

TWAIN HARTE COMMUNITY SERVICES DISTRICT

WATER – SEWER – FIRE – PARK
22912 Vantage Pointe Drive, Twain Harte, CA 95383
Phone (209) 586-3172 Fax (209) 586-0424

REGULAR MEETING OF THE BOARD OF DIRECTORS TELECONFERENCE

September 9, 2020 9:00 A.M.

IMPORTANT NOTICE:

To help slow the spread of COVID-19, the District offices are closed to the public. Under the Governor's Executive Order N-25-20, this meeting will be held remotely by teleconference using Free Conference Call:

- Call In Number: (425) 436-6381
- Access Code: 6843043

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

AGENDA

1. Call to Order

2. Pledge of Allegiance & Roll Call

3. Reading of Mission Statement

4. Public Comment:

This time is provided to the public to speak regarding items not listed on this agenda.

5. Communications:

- A. Letter to Tuolumne County, August 18, 2020 – Unified Parcel Tax and Joint Powers Authority for Fire Services
- B. Letter from Sonora Area Foundation, August 26, 2020 – Grant #2020607 “Finish the Bocce Ball Courts”

6. Consent Agenda:

- A. Presentation and approval of financial statements through August 31, 2020.
- B. Approval of the minutes of the Regular Meeting held on August 12, 2020.
- C. Annual review of Policy #3030 – Injury and Illness Prevention Program.

7. New Business

- A. Discussion/action to adopt Resolution #20-29 – Approving the Department of Forestry and Fire Protection Agreement #7FG20135 for a \$4,737.50 grant under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

- B. Discussion/action to approve revisions to Policy #2002 – Discrimination.
- C. Discussion/action to approve revisions to Policy #2040 – Sick Leave.
- D. Discussion/action to approve revisions to Policy #3000 – Park Facility Hours of Operation.
- E. Discussion/action to approve revisions to Policy #3010 – Budget Preparation/Approval.
- F. Discussion/action to adopt Resolution #20-30 - Appreciation for Park Foundation.
- G. Presentation of the Strategic Plan progress report for Fiscal Year 2019-20.
- H. Discussion/action regarding semi-annual review of Strategic Plan Goals and Objectives.

8. Reports:

- A. President and Board member reports.
- B. Committee reports.
- C. Operations Manager Report.
- D. Fire Chief Report.
- E. General Manager Report.

9. Adjourn

HOW TO OBSERVE THIS MEETING:

The public can participate in a meeting as follows:

- **Telephone:** Listen to the meeting by calling using Free Conference Call (425) 436 -6381. Enter the Access Code listed at the top of this agenda, followed by the pound (#) key.

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, 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 THCSD 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 by calling in using free conference call.

Twain Harte Community Services District Board Meeting Agenda
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* 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



Twain Harte Community Services District

P.O. Box 649 ▪ Twain Harte, CA 95383
Phone: (209) 586-3172 ▪ Fax: (209) 586-0424
www.twainhartecsd.com

Directors: Eileen Mannix ▪ Bill McManus ▪ Gary Sipperley ▪ Richard Knudson ▪ Kathryn deGroot

August 18, 2020

Tuolumne County Board of Supervisors
2 S. Green Street
Sonora, CA 95370

SENT VIA EMAIL

SUBJECT: Unified Parcel Tax and Joint Powers Authority for Fire Services

Dear Tuolumne County Board of Supervisors:

Twain Harte Community Services District (THSCD) recognizes the importance of collaboration in providing fire services for every resident in Tuolumne County. If we are to provide excellent fire services to our District and greater community, it will necessitate partnership with our fellow districts and departments. To that end, this letter conveys our intent to continue working toward a regional collaborative agreement and a parcel tax. However, THSCD cannot fully commit to either of these without further information.

It is our understanding that Tuolumne County (County) intends to hold a special election for a parcel tax for fire services in the spring of 2021. We also understand that the County has invited other fire agencies within the County to join the parcel tax by forming a Joint Powers Authority (JPA), which specifically allows multiple fire agencies to place a unified parcel tax on the ballot. The JPA would also allow the parcel tax, if approved by voters, to be distributed to participating fire districts based on the number of parcels in their respective districts.

Parcel Tax for Fire Services

THSCD is interested in continuing to work toward a unified parcel tax with the County and other interested fire districts. However, we cannot fully commit to participate without understanding more about the following:

- ***Estimated costs for participation:*** This includes costs for special election, public outreach, JPA formation, and other anticipated costs.
- ***Public outreach plan and messaging:*** THSCD has a clear plan of how parcel tax revenue could be used to improve fire services in Twain Harte; however, passage of the tax is primarily dependent on the decision of voters who do not live within THSCD's service boundaries. Therefore, we must have a clear understanding of the public outreach messaging prior to investing in participation.

Joint Powers Authority (JPA)

THSCD believes a JPA is critical to the future success of fire services in the County. However, we cannot fully commit to participate without understanding more about the following:

- ***Estimated ongoing costs of JPA and funding source.***
- ***Clear agreement on parcel tax allocations and distribution.***
- ***Opportunity and commitment to share resources and programs:*** THSCD believes sharing resources and conducting joint programs improves efficiency and enhances services across all agencies. It also demonstrates good stewardship of public resources, which is critical to gaining and maintaining the public's trust and confidence.

We look forward to developing greater partnership with the County, City and other districts to enhance fire services across our shared community.

Sincerely,



EILEEN MANNIX
Board President
Twain Harte Community Services District



SONORA AREA FOUNDATION

For good. For ever.

