

Ordinance #121

An ordinance to establish an infectious disease control policy for all employees of the Town of Ashland City, Tennessee and for all volunteer firemen associated with the Ashland City Fire Department.

Section I - General Information

A. Purpose. It is the responsibility of the Town of Ashland City to provide a place of employment which is free of recognized hazards that may cause death or serious physical harm. In providing services to the citizens of the Town of Ashland 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. It is equally important that neither experiences discrimination due to 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 both discrimination and potential occupational exposure to hepatitis B virus (HBV), the human immunodeficiency virus (HIV) and tuberculosis (TB).

B. 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 exposure to infectious material from potentially infected individuals. Those high risk occupations include but are not limited to:

1. Housekeeping and custodial;
2. Police and Security personnel;
3. Firefighters;
4. Sanitation and Landfill workers; and
5. Any other employee deemed to be at high risk per this policy and an exposure determination.

C. 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 ordinance, other ordinances and federal and state law relating to OSHA regulations;

2. Make an exposure determination for all employee positions to determine possible exposure risk to blood or other potentially infectious materials;

3. Maintain records of all employees and exposure incidents subject to the provisions of the ordinances;

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 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 address the proper precautions to be taken and;

8. Perform such other duties and exercise such other authority as may be prescribed by the Mayor & City Council.

D. Definitions.

1. **Body Fluid:** Fluids that have been recognized by the Center for Disease Control as directly linked to the transmission of HIV and HBV and to which universal precautions apply. These include blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid and concentrated HBV or HIV viruses.

2. **Communicable Disease:** Infectious disease transmitted from person to person through contact with body fluids, inhalation of infected droplets or contact with infected materials.

3. **Exposure:** The contact with body fluids or other potentially infectious materials through contact with open wounds, non-intact skin or mucous membranes during the performance of an individual's normal job duties.

4. **Hepatitis B Virus:** A serious blood-borne pathogen with potential for causing life-threatening complications. Possible complications include massive hepatic necrosis, cirrhosis of the liver, chronic active hepatitis and hepatocellular carcinoma.

5. **Human Immunodeficiency Virus (HIV):** The virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is transmitted through sexual contact and exposure to infected blood or other body fluids and perinatally from mother to neonate.

6. **Tuberculosis (TB):** An acute or chronic communicable

disease that usually affects the respiratory system but may involve any system in the body.

7. 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 potentially infectious materials to be protected as though such materials were HBV or HIV infected.

SECTION II - GENERAL POLICIES AND PROCEDURES

A. Policy Statement. All blood and other potentially infectious materials may contain 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 OTHER BLOOD-BORNE PATHOGENS. Universal precautions apply to blood, tissues and other potentially infectious materials. Universal precautions also apply to semen (although occupational exposure risk 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.

B. General Guidelines. General guidelines to be used by everyone include:

1. Personnel shall think when responding to emergency calls and exercise common sense when there is potential exposure to blood or other infectious materials.

2. Personnel should 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 gloves are contaminated with blood or other potentially infectious materials, wash hands after gloves are removed even if gloves appear to be intact. If soap and water or handwashing facilities are not available, use a waterless antiseptic hand cleaner according to the manufacturer's 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, purposefully bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After use, 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 potential contact with blood or other potentially infectious materials:

- A. While handling an individual where exposure is possible;
- B. While cleaning or handling contaminated items or equipment;
- C. While cleaning a contaminated area.

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 or reuse the gloves.

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 diseases and the theoretical risk of HIV or HBV transmission during artificial resuscitation bag-valve devices shall be used. Pocket masks shall have a one-way valve designed to isolate emergency response personnel from contact with a victim's blood and blood-contaminated saliva, respiratory secretions and vomitus and shall be made available to all personnel who provide or potentially provide emergency treatment.

7. Masks or protective eye wear or face shields shall be worn during procedures 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 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 and left on the surface for at 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 degrees 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 plastic bag (double bag). Seal and dispose of bag by placing in a designated "Hazardous" dumpster. Note: Sharp objects must be placed in a puncture resistant container for proper disposal.

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 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 employees.

B. The signal word shall be readable at a minimum distance of five feet or such greater distance as warranted by the hazard.

C. All employees shall be informed of the meaning of any tags used in the work place and what 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 transporting soiled linen should always wear protective gloves to prevent possible contamination. After removing the gloves hands or other exposed skin surfaces shall be washed immediately and thoroughly after contact with potentially infectious materials.

14. Disposable equipment shall be used whenever possible to minimize contamination and contain cleaning.

Section III - Vaccinations, Testing and Post-exposure Management

A. Hepatitis B Vaccinations. The Town of Ashland City shall offer free of charge the appropriate hepatitis B vaccination to all City employees. This vaccination shall be administered in the amounts and in the time intervals prescribed by standard medical practice. This vaccine shall be voluntarily administered. High risk employees who wish to receive the HBV vaccination shall notify their department head who shall make the appropriate arrangements through the infectious disease control coordinator. Those who

refuse the vaccination must sign a refusal form.

