

## TWAIN HARTE COMMUNITY SERVICES DISTRICT Finance/Policy Committee Meeting

**Chair:** *Gary Sipperley*

**Co-Chair:** *Kathryn deGroot*

**VIDEO TELECONFERENCE  
September 8, 2021 1:30 p.m.**

### **IMPORTANT NOTICE:**

To help slow the spread of COVID-19, the District's board room is closed to the public and this meeting will be held remotely by teleconference using Zoom:

- Videoconference Link: <https://us02web.zoom.us/j/84701245860>
- Meeting ID: 847 0124 5860
- Telephone: (669) 900-6833

**ANYONE CAN PARTICIPATE IN THIS MEETING:** see details at the end of this agenda.

### **AGENDA**

1. Annual review of Policy #2002 – Discrimination.
2. Annual review of Policy #3030 – Injury and Illness Prevention Program.
3. Review Policy #4000 – Board Positions.
4. Review Policy #4010 – Members of the Board of Directors.
5. Discuss effectiveness of Board Committees and review Policy #4020 – Committees of the Board of Directors.
6. Review Policy #4030 – Code of Ethics.
7. Adjourn.

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### **HOW TO OBSERVE THIS MEETING:**

The public can observe and participate in a meeting as follows:

- **Computer:** Join the videoconference by clicking the videoconference link located at the top of this agenda or on our website. You may be prompted to enter your name and email. Your email will remain private and you may enter “anonymous” for your name.
- **Smart Phone/Tablet:** Join the videoconference by clicking the videoconference link located at the top of this agenda OR log in through the Zoom mobile app and enter the

Meeting ID# and Password found at the top of this agenda. You may be prompted to enter your name and email. Your email will remain private and you may enter “anonymous” for your name.

- **Telephone:** Listen to the meeting by calling Zoom at (4669) 900-6833. Enter the Meeting ID# listed at the top of this agenda, followed by the pound (#) key.

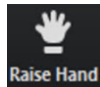
\* NOTE: your personal video will be disabled and your microphone will be automatically muted.

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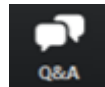
### HOW TO SUBMIT PUBLIC COMMENTS:

The public will have an opportunity to comment before and after the meeting as follows:

- **Before the Meeting:** If you cannot attend the meeting, you may:
  - Email comments to [ksilva@twainhartecsd.com](mailto:ksilva@twainhartecsd.com), write “Public Comment” in the subject line. In the body of the email, include the agenda item number and title, as well as your comments.
  - Mail comments to THCS Board Secretary: P.O. Box 649, Twain Harte, CA 95383
- **During the Meeting:** The public will have opportunity to provide comment before and after the meeting as follows:
  - Computer/Tablet/Smartphone: Click the “Raise Hand” icon and the host will unmute your audio when it is time to receive public comment. If you would rather make a comment in writing, you may click on the “Q&A” icon and type your comment. You may need to tap your screen or click on “View Participants” to make icons visible.



Raise Hand Icon:



Q&A Icon:

- Telephone: The host will provide a time during each public comment period where telephone participants will be unmuted and enabled to share comments.

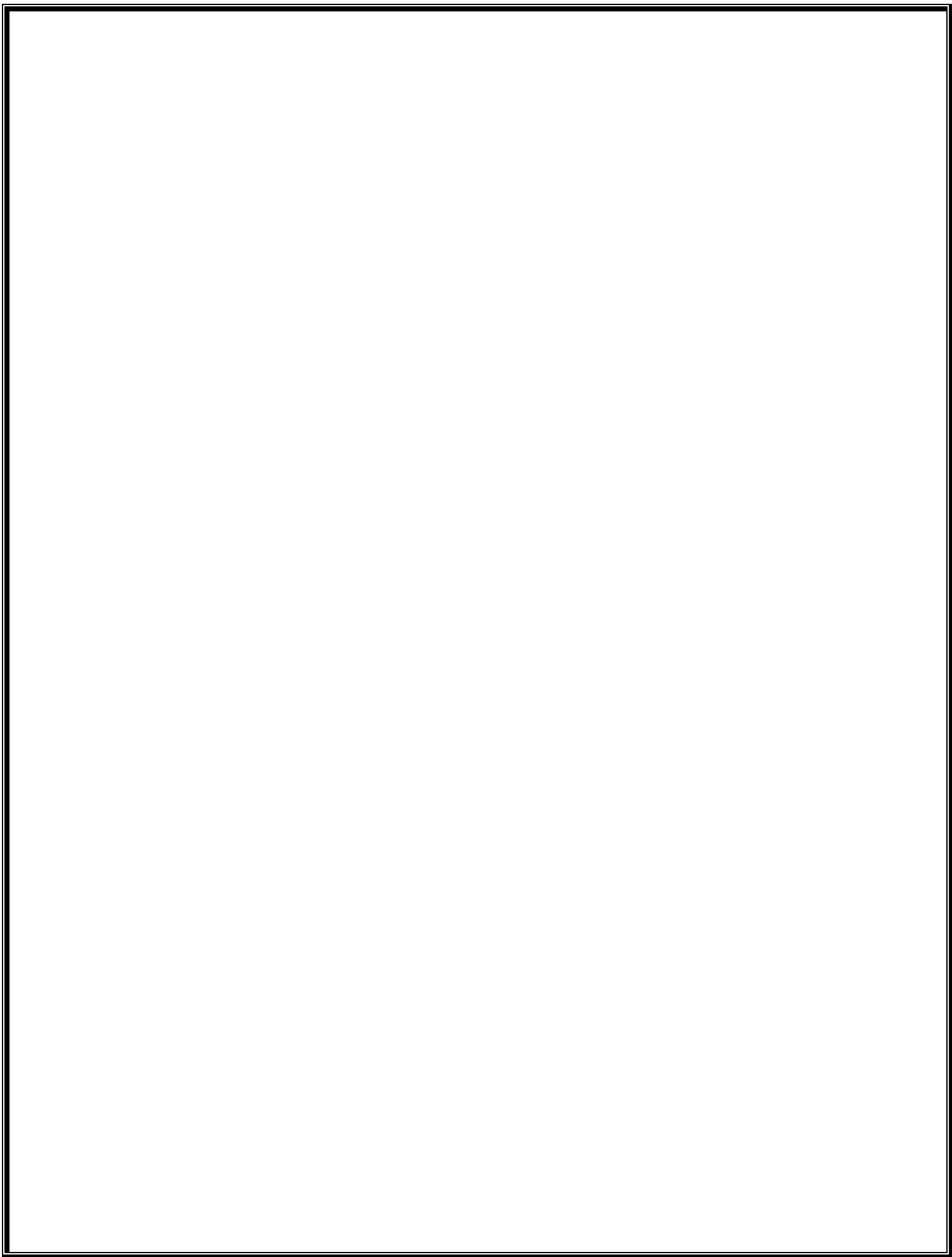
\* NOTE: If you wish to speak on an item on the agenda, you are welcome to do so during consideration of the agenda item itself. If you wish to speak on a matter that does not appear on the agenda, you may do so during the Public Comment period. Persons speaking during the Public Comment will be limited to five minutes or depending on the number of persons wishing to speak, it may be reduced to allow all members of the public the opportunity to address the Board. Except as otherwise provided by law, no action or discussion shall be taken/conducted on any item not appearing on the agenda. Public comments must be addressed to the board as a whole through the President. Comments to individuals or staff are not permitted.

### ACCESSIBILITY:

Board meetings are accessible to people with disabilities. In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the District office 48 hours prior to the meeting at (209) 586-3172.

### WRITTEN MEETING MATERIALS:

If written materials relating to items on this Agenda are distributed to Board members prior to the meeting, such materials will be made available for public inspection on the District’s website: [www.twainhartecsd.com](http://www.twainhartecsd.com)



**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:**       **Discrimination**  
**POLICY NUMBER:**   **2002**  
**ADOPTED:**           **March 21, 2006**  
**AMENDED:**          **September 11, 2014**  
**REVIEWED:**         **September 10, 2015**  
**REVIEWED:**         **September 8, 2016**  
**REVIEWED:**         **September 14, 2017**  
**REVIEWED:**         **September 12, 2018**  
**REVIEWED:**         **September 11, 2019**  
**AMENDED:**          **September 9, 2020**  
**AMENDED:**          **November 12, 2020**

**2002.10**    There shall be no discrimination in any personnel action, including recruitment, appointment, performance evaluation, promotion, the granting of leave, and any disciplinary or grievance action for the following:

- Age (40 and over)
- Ancestry, National Origin
- Disability, mental and physical
- Genetic Information
- Gender Identity, Gender Expression
- Marital Status
- Medical Condition
- Military and Veteran Status
- Race, Color
- Religion, Creed
- Sex. Gender (including pregnancy, childbirth, breastfeeding or related medical conditions.)
- Sexual Orientation

**2002.20**    Protections against discrimination and harassment shall extend to unpaid interns and volunteers. There shall be no discrimination against unpaid interns or volunteers in regards to selection, termination, training and treatment for any of the reasons listed above or other protections provided by law. Furthermore, unpaid interns, volunteers, and persons providing services pursuant to a contract shall not be subjected to harassment in the workplace for any of the reasons listed above or other protections provided by law.

**2002.30** All employees are protected from illegal conduct from any workplace source, including third parties who are in the workplace.

**2002.40** There shall be no discrimination, for any of the reasons stated above or provided by law, in any actions taken by the District in dealing with our customers or the general public.

**2002.50** To ensure that this policy is protecting the rights of all employees against discrimination, this policy shall be reviewed annually by the Board of Directors in a regular meeting. All employees should be reminded of the Board's consideration of the policy and encouraged to submit written or verbal comments as to its effectiveness.

**2002.60** To ensure that employees understand these protections and mandated procedures, a copy of this policy will be provided to employees upon hire and an updated electronic copy will be posted in a location accessible to all employees. New employees and unpaid interns shall acknowledge receipt of the policy in writing and shall be required to undergo training within six months of starting their employment or volunteer internship. Seasonal or temporary employees employed less than six months shall undergo training within 30 days of starting their employment.

**2002.70** Reporting Complaints: There are several avenues of reporting a confidential complaint other than to a direct supervisor, the different avenues of reporting include:

- Report to direct supervisor.
- Report to your supervisor's supervisor.
- Report to General Manager.
- If the complaint is in regards to General Manager, report to the President of the Board of Directors.

**2002.80** Response to Reported Complaints: Every reported incident of discrimination will be documented, tracked and promptly investigated by qualified personnel or a District representative with the cooperation of the employee and/or the public member reporting the discrimination. This policy requires anyone who receives a complaint of misconduct to report the complaint to the General Manager. If the complaint is in regards to the General Manager, the recipient of the complaint can report to the President of the Board of Directors. Confidentiality of all persons involved in the incident shall be maintained. Employees will not be exposed to retaliation as a result of the making a complaint or participating in any workplace investigation. The results of any investigation of alleged discrimination shall promptly be communicated to the employee or public member. Where charges of discrimination by an employee are substantiated, appropriate corrective action will be taken. Appropriate action might range from counseling to termination.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Injury and Illness Prevention Program  
**POLICY NUMBER:** 3030  
**ADOPTED:** September 17, 1996  
**AMENDED:** July 8, 2010 / May 9, 2013 / September 10, 2015  
**AMENDED:** October 12, 2017  
**REVIEWED:** September 9, 2020

**3030.10 Safety Policy**

**3030.11** No function at Twain Harte Community Services District is so critical as to require or justify a compromise of safety and health. We believe that everyone benefits from a safe and healthful work environment. We are committed to maintaining a safe workplace and to complying with applicable laws and regulations governing safety.

**3030.12** To achieve this goal, the District has adopted an *Injury & Illness Prevention Program* (IIPP), which includes a Respiratory Protection Program (Attachment A) and an Exposure Control Plan (Attachment B). This program is everyone's responsibility as we work together to identify and eliminate conditions, practices, policies and procedures that compromise safety.

**3030.13** To this end, each and every manager, supervisor and employee has the authority to take action to prevent mishaps. It takes positive and genuine effort to assure a safe work environment. The alternative is wasted money and wasted time due to occupational injuries and illnesses and their associated pain and suffering.

**3030.14** Our expectations are that everyone will:

- A) Complete initial and ongoing safety training, including review of this IIPP.
- B) Do the right thing the first time.
- C) Seek to integrate safety into all tasks.
- D) Avoid taking short cuts.
- E) Take time to assure a safe workplace.
- F) Have a safe and healthy work experience here at the District.

**3030.15** As an employee, I have reviewed the IIPP and will strive to achieve the District's ultimate goal of an injury-free workplace.

\_\_\_\_\_  
President, THCS D Board of Directors

\_\_\_\_\_  
General Manager

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Employee

## **3030.20 Responsibilities**

### **3030.21 Managers/Supervisors/Employees**

Managers, supervisors, and employees have the responsibility of providing a safe place to work including plant facilities, equipment, standards and procedures, adequate supervision and recognition for a job done properly. Managers and Supervisors are responsible for training all of their employees to perform their jobs properly and safely. Managers and Supervisors teach, demonstrate, observe and enforce compliance with established safety standards.

### **3030.22 IIPP Administrator**

The IIPP Administrator is the General Manager or his/her designee. The IIPP Administrator has the responsibility for the implementation, maintenance, and update of this program.

### **3030.23 Employees**

Employees have the responsibility of performing their tasks properly and safely. They are to assure themselves that they know how to do the job properly, and ask for additional training or assistance when they feel there is a gap in their ability, knowledge, or training. They should never undertake any task, job, or operation unless they are able to perform it safely.

## **3030.30 Compliance**

### **3030.31 Management Responsibility**

Management is responsible for ensuring that the District safety and health policies are clearly communicated and understood by employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

### **3030.32 Employee Responsibility**

All employees are responsible for using safe work practices, for following directives, policies and procedures, and for assisting in maintaining a safe work environment.

### **3030.33 Performance Evaluations**

As part of employees' regular performance reviews, they are evaluated on their compliance with safe work practices and on what they have done to ensure a safe workplace for their respective employees.

