



## ADMINISTRATIVE DIRECTIVE

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	EFFECTIVE DATE	
<b>June 1, 2020</b>		

### I. **PURPOSE**

This Administrative Directive provides employees with a uniform policy for the prevention and mitigation of infectious disease exposure in the workplace. Engineering, administrative, and safe work practice controls along with personal protective equipment (PPE) are included to assist in the prevention and mitigation of the possible spread of infectious disease.

### II. **SCOPE**

This policy applies to all employees within the City of Tucson. It describes the functions that directors, supervisors, and employees shall perform in compliance with this directive.

Infectious disease is any disease process that can be transmitted from an infected source (e.g., human, animal, food, water) to a noninfected person. Infectious disease can occur as an isolated incident during a specific situation (e.g., call for service) or as an epidemic or pandemic (e.g., widespread geographical outbreak). Therefore, this policy applies to all kinds of infectious disease that may exist in the course of city employees fulfilling their job duties.

This policy assists in identifying and complying with guidelines from the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), and Occupational Safety and Health Administration (OSHA). In all cases where there is a difference between specific standard, guideline, or policy referenced in this directive, the stricter shall apply.

### III. **DEFINITIONS AND ABBREVIATIONS**

**Bacteria:** a living organism that can live outside of a “host.” Bacterial infections are typically confined to a part of the body; and, thus, may be described as a localized infection. Common examples are Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus faecalis (VRE), pneumonia, tetanus, tuberculosis (TB), and food poisoning.

**Cleaning:** removes germs, dirt, and impurities from surfaces with the use of soap and water.

**Contamination:** presence of infectious agents on surfaces or objects that may spread contagious diseases.

**Coronavirus Disease 2019 (COVID-19):** the SARS-CoV-2 is a respiratory disease betacoronavirus easily spread from person-to-person through (1) close contact (within about 6 feet), and (2) respiratory droplets produced when an infected person coughs, sneezes, or talks and then inhaled by those nearby.

**Disinfection:** the application of a cleaning or disinfection agent according to the manufacturer’s specifications that will include a “contact kill time” before removal of the chemical, where required. The contact kill time will be different for different pathogens.

**Encounter:** any potential close proximity (less than 6 feet for 10 minutes or more) contact to, a known positive/confirmed case of an infectious disease, a suspected case (e.g., individual has been tested but not yet received results), or in the case where a co-worker states they live with a family member who has been diagnosed with an infectious disease or is awaiting test results and has come to work.



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**Exposure:** an incident with a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material. An exposure occurs when in the course of fulfilling job duties, an employee is in close proximity (less than six feet for more than ten minutes) to a person exhibiting symptoms (fever, cough, sneezing) and not wearing required personal protective equipment thus rendering the employee “exposed.” Exposures can be high-, medium-, or low-risk.

**Face Cover/Face Mask:** a non-FDA approved face cover to reduce the spread of respiratory droplets from the wearer to the immediate area around the person. Face covers may be homemade and constructed of a variety of materials. Face covers should include multiple layers and be washable.

**Hand Sanitizer:** a liquid hand rub product with an alcohol content of 60% or greater or contains an oxygenator for the control of bacteria and viruses.

**Immunization:** a process by which a person becomes protected against a disease by vaccination.

**Incubation Period:** the time from contact with infectious agents to onset of disease.

**Influenza (Flu):** there are two main types of human influenza virus – Type A and Type B, which are responsible for annual seasonal flu epidemics. Influenza is spread person-to-person mainly by droplets made when people cough, sneeze, or talk. People with influenza are most contagious in the first three to four days after their illness begins; however, some may be able to infect others one day before symptoms develop and up to five to seven days after becoming sick.

**Other Potentially Infectious Material (OPIM):** are human body fluids, such as amniotic fluid, bodily fluid with visible blood, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, saliva in dental procedures, semen, synovial fluid, vaginal secretions; all bodily fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ; and HIV-containing cell or tissue cultures.

**Pandemic:** a global outbreak of disease.

**Pathogen:** is an organism (e.g., bacteria, viruses, parasites, and fungi) that causes a disease.

**Personal Protective Equipment (PPE):** includes protection for the eyes, face, head, extremities, respiratory system where hazards may be encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact.

