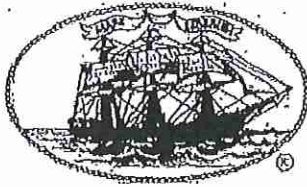


### **Arrest/Conviction Policy**

Any temporary/seasonal employee, coach, or volunteer having been detained, summoned, or arrested in any jurisdiction for any criminal offense, or any motor vehicle offense, wherein the penalty may call for incarceration, must notify, in writing, the Recreation Director within two (2) business days thereof, and such individual will be subject to immediate suspension of working in any New London Recreation Program pending the disposition of such proceeding. Failure to notify the Recreation Director within two (2) business days by an employee of the New London Recreation Department Programs will result in the immediate and permanent removal from working for the City of New London Recreation Department. Any individual with a drug conviction within the past five (5) years of date of the application will not be able to work for any New London Recreation Department Program. No one other than employees and volunteers who have had a background check are allowed to work in our programs.

Any party aggrieved by the above, may, within ten (10) days after having been detained, summoned or arrested, or after his/her application was denied because of a previous drug conviction, appeal the suspension action set forth above to Personnel Department for review. The Personnel Department shall determine such appeal within sixty (60) days thereafter and shall notify the applicant of its findings.



## City of New London

Department of Recreation

120 Broad Street • New London, CT 06320 • Phone (860) 447-5230 • Fax (860) 447-7956

These are the guidelines that the City of New London has in place for background checks for all volunteers. If a background check comes back from **First Advantage Background Services Corp** with any of the following, you will not be able to volunteer for any programs affiliated with the City of New London. Background checks will be enforced for the protection of our youth.

1. Felony convictions for the past five years.
2. Misdemeanor convictions for the past two years
3. Anyone convicted for crimes against children would be prohibited from the application.
4. Serious motor vehicle offenses would be addressed with #1 and #2.
5. Intentional misrepresentation by an applicant during the screening process would preclude them from participating with youth activities.
6. After the initial application, those that continue to work with youth must notify the Recreation Department (immediately) of any convictions that would preclude them from participating as spelled out in #1-#5.
7. Appeals shall be brought before a City staff representative appointed by the City Mayor.

Appendix G  
(Tab 8)

**SEXUAL HARASSMENT POLICY**

It is the policy of the City of New London to prohibit harassment of one employee by another employee or supervisor on the basis of sex. The purpose of this policy is not to regulate employees' personal morality. It is to assure that no employee harasses another using one's authority to solicit subordinates for sexual favors, or making submission either implicitly or explicitly, a term or condition of employment. Likewise, solicitation, insults, comments, verbal or physical advances or other sexually offensive activity between fellow employees or from the public to employees will not be tolerated.

A. Sexual Harassment is a violation of Title VII of the Civil Rights Act of 1964 and the Connecticut General Statutes. Sexual harassment is generally defined under both state and federal laws as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where:

- Submission to such conduct is made either explicitly or implicitly a term or condition of any individual's employment; or

- Submission to or rejection of such conduct by any individual is used as the basis for employment decision affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

B. Type of Sexual Harassment

1. Verbal: Includes sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, threats;
2. Non-verbal: Includes sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling, obscene gestures;
3. Physical: Unwanted physical contact, including touching, pinching, brushing the body, coerced sexual intercourse, assault.

Sexual harassment may be overt or subtle. Some behavior which is appropriate in a social setting may not be appropriate in the workplace. But whatever form

it takes, verbal, non-verbal or physical, sexual harassment can be insulting and demeaning to the recipient and cannot be tolerated in the workplace.

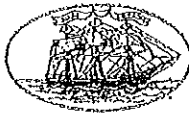
Complaint Procedure:

To insure timely investigation, any employee who believes he or she has been the subject of sexual harassment or has observed sexual harassment of another City employee, should report the alleged act within 60 days to the department head, Affirmative Action Coordinator or Assistant City Manager but must report it within 180 days for an investigation to take place. The Affirmative Action Coordinator is primarily responsible for conducting investigations of such allegations. In the event that the employee is uncomfortable, for any reason, with discussing the matter with the Affirmative Action Coordinator, the employee should contact the City Manager, Assistant City Manager or any other department head with whom he/she is comfortable discussing the matter. Said representative will then, at the employee's request, personally initiate the investigation.