### **3030.34 Employee Recognition**

Employees who make a significant contribution to the maintenance of a safe workplace, as determined by their supervisors, receive written acknowledgment that is maintained in the employees' personnel files.

**3030.35 Employee Training**

Employees who are unaware of correct safety and health procedures are trained or retrained.

**3030.36 Employee Correction**

Employees who fail to follow safe work practices and/or procedures, or who violate the District's rules or directives, are subject to disciplinary action, according to Policy 2150 and/or appropriate union Collective Bargaining Agreements.

**3030.40 Communication**

**3030.41 Two-Way Communication**

Management recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace.

**3030.42 The District System of Communication**

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable.

- A) An orientation program is given to all new employees and includes a review of the *Injury & Illness Prevention Program* and a discussion of policy and procedures that the employee is expected to follow. This program is documented on the *New Employee Safety Orientation Checklist*.
- B) The District has safety meetings where safety is freely and openly discussed by all present. Such meetings are held monthly and all employees are expected to attend and are encouraged to participate in discussion. All such meetings are documented on the *Employee Meeting & Training Report Form*.
- C) From time to time, written safety notifications are provided directly to individual employees or are posted on District bulletin boards.
- D) Other methods of communicating pertinent health and safety information are used as they are identified.

**3030.43 Safety Suggestions and Hazard Reporting**

- A) All employees are encouraged to inform their supervisors, or other management personnel of any matter, which they perceive to be a workplace hazard, or a potential workplace hazard. They are also encouraged to report suggestions for safety improvement. This reporting can be done orally, but preferably in writing on the *Identified Problem Report Form*. When done in writing, the notification may be given directly to the supervisor, the IIPP Administrator or other management personnel.
- B) If an employee wishes to report anonymously, a hazard, safety suggestion, or



other safety problem, he or she can complete a Safety Suggestion Form, not filling in their name.

- C) No employee shall be retaliated against for reporting hazards or potential hazards, or for making suggestions related to safety.
- D) Management reviews all suggestions and hazard reports.
- E) If employees provide their names in regards to the notification, they are informed of what is being done within 5 working days of receipt, and receive updates as applicable.
- F) The resolution is communicated to employees in accordance with **Section 3030.42** under the subject of Communications.

### **3030.50 Hazard Identification & Evaluation**

Inspection of the workplace is our primary tool used to identify unsafe conditions and practices. While we encourage all employees to identify and correct hazards and poor safety practices continuously, certain situations require formal evaluation and documentation.

#### **3030.51 Safety Inspections**

Documented internal safety inspections are conducted on a monthly basis. Hazards found are corrected on the spot or recommendations are submitted for future corrections. A member of management/supervision and at least one employee conduct the monthly tour. The goal is to have each employee have at least one opportunity per year to participate in a monthly inspection. Inspections are documented on the *Safety Inspection Form/Action Form*.

#### **3030.52 Additional Inspections**

Inspections are also conducted in accordance with Cal-OSHA requirements:

- A) Whenever new substances, processes, procedures or equipment present a new safety or health hazard.
- B) Whenever management/supervision become aware of a new or previously unrecognized hazard, either independently or by receipt of information from an employee.
- C) Whenever it is appropriate to conduct an unannounced inspection.

#### **3030.53 Confined Space Inspections**

All routine confined space inspections/entry shall be performed by trained and licensed contractors. District employees shall not perform confined space inspection/entry.

### **3030.60 Injury/Illness Investigation**

### **3030.61 Investigation**

All accidents resulting in injury or property damage, however slight, including near misses or near hits, are investigated immediately to determine the primary and contributing causes within seven working days. This information is documented on the *Investigation Report* and analyzed to assist in obtaining corrective actions to prevent similar accidents from occurring in the future. The responsibility to see that this investigation is performed rests with the IIPP Administrator.

### **3030.62 Reporting**

All facts, findings, and recommendations are documented on an accident investigation report. Management reviews accident investigation reports with a view towards determining adequacy of corrective action.

### **3030.70 Correction of Hazards**

**3030.71** When a hazard exists it is corrected on a timely basis based on the severity of the hazard. If imminent danger exists to any employees, management and supervision remove these employees from the danger at once, and personnel, who are provided with the necessary safeguards, correct the hazard. Documentation of hazard correction is completed on at least one of the following forms:

1. Identified Problem Report Form
2. Investigation Report Form
3. Safety Inspection Form/Action Plan

### **3030.80 Training**

#### **3030.81 Orientation - New Employees**

The initial orientation on general safety is conducted within two days of employment. The orientation is documented on the *New Employee Safety Orientation Checklist*. This orientation includes:

- A) Review of the Twain Harte Community Services District:
  1. Injury & Illness Prevention Program
  2. Respiratory Protection Plan
  3. Exposure Control Plan
  4. Hazard Communication Program
  5. Personal Protective Equipment Requirements
  6. Emergency Action Plan
  7. Fire Prevention Plan
  8. Code of Safe Practices
  9. Occupational Injury & Illness Reporting Requirements
- B) Overview of how to prevent:  
THCSD 3030 Injury and Illness Prevention Program

1. Overexertion
2. Strains and sprains
3. Slips, trips and falls
4. Cuts and lacerations
5. Electrical shock
6. Driving accidents
7. Other occupational injuries or illnesses identified via loss analyses and investigations

- C) At a minimum, all new hires are given a copy of the District's *Injury & Illness Prevention Program* and those rules and regulations (Code of Safe Practices) that apply to their work environment. New employees sign and date their receipt of this information.

### **3030.82 Initial On-The-Job Training**

**3030.82.1** When an employee first starts to work, a manager/supervisor will train the employee in all aspects of safety for the purpose of educating the new employee on the hazards of the work environment and the safety procedures that are required to be used to mitigate those hazards.

**3030.82.2** This training is done by using the "New Employee Training Checklist" which is signed by the supervisor and the employee when the training is completed, and then becomes a permanent part of the employee's personnel file. The "New Employee Training Checklist" is filled out during the employee's initial on-the-job training, and both the supervisor and employee sign and date the checklist.

### **3030.83 Specific District-wide Training**

- A) First Aid, CPR, and/or Bloodborne Pathogen Training
1. Designated employees receive first-aid training in accordance with the Cal-OSHA requirement that there is always at least one person available to provide first aid.
  2. Some locations require all employees to be trained due to the small number of employees at the work site.
  3. Based upon available time, the Twain Harte CSD may also provide CPR training.
  4. Based upon potential exposures, bloodborne pathogen training may also be given.

- B) Emergency Preparedness

This training includes the District's emergency action plan structure and how each employee fits into that structure, i.e., what the employee is expected to do under specific circumstances such as fire, earthquake,

medical emergency and bomb threat.

C) Defensive Driver Driving

Besides discussions on defensive driving that are part of regular safety training meetings, the District strives to provide at least one formal defensive driving course every four years for those employees who drive District vehicles and/or their private vehicles on District business.

D) Ergonomics

Management provides ergonomic training to those employees who have to complete tasks that involve lifting, pushing, pulling and/or repetitive motion. At a minimum, employees receive training on proper lifting techniques, and if necessary, computer workstation set up.

**3030.84 Retraining**

A) Reasons for retraining include change of job assignment, change of operations or materials, observation of poor work habits, or update of training methods. Managers/supervisors/IIPP Administrator perform retraining:

1. When an existing employee changes job functions.
2. On at least an annual basis as a refresher program.

B) Such training includes a review of those topics covered in the new employee orientation, other general workplace safety issues, job-specific hazards and/or hazardous materials, as applicable. All retraining is documented on the *New Employee Meeting & Training Report Form*.

**3030.85 Specialized Training**

A) Managers and supervisors are trained in their responsibilities for the safety and health of their employees. Such training includes both safety management and technical subjects.

B) Managers and supervisors are also trained in the hazards and risks faced by the employees under their immediate direction.

C) Managers/Supervisors/IIPP Administrator:

1. Determine safety-training needs.
2. Implement new training programs.
3. Evaluate the effectiveness of these programs.

D) In addition, training is provided whenever:

1. New substances, processes, procedures or equipment pose a new

hazard and there is a lack of skill or knowledge to deal with the situation.

2. Management, supervision, or the IIPP Administrator becomes aware of a previously unrecognized hazard and there is a lack of skill or knowledge to deal with the hazard.
- 
- E) All employees delivering or supervising live fire training at District facilities shall be in compliance with State Fire Training Instructor Standards and in compliance with National Fire Protection Association (NFPA) 1403.
  - F) All fire, water and sewer personnel shall be trained to use the extractor decontamination machine and shall comply with all sections of the Exposure Control Plan (Attachment B).

### **3030.90 Emergency Response Guidelines for Hostile or Violent Incidents**

#### **3030.91 Purpose of the Policy**

To provide direction for the District Board of Directors and staff regarding responses to hostile or violent incidents, including possible armed intruders or related threats on District facilities or properties.

#### **3030.92 Background**

The potential for hostile or violent incidents on District facilities or operational locations always exists. In recent timeframes, incidents involving armed intruders have occurred with increasing frequency involving injuries and deaths at government institutions, offices and educational facilities. Often, an intruder is a person who is an ex-employee, customer or person known to the agency involved. The person often is upset at an event or person who works at the facility. However, armed intruders can be any variety of persons who have an anger situation affecting one or more staff members or other related persons to the District. Often, incidents involving armed intruders escalate to include multiple persons and potentially taking of hostages, including District customers. Threats of these types and risks are to be considered extreme emergencies and the safety and well-being of employees and/or customers is the highest priority.

#### **3030.93 Response to an Incident**

Any evidence of the exposure to a hostile or violent person or situation on District facilities or operating areas should be taken seriously for safety purposes. Any Director or staff employee observing or sensing that a violent or hostile situation is occurring, should consider taking precautionary and safety actions:

Any event resulting in awareness of a possible violent act, including possible gunfire, explosion, fighting, scuffling, could indicate an incident of violent potential. Any staff person observing such potential activities should take steps to protect themselves

and others in the District premises including but not limited to:

- A) Attempt to communicate the situation to everyone in the facility by means of telephone, paging, email and/or radio system, including basic information that a potential incident is occurring. If a perpetrator(s) is seen or known, information on the person(s) should be provided.
- B) Since different types and levels of workplace violence may require various responses, establishing basis information on the type of event is essential. Examples are:
  - 1. Gunfire - Awareness of gunfire in the facility should result in evacuation to the extent that is possible. If not possible, securing of rooms or offices and notification to others by phone or email is encouraged. Calling emergency resources via 911 is imperative, once safe to call. Remain in the most secure location possible until contacted by public safety personnel or a facility supervisor, etc.
  - 2. Explosion – An explosion could occur naturally or by violent intention. Awareness of an explosion or fire in the facility should result in immediate evacuation, in accordance with established procedures for fire. Response to a planned location is important to make known who is out of the facility.
  - 3. Physical or Bomb Threat – Awareness of a telephone or in person threat to facility or staff should be met with action to evacuate and clear staff from the threatened area. Calling 911 as soon as possible is imperative.
  - 4. Situations Involving Hostages – If a possible hostage incident is known, evacuation of the facility is paramount to safety of persons in the area. Contact 911 immediately.
  - 5. Irate Customer/Threat at Counter or Meeting – In cases where any person acts to threaten a staff person or customer at a District facility in a manner causing fear for safety, action to summon public safety personnel by 911 should be taken. In no way should steps be taken to challenge or subdue such a person, except in defense of life of self or immediate others at facility.
  - 6. In the event that a volatile situation occurs at a Board of Directors or other public meeting, the person chairing/hosting the meeting should take steps to control the situation or adjourn the meeting to abate the confrontation, if possible. In the event of a threatening or hostile situation, call 911 immediately and proceed with evacuation or other appropriate actions.

### **3030.94.1 Planning for Emergency Incidents**

Steps should be taken to plan response capabilities for emergencies in addition to fires, earthquakes, etc. that may involve hostile situations. These include but are not limited to:

- A) Preparation of a facility evacuation plan from each room. Post the plan at each doorway and hallway exit. Have a safe area zone for staging established.
- B) Lock down procedures to secure the facility in a hostile or violent incident for both exterior and interior doors.
- C) Develop an emergency notice code for intercom, email and radio to facility and District staff. Use of a code is recommended.
- D) Develop a radio communication alert code to notify other District staff so they will not return to the facility during the incident until cleared to do so by public safety personnel.
- E) Training of all personnel in dealing with customers, employees and other persons in aggravated situations and how to identify and assess potential threats or volatile situations. All employees assigned or expected to serve at the front desk or counter shall receive such training regularly.

All employees and members of the Board of Directors shall receive training on response to violent or hostile incidents. In the event of a potential incident, notify a supervisor or the General Manager, as is possible, or call 911 when an active incident is occurring. If assessment of a possible threat is needed, the General Manager or ranking staff person shall be notified for considering validity of the threat or safety risk. Public safety agency shall be contacted by 911 whenever a perceived threat is considered valid.

### **3030.95 Actions for Violent or Armed Threat Situation**

The existence or potential for an event involving a violent person or armed intruder at a District facility should be considered an emergency condition. Actions could include up to and all of:

- A) Notify your supervisor or General Manager and other staff immediately if a threat is received but not actively in process. If validated, contact public safety by calling 911 immediately.
- B) The General Manager or ranking staff member shall evaluate the situation and consider appropriate actions, including shutting down operations and evacuation and/or locking down the facility until public safety response abates the threat.
- C) Initiate notification to other facility staff of active threat by emergency code procedure. Evacuate the facility wherever possible. Secure money or computer equipment if time allows.
- D) Activate an alarm for notifying other staff or an alarm company if one is engaged by the District. A call contact would be included in procedure to

double check for safety at the facility.

- E) Upon sighting an armed intruder, an alert to all employees should be made by page, email or radio.
- F) Secure your work area or evacuate, if safely possible. If not able to evacuate, find a safe hiding place and stay put until contacted by public safety personnel.
- G) Once outdoors after an evacuation, proceed to planned staging area to report in for identification. Inform public safety personnel of any information on the incident.
- H) Attempt to remain calm and assist others; wait for instructions from public safety or supervisory personnel.
- I) Do not attempt to look around to see what is happening. Evacuate whenever possible and with others in areas you see directly. Do not confront or attempt to apprehend a violent perpetrator unless directly attacked for self-defense. Do not assume someone already called 911; call them immediately.