**Physical Distancing:** is a term used to describe the recommended 6 feet of separation between people when gathering in public or private places.

**Sanitizing:** lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. The process includes the use of water, chemical,



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towel, or friction to wipe surfaces giving them a clean appearance. Sanitizing and disinfecting are defined differently and should not be used interchangeably.

**Titer:** a laboratory test to detect antibodies in the blood. Titer and antibody test are commonly used interchangeably and may be called antibody titer blood test.

**Vaccine:** a product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.

**Virus:** a pathogen that requires a “host” to grow and reproduce. Viruses infect a “host” and multiply causing a systemic infection. Common examples include hepatitis A, B, and C; human immunodeficiency virus (HIV); influenza and coronavirus; and measles, mumps, and rubella (MMR).

**Zoonotic Diseases:** diseases that are transmittable from animals to humans through direct contact, indirect contact, vector-borne, foodborne, or waterborne.

**IV. PROGRAM**

The Infectious Disease Preparedness and Response program in the City of Tucson is a broad-based approach to mitigating the potential spread of pathogens (e.g., bacteria, viruses). This program is intended to be adjustable to the dynamic world of infectious diseases and provide the safest workplace possible. This program is based on guidance and regulations provided by the CDC, EPA, and OSHA.

**A. Engineering Controls**

City facilities may have floor indicators, signs, and barriers where necessary to promote physical distancing.

City facilities may have occupancy restrictions to maintain recommended physical distancing.

City facilities will be maintained with regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. Disinfecting and sanitizing equipment will be readily accessible in all city facilities.

1. Sanitizing is the application of a chemical to a surface, followed by the immediate wiping or removal of the chemical.
2. Disinfection of a surface is normally achieved when the chemical is applied according to the manufacturer’s instruction listed on the product label, and the chemical is left on the surface long enough to kill the agent before the excess chemical is removed or wiped away. This is called the “contact time” or “contact kill time.”

It is only when the disinfecting product is mixed into its proper solution (if required), applied according to manufacturer’s instruction, and left on the surface for the required amount of contact time, that the user can be reasonably assured the disinfection process is complete. It is preferred that most cleaning agents be allowed to evaporate or dry on the surface without removal to complete disinfection.



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Disinfection products are available through city stores or are purchased from vendors under contract with the city or department. It is important that all disinfection products in the workplace are evaluated to verify a manufacturer’s claim that the product is effective against bacteria and viruses.

A disinfection product that is effective against the greatest spectrum of bacteria, viruses, and fungi, when applied and utilized according to manufacturer’s recommendation, may be the best product for use within a department. It should be noted that in many cases, contact times may differ between bacteria versus a virus or other infectious agent. In cases where a commercial disinfection product may not be available, practical or cost effective, a bleach solution (1:100 – 1-part bleach to 100-parts water) can be used effectively if left on a nonporous surface for a minimum of ten (10) minutes.

Unused solutions of disinfectant can be poured down the sanitary sewer (drain), other than toilet facilities. Disposable disinfecting wipes can be discarded in the normal waste stream (trash).

It is mandatory that whenever any cleaning product is added to a department’s chemical inventory, even for products under trial use, that the Safety Data Sheet (SDS) is added to the city’s electronic SDS inventory and printed for inclusion in the paper SDS inventory when electronic access is not available. All secondary containers (spray/squirt bottles) for the dispensing of disinfection solutions shall be labeled with the appropriate contents.

Departments shall understand that where the custodial service is provided by the Environmental and General Services Department (EGSD) – Facilities and Communications Maintenance or contract vendor, cleaning and disinfection is generally limited to common areas; floors entry glass, drinking fountains, handrails and assembly spaces such as common conference rooms.

**B. Administrative Controls**

City Sick Leave policy (AD 2.01-7B) includes provisions for employees being sent home from work on sick leave and during any designated epidemic or pandemic event.

Flexible work schedules and sites (e.g., alternative work schedules, telecommuting) shall comply with City of Tucson Administrative Directives 2.01-9 and 2.01-19.

Vaccines, antibody testing, and disease testing may be provided to city employees in accordance with CDC and OSHA guidelines.

