

**Village Board Workshop Meeting**  
**June 18, 2014**  
**4:30 p.m.**

**BI/CE/FM** - (4:30-5:00 p.m.) – P. Smith/R. McQuilkin

**Attorney** – (5:00 p.m.) – E. Stowe

**General** – (Immediately following)

1. Budget Transfers – Gary Penders
2. SME Small Business LED Lighting Upgrade Program – Owen McIntee
3. Office Closing procedures Updates & Blood borne Pathogen Exposure Plan – Gary Penders

**Resolution 6/2014**

Introduced by:

Seconded by:

Be it resolved that the Village of Spencerport Board of Trustees hereby approves the updated Office Closing Procedures as presented.

Vote of the Board:        Glenn C. Granger, Trustee  
                                 Carol J. Nellis-Ewell, Trustee  
                                 Gary Penders, Trustee  
                                 Charles R. Hopson, Trustee  
                                 Joyce Lobene, Mayor

**Resolution 6/2014**

Introduced by:

Seconded by:

Be it resolved that the Village of Spencerport Board of Trustees hereby approves the Blood borne Pathogen Exposure Plan as presented.

Vote of the Board:        Glenn C. Granger, Trustee  
                                 Carol J. Nellis-Ewell, Trustee  
                                 Gary Penders, Trustee  
                                 Charles R. Hopson, Trustee  
                                 Joyce Lobene, Mayor

**Resolution 6/2014**

Introduced by:

Seconded by:

Be it resolved that the Village of Spencerport Board of Trustees hereby approves the attached budget transfers

Vote of the Board:        Glenn C. Granger, Trustee  
                                 Carol J. Nellis-Ewell, Trustee  
                                 Gary Penders, Trustee  
                                 Charles R. Hopson, Trustee  
                                 Joyce Lobene, Mayor

# VILLAGE OF SPENCEPORT MUNICIPAL ELECTRIC (SME)

## SMALL BUSINESS LED LIGHTING UPGRADE PROGRAM

June 10, 2014

### **Program Overview**

The program is designed to assist small business owners with reducing their monthly electric consumption through the conversion of Incandescent, CFL's and T-8 Fluorescents to energy efficient LED lighting. There is no cost to the small business owner to participate in this program.

### **Program Goals**

The intent of this program is to reduce small business interior lighting consumption by up to 50% each month. Each participating business shall recognize immediate monthly savings. The actual payback of capital dollars is somewhat complex based on customer usage; however on average it can range from 3-10 years. SME has IEEP funds available to promote energy efficient products, improve the environment and help our local business economy.

### **Program Qualifications**

Participants must be small business owners who are a SME customer. Small business owners are further defined as Service Classification 2 or 3 who use 20 kw demand or less monthly, are locally owned and operated and not franchised companies. Larger local franchise businesses are not eligible for this program but will be eligible for future programs. In cases where local landlords maintain interior lighting fixtures, SME Superintendent will work exclusively with those landlords to provide the lighting upgrades and to identify methods for energy efficiency. Businesses that have previously received SME/IEEP rebates of \$500 or more within the last five years are ineligible for this program.

### **Funding and Duration**

The total amount of IEEP funds established for this program is \$30,000. Small business owners can receive up to \$500 of LED lighting products provided by SME. Any location that may exceed the \$500 limit will be at the SME Superintendent's discretion based on a cost analysis. The program shall continue for two years or to a time when funding is no longer available. In situations where LED conversions are not applicable, normal IEEP rebates for commercial customers will apply.

### **Program Logistics**

SME Superintendent shall conduct a field visit to each participating business location to conduct an assessment of the interior lighting equipment. A recommendation will be made to improve interior lighting. Each location will be handled on a case by case basis as cost of new LED lighting products shall be considered against the actual usage so that the most efficient and economical method of utilizing funds is achieved. SME shall perform the installs and remove any old fluorescent lighting and recycle those in an environmentally friendly manner. After completion of the project, business owners will receive a summary report of their potential energy savings. In some cases where LED lighting is not applicable, other methods of energy efficiency will be considered.

### **Program Enrollment**

If you would like to schedule an appointment to see if you qualify, please send an email to [dpwelectric@vil.spencerport.ny.us](mailto:dpwelectric@vil.spencerport.ny.us) or call the Electric Shop at 585-352-6775, Monday through Thursday 9AM-2PM or Fridays 9AM to 12 Noon.

### **Tracking Performance**

SME shall track the overall capital dollars spent, along with the cumulative monthly energy savings.

## 503 *Emergency Situations*

**Closing Procedures** – In the event that extraordinary weather conditions or other emergencies develop prior to the beginning of the workday, the Mayor may authorize the closing of non-emergency operations, or, if extraordinary weather conditions or other emergencies develop during a workday, the Mayor or the Village Board Human Resources liaison may direct that certain employees who perform non-~~essential-emergency~~ services leave work.