### **3030.96 Post Event Actions**

Following the clear announcement of ending of a violent or hostile person situation, contact public safety or supervisory personnel for instructions. Report any knowledge or first hand observations of the incident. Contact your family and immediate friends so they will not take any actions to respond unnecessarily. Await direction as to return to work or other steps, dependent on level of the incident. If not able to do so, consult with your supervisor or notify the ranking person on-site.

An Emergency Response Coordinator shall evaluate and debrief any major incident to take needed steps to abate the conditions after the event and prepare as necessary for continued operations. Planning and actions to address conditions are expected and your input is important via your supervisor. There may be the potential to lock-down or close the facility for some time or corrective steps. If deemed needed, seek direction on what actions you should take to assist in procedure.

### **3030.97 Record Keeping Summary**

In coordination with other management, the IIPP Administrator is responsible for maintaining all documentation relating to the implementation of the IIPP:

- A) For the purpose of displaying a tracking history of occupational safety and health programs and activities, all documents are maintained for a minimum of one year plus the current year, unless otherwise stated. For example, at the end of each year, the prior year's documents are removed from the files. During the next year, current year documents are maintained along with the just-past year's documents.



B) Specific records are maintained for each of the topics within the IIPP to include, but not be limited to:

1. Employee Recognition and Correction
2. Safety Meetings and Other Safety Communication  
*Employee Meeting & Training Report Form*– for each meeting and/or training session  
*Record of Training Form* – record of all training received by each employee
3. Hazardous Exposure  
*Blood Borne Pathogen Exposure Form*
4. Safety Suggestions and Hazard Reporting  
*Identified Problem Report Form*
5. Hazard Identification and Correction  
*Safety Inspection Form/Action Plan*
6. Occupational Injury & Illness Investigations  
*Investigation Report*
7. Receipt of IIPP and GCSP  
*Acknowledgement of Receipt of the Injury & Illness Prevention Form*  
*Acknowledgement of Receipt of the General Code of Safe Practices*  
*New Employee Safety Orientation Checklist* – for each individual employee; filed in personnel file

## **Enclosed Forms (in alphabetical order)**

Forms to Implement the IIPP are listed below and included in Attachment C:

1. Acknowledgement of Receipt of the General Code of Safe Practices
2. Acknowledgement of Receipt of the Injury & Illness Prevention Program
3. Employee Meeting & Training Report Form
4. Investigation Report
5. New Employee Safety Orientation Checklist
6. Record of Training Form
7. Identified Problem Report Form
8. Safety Inspection Form/Action Plan

**ATTACHMENT A**  
**RESPIRATORY PROTECTION PLAN**

# **RESPIRATORY PROTECTION PLAN**

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**Appendix A: Medical Evaluation Questionnaire**

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**Appendix D to § 1910.134 (Non-Mandatory) Information for Employees Using Respirators When Not Required**

## **I. INTRODUCTION**

### **A. Purpose**

The Federal Occupational Safety and Health Administration (OSHA) requirements for respiratory protection, presented in 29 CFR 1910.134 and CCR Title 8 Sec. 5144, have been adopted by the Twain Harte Community Services District (THCSD) to assure the protection of all employees from respiratory hazards. The purpose of this plan is to ensure that all District employees are afforded protection from respiratory hazards. The primary objective is to prevent harmful exposures that might result in occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors. This is accomplished as far as possible by accepted administrative and engineering control measures (for example, general and local ventilation, enclosure or isolation and substitution of less hazardous processes or materials). When effective engineering controls are not feasible, or while they are being instituted, respirators may be required.

In early 1988, the Occupational Safety and Health Administration of the United States Department of Labor issued a revised version of 29 CFR 1910.134 with an effective date of April 8, 1998 and a later compliance date. This Respiratory Protection Plan has been rewritten to reflect the new standard.

The National Institute for Occupational Safety and Health (NIOSH) guide to respiratory protection, Publication No.87-116, as revised or updated, shall be used as an adjunct reference for the implementation of this program. All respirators used by Twain Harte Community Services District personnel must meet criteria of NIOSH.

All THCSD personnel are expected to be aware of this program. All THCSD personnel who perform or who may be called upon to perform any work or research activity which will expose them to airborne hazardous or toxic material, or significant amounts of dusts or mists, shall be thoroughly familiar with the contents of this plan. Copies of the Respiratory Protection Plan are available for review in the following locations: THCSD Office, Water Treatment Plant and the Firehouse.

### **B. Scope**

This plan covers all staff and visitors who may become directly or indirectly involved in any activity within the limits of the THCSD geographical areas of responsibility or in any activity undertaken as an employee or agent of THCSD which may require the use of a respirator. This plan is a supplement to the Occupational Safety and Health Plan, and augments the portions of the THCSD Injury & Illness Prevention Plan dealing with the need for respiratory protection.

The OSHA requirements as outlined in 29 CFR 1910.134(c) for an acceptable and CFR Title 8, Sec. 5144 respiratory protection program include:

- (i) Procedures for selecting respirators for use in the workplace;
- (ii) Medical evaluations of employees required to use respirators;
- (iii) Fit testing procedures for tight-fitting respirators;
- (iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
- (v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding and otherwise maintaining respirators;
- (vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
- (vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;
- (viii) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and
- (ix) Procedures for regularly evaluating the effectiveness of the program and the
- (x) designation of a program administrator who is qualified by training or experience that is commensurate with the complexity of the program to oversee and administer the respiratory protection program and conduct the required evaluations of program effectiveness.

## **C. Responsibility and Authority**

### **1. General Manager**

The General Manager is responsible for the safety and health of all personnel assigned to THCS D.

### **2. Division Managers**

Division Managers of Water/Sewer and Fire are directly responsible to the General Manager for the THCS D Respiratory Protection Program and have full authority to make necessary decisions to ensure the success of this program. This authority includes approving equipment purchases necessary to implement and operate the program. The Division Managers will develop and maintain written detailed instructions covering each of the required elements of this plan, and is the sole person authorized to amend this plan. General Manager has expressly authorized the Division Managers to halt any operation or activity within the THCS D geographical areas of responsibility where there is danger of serious personal injury or illness. This authority includes activities with respiratory hazards. The Division Managers will provide technical assistance as required and assist individual departments in determining the need for respirators, selection of approved/certified respirators, and scheduling of training and qualitative fit testing.

At the time of writing of this Respiratory Protection Program, the Each Division Head is specifically named as the Program Administrator for their Divisions as required under 29CFR1910.134(c)(3) and CFR Title 8 Sec. 5144.

### **3. Supervisory Personnel**

Supervisory personnel are responsible for ensuring that respirators are available as needed, that personnel assigned to or visiting their areas of responsibility wear respirators as required, for scheduling the inspection of respirators on a regular basis, and for providing the Division Heads with a list of personnel who require initial, semi-annual, and annual training or fitting.

Additionally, Supervisory Personnel are responsible for assuring that employees who desire to use respirators for their individual comfort or convenience at times when and in places where respirators are not required contact the Program Administrator and comply with Appendix D to 29 CFR 1910.134, (Non-Mandatory) Information for Employees Using Respirators When Not Required Under the Standard,

### **4. Each Individual**

Each individual is responsible for using the respirator provided to her or him in accordance with instructions and training, for cleaning, disinfecting, inspecting, and storing his or her respirator, and for reporting any respirator malfunction to her or his supervisor. Each individual choosing to use a respirator for personal comfort or convenience at times when and in places where respirators are not required must so inform her or his immediate supervisor and must contact the Program Administrator and comply with Appendix D to 29 CFR 1910.134, (Non-Mandatory) Information for Employees Using Respirators When Not Required Under the Standard.

## **II. RESPIRATOR PROGRAM**

### **A. General**

The purpose of the Respiratory Protection Program is to ensure that viable procedures are established and maintained in accordance with the OSHA requirements mandated in 29 CFR 1910.134 and CFR Title 8, in order to protect the health of all THCS D personnel and visitors (as required). The responsibilities for the management of this program are as outlined in paragraph I.C. and subsequent taskings as specified throughout this plan.

Whenever possible, administrative and engineering controls that do away with need to use respirators should be developed and implemented.

### **B. Procedures for Selecting Respirators for Use in the Workplace.**

Choosing the correct equipment involves several steps:

- Identifying the hazard and its extent
- Choosing equipment that is certified/approved for the function
- Assuring that the device is performing the function it is intended to perform.

In identifying the hazard it is necessary to assess the work environment by determining the nature and extent of the hazard, work rate, area to be covered, existing space and ventilation, mobility, work requirements and conditions, as well as the limitations and characteristics of the available respirators are selection factors. If a specific standard exists for the hazard (*e.g.* lead, asbestos, smoke), the guidelines or requirements in the standard must be followed. Also the chemical and physical properties of a harmful, irritating, or nuisance airborne material as well as the published Threshold Limit Values (TLV), Permissible Exposure Limits (PEL), or any other available exposure limits or estimates of toxicity for the materials and the amount of oxygen present must be considered.

Although there are many kinds of respirators used for protection, there are two basic types - air-purifying and atmosphere-supplying respirators.

**1. Air-Purifying Respirators** use filters or absorbents to remove limited concentrations of contaminants from the breathing air. They range from simple disposable masks to half- and full-face respirators to sophisticated positive-pressure, blower-operated units. Air purifying respirators may not be used in an oxygen deficient atmosphere or under immediately dangerous to life or health (IDLH) conditions. OSHA defines an IDLH atmosphere as any atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.



2. Atmosphere-Supplying Respirators are designed to provide breathing air from a clean source outside of the contaminated work area. They include supplied air respirators (SAR) and self-contained breathing apparatus (SCBA).

The time needed to perform a given task usually determines the length of time for which respiratory protection is needed, including the time necessary to enter and leave a contaminated area. An SCBA or chemical cartridge respirator provides respiratory protection for relatively short periods, whereas an airline respirator provides protection for as long as the face piece is supplied with an adequate quantity of respirable air. For protracted periods of use, positive pressure supplied air respirators offer the advantage of longer use in highly contaminated areas and minimize the need for concern regarding sensory warning properties of the airborne toxic materials. Positive pressure supplied air respirators also cause less discomfort than air-purifying respirators because the wearer need not overcome filter resistance in order to inhale.

Some type of service life warning indicator is available for all SCBA and some chemical cartridge respirators. The warnings usually are an audible alarm based on remaining pressure for SCBA and a color-change indicator for cartridges. The user must understand the operation and limitations of each type of warning device and of each type of respirator. Air-purifying respirators present minimal interference with the wearer's movement while SCBA present size and weight (35 lbs) penalties.

Three types of Respiratory protection devices are available and utilized at THCSO for general and type specific uses. The Division Supervisors must be contacted concerning the selection or use of any type of respirator.

- Negative Pressure Respirators - The air pressure inside the respiratory inlet covering is negative with respect to ambient air during inhalation. Negative Pressure Respirators are the standard half-masks found in most labs and the dust filter masks used by personnel while exposed to toxic fumes, dust etc.
- Positive Pressure Respirators - The air pressure inside the respiratory inlet covering normally is positive with respect to ambient air pressure. These are the SCBA utilized by the Fire Division for emergency response operations and fire suppression involving unknown or suspected IDLH hazards or confined space entry/rescue.
- Basic N95 high efficiency particulate air (HEPA) purifying elements to the inlet covering. This unit is used for Dust and air borne pathogens during medical emergency patient contact.

The decision to use negative pressure, positive pressure, or N95 respirators will be based on whether or not the work involved will be considered IDLH, has specific respirators designated, or is of a routine nature with published TLV's, PEL's, etc. which can be used to determine the appropriate protection factor (PF).

The Division Managers will provide assistance in determining the correct type respirator for routine use. This assistance will include working with the appropriate staff members to evaluate the respiratory hazards in the particular workplace with regard to selecting the general type of respirator required to assure worker safety under the OSHA standard.

All emergency situations will be handled as IDLH unless the exact type and, if possible, concentration of the substance is known. Any IDLH entry requires one standby person in a safe area with SCBA for each person working in the entry or clean-up phases of the emergency operation.

Each individual who thinks he or she might need to use a respirator must consult with the Division Manager. A Supervisor of that Division will review the job requirements, conduct a respiratory hazard assessment, and recommend the appropriate type of respirator for the situation.

### **C. Medical Surveillance**

OSHA 29 CFR 1910.134(b)(10) states that no one should be assigned a task requiring use of a respirator unless that person is found physically able to do the work while wearing the respirator. In addition, some regulatory standards for specific substances and occupations may also contain requirements for medical examinations. Both types of standards declare that a physician should determine what health and physical conditions are pertinent and that respirator wearers' medical status should be reviewed periodically. Ideally pre-placement medical examinations should identify those persons who are physically or psychologically unfit to wear respirators. As another part of the examination, medical tests pertinent to the respiratory hazards which may be encountered should be made to obtain baseline data against which to assess physiological changes in respirator wearers. In addition, the previous medical and employment histories of the individual should be considered.

It is the policy of THCS D that a physician determine if a person should or should not wear a respirator.

All THCS D personnel who may be required to wear respirators in the course of their work or emergency response will be provided medical examinations in accordance with 29 CFR 1910.134 and CCR, Title 8. The medical examinations will be provided free of charge to the individual and will be scheduled during the course of the work day. Records associated with these examinations are maintained in the Office of the Division Managers and are available upon request by the individual concerned. These records are accorded the highest degree of confidentiality.

Appendix A to this plan is the Mandatory Medical Evaluation Questionnaire presented in 29 CFR 1910.134 Appendix C. This questionnaire will be given to each person being evaluated for respirator use and forwarded to the physician. In some cases, after reviewing the questionnaire, the physician might not require a face-to-face meeting or examination, but that decision rests with the physician. If an employee desires to discuss any aspect of the medical evaluation process with the physician, the employee will be allowed to do so during normal working hours as a normal course of employment. The physician performing the medical evaluation also will be provided with a general description of the activities that require a respirator that the employee is likely to perform.

New medical evaluations will be required of all respirator users

- a:** At intervals not to exceed 1 year.
- b:** Whenever an employee reports medical signs or symptoms that are related to the ability to use a respirator,
- c:** Whenever the physician, program administrator, or immediate supervisor informs the employee that a reevaluation is necessary,
- d:** Whenever information from the respiratory protection program indicates a need for reevaluation, and
- e:** Whenever a change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on the employee.

#### **D. Fit Test Procedures**

This program anticipates that the vast majority of fit tests required by THCS D personnel will be Quantitative Fit Tests. However should the need arise due to testing equipment unavailability or time sensitivity the Qualitative Fit test may be used. The individual Qualitative/Quantitative Fit Tests will be administered by a member of the Division who has received training in fit testing, or by other individuals specifically approved by the Program Administrator. Fit tests will follow the protocols set forth in 29 CFR 1910.134(f) and CCR. Title 8.

Fit tests will be repeated annually for all persons with a continuing need to use a respirator.

All persons should remember that it is not the employee who passes or fails a fit test, it is the respirator. Employees should be cognizant that "fudging" to pass the fit test puts the employee at risk as a respirator that does not fit properly will not afford the respirator's user the maximum level of protection.

The ambient aerosol condensation nuclei counter (CNC) quantitative fit testing (Portacount<sup>TM</sup>) protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator, that allows the probe to sample the air from inside the mask. A probed respirator is

required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee's own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Portacount Fit Test Requirements.

- (1) Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used for the fit test (e.g., NIOSH 42 CFR 84 series 100, series 99, or series 95 particulate filter) per manufacturer's instruction.
- (2) Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.
- (3) Check the following conditions for the adequacy of the respirator fit: Chin properly placed; Adequate strap tension, not overly tightened; Fit across nose bridge; Respirator of proper size to span distance from nose to chin; Tendency of the respirator to slip; Self-observation in a mirror to evaluate fit and respirator position.
- (4) Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or another model of respirator.
- (5) Follow the manufacturer's instructions for operating the Portacount and proceed with the test.
- (6) The test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
- (7) After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.

(b) Portacount Test Instrument.

(1) The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.

(2) Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance in this Appendix.

(3) A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.

(c) Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol

The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(d) Taste Threshold Screening.

The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a  $\frac{3}{4}$  inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent,

the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(e) Bitrex Solution Aerosol Fit Test Procedure.

- (1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.
- (2) The fit test uses the same enclosure as that described in 4. (a) above.
- (3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).
- (4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.
- (5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.
- (6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex.
- (7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.
- (8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
- (9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).
- (10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.
- (11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed.

A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

## **F. Maintenance and Care of Respirators**

Respirators will be cleaned, inspected, and maintained in accordance with 29 CFR 1910.134 (h). Although it is the responsibility of the individual respirator user to clean, inspect, and maintain his or her respirator, the employee's immediate supervisor will develop a plan to assure that the appropriate tasks are performed as required.

Appendix C of this document contains the cleaning procedures specified in Appendix B-2 of 29 CFR 1910.134.

## **G. Procedures to Ensure Adequate Air Quality, Quantity, and Flow of Breathing Air for Atmosphere-Supplying Respirators**

THCSD will make every reasonable effort to assure that compressed breathing air meets or exceeds the standards set in 29CFR1910.134 (j). The normal refill station for compressed breathing air cylinders (SCBA) will be the City of Sonora Fire Station or Tuolumne County Fire Station 51 system that meets standards for Compressed Gas Association "Grade E" breathing air.

The compressed air cylinders will be tested and maintained in accordance with the specifications of 29CFR1910.134(j).

## **H. Training and Information**

All employees who are required to use respirators will receive training that includes

- (1) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- (2) What the limitations and capabilities of the respirator are;
- (3) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- (4) How to inspect, put on, remove, use, and check the seals of the respirator;
- (5) What the procedures are for maintenance and storage of the respirator;
- (6) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
- (7) The general requirements of this section.



Training is required before initial use of respirators and annually thereafter as long as the employee needs to use a respirator. Additionally, retraining will occur when the following situations occur:

- (1) Changes in the workplace or the type of respirator render previous training obsolete;
- (2) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
- (3) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

In the case of employees who ask to use respirators for reasons of personal comfort (*e.g.* Trades Utility Workers seeking to use paper dust masks when raking leaves or working in other dusty environments), the basic advisory information on respirators, as presented in Appendix D of this section, shall be provided by the employer in any written or oral format, to employees.

## **I. Program Evaluation**

The Program Administrator and staff members of the THCSO shall occasionally conduct evaluations of work practices in areas where respirators are required or used in order to ensure that this Respirator Protection Program is properly implemented and effective. These evaluations will include consultation with respirator users to determine their views on the effectiveness of the program and to identify any problems. Factors to be assessed will include

- Respirator fit
- Impact of respirator use on workplace performance
- Appropriate respirator selection
- Proper use of respirators
- Proper maintenance and cleaning of respirators.

## **J. Record Keeping**

General record keeping requirements are listed in 29CFR1910.334(m). Records will be kept in accordance with these regulations in the Office of Safety and Environmental Programs. Medical evaluations will be considered confidential materials.

## Appendix A: Medical Evaluation Questionnaire

### Mandatory OSHA Respiratory Medical Evaluation Questionnaire

#### To the Employee:

Can you read? YES NO

Your employer must allow you to answer the questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. You may attach additional pages if you need more room that is available on this questionnaire.

Part A. Section 1. (Mandatory) Every employee who has been selected to use any type of respirator must provide the following information. PLEASE PRINT YOUR ANSWERS LEGIBLY

1. Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Your Name \_\_\_\_\_ THFR I.D. # \_\_\_\_\_
3. Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_
4. Your Age (to nearest year) \_\_\_\_\_
5. Gender (circle one) Male Female
6. Your Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_
7. Your Weight: \_\_\_\_\_ Lbs.
8. Your Job Title: \_\_\_\_\_
9. A phone number where you can be reached by the healthcare professional who reviews this questionnaire  
(include area code) ( ) \_\_\_\_\_
10. The best time to reach you at this number:  
\_\_\_\_\_

11. Has your employer told you how to contact the healthcare professional who will review this questionnaire? (circle one) YES NO

12. Check the type of respirator you will use (You may check more than one category)

- a. \_\_\_\_\_ N, R or P disposable respiratory (filter-mask, non-cartridge type only)
- b. \_\_\_\_\_ Other Type (for example, half or full-piece type, powered air purifying, air-supplied, self-contained breathing apparatus)

13. Have you worn a respirator before? (circle one) YES NO

If YES, what type

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**PART A. Section 2 (Mandatory)**

<b>1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?</b>	YES	NO
<b>2. Have you ever had any of the following conditions:</b>		
a. Seizures (convulsions)	YES	NO
b. Diabetes (sugar disease)	YES	NO
c. Allergic Reactions that interfere with your breathing?	YES	NO
d. Claustrophobia (fear of closed-in places)	YES	NO
e. Trouble smelling odors	YES	NO
<b>3. Have you ever had any of the following pulmonary or lung problems?</b>		
a. Asbestosis	YES	NO
b. Asthma	YES	NO
c. Chronic Bronchitis	YES	NO
d. Emphysema	YES	NO
e. Pneumonia	YES	NO

f.	Tuberculosis	YES	NO
g.	Silicosis	YES	NO
h.	Lung Disease (cancer)	YES	NO
i.	Pneumothorax (collapsed lung)	YES	NO
j.	Broken Ribs	YES	NO
k.	Any chest injuries or surgeries	YES	NO
l.	Any other lung problems that you have been told about?	YES	NO
<b>4.</b>	<b>Do you currently have any of the following symptoms of pulmonary or lung illness?</b>		
a.	Shortness of breath	YES	NO
b.	Shortness of breath when walking fast on level ground or walking up a slight hill or incline	YES	NO
c.	Shortness of breath when walking with other people at an ordinary pace on level ground	YES	NO
d.	Have had to stop for breath when walking at your own pace on level ground	YES	NO
e.	Shortness of breath when washing or dressing yourself	YES	NO
f.	Shortness of breath that interferes with our job	YES	NO
g.	Coughing that produces phlegm (thick sputum)	YES	NO
h.	Coughing that wakes you early in the morning	YES	NO
i.	Coughing that occurs mostly when you are lying down	YES	NO
j.	Coughing up blood in the last month	YES	NO
k.	Wheezing	YES	NO
l.	Wheezing that interferes with your job	YES	NO

m. Chest pain when you breathe deeply	YES	NO
n. Any other symptoms that you think may be related to lung problems	YES	NO
<b>5. Have you ever had any of the following cardiovascular or heart problems?</b>		
a. Heart Attack	YES	NO
b. Stroke	YES	NO
c. Angina	YES	NO
d. Heart Failure	YES	NO
e. Swelling in your legs or feet (not caused by walking)	YES	NO
f. Heart Arrhythmia (heart beating irregularly)	YES	NO
g. High blood pressure	YES	NO
h. Any other heart problem that you've been told about	YES	NO
<b>6. Have you ever had any of the following cardiovascular or heart problems?</b>		
a. Frequent pain or tightness in your chest	YES	NO
b. Pain or tightness in your chest during physical activity	YES	NO
c. Pain or tightness in your chest that interferes with your job	YES	NO
d. In the past 2 years, have you noticed your heart skipping or missing a beat	YES	NO
e. Heartburn or indigestion that is not related to eating	YES	NO
f. Any other symptoms that you think may be related to heart or circulation problems	YES	NO
<b>7. Do you currently take medication for any of the following problems</b>		
a. Breathing or lung problems	YES	NO
b. Heart trouble	YES	NO

c. Blood Pressure	YES	NO
d. Seizures (convulsions)	YES	NO
<b>8. If you've ever used a respirator, have you had any of the following problems? (If you've never used a respirator, check the following space _____ and go to Question 9.)</b>		
a. Eye irritation	YES	NO
b. Skin allergies or rashes	YES	NO
c. Anxiety	YES	NO
d. General weakness or fatigue	YES	NO
e. Any other problem that interferes with your use of a respirator	YES	NO
<b>9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire?</b>	YES	NO

Questions 10 to 15 below **MUST** be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use any other types of respirators, answering these questions is voluntary.

<b>10. Have you ever lost vision in either eye (temporarily or permanently)</b>	YES	NO
<b>11. Do you currently have any of the following vision problems?</b>	YES	NO
a. Wear contact lenses	YES	NO
b. Wear glasses	YES	NO
c. Color Blind	YES	NO

d. Any other eye or vision problem	YES	NO
<b>12. Have you ever had an injury to your ears, including a broken eardrum?</b>	YES	NO
<b>13. Do you currently have any of the following hearing problems?</b>		
a. Difficulty hearing	YES	NO
b. Wearing a hearing aid	YES	NO
c. Any other hearing or ear problem	YES	NO
<b>14. Have you ever had a back injury?</b>	YES	NO
<b>15. Do you currently have any of the following musculoskeletal problems?</b>		
a. Weakness in any of your arms, hands, or feet	YES	NO
b. Back pain	YES	NO
c. Difficulty fully moving your arms and legs	YES	NO
d. Pain and stiffness when you lean forward or backward at the waist	YES	NO
e. Difficulty fully moving your head up or down	YES	NO
f. Difficulty fully moving your head side to side	YES	NO
g. Difficulty bending at your knees	YES	NO
h. Difficulty squatting to the ground	YES	NO
i. Difficulty climbing a flight of stairs or a ladder when carrying more than 25 pounds	YES	NO
j. Any other muscle or skeletal problem that interferes with using a respirator	YES	NO

**PART B – Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the healthcare professional who will review this questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?

YES NO

If YES, do you have feelings of dizziness, shortness of breath, pounding in your chest or other symptoms when you are working under these conditions?

YES NO

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gasses, fumes or dust) or have you come in skin contact with hazardous chemicals?

YES NO

If YES, name the chemicals if you know them: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_.

3. Have you ever worked with any of these materials, or under any of the conditions listed below?

- |                                                             |     |    |
|-------------------------------------------------------------|-----|----|
| a. Asbestos                                                 | YES | NO |
| b. Silica (e.g., sandblasting)                              | YES | NO |
| c. Tungsten/cobalt (e.g. grinding or welding this material) | YES | NO |
| d. Beryllium                                                | YES | NO |
| e. Aluminum                                                 | YES | NO |
| f. Coal (for example, mining)                               | YES | NO |
| g. Iron                                                     | YES | NO |



- |                                  |     |    |
|----------------------------------|-----|----|
| h. Tin                           | YES | NO |
| i. Dusty Environments            | YES | NO |
| j. Any other hazardous exposures | YES | NO |

If YES, describe these exposures

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4. List any second jobs or side businesses you have :

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5. List your previous occupations:

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6. List your current and previous hobbies:

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7. Have you ever been in the military services?

YES NO

If YES, were you exposed to biological or chemical agents (either in training or in combat)

YES NO

8. Have you ever worked on a HAZ MAT team? YES NO

If YES, when?

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9. Other than the medications for breathing or lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?

YES NO

If YES, name the medications if you know them:

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10. Will you be using any of the following items with your respirator?

a. Hepa filters YES NO

b. Canisters (for example, gas masks) YES NO

c. Cartridges YES NO

11. How often are you expected to use the respirator(s)? (circle YES or NO for all of the answers that apply.)

a. Escape only (no rescue) YES NO

b. Emergency rescue only YES NO

c. Less than 5 hours per week YES NO

d. Less than 2 hours per day YES NO

e. 2 to 4 hours per day YES NO

f. 2 to 4 hours per day YES NO

g. Over 4 hours per day YES NO

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour) YES NO

If YES, how long does this period last during the average shift? \_\_\_\_\_ hours  
\_\_\_\_\_ minutes

Examples of light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 pounds), or controlling machines.

b. Moderate (200 to 350 kcal per hour) YES NO

If YES, how long does this period last during the average shift? \_\_\_\_\_ hours \_\_\_\_\_ minutes

Examples of a moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 pounds) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 pounds) on a level surface.

c. Heavy (above 350 kcal per hour) YES NO

If YES, how long does this period last during the average shift? \_\_\_\_\_ hours  
\_\_\_\_\_ minutes

Examples of heavy work effort are lifting a load (about 50 pounds) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 pounds).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using this respirator?

YES NO

14. Will you be working under hot conditions (temperatures exceeding 77 degrees?

YES NO

15. Will you be working under humid conditions?

YES NO

16. Describe the work you will be doing while using the respirator.

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17. Describe any special or hazardous conditions you might encounter when you're using the respirator(s) (for example, confined spaces, life-threatening gasses).

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18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using the respirator(s).

Name of first toxic substance:

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Estimated maximum exposure level per shift:

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Duration of exposure per shift:

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Name of second toxic substance:

---

Estimated maximum exposure level per shift:

---

Duration of exposure per shift:

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Name of third toxic substance:

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Estimated maximum exposure level per shift:

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Duration of exposure per shift:

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List the name(s) of any other toxic substances that you'll be exposed to while using the respirator:

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19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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***CERTIFICATION: I certify that I have provided true and complete information concerning my health.***

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***EMPLOYEE SIGNATURE***

***DATE***

## **Appendix B: User Fit Check Procedures**

### **Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)**

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

#### **I. Facepiece Positive and/or Negative Pressure Checks**

**A. Positive pressure check.** Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

**B. Negative pressure check.** Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

#### **II. Manufacturer's Recommended User Seal Check Procedures**

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

## **Appendix C: Respirator Cleaning Procedures**

### **Appendix B-2 to § 1910.134: Respirator Cleaning Procedures (Mandatory)**

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B- 2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

## **I. Procedures for Cleaning Respirators**

**A.** Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

**B.** Wash components in warm (43° C [110° F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

**C.** Rinse components thoroughly in clean, warm (43° C [110° F] maximum), preferably running water. Drain.

**D.** When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43° C (110° F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43° C (110° F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

**E.** Rinse components thoroughly in clean, warm (43° C [110° F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

**F.** Components should be hand-dried with a clean lint-free cloth or air-dried.

**G.** Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

**H.** Test the respirator to ensure that all components work properly.



**Appendix D to § 1910.134 (Non-Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the

worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

- 1.** Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- 2.** Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
- 3.** Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
- 4.** Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**ATTACHMENT B**  
**EXPOSURE CONTROL PLAN**

**Twain Harte Community Services District**

**EXPOSURE CONTROL PLAN**

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**Purpose:**

This document provides uniform policy for the protection of all Twain Harte Community Services District (THCSD) personnel, both fulltime/part-time employees and volunteers, who as part of their job face reasonably anticipated exposure to blood borne pathogens and other potentially infectious materials. It is the intention of the THCSD to make the workplace as safe as possible.

**Scope:**

All employees/volunteers of THCSD who could be “reasonably anticipated” as the result of performing required job duties to face contact with blood or other potentially infectious materials are covered by the OSHA Bloodborne Pathogens Standard and by this policy directive. “Occupational exposure” includes any reasonable anticipated skin, eyes, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. Universal precautions shall be in force at all times as follows: in treating or dealing with all patients: in dealing with the cleaning or decontamination of any blood or body fluid, all blood, body fluid, and potentially infectious material shall be handled as if infected. THCSD shall adhere to the program standards for the control of potential exposure to HIV and HBV as outlined in the proposed OSHA rule Occupational Exposure to Bloodborne Pathogens” standard 1910.1030 or the most current standards available. The scope of this document is THCSD wide and applies to all staff and work locations.

**Responsibilities:**

The General Manager shall ensure that:

1. All elements of the Exposure Control Plan, including but not limited to exposure determination, work practice standards, hepatitis B vaccination procedures, training requirements and record keeping are met.
2. All employees/volunteers of THCSD have access to a copy of the Exposure Control Plan.
3. This Exposure Control Plan is reviewed and updated annually as needed.

**References:**

1. 29 CFR 1910.1030 Occupational exposure to blood borne pathogens.
2. 29 CFR 1910.20 access to employee exposure and medical records.

### **Exposure Determination by Job Classification:**

The Occupational Safety and Health Administration have recognized the need for a regulation that prescribes safeguards to protect workers against the health hazards from exposure to blood and other body fluids. The regulatory text is 29 CFR 1910.1030 and will be followed by the THCSO. This has been done to reduce the likely hood of contracting diseases through body fluids or sewage. There are approximately 5.6 million workers in health care and other facilities in the United States who are at risk of exposure to blood borne pathogens such as the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV) and other potentially infectious materials. The personnel at THCSO who are affected by this standard include, but are not limited to:

- Fire Chief
- Fire Captain
- Operator Intern
- Firefighter Intern
- Volunteer Firefighter
- Operational Support Unit Member
- Water and Sewer Operations Manager
- Water and Sewer employees
- Seasonal Park employees

Occupational exposure may occur in many ways, including needle stick and cut injuries. Exposure can also occur through direct and indirect contact with infectious materials. Health care workers and water and sewer workers who are employed in certain positions are assumed to be at high risk for exposure to blood and body fluids from patients and sewage. These high risk occupations include every member of the THCSO Fire Department, Water and Sewer Department and Park Department.

### **Testing and Examination:**

Any THCSO employee/Volunteer who suspects that he/she has a blood or body fluid exposure may request to be tested at the department's expense. When an exposure incident has occurred, the incident must be reported to the individual's supervisor immediately and an exposure form must be completed with all pertinent information recorded about the exposure. This immediate notification is to assure that the THCSO employees/volunteers receive the proper treatment. The potentially infected individual will be referred for medical treatment, counseling and medical surveillance. The source individual's test results will be made available to the exposed member with or without the source individual's permission, as long as significant risk of exposure has occurred. The THCSO shall strictly adhere to existing confidentiality rules and laws regarding employees with communicable diseases, including HIV or HBV associated conditions.

## **Definitions:**

*Blood* means human blood, human blood, components, and products made from human blood.

*Bloodborne Pathogens* means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

*Contaminated* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

*Contaminated Sharps* means any contaminated object that can penetrate the skin including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

*Decontamination* means the use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

*Engineering Controls* means controls (e.g. sharps disposal containers, self sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

*Exposure Incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

*Hand washing Facilities* means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

*Licensed Healthcare Professional* is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

*Occupational Exposure* means reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

*Other Potentially Infectious Materials mean:*

- (1) The following human body fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead)



- and;
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
  - (4) Any raw or treated sewage or contaminated surface that has been in contact with raw or treated sewage.

*Parenteral* means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

*Personal Protective Equipment* is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

*Regulated Waste* means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

*Source Individual* means any individual living or dead; whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include e, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

*Sterilize* means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

*Universal Precautions* is an approach to infection control. According to the concept of Universal Precautions all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

*Work Practice Controls* means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

## **Universal Precautions to Prevent the Transmission of Diseases Caused By Bloodborne Pathogens:**

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens, it is necessary to treat blood and other body fluids from all patients as potentially infected and to adhere rigorously to infection control precautions for minimizing the risk of exposure to blood and body fluids of all patients. The following precautions will be consistently used for all patients or when working around sewage.

All THCS D employees/volunteers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood and other body fluids of any patient is anticipated. This precaution also applies to deceased patients.

### **Gloves:**

Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids and for performing work around sewage and sewage treatment facilities. Gloves should be changed after each patient or work assignment. In situations where the THCS D employee/volunteer judges that hand contamination may occur or when the THCS D employees/volunteer is uncertain of what type of body fluids he/she is dealing with (E.G. in providing care on the scene) gloves should always be worn since you can not always see clearly or are able to judge what type of body fluid you are dealing with. THCS D employees/volunteers will always use gloves when contacting and handling all patients or working around sewage.

### **Masks, Eye Protection, and/or Face Shields:**

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields shall be worn whenever splashes spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

### **Gowns or Aprons:**

Gowns or aprons should be worn whenever there is a chance of splashing or spattering of body fluids or sewage onto clothing.

WASHING/FLUSHING OF HANDS AND OTHER SURFACES SHOULD BE PERFORMED IMMEDIATELY AND THOROUGHLY IF CONTAMINATION WITH BLOOD OR OTHER BODY FLUIDS OCCUR. HANDS SHOULD BE WASHED IMMEDIATELY AFTER GLOVES ARE REMOVED!!! WHEN HAND WASHING FACILITIES ARE NOT AVAILABLE, USE OF ANTISEPTIC HAND CLEANER IN CONJUNCTION WITH A CLEAN CLOTH/PAPER TOWEL OR ANTISEPTIC TOWELETTES IS ALLOWED. THE ANTISEPTIC HAND CLEANER AND ANTISEPTIC TOWELETTES CAN BE FOUND ON ALL EMERGENCY AND NON-EMERGENCY VEHICLES IN SERVICE AT THCSO. THE ITEMS FOR DIS-INFECTION CAN ALSO BE FOUND ON ALL AMBULANCES BELONGING TO TUOLUMNE COUNTY AMBULANCE.

**Sharps:**

All THCSO employees/volunteers should take precautions to prevent injuries caused by needles, scalpels, or other sharp objects. Major concerns should be broken glass, sharp pieces of metal and other objects found in and around the scene of an accident or in performing work on sewer infrastructure.

**Other Concerns:**

Although saliva has not been implicated in HIV transmission, to minimize the transfer of pathogens during emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas in which the need for resuscitation is predictable. This is preferable to mouth-to-mouth resuscitation.

All THCSO employees/volunteers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition is resolved.

**Hepatitis B Vaccination Program:**

The hepatitis B Vaccination will be offered, at no cost, to all members listed in the job classifications in which there is potential of occupational exposure to blood and body fluids. This includes all Twain Harte Community Services District Fire Division personnel and those personnel assigned to the Operational Support Unit.

### **Initial Vaccination:**

1. All new members will be offered the HBV vaccine at the time of their initial acceptance of a position with the Twain Harte Community Services District Fire Division. Unless the new member has previously received the complete HBV vaccinations series, antibody testing has revealed that the new member is immune, or the vaccine is contraindicated for medical reasons. In this case the new member must produce documentation to show that these conditions exist to refuse the HBV vaccine or a declination form must be signed.
2. All new members must sign the refusal form if they elect not to receive the vaccine.
3. The vaccine is available to any member who initially declines the vaccine but at a later date decides to accept the vaccine.
4. All new members will, after initial training, and within 10 days of the date, at which the new member can run calls, will be offered the HBV series of vaccinations. This HBV series will be offered at no cost to the member.

### **Follow -Up Vaccination/Testing:**

1. The HBV series consist of three vaccinations. After the initial vaccination, another will follow in one month. The second vaccination will followed by the third vaccination in six months.
2. If it is deemed necessary testing for adequate antibody response post immunization will be conducted three months after completion of the HBV series.

### **Booster Doses:**

If a booster dose of Hepatitis B vaccine is recommended by the United States Public Health Service at a future date the booster dose will be made available free of charge to all personnel to which booster applies.

### **Record Keeping:**

1. The immunization information or refusal of immunization will be maintained in the employee's medical record. Dates of immunization and testing results, if necessary, will be in the record.
2. THCSF Fire Department members' medical record will be maintained for the duration of the member's membership with the South Iredell Volunteer Fire Department plus 30 years.
3. The medical record will be maintained in the personnel files by the General Manager or their designee

## **Post-Exposure Procedures:**

The following procedures are to be followed after an employee or patient has exposure to blood or other potentially infectious materials. A listing of fluids and substances can be found in the Exposure Control Plan. If it is uncertain whether an exposure has taken place, proceed with this set of instructions until determination can be made.

An exposure is defined as any cut, puncture, or other percutaneous entry; a splash to mucous membranes, or other contact with blood or other potentially infectious materials on non-intact skin, etc. that is a result of carrying out your duties at the THCSO.

After a needle stick or cut:

1. Bleed the wound.
2. Wash the wound with soap and water and wipe with antiseptic agent.
3. Cover the wound, if necessary.
4. Contact the Chief or the officer on the scene and report the incident.
5. Make a notation on the call report or First Responder report.

After a mucous membrane, splash or skin exposure:

1. Flush mucous membrane or skin surface with a betadine solution.  
(1 part betadine prep to 4 parts sterile water)
2. Immediately flush with sterile water.
3. No other brand of iodophor should be substituted because of possible toxicity to tissue.
4. Contact the Chief or officer on scene and report the incident.
5. Make a notation on the call report or First Responder report.

After all exposures, and after the above measures have been taken:

1. The object or substance causing the exposure shall be identified, if possible.
2. The Chief or officer on the scene shall be notified as soon as feasible.
3. If possible, the source patient shall be identified and notified of the incident.  
The source patient will be tested for HIV and HBV pursuant to N.C. state law.
4. If the source patient cannot be identified, or if the source patient tests positive,  
The exposed worker will have the opportunity for a medical evaluation and  
Appropriate counseling regarding exposure to blood borne pathogens.  
Evaluation and counseling will be at no cost to the employee.
5. Exposed employees will have the opportunity, at no cost, to have baseline  
Blood drawn and stored for up to 90 days after the exposure.

All post exposure medical care will be provided by Job Care or Sonora Regional Medical Center Emergency Room.

## **Work Practices and Engineering Controls for Prevention of Occupational Exposure to Bloodborne Pathogens:**

Work practices are either generally accepted or departmental specific policies or procedures which workers are required to observe in order to minimize the risk of exposure to themselves and others.

1. Universal Precautions - THCS D subscribes to the principals of Universal Precautions, as recommended by the Centers of Disease Control. Universal Precautions, simply stated, say that all blood and body fluids should be regarded as infectious, and that all reasonable precautions should be taken to prevent exposure to these fluids.
2. Hand washing - Employees must wash their hands immediately or as soon as possible after removing gloves or other personal protective equipment. If hand washing facilities are not available the employee must use the antiseptic towelettes that are provided on the Dept. Vehicles and those issued for use in your personal vehicles. Employees must wash their hands and any other skin immediately or as soon as possible following contact with blood or other potentially infectious material.
3. Sharps - Handling Contaminated Needles, Syringes and Sharps - contaminated needles and other sharps must not be bent or broken and must be handled cautiously to minimize risk of inadvertent puncture or other such injury.
4. Recapping of needles is prohibited unless unavoidable such as:
  - a. When giving serial injections of a solution for the same patient over a hour period of time.
  - b. Blood gas analysis.
  - c. inoculation of blood culture bottle.