1. Exposure Reporting - Significant exposures shall be reported to the city within ten (10) days after an exposure by completing the latest version of the Industrial Commission of Arizona *Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material*.

All exposure and encounter reporting shall comply with OSHM H-001 *Reporting of Injury, Illness, Death, or Exposure*.

**C. Safe Work Practices**

Safe work practices include methods for reducing the duration, frequency, or intensity of an exposure to a hazard. Providing resources and a work environment that promotes personal



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hygiene, such as tissues, no-touch trash cans, hand soap and sanitizers, and disposable towels are some actions that improves the workplace.

1. **Handwashing** – Frequent hand washing, for at least 20 seconds in duration, is strongly encouraged for all employees as it is one of the best ways to remove germs, avoid getting sick and prevent the spread of germs to others. When soap and water are not immediately available, an alcohol-based hand rub containing at least 60% alcohol shall be used. Employees shall wash their hands with soap and water as soon as feasibility possible.
2. **Work Areas** – Employees should disinfect their personal or shared work spaces by ensuring that all hard (non-porous) surfaces in the working environment that may come into contact with bodily fluids are disinfected daily or regularly with an EPA-registered anti-microbial cleaning product, including but not limited to; desks, tables, doorknobs (push bars), computer desks, and countertops.

Disinfecting electronic appliances, keyboards, mouse, light switches and other electronic control buttons can be accomplished with the application of the disinfection product onto a paper towel and then applying the paper towel to surface to be disinfected, according to the manufacturer’s specification.

Employees should disinfect the steering wheel, armrest(s), control knobs and buttons within the manner described above between each use of the vehicle. Alcohol-based products should not be applied to vehicles that have been parked in direct or indirect sunlight.

3. **Stairwells/Elevators/Doors** – Regularly used access points such as stairwells, elevators, and doors where physical contact with the surface cannot be avoided should be disinfected daily by the custodial staff (or worker’s assigned to the area when there is no custodial staff) in a manner described above in Disinfection and Work Areas.
4. **Exercise Areas** – In areas where exercise or weight rooms are present, equipment where bodily fluids may be present should be disinfected between each use. Specific areas to be disinfected would include; bench, seat, grips, bars and handles.

Wall dispensers or “pump type” hand sanitizers with an anti-microbial containing Benzalkonium chloride as an oxygenator should be present for occupant use.

Exercise Areas can be closed at the discretion of the Department Director or City Manager.

5. **Restrooms** – Hand towels should be restricted to disposable paper. The use of communal bar soap should be eliminated and replaced with liquid soap dispensers and/or hand sanitizers containing 60% alcohol or Benzalkonium chloride as an oxygenator.
6. **Shower Areas** – Shower and locker room floors, walls, and fixtures should be disinfected daily. Wall dispensers should be available for liquid soap. Use of communal bar soap shall not be allowed. Employees should not handle another person’s personal items, such as towels, without the use of gloves.



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- 7. **Program and High Use Areas** – In areas where “sports equipment” is utilized, the equipment should be disinfected after each use. This includes specialty equipment, footballs, basketballs, kick balls, soccer balls, softballs, volleyballs, etc.

In areas where sports or play activities are conducted, employees are required and participants should be encouraged, to bandage or securely cover every skin abrasion, cut or laceration before participating in an activity. Participants observed with active bleeding will be removed from participation. Participants with active skin infections (wound drainage) should be referred to a primary care physician or healthcare professional for evaluation.

In public program areas, or high use employee areas, hand sanitizer should be readily available in portable containers or mounted in a fixed location near the entry/exit doors. Hand sanitizer as described above should also be located adjacent to every first aid kit. Disposable latex or latex free gloves should be included or located adjacent to every first aid kit.

Showers, lockers, exercise rooms, and restrooms should have cleaning equipment (mops and buckets) independent from other common areas and mop heads should be changed or disinfected weekly, at a minimum.