All complaints will be handled in a timely and confidential manner and will be resolved within 30 days, when possible, and extended at the discretion of the Affirmative Action Coordinator. Investigation of such matters will usually entail conferring with involved parties and any named or apparent witnesses.

Disciplinary Action:

If any investigation reveals that the complaint is valid, prompt action will be taken to attempt to stop the harassment immediately and prevent its recurrence. Violation of this policy by City employees will not be permitted, and may result in discipline up to and including discharge.



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## HARASSMENT AND DISCRIMINATION POLICY

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\* Supersedes Sexual Harassment Policy of 1998

Effective Date: July 2008

Authorized: *Martin H. Redman*

### POLICY OVERVIEW:

The purpose of the Harassment and Discrimination Policy is to enhance employee safety and workplace well-being and to foster excellence by maintaining a professional, productive environment. All employees, appointees, and elected officials have a responsibility for maintaining high standards of honesty, integrity, impartiality and conduct to assure proper business performance and to maintain the public trust. Harassment and discrimination violates those standards.

The City will not tolerate verbal or physical conduct by any employee, appointee, or elected official:

- that discriminates against any co-workers, visitors, or others associated with the City, on the basis of any legally protected status,
- or that harasses, disrupts or interferes with another's work performance,
- or which creates an intimidating, offensive or hostile working environment.

Discrimination or harassment can take many forms. It may be, but is not limited to: words, conduct, adverse job action, signs, jokes, pranks, intimidation, physical contact, or violence. While all forms of discrimination and harassment based on an individual's legally protected status are prohibited, including but not limited to any adverse job action or intimidation based on race, color, age, religion, gender, national origin, disability status, marital or civil union party status, veteran's status or sexual orientation, it is the City's policy to emphasize that sexual harassment is illegal and prohibited by both state and federal law.

As an additional protection to employees, the City maintains the same standard for visitors, vendors and outside agents who conduct business with City employees or who participate in activities run by City employees. Those individuals must conduct themselves appropriately as well; any actions of harassment or discrimination will not be tolerated.

### PROVISIONS:

In order to maintain a work organization that is free from any form of sexual harassment, the City puts all employees, appointees, and elected officials on notice that sexual harassment is unacceptable conduct. Specifically, it is contrary to the City's policies for any employee, appointee or elected official to sexually harass another by:

- making sexual conduct a condition of an employee's continued employment; or



- using an employee's submission or rejection of such conduct as the basis for making employment decisions (e.g., promotions, raises); or
- creating a work environment in which conduct of a sexual nature substantially interferes with an individual's work performance or creates an atmosphere intimidating, hostile or offensive to employees.

Although not an inclusive list, the following are examples of the type of conduct prohibited by the policy against sexual harassment:

- Sexual advances, propositions or flirtations;
- Attention of a sexual nature such as degrading comments, suggestive or lewd remarks, propositions, jokes, tricks or noises;
- Hugs, touches, kisses;
- Requests for sexual favors;
- The threat or suggestion that continued employment, advancement, assignment or earnings depend on whether or not the employee will submit to or tolerate harassment;
- Retaliation for complaining about sexual harassment.

All employees, appointees, and elected officials are further advised that sexually explicit or sexually offensive material has no place within the City's facilities. Such material may not be posted, displayed, or even possessed within the facility. Possession of such material, even if it is not posted or publicly displayed, unless specifically required by the employee's work assignment, will be considered a violation of City policy and will subject the individual to disciplinary action.

### **Reporting of Harassment or Discrimination**

Any employee, appointee, or elected official who believes that the actions or words of a supervisor, fellow employee, appointee, elected official or any outside party in the workplace constitute unwelcome harassment or unlawful discrimination has a responsibility to report such conduct or immediately complain to his or her immediate supervisor should his/her direct requests that the conduct cease be ignored. If an individual is uncomfortable raising his or her complaint with someone to whom s/he reports, or if the complaint involves someone in his or her direct line of command, then that employee should bring a complaint to the department head, the Personnel Coordinator and/or the City Manager.

Confidentiality at the time of reporting the incident will be preserved to the maximum extent possible. However, all allegations of unlawful harassment and discrimination must be investigated promptly. In this regard, the reporting individual, the alleged harasser or discriminator and any other individuals aware of the incident are required to treat this information in a confidential manner.

The City will take prompt action upon the receipt of a complaint of unlawful harassment or discrimination. Such complaint will be investigated by the Personnel Coordinator or a professional designee. Any employee determined to have committed unlawful harassment or discrimination will be subject to appropriate disciplinary action, up to and including discharge.



The City will not tolerate any retaliation against an employee who files a complaint of unlawful harassment or discrimination. However, if it is determined that any employee made false accusations of harassment or discrimination, then that employee will be subject to appropriate disciplinary action, up to and including discharge.

It is the intent of the City of New London to commit itself to the highest standards of professional behavior and courtesy in its workforce. The City expects of all employees, appointees, and elected officials to work together to foster an environment free from harassment and discrimination.

## **Mandatory Reporting POLICY and PROCEDURE**

Anytime a child indicates to you they are being abused (verbally or physically) it is your mandatory responsibility to report this incident.

- ❖ This involves coming to the Rec. Dept. to fill out confidential forms (do not discuss the incident with co-workers).
- ❖ Tell your supervisor that you need to report an incident. If your schedule allows it, please report to the office immediately following the program but before 4PM when the office closes. If your schedule doesn't allow for you to come after your shift, leave the site and come to the office before your shift is over. Make sure you clear this with your supervisor and the safety of the children at your site is secured.
- ❖ The office has special forms that need to be filled out and faxed over to DCF so they can further investigate the situation. If there is any question about the severity of what a child is telling you, please call the office and speak to a program manager, Sharon, or Tommie. Please make sure you are in a location to speak privately about the situation and NOT near any other children or staff.



CITY OF NEW LONDON  
CONNECTICUT

ZERO TOLERANCE POLICY ON WORKPLACE VIOLENCE

The City of New London maintains a zero tolerance policy on violence in the workplace. Any violent act is strictly prohibited. Participating in, provoking or otherwise contributing to any violent act in the workplace including, but not limited to abuse, assault, battery, threats and/or harassment will result in severe disciplinary action up to and including discharge.

Dated: 6/6/78

  
Richard M. Brown, City Manager

## **EMERGENCY ACTION PLAN**

**In the event of an emergency situation, the following procedures are provided for your benefit. Please be sure to carry rubber gloves/first aid kit with you at all times.**

### **A Missing Child**

Prevention is the key, be sure to pre-plan. Always have a designated safety meeting point depending on the location of the activity. Make sure everyone from staff to program participants knows where that is should they become separated from the group.

If a child is missing:

- REMAIN CALM.
- Have all program participants gather at the safety point.
- Verify the absence by having two different program supervisors perform a head count to double check the total.
- If a participant is missing, have two Program Supervisors stay with the program participants at the safety point. One Program Supervisor should notify the facility management, have the child paged and contact the Department of Recreation. The remaining Program Supervisors should search for the missing participant. Do not take too long. Communicate via cell phone, if possible, as to status with remaining supervisors.
- If after an intensive search, the participant has not been found, contact the Police Department. Be sure to give them a complete description of the person, age, height, hair color, clothing and name.

### **A Medical Emergency**

- Call 911 (life threatening situations)
- Notify the Department of Recreation office at 860-447-5230; give your name, location of the accident and the nature of the problem. This information is vital and essential. Be sure to tell the office staff to contact your supervisor. This will bring needed authority to the accident. A judgment will be made to control or restrict the area and to call for additional emergency assistance if necessary.
- Remain calm. Help is only seconds away. You as the Program Supervisors are looked upon for leadership by our program participants. Showing panic only encourages others to do so. Management and first aid have a two-way communication and are geographically spaced so they can be dispatched to the location of the emergency within seconds after you place your call.
- Make the person involved as comfortable as possible. Use common sense. Do not move the person unless they are in immediate danger. Administer first aid yourself, if needed or wait for the professionals.
- Limit the number of Program Supervisors responding to the incident. Remember, someone needs to be supervising the other participants and someone should be waiting to direct the emergency response team to the accident.
- Stand by until help arrives. Do not let a crowd gather, disperse on-lookers by reassuring then everything is under control and help is on the way. Follow instructions your Supervisor/first aid staff may give.

- An accident report must be completed and sent to City Hall within 24 hours.
- Do not voice your opinion as to the cause and result of an accident except to your Supervisor. Refer all questions to management.
- If the area is contaminated with blood or bodily fluids, it must be cleaned with a bleach/water mixture (1-part bleach to 10 parts water). Tell the Program Manager immediately if this condition exists and section off the area until it is cleaned.
- When working with young people and an emergency occurs, they frequently have questions and valid concerns in relation to the event. Use this as an opportunity to educate them on safety, proper health etiquette and the emergency response systems, such as 911, police and fire departments.

### **A Fire**

- Call 911
- Assist the program participants in an orderly exit. Move everyone away from the building or fire area. Be sure everyone is accounted for once outside.
- Obtain the nearest fire extinguisher and attempt to contain the fire, if possible. Remember, we are concerned with your safety as well as our program participants. Use good judgment and learn the location of the exits and fire extinguishers in your work area.
- Call the Department of Recreation office at 860-447-5230; give your location and the location of the fire. Remain calm





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## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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- Supersedes Bloodborne Pathogens Plan of June, 1992

Effective Date: Immediate (June, 2010)

Authorized: \_\_\_\_\_

### POLICY OVERVIEW:

The City of New London is committed to providing a safe and healthful work environment for all employees. In pursuit of this endeavor, the following exposure control plan (ECP) is designed to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

All Departments of the City with employees who may have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices outlined in this plan. Existing or newly developed plans for Public Safety employees, while dedicated to the specific service of the Department, must contain substantially the same provisions *at a minimum*, to ensure compliance with the Standard. This written program will be available in each affected Division and in the Personnel Office for review by any interested employee.

### PROVISIONS:

This program covers all employees who, as the result of performing the duties of their job, could be reasonably anticipated to face contact with blood or other potentially infectious materials ("OPIM").

- "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

The hazard of exposure can be minimized or eliminated by the use of a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, signs and labels, and other provisions. To ensure such steps are taken, this plan includes the following areas:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Procedures for evaluating circumstances surrounding an exposure incident



- Communication of hazards to employees and training
- Recordkeeping

#### Program Responsibilities:

The Personnel Coordinator or, once hired, the Risk Manager is responsible for the implementation of the exposure control plan (ECP), and will maintain, review, and update the ECP at least annually or whenever necessary to include new or modified tasks and procedures.

Each affected Department Head will ensure the maintenance and provision of all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Department Head and/or each Division Head will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Each affected Division Head will be responsible for working with Personnel to ensure that all medical actions required are performed; the Personnel Coordinator will see that appropriate employee health and OSHA records are maintained.

The Department Head and/or /Division Head, together with Personnel and/or the Risk Manager will be responsible for training, documentation of training, and making the written ECP available to employees and Conn-OSHA representatives.

Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

#### Employee Exposure Determination:

In order to comply with government regulations, the City must have a complete inventory of all job classifications in the City in which all employees have occupational exposure (e.g. Police Officer or Firefighter) as well as a complete inventory of all job classifications in which some employees have occupational exposure (e.g. Public Works Maintainer III).

This master inventory will be maintained in Personnel or in the Risk Manager's Office, along with the required master inventory of all hazardous materials used in the City. Employees holding those positions must receive the training, protective equipment, vaccination, and other matters required by the OSHA standard. Employees will be advised of the requirements that apply to them by their Division Heads. Appendix A provides a standard form to be used for compiling a Department or Division inventory.

#### Methods of Control:

The City's Exposure Control Plan includes a combination of engineering and work practice controls as well as Personal Protective Equipment requirements.

- 1) All City employees will observe the basic rule of exposure control known as "universal precautions." It requires that all body fluids shall be considered potentially infectious materials.
- 2) The engineering controls for this OSHA standard include but are not limited to: puncture-resistant sharps containers, splash guards, mechanical pipetting, and self-sheathing needles. The engineering controls currently in place will be examined and maintained or replaced on a regular basis to ensure their effectiveness.
- 3) Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or OPIM. Standard procedures, adopted by the City include:
  - a. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure.
  - b. Handwashing facilities are readily accessible to all affected employees and all workstations. Hands and other affected skin areas must be washed with soap and water after removing gloves or other PPE as soon as possible after contact with body fluids or OPIM.
  - c. All PPE must be appropriate to the potentially infection condition and used in accordance with the guidelines in Section 4.
- 4) Personal Protective Equipment (PPE) is a method of control that is provided to our employees at no cost to them. PPE is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials, in accordance with OSHA regulations; the type and characteristics will depend upon the task and degree of exposure anticipated. PPE is to be used, as appropriate, when there is a potential for exposure to blood or other potentially infectious materials. Many such items are accompanied by written warnings, directions or instructions. These must be observed. General Rules for the provision and use of PPE include the following:
  - a. PPE is considered "appropriate" only if it does not permit blood or OPIM to pass through, to, or reach the employees work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use --and for the duration of time which the protective equipment will be used.
  - b. Training is provided by the employee's supervisor or Division Head in the use of the appropriate PPE for the tasks or procedures the employees will perform. Each supervisor must also ensure that his/her subordinate employees use appropriate PPE.
  - c. Appropriate PPE in the appropriate size will be readily accessible at the worksite or will be issued to the employee who is to use it. Where required by the Standard, the Department will be responsible for cleaning, laundering, and/or disposing of PPE or garments and shall repair or replace such PPE as needed in order to maintain its effectiveness. (*Contaminated garments and PPE shall be removed immediately or as soon as feasible.*)