Only acceptable methods of recapping can be used as follows:

- a. Use of a recapping device.
- b. IV pole resheather.
- c. One-handed technique (Note: One-handed technique is not encouraged and Should only be used when other means are not available.)

Immediately or as soon as possible after use, contaminated sharps must be placed in puncture resistant, leak proof, labeled or color-coded sharps containers (labeled with the biohazard symbol).

Sharps containers are to be replaced when full (should not be filled higher than the full line).

5. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood for

occupational exposure such as laboratory work rooms, soiled utility rooms and ambulances.

6. Food and drinks must not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present such as patient specimens.
7. Mouth spitting of blood or potentially infectious material is prohibited.
8. Handling specimens-Specimens of blood or other potentially infectious material must be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
9. housekeeping- Current housekeeping cleaning procedures and schedules are sufficient for preventing transmission of blood borne pathogens.

The procedure for clean-up of blood or body fluid spills must be followed when potentially infectious materials are spilled.

Contaminated work surfaces must be decontaminated with a disinfectant (EPA registered disinfectant or solution of 1:10 of household bleach and water) as soon as feasible after contamination occurs, and at the end of each work shift.

Bins, pails, cans, and other reusable receptacles must be inspected and decontaminated on a regular scheduled basis and as feasible upon visible contamination.

Broken glassware which may be contaminated must be cleaned up with a dust pan and brush, tongs, forceps, or other mechanical mean. Employees must not clean up broken glassware directly with their hands.

10. Personal Protective Equipment (PPE)- Personal protective equipment such as gloves, gowns face shields, or masks, and eye protection , caps, shoe covers, resuscitation bags and pocket masks, are provided at no cost to the employees.

THCS,D will clean, launder and dispose of PPE. Contaminated PPE is **NOT** to be taken home for cleaning or laundering by employees.

When needed THCS,D will provide powder-less or hypoallergenic gloves for employees who need them.

11. To ensure that this equipment is used as effectively as possible, the following practices must be taken when using personal protective equipment:
  - a. Any garment penetrated by blood or other infectious material should be removed immediately, or as soon as feasible.

- b. All personal protective equipment is removed prior to leaving a work area.
  - c. Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as a protective barrier.
12. Employee owned clothing contaminated with blood or body fluids will be processed by the South Iredell Volunteer Fire Department for cleaning.

Engineering Controls are one of the key aspects of the THCS D Exposure Control Plan. Engineering controls are used to eliminate or minimize employee exposures. As part of this effort, we will continually work to identify engineering controls and safety devices for prevention of occupational exposures. Some examples of engineering controls available at the THCS D are:

Sharps containers are available in every emergency vehicle.

Infectious waste should be placed in the appropriate containers on the county EMS units.

Hand washing facilities- Sinks and soap for hand washing are provided in all bathrooms, and in the bay area of the THCS D Fire Department.

Antiseptic Towelettes are available on all THCS D Fire Department vehicles to be used until proper hand washing can take place.

Laerdal Pocket Mask provides a physical barrier between rescuer and patient so that direct mouth-to-mouth- contact does not occur and are available on most dept. vehicles.

Full protective turn-out gear is provided to all THCS D Fire Department personnel. This includes helmet with face shield, fire-fighting boots and gloves. Those members not having a complete set of turn-out gear shall not be in the action area of vehicle extrication. Members shall not be within twenty five feet of the vehicles if not in full protective gear. Rubber gloves shall be worn beneath the gloves provided for further protection against blood and body fluids.



## **Hazard Communications:**

### **Labels**

The Biohazard symbol will be used to indicate infectious or potentially infectious material.

The Biohazard symbol will be affixed to:

1. Containers used to store, transport or ship blood or other potentially infectious materials.
2. Contaminated equipment that cannot be decontaminated prior to servicing or shipping must have a readily observable biohazard label attached to the equipment stating which portions remain contaminated.

### **Red Bags or Containers:**

Red plastic bags and red containers may be substituted for the biohazard symbol. Items packaged in red plastic bags are considered infectious and will be treated in accordance with the infectious waste disposal policy and procedure.

## **Training and Information for prevention of Occupational Exposures to Blood and Body Fluids:**

### **Scope of Training:**

All members of the THCS D will be given or shall have approved training at least once a year. Bloodborne pathogens training must be in place before new members are qualified to run calls. The annual training program will be provided for all members within one year of their previous training.

Additional training is required whenever there are modifications of tasks or procedures which may affect exposure. Training must take place whenever any new hazards are introduced to the workplace which places that individual at risk.

Training must take place at the time of initial assignment to tasks where exposure may occur and prior to the risk of exposure.

### **Required Elements of Training Program:**

1. An accessible copy of the text of the OSHA Bloodborne Pathogens Standard and an explanation of its contents.
2. An explanation of the epidemiology and systems of blood borne disease.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of the exposure control plan and how the employee can obtain a copy of the written plan.
5. An explanation of the appropriate method for recognizing tasks and other activities which involve a possible exposure to blood and potentially infectious materials.
6. An explanation of the methods, including their use and limitations, that can reduce or prevent the likelihood of exposure including engineering controls, work practices, and personal protective equipment (PPE).
7. Information of personal protective equipment such as proper use, location, removal, handling, decontamination, and disposal.
8. An explanation of the basis for selection of personal protective equipment.

**Training Cont.:**

9. Information of the Hepatitis B vaccination including efficiency, safety, administration, benefits of vaccination, and the fact that the vaccination will be offered at no charge to the employee.
10. Information on appropriate action to take and persons to contact when an emergency involving blood or potential infectious materials occurs.
11. An explanation of the procedure to follow when an exposure incident occurs, including the method of reporting and medical follow-up that is provided for employees.
12. Information on the post-exposure evaluation and follow-up that is provided for employees.
13. An explanation of signage, labels and color-coding used to designate infectious materials.
14. Opportunity for the employee to ask questions.

**Records of Employee Training:**

Records of employee training will be kept for three years from the date of leaving the THCS.

Training records will include the dates of training sessions, the content of the training, and the names and qualifications of the person(s) conducting the training, and the names and job titles of all personnel attending the sessions.

# **ATTACHMENT C FORMS**

# Twain Harte Community Services District

## ACKNOWLEDGMENT OF RECEIPT OF THE *GENERAL CODE OF SAFE PRACTICES*

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *General Code of Safe Practices* (GCSP).

I received the THCSD's GCSP on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), and I acknowledge I understand it.

Name: \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

File: Employee Personnel File  
Programs-ModelDocuments (IIPP-Form-GCSPReceipt-2010.doc)

# Twain Harte Community Services District

## ***IDENTIFIED PROBLEM REPORT FORM***

### **Use of this Form**

Please use this form whenever you have something to report regarding a safety matter. Your report may be based on your observation of an unsafe practice, an unsafe condition, a problem associated with managerial policies and/or procedures or some other matter. *It is the policy of THCS D that no one will be retaliated against for submitting a safety report.* Our goal is to eliminate accidents and your help is what it is all about. Please feel free to use additional sheets of paper to describe fully your identified problem and suggestion.

### **Identified Problem and Suggestion**

**Name of Person Submitting Suggestion (optional\*):** \_\_\_\_\_

**Telephone Number (optional\*):** \_\_\_\_\_

\* If you provide your name and telephone number, you will be informed as to the status of your suggestion. Without this information, it will not be possible to let you the status.

**Complete Description of Identified Problem** - If the problem is based upon a specific circumstance, please include the date and time you saw it:

**Description of Suggestion(s)** – What changes do you recommend to correct the problem?

\_\_\_\_\_  
**Signature of Person Reporting the Problem (optional)**

\_\_\_\_\_  
**Date**

\* \* \*

### **Investigative Response**

**Person Submitting Report: Please Do Not Write in this Section.**

**Name of Person Investigating Problem and Suggestion:** \_\_\_\_\_

**Results of Investigation** – What was found?

**Recommended Steps to Correct the Identified Problem** – The recommendations may be the same as the person who submitted this form.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**

**Twain Harte Community Services District**

**ACKNOWLEDGMENT OF RECEIPT OF THE  
*INJURY & ILLNESS PREVENTION PROGRAM (IIPP)***

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *Injury and Illness Prevention Program*.

I received THCS D's IIPP on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), and I acknowledge I understand it.

Name: \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

File: Employee's Personnel File

Programs-ModelDocuments (IIPP-Form-IIPPRceipt-2010.doc)

**Twain Harte Community Services District**  
**Safety Inspection Form/Action Plan – Location (\_\_\_\_\_)**  
*Page 1 of \_\_\_\_*

<b>Facility Inspected:</b>	<b>Name of Inspector (s):</b>
<b>Date of Inspection:</b>	<b>Date of Report:</b>
<b># of items corrected from previous inspections:</b>	____ out of ____
<b># of items uncorrected from previous inspections:</b>	____
<b># of items uncorrected in <u>this</u> inspection:</b>	____
<b># of items corrected on the spot in <u>this</u> inspection:</b>	(____)
<b># of total items remaining uncorrected in this report:</b>	____
<b>Number (%) of total items uncorrected by priority:</b>	
<b>Priority – Life Threatening</b>	____ (____%)
<b>Priority – I</b>	____ (____%)
<b>Priority – II</b>	____ (____%)
<b>Priority – III</b>	____ (____%)

Report Recipients: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

*For information regarding this inspection, please contact:*

\_\_\_\_\_

**Key**

✓C = Check (✓) this column when the action is corrected

P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)

\$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)



**Twain Harte Community Services District**  
**Safety Inspection Form/Action Plan – Location (\_\_\_\_\_)**  
*Page 2 of \_\_\_\_*

✓C	P	\$	Item # Yr-Mo-#	Observations	Recommendations	Current Status

Programs-ModelDocuments (IIPP-Form-InspectionForm-2010.doc)

**End**

**Key**  
 ✓C = Check (✓) this column when the action is corrected  
 P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)  
 \$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)

**Twain Harte Community Services District**

**INVESTIGATION REPORT (Occupational Injury or Illness)**

Time is of the essence. Please be as complete and concise as possible. If you need additional space, please use additional sheets of paper and note the paragraph number and letter. The information you provide should help prevent a similar occupational injury or illness in the future.

**1. WHO**

1.a. Name of Injured Employee: \_\_\_\_\_

1.b. Date of Hire: \_\_\_\_\_

1.c. Normal Occupation of Employee (Job Classification):  
\_\_\_\_\_

1.d. Name(s) of Witness(es):  
\_\_\_\_\_

**2. WHEN**

2.a. Date of Incident: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2.b. Time of Incident: \_\_\_\_\_ AM \_\_\_\_\_ PM

2.c. Work Start Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

2.d. Date Reported to You: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2.e. Time Reported: \_\_\_\_\_ AM \_\_\_\_\_ PM

2.f. Did Employee Leave Work Due to Incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

2.g. Did Employee Return to Work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, When (Date and Time): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ AM \_\_\_\_\_ PM

3. WHERE (Describe Where the Incident Happened):  
\_\_\_\_\_

**4. WHAT**

4.a. Describe the Injury or Illness, such as cut, strain, fracture, skin rash:

4.b. What Part of the Body was Affected, such as back, left wrist, right eye, lungs:

4.c. What was employee doing when injured? (Be specific by identifying tools, equipment or materials being used) Use additional paper, if necessary.

5. **HOW AND WHY** Did any of the following factors have anything to do with how and why the incident occurred? If you answer YES or PARTLY please provide further information. Do whatever you need to do to determine whether these factors were involved.

Factors	Yes	Partly	No
a. Lack of knowledge or skill			
b. Error			
c. Lack of (or incorrect) policies, procedures, rules			
d. Lack of (or insufficient) safety training			
e. Too many demands and/or pressures			
f. Lack of sufficient number of people to do the work			
g. Hazards			
h. Insufficient, improper, or unrepaired equipment and/or tools			
i. Incorrect design of facilities, equipment, materials			
j. Inattention			
k. In a hurry			
l. Anything else?			

6. **PREVENTABILITY**

In your opinion, was this incident preventable? (Circle your answer): Yes No  
Why?

7. 7.a. What is the LOSS SEVERITY POTENTIAL? (Circle your answer):

Major Serious Minor

7.b. What is the PROBABLE RECURRENCE RATE? (Circle your answer):

Frequent Occasional Rare

8. **CORRECTIVE ACTION** What actions have or will be taken to prevent a recurrence?

	<u>Corrective Actions</u>	<u>Target Completion Date</u>	<u>Actual Completion Date</u>
8.a.			
8.b.			
8.c.			
8.d.			

9. 9.a. Investigator's Name (Print): \_\_\_\_\_

9.b. Title: \_\_\_\_\_

9.c. Investigator's Signature: \_\_\_\_\_

9.d. Date: \_\_\_\_\_

10. File a copy in the employee's personnel file and any other investigation files.

# Twain Harte Community Services District

## NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

### Use of this Form

1. All new employees receive general safety orientation training. All such safety training is documented on this form.
2. The completed checklist is filed in each new employee's personnel file.
3. Check off when each topic has been covered.
4. Both the person who conducts the orientation and the employee sign and date when the orientation training has been completed.

Safety Orientation Checklist		
	Orientation Topics	Check (√) When Completed
1.	Review of the THCS D's <b>Injury &amp; Illness Prevention Program</b> – The instructor conducts a detailed review of this document with the employee. The employee receives a copy of the IIPP and signs for it using the receipt designed for this purpose.	
2.	Review of the company's <b>Code of Safe Practices</b> – The instructor conducts a detailed review of this document with the employee. The employee receives a copy and signs for it using the receipt designed for this purpose.	
3.	Reporting unsafe conditions and practices.	
4.	Reporting occupational injuries and illnesses.	
5.	Review of those aspects of the THCS D's <b>Emergency Action Plan</b> pertaining to the employee.	
6.	Review of those aspects of the THCS D's <b>Fire Protection Plan</b> pertaining to the employee.	
7.	Personal Protective Equipment.	
8.	Review of the employees' <b>right-to-know</b> about hazardous substances in their work environment and provision of information about the THCS D's <b>Hazard Communication Program</b> , available from the IIPP Administrator.	
9.	Confined space safety awareness.	
10.	Excavation safety.	
11.	Safe use of respirators.	
12.	Fall protection requirements – heights.	
13.	Review of <b>specific accident prevention tips</b> on the most common types* of employee accidents to be avoided:	
13.a.	*Lifting, pushing, pulling	
13.b.	*Slip, trip and fall prevention	
13.c.	*Hand safety	
13.d.	*Use of manual and portable power tools	
13.e.	*Electrical safety	
13.f.	*Driving accident prevention	
13.g.	*Ergonomics-related injury/illness prevention	
14.	Summary of information covered.	

