

TITLE 4

MUNICIPAL PERSONNEL¹

CHAPTER

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2. OCCUPATIONAL SAFETY AND HEALTH PROGRAM.
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CHAPTER 1

PERSONNEL SYSTEM

SECTION

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4-101. Purpose. The purpose of this chapter is to establish a system of personnel administration in the Town of Dover that is based on merit and fitness. The system shall provide means to select, develop, and maintain an effective municipal work force through the impartial application of personnel rules and regulations free from personal and political considerations and regardless of race, color, sex, age, creed, national origin or physically impaired condition. (Ord. #212-92, Oct. 1992)

4-102. Coverage. All offices and positions of the municipal government are divided into the classified service and the exempt service. The classified service shall include all regular full-time and regular part-time positions in the town's service unless specifically placed in the exempt service. All offices and positions of the municipal government placed in the exempt service are as follows:

¹See Ordinance Number 231-95 (May 1995) of record in the office of the recorder for amendments to the Social Security Agreement by and between the Town of Dover, Tennessee, and the State Old Age and Survivors Insurance Agency.

- (1) All elected officials.
- (2) Members of appointed boards and commissions.
- (3) Consultants, advisers, and legal counsel rendering temporary professional service.
- (4) Town attorney.
- (5) Independent contractors.
- (6) Persons employed by the municipality for not more than six (6) months during a fiscal year.
- (7) Part-time employees paid by the hour of the day, and not considered regular.
- (8) Volunteer personnel appointed without compensation.
- (9) Town judge if other than the city administrator/city recorder.

All employment positions of the municipal government not expressly exempted from coverage by this section shall be subject to the provisions of the town charter. (Ord. #212-92, Oct. 1992)

4-103. Administration of the personnel system. The personnel system shall be administered by the city administrator, who shall have the following duties and responsibilities:

- (1) Exercise leadership in developing an effective personnel administration system subject to provisions in this chapter, other ordinances, the town charter, and federal and state laws relating to personnel administration.
- (2) Establish policies and procedures for the recruitment, appointment, and discipline of all employees of the municipality subject to those policies as set forth in this chapter, the town charter and the municipal code.
- (3) Fix and establish the number of employees in the various municipal government departments and offices and determine the duties, authority, responsibility, and compensation in accordance with the policies as set forth in the town charter and code, and subject to the approval of the board of mayor and alderman and budget limitations.
- (4) Foster and develop programs for the improvement of employee effectiveness, including training, safety, and health.
- (5) Maintain records of all employees subject to the provisions of this chapter of the town code which shall include each employee's class, title, pay rates, and other relevant data.
- (6) Make periodic reports to the board of mayor and aldermen regarding the administration of the personnel system.
- (7) Recommend to the board of mayor and aldermen a position classification plan, and install and maintain such a plan upon approval by the board.
- (8) Prepare and recommend to the board of mayor and alderman a pay plan for all municipal government employees.

(9) Develop and administer such recruiting programs as may be necessary to obtain an adequate supply of competent applicants to meet the employment needs of the municipal government.

(10) Be responsible for certification of payrolls.

(11) Perform such other duties and exercise such other authority in personnel administration as may be prescribed by law and the board of mayor and aldermen. (Ord. #212-92, Oct. 1992)

4-104. Personnel rules and regulations. The city administrator shall develop rules and regulations necessary for the effective administration of the personnel system. The board of mayor and aldermen shall adopt the rules presented to them by the city administrator. Amendments to the rules and regulations may be made at any time and shall be made in accordance with the procedure below. Nothing in the Personnel Rules and Regulations (Personnel Handbook) shall be deemed to give an employee any more property rights in their job than may be given by the town charter. (Ord. #212-92, Oct. 1992)

4-105. Personnel records. The city administrator shall maintain adequate records of the employment record of every employee as specified herein. All medical records shall be kept in a separate confidential file for each employee. (Ord. #212-92, Oct. 1992)

4-106. Right to contract for special services. The board of mayor and aldermen may direct the city administrator to contract with any competent agency for the performance of such technical services in connection with the establishment of the personnel system or with its operation as may be deemed necessary. (Ord. #212-92, Oct. 1992)