- d. Employees are required to wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
    - i. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
    - ii. Never wash or decontaminate disposable gloves for reuse.
  - e. Employees must wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
    - i. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
  - f. Employees must wash hands immediately or as soon as feasible after removal of gloves or other PPE.
  - g. All PPE shall be removed prior to leaving the work area and it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 5) Housekeeping Practices require that all work areas be maintained in a clean and sanitary condition at all times. An appropriate cleaning/decontamination schedule shall be adopted - and followed - for all rooms or spaces where body fluids are present. Schedules shall be as frequent as necessary depending on the area, the type of surface to be cleaned, and the amount and type of soil present. Additionally:
- a. Custodians and/or affected employees must wear appropriate PPE including general-purpose utility gloves during all cleaning of blood or other potentially infectious materials and during decontaminating procedures.
    - i. Initial, immediate clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.
    - ii. All equipment and environmental and working surface shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
    - iii. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as brush and dust pan, tongs, or forceps
  - b. Additionally, with regard to ambulance and/or medical equipment, contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious



materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

- i. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- ii. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and closed prior to removal to prevent spillage or protrusion of contents during handling.
- iii. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color coded appropriately.
- iv. Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.
- v. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

c. For Laundering, the following practices and requirements must be adhered to:

- i. Employees must wear appropriate PPE when handling and/or sorting contaminated laundry:
- ii. Employees must handle contaminated laundry as little as possible, with minimal agitation;
- iii. Wet contaminated laundry must be placed in leak-proof, labeled or color-coded containers designated for this purpose before transport.

### Hepatitis B Vaccination:

The hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-ups, is available at no cost to all employees whose jobs involve the risk of direct contact with blood or other potentially infectious material. Each such employee shall be vaccinated unless he/she specifically declines.

- 1) The Department or Division Head will ensure that each affected employee understands the safety, benefits, efficacy, methods of administration, and availability.
- 2) Vaccination is encouraged unless:
  - a. documentation exists that the employee has previously received the series,
  - b. antibody testing reveals that the employee is immune, or
  - c. medical evaluation shows that vaccination is contraindicated.
- 3) Vaccination arrangements will be made by the Personnel Department upon request of the Department or Division Head, and should be completed within ten days of the employee's initial assignment to a position with potential exposure hazard.
- 4) Following the medical evaluation for vaccination, a copy of the health care professional's written opinion will be provided to the employee. It will be limited to whether the employee

requires the hepatitis vaccine, and whether the vaccine was administered.

- 5) If an employee chooses to decline vaccination, the employee must sign a declination form. Documentation of refusal of the vaccination should be forwarded to Personnel and

maintained in the employee's medical file, with a copy maintained in the employee's Departmental file.

- 6) Employees who decline may request and obtain the vaccination at a later date at no cost.