\_\_\_\_\_  
Instructor Name (Printed)

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Employee Signature

Date of Orientation: \_\_\_\_\_

# Twain Harte Community Services District

## ***RECORD OF TRAINING FORM***

\_\_\_\_\_  
Employee Name (Print or Type)

Use of this Form

All training each employee receives is documented on this form.

<b>Date of Training</b>	<b>Training Subject</b>	<b>Certificate Issued (✓)</b>

<b>Date of Training</b>	<b>Training Subject</b>	<b>Certificate Issued (√)</b>

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Board Positions  
**POLICY NUMBER:** 4000  
**ADOPTED:** September 17, 1996  
**AMENDED:** February 10, 2011

**4000.10** The officers of the Board of Directors shall be: President and Vice-President (Health & Safety Code 13853.2).

**4000.11** President: To be elected annually by the Board of Directors.

**4000.12** Vice-President: To be elected annually by the Board of Directors.

**4000.20** The President of the Board of Directors shall serve as chairperson at all Board meetings. He/she shall have the same rights as the other members of the Board in voting, introducing motions, resolutions and ordinances, and any discussion of questions that follow said actions.

**4000.21** In the absence of the President, the Vice President of the Board of Directors shall serve as chairperson over all meetings of the Board. If the President and Vice President of the Board are both absent, the remaining members present shall select one of themselves to act as chairperson of the meeting.

**4000.30** Duties of the Directors:

**4000.31** Their duties shall be legislative, and they shall formulate and adopt policy for the operation of the District.

**4000.32** They shall conduct their business for the public benefit, abiding by the "Open Meeting Laws," court decisions, and Attorney general opinions concerning the requirements for open meetings of governmental agencies of the State of California, as covered under the Ralph M. Brown Act, current edition. They shall also abide by conflict of interest and ethics laws.

**4000.33** They shall take legal action when required by law.

**4000.34** They shall review and approve a budget annually (Health & Safety Code 13890 and 13895). They shall provide within budget limitations adequate personnel, approve new positions as required or deemed necessary by a

Board majority, and ratify or reject the appointment of all personnel.

- 4000.35** They shall adopt rules and regulations for guidance of the District.
- 4000.36** They shall keep the Manager informed of community reaction to the District's services and assist in building positive community relations.
- 4000.37** They shall represent the District at public hearings and seminars that pertain to the District, as required.
- 4000.38** They shall study ways of improving the District and its services.
- 4000.39** They shall schedule a hearing to formally receive the written grievance and  
the answers thereto at each step of the Grievance Procedure, and to hear evidence regarding the issue or issues of said grievance after the grievant has followed the Grievance Procedure steps as presented in the Rules and Regulations.
- 4000.40** No Director shall vote, make recommendations, or in any way participate in decisions relating to any personnel matter which may directly affect the selection, appointment, promotion, termination, other employment status, or interest of a close relative.
- 4000.41** For the purpose of this policy, "close relative" is defined as husband, wife, mother, father, son, daughter, sister, brother or domestic partner.
- 4000.42** When an individual is considered for appointment to the department in which an immediate family member holds a position, review of this fact shall be required at all appointing levels. The objective of this review shall be to assure equity to all members of the department.



**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Board Positionsof Directors

**POLICY NUMBER:** 4000

**ADOPTED:** September 17, 1996

**AMENDED:** February 10, 2011

**AMENDED:** \_\_\_\_\_

**4000.10 Board of Directors**

**4000.11** Governing Body. The District shall be governed by a five-member Board of Directors, in accordance to California Government Code Sections 61000-61250 (Community Services Districts). Members of the Board of Directors must meet the following criteria:

1. No person shall be a candidate for the Board of Directors unless he or she is a voter of the District.
2. A member of the Board of Directors shall not be the General Manager, the District Treasurer or any other compensated employee of the District.

**4000.12** Purpose. The Board of Directors is responsible for the overall governance of the District, establishing policies for District operation and appointing a General Manager to implement those policies. All Directors shall exercise their independent judgment on behalf of the interests of the entire District, including the residents, property owners, and the public as a whole.

**4000.20 Selection of Directors**

**4000.21** Election and Terms. Directors shall be elected at large, serving as follows:

1. Directors shall serve staggered terms of four years.
2. Terms shall begin on the first Friday in December following their election.

**4000.22** Vacancies. Board of Director vacancies in the middle of a term shall be filled pursuant to Section 1780 of the California Government Code.

**4000.30 Officers**

4000.31 Board Officers. The Board of Directors shall elect the following Officers each December to serve in that office for the following calendar year:

~~1.—President. The officers of the Board of Directors shall be: President and Vice President (Health & Safety Code 13853.2).~~

~~President: To be elected annually by the Board of Directors.~~

~~Vice President: To be elected annually by the Board of Directors.~~

~~1.—The President of the Board of Directors shall serve as chairperson at all Board~~  
~~1. meetings. He/she shall have the same rights as the other members of the Board in voting, introducing motions, resolutions and ordinances, and any discussion of questions that follow said actions.~~

~~2.—Vice President.~~

~~3.—~~

~~4.2.~~In the absence of the President, the Vice President of the Board of Directors shall serve as chairperson over all meetings of the Board.  
~~If the President and Vice President of the Board are both absent, the remaining members present shall select one of themselves to act as chairperson of the meeting.~~

~~4000.31~~4000.32 District Officers. The Board of Directors shall appoint the following District Officers to serve at their pleasure:

1. General Manager. The General Manager shall be responsible for all of the following:
  - A. Implementation of the policies established by the Board of Directors for the operation of the District.
  - B. Appointment, supervision, discipline, and dismissal of the District's employees, consistent with employee relations policies and agreements established by the Board of Directors.
  - C. Supervision of the District's facilities and services.
  - D. Supervision of the District's finances.
2. District Treasurer. The Board may appoint the General Manager as the District Treasurer. The District Treasurer shall be responsible for all of the following:

- A. Implementation of a system of accounting that adheres to generally accepted accounting principles and, at all times, shows the District’s financial condition.
- B. Implementation of the Board’s financial policies and laws to control withdrawals and deposits of District funds, make payments, manage loans, pay employee salaries and make other financial transactions required for District operations.
- ~~B.~~
- ~~C.~~ Providing written reports to the Board of Directors regarding the receipts, disbursements and balances in the accounts controlled by the District Treasurer.

~~4000.30 Duties of the Directors:~~

~~4000.31~~

~~4000.32 4000.31 Their duties shall be legislative, and they shall formulate and adopt policy~~

~~4000.33 for the operation of the District.~~

~~4000.34~~

~~4000.35 4000.32 They shall conduct their business for the public benefit, abiding by the~~

~~4000.36 “Open Meeting Laws,” court decisions, and Attorney General opinions~~

~~4000.37 concerning the requirements for open meetings of governmental agencies of the State of California, as covered under the Ralph M. Brown Act, current~~

~~4000.38 edition. They shall also abide by conflict of interest and ethics laws.~~

~~4000.39~~

~~4000.40 They shall take legal action when required by law.~~

~~4000.41~~

~~4000.42 They shall review and approve a budget annually (Health & Safety Code~~

~~4000.43 13890 and 13895). They shall provide, within budget limitations, adequate personnel, approve new positions as required or deemed necessary by a Board majority, and ratify or reject the appointment of all personnel.~~

~~4000.44~~

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~~4000.46~~

~~4000.47 4000.36 They shall keep the General Manager informed of community reaction to the District’s services and assist in building positive community relations.~~

~~4000.48~~

~~4000.49 They shall represent the District at public hearings and seminars that~~

~~4000.51 pertain to the District, as required.~~

~~4000.52~~

~~4000.53 4000.38 They shall study ways of improving the District and its services.~~

~~4000.54~~

~~4000.55 4000.39 They shall schedule a hearing to formally receive the written grievance and the answers thereto at each step of the Policy #2160 Grievance Procedure, and to hear evidence regarding the issue or issues of said grievance after the grievant has followed the Grievance Procedure steps as presented in the Policy #2160 Rules and Regulations.~~

- ~~4000.56~~ \_\_\_\_\_
- ~~4000.57~~ \_\_\_\_\_ No Director shall vote, make recommendations, or in any way participate
- ~~4000.58~~ \_\_\_\_\_ in decisions relating to any personnel matter which may directly affect the selection, appointment, promotion, termination, other employment status, or interest of a close relative.
- ~~4000.59~~ \_\_\_\_\_
- ~~4000.60~~ \_\_\_\_\_ For the purpose of this policy, “close relative” is defined as husband, wife,
- ~~4000.61~~ \_\_\_\_\_ mother, father, son, daughter, sister, brother or domestic partner.
- ~~4000.62~~ \_\_\_\_\_
- ~~4000.63~~ \_\_\_\_\_ When an individual is considered for appointment to the department in
- ~~4000.64~~ \_\_\_\_\_ which an immediate family member holds a position, review of this fact shall be required at all appointing levels. The objective of this review shall be to assure equity to all members of the department.

~~D.C.~~

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Board of Directors  
**POLICY NUMBER:** 4000  
**ADOPTED:** September 17, 1996  
**AMENDED:** February 10, 2011  
**AMENDED:**

**4000.10 Board of Directors**

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**4000.31** Board Officers. The Board of Directors shall elect the following Officers each December to serve in that office for the following calendar year:

1. President. The President of the Board of Directors shall serve as chairperson at all Board meetings. He/she shall have the same rights as the other members of the Board in voting, introducing motions, resolutions and ordinances, and any discussion of questions that follow said actions.
2. Vice President. In the absence of the President, the Vice President of the Board of Directors shall serve as chairperson over all meetings of the Board. If the President and Vice President of the Board are both absent, the remaining members present shall select one of themselves to act as chairperson of the meeting.

**4000.32** District Officers. The Board of Directors shall appoint the following District Officers to serve at their pleasure:

1. General Manager. The General Manager shall be responsible for all of the following:
  - A. Implementation of the policies established by the Board of Directors for the operation of the District.
  - B. Appointment, supervision, discipline, and dismissal of the District's employees, consistent with employee relations policies and agreements established by the Board of Directors.
  - C. Supervision of the District's facilities and services.
  - D. Supervision of the District's finances.
2. District Treasurer. The Board may appoint the General Manager as the District Treasurer. The District Treasurer shall be responsible for all of the following:
  - A. Implementation of a system of accounting that adheres to generally accepted accounting principles and, at all times, shows the District's financial condition.
  - B. Implementation of the Board's financial policies and laws to control withdrawals and deposits of District funds, make payments, manage loans, pay employee salaries and make other financial transactions required for District operations.
  - C. Providing written reports to the Board of Directors regarding the receipts, disbursements and balances in the accounts controlled by the District Treasurer.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE: Members of the Board of Directors**

**POLICY NUMBER: 4010**

**ADOPTED: September 17, 1996**

**AMENDED: April 14, 2011**

- 4010.10** Directors shall thoroughly prepare themselves to discuss agenda items at meetings of the Board of Directors. Information may be requested from department heads or General Manager.
- 4010.20** Directors shall at all times conduct themselves with courtesy to each other, to staff and to members of the audience present at Board meetings.
- 4010.30** Directors shall defer to the President for conduct of meetings of the Board, but shall be free to question and discuss items on the agenda. All comments should be brief and confined to the matter being discussed by the Board.
- 4010.40** Directors may request for inclusion into minutes brief comments pertinent to an agenda item, only at the meeting that item is discussed (including, if desired, a position on abstention or dissenting vote). If abstaining, reason for abstention must be given.
- 4010.50** Directors shall abstain from participating in consideration on any item involving a personal or financial conflict of interest. Unless such a conflict of interest exists, however, Directors should not abstain from the Board's decision-making responsibilities.
- 4010.60** Any Director, as an individual, shall not incur any expenses to the District other than those described in Policy 4025, Remuneration and Expenditure Reimbursement.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** ~~Members~~ General Duties of the Board of Directors

**POLICY NUMBER:** 4010

**ADOPTED:** September 17, 1996

**AMENDED:** April 14, 2011

AMENDED:

**4010.10 Purpose**

The Board of Directors serves as the governing body for the District. This policy sets forth some of the general duties required of the Board of Directors in carrying out governance of the District.

**4010.20 Corporate Duties**

As a corporate governing body, the Board of Directors are responsible to:

4010.21 Establish the District's mission, vision and strategic objectives.

4010.22 Formulate, adopt and review policies and ordinances that govern the operations of the District.

4010.23 Conduct District business for the public benefit in an ethical and transparent manner, abiding by the requirements of the Ralph M. Brown Act, conflict of interest laws, and ethics laws.

4010.24 Appoint a General Manager to implement the District's policies, carry out the District's mission and accomplish strategic objectives.

4010.25 Review and adopt an annual budget that is fiscally responsible and provides sufficient resources to accomplish the District's mission.

4010.26 Monitor the District's financial condition and plan for long term financial sustainability.

**4010.30 Individual Duties**



Individual Directors are responsible to:

4010.31 Exercise independent judgment on behalf of the interests of the entire District, including residents, property owners, and the public as a whole.

4010.32 Engage with the community to best understand needs and assist in building positive community relations.

4010.33 Represent the District at public and agency meetings and gatherings.

4010.34 Keep the General Manager informed of community reaction to the District's services.

4010.35 Attend regular, special and emergency meetings of the Board of Directors and any assigned committee meetings of the Board of Directors.