B. Reporting Potential Exposure. 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...):

1. Notify the infectious disease control coordinator of the contact incident and details thereof.

2. Complete the appropriate accident reports and any other forms 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 will be drawn after consent is obtained from the affected individual. The sample will be tested for hepatitis B surface antigen (HBsAG) and the 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.

C. Hepatitis B Virus Post-exposure Management. Once exposure to an HBsAG-positive source individual has occurred the worker who has not previously received 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 administered within seven days of exposure.

Once exposure to an HBsAG-positive source individual has occurred the worker who has previously received the hepatitis B vaccine series should be tested for antibodies to hepatitis B surface antigen (Anti-HBS). The worker should be given a single dose of vaccine and a single dose of HBIG if the antibody level in the worker's blood sample is inadequate (10 SRU by RIA, negative by EIA).

If the source individual is HBsAG-negative and the worker has not been previously vaccinated the worker should now take the opportunity to receive the hepatitis B vaccine series. HBIG administration should be considered on an individual basis when the source individual is known or suspected to be a high risk for HBV. Management and treatment should be individualized for previously vaccinated workers who are exposed to a source individual who refuses testing or is not identifiable.

D. Human Immunodeficiency Virus Post-exposure Management. A worker should be counseled regarding the risk of infection after any exposure to a source individual who has AIDS, who is HIV-positive or refuses testing. The worker should also be 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 weeks of the exposure. Such an illness, especially 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 weeks, twelve weeks and six 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 recommendations for preventing transmission of HIV. These recommendations include refraining from blood donation 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 found to be seronegative baseline testing of the exposed worker with follow-up testing twelve 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 county to all workers who may be concerned about HIV infection through an occupational exposure.

E. Disability Benefits. Entitlement to disability and any other benefits available for employees who suffer from on-the-job injuries will be determined by the Tennessee Workers' Compensation Bureau in accordance with the provisions of T. C. A. 50-6-303.

Section IV - Training

A. Regular Employees. On an annual basis all employees shall receive training and education on precautionary measures, epidemiology, modes of transmission and prevention of HBV/HIV infection and procedures to be used if they are exposed to potentially infectious material. They shall also be counseled regarding possible risks to the fetus from HBV/HIV and other associated infectious agents.

B. High Risk Employees. In addition to the above, high risk employees shall receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and the concept of Universal Precautions as it applies to their work situation. They shall also receive training in the meaning of color coding and other methods used to designate contaminated material as well as precautions to be used in handling contaminated material.

C. New Employees. All new employees will receive orientation training on infectious disease control prior to working.

Section V - Records and Reports

A. 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 included on the OSHA-200.

B. 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 (gamma globulin, HBIG, hepatitis B vaccine, etc.) shall be recorded.

C. Prescription Medication. The use of prescription medication beyond a single dose for minor injury or discomfort is considered medical treatment. Since this treatment is considered necessary and must be administered by a physician or licensed medical personnel, such injuries cannot be considered minor and must be reported.

D. Employee Interviews. Should the county 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 compliance officers.

Section IV - 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.

A. 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 risk of contracting a communicable disease as surely as it does with the risks of confronting an armed criminal.

B. Any officer who refuses to take proper action regarding victims of communicable disease when appropriate protective equipment is available shall be subject to disciplinary measures along with civil and/or criminal prosecution.

C. 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.

D. The officer's supervisor shall ensure the above statement is on all reports requiring so at the time the report is reviewed and initialed by the supervisor.

E. The supervisor disseminating newspaper releases shall make certain the confidential information is not released to the news media.

F. All requests, including subpoenas, for copies of reports marked "contains confidential medical information" shall be referred to the county attorney when the incident involves an indictable or a juvenile offense.

G. 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.

H. All circumstances not covered in this policy that may arise concerning the release of confidential information regarding a victim or suspected victim of a communicable disease shall be referred directly to the appropriate department head or City attorney.

I. Victims of 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 of a communicable disease.

J. 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 conveyed should be reminded the information is confidential and that it should not be treated as public information.

K. Any employee who disseminates confidential information regarding 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 criminal prosecution.

Section VII - Amendments, Repeals and Effective Date

A. Amendments. Amendments or revisions of these rules may be recommended for adoption by any elected official or department head. Such amendments or revisions of these rules shall be by ordinance and shall become effective after public hearing and approval by the governing body.

B. Repeal. If any provision of this ordinance, or if any policy or order thereafter or the application of any provision to any person or circumstance is held invalid, the remainder of the ordinance and the application of the provisions of this ordinance or of the policy or order to persons or circumstances other than those to which it is held invalid shall not be affected thereby.

C. Effective Date. This ordinance shall take effect twenty

days from and after its first passage or upon final passage,
whichever is later, the public welfare requiring it.

Passed 1st reading 9-13-94

Passed 2nd reading 10-11-94

Mary Grey Jenkins
Mayor, Town of Ashland City

Attest: Demitra O'Neal
City Recorder