**Payment of Wages** – Pay for FLSA non-covered or exempt employees will not be affected by an emergency closing. Pay for FLSA non-exempt employees will be in accordance with the provisions below:

- **During Work** – A full-time or regular part-time employee who is directed by the Mayor to leave work due to an emergency closing will be paid for the remainder of the employee's normal workday at the employee's regular rate of pay. Such time will not be included as time worked for the purpose of computing overtime. A part-time employee who is directed to leave work due to an emergency closing will not be paid for the remainder of the employee's normal workday. Such employee may choose to make up the time at a later date if agreed to by the Department Head. An employee who has previously scheduled a paid leave day must still charge the absence for the day to the appropriate paid leave.
- **Prior to Reporting to Work** – If a determination is made to close operations prior to the start of a workday, the Mayor will initiate notification to all affected employees. A full-time or regular part-time employee who is directed not to report to work due to an emergency closing will be paid for the employee's normal workday at the employee's regular rate of pay. A part-time employee who is directed not to report to work will not be paid for the workday. Such employee may choose to make up the time at a later date if agreed to by the Department Head. An employee who has previously scheduled a paid leave day must still charge the absence for the day to the appropriate paid leave.

**Inclement Weather** – Employees are expected to report to work and remain at work during inclement weather conditions unless otherwise notified by the Village. Employees should use their own discretion in determining whether they can commute safely to work due to inclement weather. When the Mayor/Village Board Human Resources liaison has not officially shut down operations, an employee who does not report to work or requests to arrive at work late or leave work early due to inclement weather must obtain prior authorization from his or her Department Head prior to doing so. The employee must use paid vacation or personal leave, if available, or take the time off without pay. If an FLSA exempt employee has no paid leave benefits available, the employee will only be docked if a full workday is taken.

# BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN FOR THE VILLAGE OF CHURCHVILLE DEPARTMENT OF PUBLIC WORKS

This Exposure Control Plan (ECP) describes our program for eliminating or minimizing occupational exposure to bloodborne pathogens in accordance with the OSHA/PESH Standard *Occupational Exposure to Bloodborne Pathogens*, Title 29 Code of Federal Regulations 1910.1030.

## PROGRAM ADMINISTRATION

The Administrator of this plan, Superintendent of Public Works, is responsible its implementation, review, and update.

The Plan will be reviewed at least annually, with respect to:

- New or modified tasks and procedures which affect occupational exposure,
- New or revised employee positions with occupational exposure, and
- New equipment/engineered devices available for further reducing risk of employee exposure.

Those employees who are reasonably anticipated to have contact with, or exposure to blood or other potentially infectious materials, are required to comply with the procedures and work practices outlined herein.

## DEFINITIONS

**Blood borne pathogens:** pathogenic microorganism viable in human blood *including, but not limited to:* Hepatitis B and C viruses (HBV, HCV), and Human Immunodeficiency virus (HIV).

**Exposure incident:** contact with blood or other potentially infectious material capable of causing infection, including percutaneous (through non-intact skin), and per mucosal contact (through mucous membranes, as of the eye).

**Other potentially infectious material:** in addition to blood: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, any body fluid visibly contaminated with blood. *Not included* are non-bloody feces and urine.

## EXPOSURE DETERMINATION

Occupational exposure in our Organization occurs as follows:

Employee/Job Title	Task	Comment
Department of Public Works Employees	Emergency first aid care	

## UNIVERSAL PRECAUTIONS

All staff will utilize "Universal Precautions," which is an infection control method by which staff assume that all human blood and specified human body fluids are infectious for HIV, HBV, HCV, and/or other bloodborne pathogens, and must be treated accordingly.

## ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Employee input will be solicited regarding the identification, evaluation, and selection of new engineered devices or other engineering or work practice controls designed to reduce needle stick or other contaminated sharps injuries. We will keep apprised of new technology as it becomes available, and obtain input from all employees on the evaluation and selection of safer devices. Employee participation will be obtained in the following way:

*Through: periodic discussions, annual meetings, safety committee, workplace audit.*

The specific engineering controls/devices we will use and where/when they will be used are listed below:

- Puncture-resistant disposal containers for contaminated sharps, broken glass, knives
- Use of ambu bags and/or CPR (cardiopulmonary resuscitation) masks.

Work practice controls which will be observed include

- Washing hands immediately or as soon as feasible after removal of gloves at remote sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Staff members can later wash their hands with soap and water as soon as feasible
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- Prohibiting the recapping or bending of needles
- Labelling
- Equipment decontamination (AED)
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment is provided and its use is required as shown on the Table which follows:

Task	PPE
Rendering Emergency First Aid	Latex Gloves, Safety Glasses
Disposal Of Sharps (broken glass, needles)	Leather and Latex Gloves, Safety Glasses, Tongs


## **TRAINING**

Initial training will be conducted by a NYS Department of Labor representative; annually training will be conducted by an ambulance service provider technician from the Churchville Fire Department. Staff will be trained prior to assignment and annually thereafter.