**D. Personal Protective Equipment**

All types of PPE must be (1) selected based upon the hazard to the worker; (2) properly fitted and periodically refitted, as applicable; (3) consistently and properly worn when required; (4) regularly inspected, maintained, and replaced, as necessary; and (5) properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

**V. PROGRAM RESPONSIBILITIES**

The following Infectious Disease Preparedness and Response responsibilities includes, but is not limited to, the following:

**A. Department Directors**

Directors are responsible for ensuring infectious disease prevention controls are implemented in their department in compliance with this policy, affiliated Administrative Directives, Occupational Safety and Health Manual Directives, and any applicable state or federal regulation. Examples of disease prevention controls include, but are not limited to, applicable medical surveillance, workplace practices and procedures, and training.

Directors shall ensure needed resources (e.g., funding, material items) are included in the planning cycle.

Directors shall ensure regular housekeeping, including appropriate sanitizing and disinfecting, is performed in their facilities.



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**B. Supervisors**

Supervisors are to monitor employees for signs or symptoms of illness. Under City of Tucson Administrative Directive 2.01-7B *Sick Leave*, a supervisor who observes an employee exhibiting flu or other symptoms of potentially contagious illness, my place the employee on Sick Leave and may require the employee to seek medical attention from their primary healthcare provider and provide a healthcare provider note before the employee can return to work.

Supervisors shall fill out the appropriate paperwork when an exposure incident occurs with a worker under their supervision.

Supervisors shall ensure work sites and facilities have the appropriate physical distancing work practices in place, hand washing facilities, disinfecting materials readily available, and routine housekeeping at assigned work sites, facilities, and with city vehicles.

**C. Employees**

Employees with signs or symptoms of illness are strongly encouraged to stay home from work. Employees can be sent home from work by a supervisor who observes and employee who exhibits signs or symptoms of flu or other potentially contagious illness.

Employees shall comply with all temporary or permanent policies, regulations, guidelines, and training relating to safety and health in the workplace. This includes seasonal illnesses and nonroutine outbreaks (global or national pandemics and local community-wide outbreaks).

Employees will keep their workspaces clean by conducting regular disinfecting tasks.

Report any known or suspected exposure to an infectious disease to their immediate supervisor immediately, or at the first available opportunity prior to leaving work for the day.

**D. Risk Management/The Safety Group**

The Risk Management Division, in cooperation with Emergency Management, shall provide guidance on the development, implementation, and auditing of safety and health policies, regulations, or guidelines for all departments and divisions within the City of Tucson.

The Safety Group will conduct unannounced spot inspections of city facilities, vehicles, work sites, and PPE to ensure conditions are conducive to a safe workplace. Spot inspection documentation will be forwarded to the specific facility administrator/manager/supervisor and may also include the Department Director.

**VI. TRAINING**

Training shall be provided to employees on infectious diseases and control measures to limit the transmission of a disease.

Training shall be provided to employees who require the use of PPE. This training will be in accordance with OSHM SD-019 *Personal Protective Equipment* and all applicable OSHA regulations referencing PPE.

Training shall be provided to employees prior to an assignment where the use of chemicals is needed.



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**VII. RECORDKEEPING**

**A. Location of Records**

Significant Exposure Reports shall be retained by Human Resources for the period specified in the Arizona Retention Schedule.

Records of training shall be entered into the City’s electronic Learning Management System. Department’s shall retain a record of employee training either electronically or hardcopy.

Spot inspection/audit reports shall be kept on file with The Safety Group.

**B. Established Date of Directive**

June 1, 2020

**APPENDICIES**                      None.

**REFERENCES**

- Centers for Disease Control and Prevention
- City of Tucson Administrative Directive 2.01-7B *Sick Leave*
- City of Tucson Administrative Directive 2.01-19 *Telecommuting*
- EPA-Registered Disinfectants List
- OSH Act General Duty Clause Section 5(a)(1)
- OSHA 29 CFR 1910 Subpart I – *Personal Protective Equipment*
- OSHA 29 CFR 1910.1030 *Bloodborne Pathogens*
- OSHA 29 CFR 1910.1200 *Hazard Communication*
- OSHA Publication 3990 *Guidance on Preparing Workplaces for COVID-19*

**REVIEW  
RESPONSIBILITY  
AND FREQUENCY**

The Risk Management Safety Group and Emergency Management will review this directive annually, based on date of publication.

**AUTHORIZED**

\_\_\_\_\_  
City Manager  
Michael J. Ortega

7/10/2020

\_\_\_\_\_  
Date