4010.36 Directors shall thoroughly pPrepare themselves to effectively discuss agenda items at meetings of the Board of Directors and to seek any needed. ~~Information may be requested from department heads and/or the~~ General Manager.

~~4010.30~~4010.37 Study methods of improving District services and attend training classes to build knowledge and improve performance as a Director.

~~4010.20~~ Directors shall at all times conduct themselves with courtesy to each other, to staff and to members of the audience public present at Board meetings.

~~4010.30~~ Directors shall defer to the President for conduct of meetings of the Board, but shall be free to question and discuss items on the agenda. All comments should be brief and pertaining confined to the matter being discussed by the Board.

~~4010.40~~ Directors may request for inclusion into minutes brief comments pertinent to an agenda item, only at the meeting that item is discussed (including, if desired, a position on abstention or dissenting vote). If abstaining, reason for abstention must be given.

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~~4010.60~~ Any Director, as an individual, shall not incur any expenses to the District other than those described in Policy 4025, Remuneration and Expenditure Reimbursement.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** General Duties of the Board of Directors  
**POLICY NUMBER:** 4010  
**ADOPTED:** September 17, 1996  
**AMENDED:** April 14, 2011  
**AMENDED:**

**4010.10** **Purpose**

The Board of Directors serves as the governing body for the District. This policy sets forth some of the general duties required of the Board of Directors in carrying out governance of the District.

**4010.20** **Corporate Duties**

As a corporate governing body, the Board of Directors are responsible to:

- 4010.21** Establish the District’s mission, vision and strategic objectives.
- 4010.22** Formulate, adopt and review policies and ordinances that govern the operations of the District.
- 4010.23** Conduct District business for the public benefit in an ethical and transparent manner, abiding by the requirements of the Ralph M. Brown Act, conflict of interest laws, and ethics laws.
- 4010.24** Appoint a General Manager to implement the District’s policies, carry out the District’s mission and accomplish strategic objectives.
- 4010.25** Review and adopt an annual budget that is fiscally responsible and provides sufficient resources to accomplish the District’s mission.
- 4010.26** Monitor the District’s financial condition and plan for long term financial sustainability.

**4010.30** **Individual Duties**

Individual Directors are responsible to:

- 4010.31** Exercise independent judgment on behalf of the interests of the entire District, including residents, property owners, and the public as a whole.
- 4010.32** Engage with the community to best understand needs and assist in building positive community relations.
- 4010.33** Represent the District at public and agency meetings and gatherings.
- 4010.34** Keep the General Manager informed of community reaction to the District's services.
- 4010.35** Attend regular, special and emergency meetings of the Board of Directors and any assigned committee meetings of the Board of Directors.
- 4010.36** Prepare themselves to effectively discuss agenda items at meetings of the Board of Directors and to seek any needed information from the General Manager.
- 4010.37** Study methods of improving District services and attend training classes to build knowledge and improve performance as a Director.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE: Committees of the Board of Directors**

**POLICY NUMBER: 4020**

**ADOPTED: September 17, 1996**

**AMENDED: January 10, 2008**

**AMENDED: February 10, 2011**

**AMENDED: December 11, 2014**

**AMENDED: December 14, 2017**

**AMENDED: September 11, 2019**

**4020.10 Ad-Hoc Committees**

**4020.11** The Board President shall appoint ad hoc committees as may be deemed necessary or advisable by himself/herself and/or the Board. The duties of the ad hoc committees shall be outlined at the time of appointment, and the committee shall be considered dissolved when its final report has been made.

**4020.20 Standing Committees:**

**4020.21** The following shall be the standing committees of the Board:

- Fire Committee
- Park and Recreation/Citizens' Oversight Committee
- Water & Sewer Committee
- Finance/Policy Review Committee

**4020.22** General Purpose. The primary purpose of Standing Committees is to improve the Board's effectiveness by providing a platform for action items to be vetted or formulated in detail prior to Board meetings. The work of Standing Committees should result in the removal of most routine and undeveloped items from the Board's agenda, such as detail-oriented planning and oversight, initial formulation of policies and other written documents and procedures, evaluation and/or formation of options for the Board's consideration, preliminary development and evaluation of ideas that may evolve into Board action items in the future.

Standing Committees may be assigned to review District functions, activities, and/or operations pertaining to their designated concerns. Said

assignments may be made by the Board President, a majority vote of the Board, or on their own initiative as long as it supports the Board's work.

Standing Committees will act in an advisory capacity to the Board and will make recommendations on actions to be taken by the Board.

**4020.23** Specific Purpose. In addition to the general purposes presented above, each Standing Committee shall serve the following specific purposes:

**4020.23.1** Fire Committee: This committee will consider, evaluate and review matters concerning fire protection and rescue services provided by the District.

**4020.23.2** Park and Recreation/Citizens' Oversight Committee: This committee will consider, evaluate and review matters concerning the District's Park and Recreation facilities and services. The committee shall include at least one public member to review projects and expenditures funded by assessments.

**4020.23.3** Water & Sewer Committee: This committee will consider, evaluate and review matters concerning water and wastewater services provided by the District.

**4020.23.4** Finance/Policy Review Committee: This committee is responsible for formulating, reviewing and updating policies for approval by the Board. It will also oversee management and development of the District's budget, reserves and investments and will consider, evaluate and review matters concerning District finances and assets.

**4020.24** Authority. Standing Committees do not have authority to make decisions on behalf of the Board, except for routine tasks that have been delegated to a specific Standing Committee by an adopted policy or resolution.

**4020.25** Schedule. Standing Committees will be normally scheduled for the first Wednesday of each odd-numbered month (i.e. January, March, May, etc.), but will only be held if there is a need required by Policy or if the Board's agenda will be better served by first discussing items in a Committee. Committee schedules for each calendar year, including any exceptions to the normal schedule, will be approved by the Board each year as part of the Board's annual meeting calendar.

**4020.26** Members. Two Board members shall serve on each Standing Committee. The incoming Board President shall appoint the members of the Standing

Committees for the ensuing year no later than mid-December. Board members shall serve on their assigned standing committee(s) for a term of January 1 through December 31.

Selection of Standing Committee members should be selected to best serve the Board's work. Generally, Standing Committee members will be selected based on personal expertise or skills related to the specific purpose of the assigned committee. However, a member may be assigned to a Standing Committee to broaden that individual's experience or expertise in a specific area.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Code of Ethics  
**POLICY NUMBER:** 4030  
**ADOPTED:** September 17, 1996  
**AMENDED:** March 10, 2011  
**AMENDED:** March 12, 2015

- 4030.10** The Board of Directors of the Twain Harte Community Services District is committed to providing excellence in legislative leadership to its constituents.
- 4030.20** The primary responsibility of the Board of Directors is the formulation and evaluation of policy, to establish and approve a balanced budget, and oversee the prudent expenditure of the community's tax dollars.
- 4030.30** Differing viewpoints are healthy in the decision-making process. Individuals have the right to disagree with ideas and opinions. Once the Board of Directors takes action, Directors should commit to supporting said action and not create barriers to the implementation of said action.
- 4030.40** Directors should practice the following procedures:
- 4030.41** In seeking clarification on informational items, Directors may directly approach department heads or General Manager to obtain information needed to supplement, upgrade, or enhance their knowledge to improve legislative decision-making.
  - 4030.42** In handling items related to safety, concerns for safety or hazards should be reported to the General Manager or department heads.. Emergency situations should be dealt with immediately by seeking appropriate assistance.
  - 4030.43** In presenting items for discussion at Board meetings, see Policy #5020.
  - 4030.44** In seeking clarification for policy-related concerns, especially those involving personnel, legal action, land acquisition and development, finances, and programming, said concerns should be referred directly to the Manager.

**4030.45** When approached by District personnel concerning specific District policy, Directors should direct inquiries to the appropriate department head or General Manager. The chain of command should be followed.

**4030.46** When responding to constituent requests and concerns, Directors should be courteous, responding to individuals in a positive manner and routing their question through appropriate channels and to responsible management personnel.

**4030.50** Directors are responsible for monitoring the District's progress in attaining its goals and objectives.



**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Code of Ethics and Conduct  
**POLICY NUMBER:** 4030  
**ADOPTED:** September 17, 1996  
**AMENDED:** March 10, 2011  
**AMENDED:** March 12, 2015

**4030.10 Purpose**

The Board of Directors of the Twain Harte Community Services District is committed to providing excellence in legislative leadership to its constituents. This policy sets forth requirements for the Board of Directors to ensure that their service to the public and staff is conducted in a professional, reliable, responsible, and transparent manner.-

**4030.20 Practices and Values**

The Board of Directors shall be committed to the following practices and values:

1. At all times, conduct yourself with courtesy and respect toward other Directors, staff, agencies and members of the public.
2. Always consider the District's mission, vision, and values when evaluating and making decisions.
3. Act with independent judgment for the good of the District as a whole.
4. Focus on policy creation rather than policy implementation.
5. Maintain an open mind, looking to learn from others. Differing viewpoints are healthy in the decision-making process. Individuals have the right to disagree with ideas and opinions.
6. In meetings, be present and listen attentively to the public, staff and other Directors.
7. Always provide opportunity for all members of the public to take part in District decision-making.
8. Respect and follow the rules and procedure set forth in the Board Meeting Conduct Policy.

9. Once the Board of Directors makes a collective action, commit to supporting the decision even if you voted against it.

10. Understand that it takes a quorum to act on behalf of the District - no Director can act on behalf of the District by himself or herself.

~~4030.20~~ — The primary responsibility of the Board of Directors is the formulation and evaluation of policy, to establish and approve a balanced budget, and oversee the prudent expenditure of the community's tax dollars.

~~Differing viewpoints are healthy in the decision-making process. Individuals have the right to disagree with ideas and opinions. Once the Board of Directors takes action, Directors should commit to supporting said action and not create barriers to the implementation of said action.~~

~~4030.40~~ — Directors should practice the following procedures:

11. Seek the knowledge, skills and information needed to improve decision-making:

~~A. In seeking clarification on informational items, Directors may directly a~~Refer requests for information items to the appropriate ~~approach~~ department heads or General Manager to obtain information needed to supplement, upgrade, or enhance their knowledge. ~~to improve legislative decision-making.~~

B. Refer requests for clarification of policy-related concerns, especially those involving personnel, legal action, land acquisition and development, finances, and programming directly to the General Manager.

C. Request attendance of applicable training courses by contacting the Board President and General Manager.

12. Report concerns and other important information to staff in a timely manner.

A. Report concerns

B. \_\_\_\_\_

~~A. 4030.42~~ — ~~In handling items related to safety, concerns for safety or hazards directly should be reported~~ to the General Manager or appropriate department heads. Emergency situations should be dealt with immediately by seeking appropriate assistance.

~~C.B.~~ Report community concerns to the General Manager or appropriate department head.

~~4030.43~~ — ~~In presenting items for discussion at Board meetings, see Policy #5020.~~

13. Respect the chain of command.

A. Direct all concerns regarding District operations and staff to the General Manager.

B. When presented with inquiries from District staff, direct such inquiries to the General Manager.

14. Respond to constituent requests in a courteous, professional, positive and timely manner; routing questions through the appropriate channels and to the responsible management personnel.

~~4030.44~~ — In seeking clarification for policy related concerns, especially those involving personnel, legal action, land acquisition and development, finances, and programming, said concerns should be referred directly to the Manager.

~~4030.45~~ — When approached by District personnel concerning specific District policy, Directors should direct inquiries to the appropriate department head or General Manager. The chain of command should be followed.

~~4030.46~~ — When responding to constituent requests and concerns, Directors should be courteous, responding to individuals in a positive manner and routing their question through appropriate channels and to responsible management personnel.

~~4030.50~~ — Directors are responsible for monitoring the District's progress in attaining its goals and objectives.

**TWAIN HARTE COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Code of Ethics and Conduct  
**POLICY NUMBER:** 4030  
**ADOPTED:** September 17, 1996  
**AMENDED:** March 10, 2011  
**AMENDED:** March 12, 2015

**4030.10** **Purpose**

The Board of Directors of the Twain Harte Community Services District is committed to providing excellence in legislative leadership to its constituents. This policy sets forth requirements for the Board of Directors to ensure that their service to the public and staff is conducted in a professional, reliable, responsible, and transparent manner.

**4030.20** **Practices and Values**

The Board of Directors shall be committed to the following practices and values:

1. At all times, conduct yourself with courtesy and respect toward other Directors, staff, agencies and members of the public.
2. Always consider the District's mission, vision, and values when evaluating and making decisions.
3. Act with independent judgment for the good of the District as a whole.
4. Focus on policy creation rather than policy implementation.
5. Maintain an open mind, looking to learn from others. Differing viewpoints are healthy in the decision-making process. Individuals have the right to disagree with ideas and opinions.
6. In meetings, be present and listen attentively to the public, staff and other Directors.
7. Always provide opportunity for all members of the public to take part in District decision-making.
8. Respect and follow the rules and procedure set forth in the Board Meeting Conduct Policy.
9. Once the Board of Directors makes a collective action, commit to

supporting the decision even if you voted against it.

10. Understand that it takes a quorum to act on behalf of the District - no Director can act on behalf of the District by himself or herself.
11. Seek the knowledge, skills and information needed to improve decision-making:
  - A. Refer requests for information items to the appropriate department head or General Manager to obtain information needed to supplement, upgrade, or enhance their knowledge.
  - B. Refer requests for clarification of policy-related concerns, especially those involving personnel, legal action, land acquisition and development, finances, and programming directly to the General Manager.
  - C. Request attendance of applicable training courses by contacting the Board President and General Manager.
12. Report concerns and other important information to staff in a timely manner.
  - A. Report concerns related to safety or hazards directly to the General Manager or appropriate department head. Emergency situations should be dealt with immediately by seeking appropriate assistance.
  - B. Report community concerns to the General Manager or appropriate department head.
13. Respect the chain of command.
  - A. Direct all concerns regarding District operations and staff to the General Manager.
  - B. When presented with inquiries from District staff, direct such inquiries to the General Manager.
14. Respond to constituent requests in a courteous, professional, positive and timely manner; routing questions through the appropriate channels and to the responsible management personnel.