The following topics will be covered:

- An explanation of the standard
- Epidemiology and symptoms of bloodborne pathogens
- Modes of transmission
- Our Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of engineering controls, work practices, and PPE
- Use of any newly-acquired technological devices.
- PPE - basis for selection, types, use, limitations, location, removal, handling, decontamination, and disposal
- Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration.
- Emergency procedures - for blood and other potentially infectious materials
- Post-exposure incident evaluation and follow-up
- Signs and labels - and/or color coding
- Question and answer session

## **HEPATITIS B VACCINATION**

The Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- The employee has previously received the series.
- Antibody testing reveals that the employee is immune.
- Medical reasons prevent taking the vaccination.
- The employee chooses not to participate in the vaccination program.

All staff members are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then he/she must sign the attached declination form.

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

Current USPS (Public Health Service) Guidelines will be followed regarding the methods of vaccination.

## **POST EXPOSURE FOLLOWUP**

Should an exposure incident occur, contact the Superintendent of Public Works immediately. Each exposure must be documented on an "Exposure Report Form".

An immediately available confidential medical evaluation and follow-up will be conducted by Village's Physician on Record. The following steps will be taken:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by State or local law.
- Obtain consent and test the source individual's blood as soon as possible to determine HIV and HBV infectivity, and document the source's blood test results.
- Provide the exposed employee with the source individual's test results, and information about applicable disclosure laws and regulations concerning the source identity and infection status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

The circumstances of the exposure incident must be reviewed to determine if procedures, protocols, and/or training need to be revised.

The health care professional(s) responsible for the employee's post-exposure evaluation and follow-up will be given:

- A copy of the OSHA blood borne Standard.
- A description of the employee's job duties relevant to the exposure incident.
- The circumstances and route(s) of exposure.
- Any relevant medical records, including vaccination status.

The employee will be provided with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

## **HOUSEKEEPING**

- Work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials.
- Mechanical means such as tongs, or brush and dust pan will be used to pick up contaminated broken glassware.
- Regulated waste will be kept in closable and labeled or color-coded containers, and disposed of properly.
- Contaminated sharps will be placed in containers that are closable, puncture-resistant,

appropriately labeled or color-coded, and leak- proof.

## LAUNDRY

Contaminated articles of clothing, towels, etc. will be replaced by the Village of Churchville at no cost to the employee.

## LABELING

Waste bags for potentially infectious material will be color-coded red and/or labeled with the biohazard symbol. Sharps containers and laundry bags will be similarly color-coded/labeled.

## RECORDKEEPING

Record	Location	Duration	Comments
Training	Village Office	3 years	(dates, training summary, trainer and qualifications, name & title of attendees) *
Hepatitis B vaccination status	Village Office	duration of employment plus 30 years	declinations and acceptances *
Post-exposure Follow-up	Village Office/Physician on record	duration of employment plus 30 years	(records of examinations, medical testing, information provided to the healthcare professional, healthcare professional's written opinion) *
This Exposure Control Plan	Employee Handbook	As long as plan remains in effect	*

\* Available to employees

All medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent except as required by the standard or as may be required by law.

## HEPATITIS B VACCINATION DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature	Date

# EXPOSURE INCIDENT REPORT

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

Date Completed:

Employee's Name:

S. S.#

Home Phone:

Business Phone:

DOB:

Job Title:

Employee Vaccination Status:

Date of Exposure

Time of Exposure

A.M.

P.M.

Location of Incident (Home, Street, Clinic, Etc.) -Be Specific:

Nature of Incident (Auto Accident, Trauma, Medical Emergency) - Be Specific:

Describe what task(s) you were performing when the exposure occurred - Be Specific:

## EXPOSURE INCIDENT REPORT

Were you wearing Personal Protective Equipment (PPE)?

Did the PPE Fail?

If YES, Explain how:

What body fluid(s) were you exposed to (blood or other potentially infectious material)  
Be Specific:

What parts of your body became exposed? Be Specific:

Estimate the size of the area of your body that was exposed:

For how long?

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

If Yes, what was the object?

Where did it penetrate your body?

Was any fluid injected into your body?

If Yes, what fluid?

How much?

Did you receive medical attention?

If Yes, where?

When?

By:



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Date Completed:

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S. S.#

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Business Phone:

DOB:

Job Title:

Employee Vaccination Status:

Date of Exposure

Time of Exposure

A.M.

P.M.

Location of Incident (Home, Street, Clinic, Etc.) -Be Specific:

Nature of Incident (Auto Accident, Trauma, Medical Emergency) - Be Specific:

Describe what task(s) you were performing when the exposure occurred - Be Specific:

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What parts of your body became exposed? Be Specific:

Estimate the size of the area of your body that was exposed:

For how long?

Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

If Yes, what was the object?

Where did it penetrate your body?

Was any fluid injected into your body?

If Yes, what fluid?

How much?

Did you receive medical attention?

If Yes, where?

When?

By:

