personal items, such as combs and pens, that could become soiled or contaminated.

(e) Face masks and eye protection or a face shield are required for laboratory and evidence technicians whose jobs entail potential exposure to blood via a splash to the face, mouth, nose, or eyes. Airborne particles of dried blood may be generated when a stain is scraped.

(f) While processing the crime scene, personnel should be alert for the presence of sharp objects such as hypodermic needles, knives, razors, broken glass, nails, or other sharp objects.

(g) For detectives, investigators, evidence technicians, and others who may have to touch or remove a body, the response should be the same as for situations requiring CPR or first aid;

(i) Wear gloves and cover all cuts and abrasions to create a barrier and carefully wash all exposed areas after any contact with blood.

(ii) The precautions to be used with blood and deceased persons should also be used when handling amputated limbs, hands, or other body parts.

(h) Protective masks and eyewear, laboratory coats, gloves, and waterproof aprons should be worn when performing or attending all autopsies. All autopsy materials should be considered infectious for both HIV and HOV. Onlookers with an opportunity for exposure to blood splashes should be similarly protected.

(3) Housekeeping and sanitation. All places of employment, passageways, storerooms, and service rooms shall be kept clean and orderly and in a sanitary condition. When a blood or body fluid spill occurs, one of the following disinfecting techniques shall be used:

(a) A chemical germicide that is approved for use as a hospital disinfectant shall be used.

(b) A product registered by the Environmental Protection Agency as being effective against HIV shall be used.

(c) A solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

Any receptacle used for decaying or rotten solids or liquid waste or refuse shall be so constructed that it does not leak and may be thoroughly cleaned and maintained in a sanitary condition. Such a receptacle shall be equipped with a solid, tight-fitting cover, unless it can be maintained in a sanitary condition with a cover.

All sweeping, solid or liquid wastes, refuse, and garbage shall be removed in such a manner to avoid creating a menace to health and as often as necessary or appropriate to maintain the place of employment in a sanitary condition. (Ord. #226, July 1992)

**4-408. Hepatitis B vaccinations.** The Town of Spring 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. #226, July 1992)

**4-409. Reporting potential exposure.** Town 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...):

(1) Notify the Infectious Disease Control Coordinator of the contact incident and details thereof.

(2) Complete the appropriate accident reports and any other specific form required.

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

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. #226, July 1992)

**4-410. Hepatitis B virus post-exposure management.** 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.

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 dose of vaccine and one dose of HBIG if the antibody level in the worker's blood sample is inadequate (ie., 10 SRU by RIA, negative by EIA).

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. #226, July 1992)

**4-411. 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 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 6 weeks, 12 weeks, and 6 months after exposure to determine whether transmission has occurred. During this follow-up period (especially the first 6 - 12 weeks after exposure) exposed workers should follow the U.S. Public Health service recommendation for preventing transmission of HIV. These include refraining 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 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 town to all workers who may be concerned they have been infected with HIV through an occupational exposure. (Ord. #226, July 1992)

**4-412. 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 Worker's Compensations Bureau in accordance with the provisions of T.C.A. § 50-6-303. (Ord. #226, July 1992)

**4-413. 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 body fluids. They shall also be counseled regarding possible risks to the fetus from HIV/HBV and other associated infectious agents. (Ord. #226, July 1992)

**4-414. 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 "universal 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. #226, July 1992)

**4-415. Training new employees.** During the new employee's orientation to his/her job, all new employee will be trained on the effects of infectious disease prior to putting them to work. (Ord. #226, July 1992)

**4-416. 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 recordkeeping 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 town 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. #226, July 1992)

**4-417. 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 town attorney when the incident involves an indictable or juvenile offense.

(7) Prior approval shall be obtained from the town 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 town 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. #226, July 1992)

CHAPTER 5

**PUBLIC RECORDS POLICY**

**SECTION**

4-501. Public records policy for the Town of Spring City.

4-502. Deleted.

**4-501. Public records policy for the Town of Spring City.**<sup>1</sup> The Town of Spring City adopts its public records policy by reference, as if set out fully herein. (as added by Ord. #2010-03, June 2010 and replaced by Ord. #2017-05, June 2011 *Ch10\_2-6-20*)

**4-502. Deleted.** (as added by Ord. #2010-03, June 2010 and deleted by Ord. #2017-05, June 2011 *Ch10\_2-6-20*)

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<sup>1</sup>The Public Records Policy for the Town of Spring City (Ord. #2017-05, June 2017), including attachments and amendments thereto, may be found in the office of the recorder.