4-107. Discrimination. No person in the classified service or seeking admission thereto, shall be employed, promoted, demoted, or discharged, or in any way favored or discriminated against because of political opinions or affiliations, or because of race, color, creed, national origin, sex, ancestry, age, religious belief, or disability. (Ord. #212-92, Oct. 1992)

4-108. Amendments. Amendments or revisions of these rule may be recommended for adoption by the city administrator. Such amendments or revisions of these rules shall become effective after approval by the board of mayor and aldermen. (Ord. #212-92, Oct. 1992)

CHAPTER 2

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

SECTION

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4-201. Title. This chapter shall be known as "The Occupational Safety and Health Program Plan" for the employees of the Town of Dover. (1985 Code, § 1-801, as replaced by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

4-202. Purpose. The Town of Dover 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. (1985 Code, § 1-802, as replaced by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

4-203. Coverage. The provisions of the Occupational Safety and Health Program Plan for the employees of the Town of Dover shall apply to all employees of each administrative department, commission, board, division, or other agency whether part-time or full-time, seasonal or permanent. (1985 Code, § 1-803, as replaced by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

4-204. Standards authorized. The Occupational Safety and Health standards adopted by the Town of Dover 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 1972.¹ (1985 Code, § 1-804, as replaced by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

4-205. Variations 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, Variations 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. (as added by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

4-206. Administration. For the purposes of this chapter, public works director or other person as appointed by Dover Town Council is designated as the safety director of occupational safety and health to perform duties and to

¹State law reference

Tennessee Code Annotated, title 50, chapter 3.

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. (as added by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

4-207. 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 Dover. (as added by Ord. #287-03, Feb. 2003, and Ord. #386-13, Sept. 2013)

CHAPTER 3

TRAVEL REGULATIONS¹

SECTION

4-301. Travel regulations established.

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4-301. Travel regulations established. Authorization for travel will not be reimbursed unless the travel is made and reimbursements claimed in accordance with this chapter and any approved exceptions thereto. (1985 Code, § 1-1001)

4-302. Travel regulations enumerated. (1) Travel may not be undertaken unless it is authorized in advance by proper authority. Claims for reimbursement for travel expenses shall be submitted no later than thirty (30) days after completion of the travel. Claims submitted after this period must provide written explanation for the delay.

(2) Approved travel is on the basis of reimbursement for the necessary business expenses incurred subject to the limitations set forth herein. Receipts are required for all items or fares.

(3) Travel must be by the most direct route possible, and any individual traveling by an indirect route must assume any extra expense incurred thereby.

(4) The limits on travel expenses set forth herein are maximum amounts above which reimbursements cannot be made. Employees, when traveling, shall be as conservative as circumstances permit.

(5) Expenses of books, supplies, postage and other items that do not constitute actual traveling expenses shall not be made a part of the travel claim.

(6) Officials and employees shall make use of town-owned vehicles whenever available. If the employee chooses not to utilize town vehicle when available then the employee shall be reimbursed at half the standard Internal Revenue Service mileage allowance. Town owned vehicles shall be used only on official business. If the town owned vehicle is not available, the employee will be reimbursed the standard Internal Revenue Service mileage allowance.

(7) When transportation is by town-owned vehicle, the necessary repair bills, tolls, parking, gasoline and storage expenses are allowable. In the use of personally-owned vehicles, the authorized mileage allowance includes all

¹This chapter reflects the contents of travel regulations adopted by the town on June 11, 1984.

operating expenses such as gas, oil and repairs, precluding any separate claim for such items.

(8) Excepting employees who have been authorized to use personal cars in the daily performance of their duties and/or to whom town-owned vehicles are not available, the use of personally-owned vehicles in travel shall be restricted to cases when town-owned vehicles are not available.

(9) If a personally-owned vehicle has been authorized in the daily performance of duties, employees shall be reimbursed at the standard Internal Revenue Service mileage allowance.

(10) Reimbursement for actual expenses for lodging will be on the following basis: The minimum charge for lodging charged by the host hotel of any meeting, school, conference or convention shall be the maximum amount allowed for lodging. However, in no instance will reimbursement be made for an amount greater than the actual expense of lodging. Baggage handling fees will be allowed up to \$2.00.

(11) The cost of meals while on official travel for the Town of Dover, Tennessee shall be reimbursed at the prevailing federal rate for the State of Tennessee and as published each year by MTAS. In some instances the reimbursement for meals may be for actual expense. This method requires the approval of the mayor or the mayor's designee and all receipts must be submitted with the claim for reimbursement.