#### Post Exposure Evaluation and Follow Up:

The rules for handling exposure incidents are prescribed in subsections (f)(3) through (f)(6) of the OSHA standard, 29 C.F.R. 1910.1030(f)(3)-(6). Those rules will be strictly observed. They include the following:

- 1) Immediately following a report of an exposure incident, a confidential medical evaluation and follow-up shall be made. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed by the medical professional, with assistance from the employee's supervisor or Division Head:
  - a. Documenting the routes of exposure and how the exposure occurred
  - b. Identifying and documenting of the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
  - c. Obtaining consent and making arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; documenting that the source individual's test results were conveyed to the employee's health care provider.
    - i. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
  - d. Assuring that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
  - e. After obtaining consent, the exposed employee's blood will be collected as soon as feasible after exposure incident, and tested blood for HBV and HIV serological status.
  - f. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- g. When medically indicated, there shall be post-exposure treatment and follow-up as recommended by the US Public Health Service; as well as Counseling; and Evaluation of reported illnesses.
- h. A copy of the evaluating healthcare professional's written opinion identifying the employee's fit for duty status, shall be sent to Personnel (copy to Risk Management and the Department Head) within 15 days of the completion of the evaluation.
  - i. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
  - ii. All other finding or diagnoses shall remain confidential and shall not be included in the written report.
- i. Medical records required by the OSHA Bloodborne Pathogens standard shall be maintained in the Personnel Office and in accordance with the requirements of the OSHA standard on Access to Employee Exposure and Medical Records, 29 C.F.R. '1910.20.

In evaluating the circumstances surrounding an exposure incident, the Department Head and the Division Head together will review the circumstances of all exposure incidents to determine:

- 1) the engineering controls in use at the time
- 2) the work practices followed
- 3) the device being used (including description, type and brand)
- 4) the protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- 5) the location of the incident
- 6) the procedure or operation being performed when the incident occurred
- 7) the employee's training

If it is determined that procedural revisions need to be made or the employee retrained, the Division Head will ensure that appropriate changes are made to the work process and/or that the employee receives retraining prior to resuming such work.

#### Communication of Hazards:

The immediate supervisor or Division Head will ensure that warning labels or tags that comply with 29 C.F.R. '1910.145(f) are used to identify the presence of an actual or potential biological hazard. They shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. (Red bags or red containers may be substituted for labels).

- 1) Regulated waste that has been decontaminated need not be labeled or color-coded.
- 2) The word and message must be understandable to all employees who may be exposed to the identified hazard.



- 3) All employees shall be informed of the meaning of the various labels, tags, and the color-coding system

### Employee Training:

All employees with occupational exposure must participate in a training program which will be provided at no cost to affected employees during normal working hours. This training will be offered at the time of initial assignment to tasks where occupational exposure may take place.

- 1) Annual training for all employees shall be provided within one year of their previous training.
- 2) Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used and the training program shall contain at a minimum the following elements:

- 1) An accessible copy of the regulatory text of the OSHA bloodborne pathogens standard and an explanation of its contents;
- 2) A general explanation of the epidemiology and symptoms of bloodborne diseases;
- 3) An explanation of the modes of transmissions of bloodborne pathogens;
- 4) A copy of and explanation of the City's Exposure Control Plan.
- 5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.;
- 6) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- 7) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- 8) An explanation of the basis for selection of PPE.;
- 9) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- 10) Information on the appropriate actions to take and person to contact in an emergency involving blood or other potentially infectious materials;

- 11) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- 12) Information on the post-exposure, evaluation and follow-up that we are required to provide for the employee following an exposure incident;
- 13) An explanation of the signs and labels and/or color coding required by the OSHA bloodborne pathogens standard and Part VIII of our Exposure Control Plan; and
- 14) An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the particular work place that the training will address. The Department and Division Heads are responsible for ensuring that employees are properly trained, however the Personnel Coordinator and/or the Risk Manager are available to assist with locating approved training resources.

#### Recordkeeping:

All training records shall be maintained for 3 years from the date on which the training occurred and must be made available upon request to OSHA and NIOSH as well as employee representatives, in accordance with 29 C.F.R. '1910.20, the OSHA records-access standard. Training records will include the following:

- 1) The dates of training sessions;
- 2) The contents or a summary of training program, including the trainers name and qualifications; and
- 3) The names of all persons attending the training session.

The medical records that will be maintained will include any medical records relative to the employee's ability to receive vaccination, a record of the Hepatitis B vaccination status (with dates) the results of any examinations, testing results and follow-up procedures, as well as a copy of the health care professional's written opinion and a copy of the information that we provided to the health care professional (if any), and a copy of the information provided to the healthcare professional.

Additionally, an accurate record of each worker's reported exposure incident to blood or OPIM shall be established and maintained. Such records shall be kept in a confidential file in the Personnel Office and shall not be disclosed or reported to any person within or outside the workplace without the employee's express written consent under HIPAA, except as may be required by law or OSHA regulation.