(12) Expenditures for entertainment (employee or others), laundry, valet service, theatre, etc., are personal charges and will not be allowed.

(13) Charges for long distance telephone calls on official business will be allowed provided a statement is furnished indicating the date, name and location called.

(14) Charges for automobile rental shall not be allowed unless specific written authorization is secured in advance. Charges for insurance coverage for rental automobiles are not reimbursable costs.

(15) Necessary charges for parking will be allowed. Receipts must be furnished on all parking charges.

(16) Unnecessary meals and lodging expenses which are occasioned by the use of an automobile for reasons of the employee's personal convenience, or which are due to travel by an indirect route, will not be allowed.

(17) Registration fees for approved conferences, conventions, seminars, meetings, etc., will be allowed including cost of official banquets and/or luncheons provided advance approval is secured from the board of mayor and aldermen. However, no separate claim for the corresponding meal will be allowed when a banquet or luncheon is claimed.

(18) All signatures on a travel claim must be original. No stamped signatures will be permitted.

(19) For those employees who receive honorariums for appearing at meetings the following rules shall apply:

(a) The trip must have been approved by the board of mayor and aldermen.

(b) The employee may, at his option, accept the honorarium as full reimbursed according to applicable travel regulations in effect at the time of the trip.

(20) Reimbursement of actual expenses for meals and related cost shall be allowed when acting as host to guest of the town or other official business functions provided for the purpose and the event are shown on the claim for expense reimbursement. Receipts or other satisfactory evidence of payment must be attached to the claim.

Authority granted by paragraph (20) may be delegated by the mayor to members of the board or to employees provided such delegation of authority is in writing and accompanies any claim for reimbursement. The propriety of such expenses shall be left solely to the discretion of the mayor. All reimbursement claimed under this authority shall be clearly identified and a special report submitted with each reimbursement request showing the total expenditures of this nature which have been made in the fiscal year. A copy of this report shall be maintained by the recorder's office. (1985 Code, § 1-1002, as amended by Ord. #365-10, Dec. 2010, Ord. #376-12, Aug. 2012, and Ord. #404-15, Jan. 2016)

4-303. Exceptions. The mayor shall have the authority to grant exceptions from any part or all of these rules and regulations when he deems it appropriate or necessary. (1985 Code, § 1-1003)

CHAPTER 4

INFECTIOUS DISEASE CONTROL POLICY

SECTION

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4-401. Purpose. It is the responsibility of the Town of Dover 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 Dover, 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. #214-92, 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 infectious material 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 employees deemed to be at high risk per this policy and an exposure determination. (Ord. #214-92, July 1992)

4-403. Administration. This Infection Control policy shall be administered by the Infectious Disease Control Coordinator who shall be appointed by the board of mayor and aldermen and who shall have the following duties and responsibility:

- (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 the 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 Aldermen 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. #214-92, 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 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) "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 potentially infectious materials to be detected as though such body fluid were HBV or HIV infected. (Ord. #214-92, July 1992)

4-405. 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 "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 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. #214-92, 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 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;

(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. Employee 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 (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 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 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. #214-92, July 1992)

4-407. Hepatitis B vaccinations. The Town of Dover shall offer the appropriate Hepatitis B Vaccination to employee at risk of exposure free of charge and in amounts 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. #214-92, July 1992)

4-408. 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 (ie., 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. #214-92, July 1992)

4-409. 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. #214-92, July 1992)

4-410. 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 city to all workers who may be concerned they have been infected with HIV through an occupational exposure. (Ord. #214-92, July 1992)

4-411. Disability benefits. Entitlement to disability benefits and 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. #214-92, July 1992)

4-412. 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 material. They shall also be counseled regarding possible risks to the fetus from HIV/HBV and other associated infectious agents. (Ord. #214-92, July 1992)

4-413. 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 as per this policy. (Ord. #214-92, July 1992)

4-414. 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. #214-92, July 1992)

4-415. Records and reports. (1) Reports. Occupational injury and illness records shall be maintained by the Infectious Disease Control Coordinator. Statistics shall be maintain 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 (ie. 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. #214-92, July 1992)

4-416. 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 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 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. #214-92, July 1992)