August 26, 2020

Twain Harte Community Services District
P O Box 649
Twain Harte, CA 95383

RE: **Grant # 2020607 - "Finish the Bocce Ball Courts"**

It is with great pleasure that I enclose a grant award check in the amount of \$30,000.00 for the above purpose. This grant was funded from the **Pat & Jim Johnson Family Fund**, a component fund held at Sonora Area Foundation.

In all correspondence with us, please refer to the above grant number.

Sonora Area Foundation is pleased to assist and wishes you success.

Sincerely,

Allie Lincoln
Grants Administrator
allie@sonora-area.org

Encl. Check

TWAIN HARTE COMMUNITY SERVICES DISTRICT
BANK BALANCES
As of August 31, 2020

Account	Beginning Balance	Receipts	Disbursements	Current Balance
U.S. Bank Operating	934,446	218,083	(394,586)	757,943
U.S. Bank - D Grunsky #1*	71,633			71,633
U.S. Bank - D Grunsky #2*	72,954			72,954
LAIF	2,952,172			2,952,172
TOTAL	\$ 4,031,205	\$ 218,083	\$ (394,586)	\$ 3,854,702

*Davis Grunsky reserve money restricted for Davis Grunsky Loan Payments

TWAIN HARTE COMMUNITY SERVICES DISTRICT
20/21 OPERATING EXPENDITURE SUMMARY
As of August 31, 2020

Fund	TOTAL Budget*	YTD Expended	Budget Balance	% Spent (Target 16.67%)
Park	81,100	14,553	66,547	17.94%
Water	1,025,965	274,818	751,147	26.79%
Sewer	1,126,409	125,242	1,001,167	11.12%
Fire	1,008,453	192,669	815,784	19.11%
Admin	599,618	94,672	504,946	15.79%
TOTAL	\$ 3,841,545	\$ 701,954	\$ 3,139,591	18.27%

**TWAIN HARTE COMMUNITY SERVICES DISTRICT
20/21 CAPITAL EXPENDITURE SUMMARY
As of August 31, 2020**

Fund	TOTAL Budget*	YTD Expended	Budget Balance	% Spent <small>(Target 16.67%)</small>
Park	164,400	3,438	160,962	2.09%
Water	475,620	24,506	451,114	5.15%
Sewer	348,300	9,788	338,512	2.81%
Fire	311,680	6,188	305,492	1.99%
Admin		-	-	
TOTAL	\$ 1,300,000	\$ 43,920	\$ 1,256,080	3.38%

TWAIN HARTE COMMUNITY SERVICES DISTRICT
Board of Directors Regular Meeting via Teleconference due to COVID-19
August 12, 2020

CALL TO ORDER: President Mannix called the meeting to order at 09:03 a.m. The following Directors, Staff, and Community Members were present:

DIRECTORS:

Director McManus
Director Mannix
Director Knudson
Director deGroot
Director Sipperley

STAFF:

Tom Trott, General Manager
Carolyn Higgins, Finance Officer/Board Secretary
Robb Perry, Operations Manager
Neil Gamez, Fire Chief
Kim Silva, Administrative Coordinator

AUDIENCE:

3 Attendees

PUBLIC COMMENT ON NON-AGENDIZED ITEMS:

No public comment

CONSENT AGENDA:

- A. Presentation and approval of financial statements through July 31, 2020.
- B. Approval of the minutes of the Regular Meeting held on July 8, 2020.

MOTION: Director Sipperley made a motion to accept the consent agenda in its entirety.

SECOND: Director deGroot

AYES: Mannix, Knudson, deGroot, McManus, Sipperley

NOES: None

ABSENT:

NEW BUSINESS:

- A. Discussion/action to adopt Resolution #20-26 – Appreciation for Chief Todd McNeal.

MOTION: Director made a motion to adopt Resolution #20-26 – Appreciation for Chief Todd McNeal

SECOND: Director

AYES: Mannix, Knudson, deGroot, McManus, Sipperley

NOES: None

ABSENT:

- B. Discussion/action to clarify intent of Section 2040.100 of Policy #2040 – Sick Leave.

Board provided general direction to GM Trott to clarify sick leave policy to specifically include sick leave pay out options to resigning employees (in good standing) stating that they have the ability to request in the same way as a current employee who's been with the district for 5+ years.

- C. Discussion/action to consider support and/or participation in a ballot measure for a special parcel tax for fire services.

MOTION: *Director Sipperley made a motion to consider support in the ballot measure for a special parcel tax for fire services with the general direction of the board that GM Trott requests a continual discussion and additional information on the ballot measure.*

SECOND: *Director deGroot*

AYES: *Mannix, deGroot, McManus, Sipperley, Knudson*

NOES: *None*

ABSENT:

ABSTAIN:

- D. Discussion/action to adopt Resolution #20-27 – Approving Application(s) for Per Capita Grant Funds.

MOTION: *Director McManus made a motion to adopt Resolution #20-27 – Approving Application(s) for Per Capita Grant Funds.*

SECOND: *Director deGroot*

AYES: *Mannix, deGroot, McManus, Sipperley*

NOES: *None*

ABSENT:

ABSTAIN: *Knudson*

- E. Discussion regarding park-related grants and potential projects.

The board gave direction that General Manager Trott submit application for the park grant opportunity that would include the remainder of the bocce court improvements.

- F. Discussion/action regarding the use of District facilities to support library services in Twain Harte.

The board provided general consensus to not pursue the use of the district facilities to support library services in Twain Harte as this time with the recommendation that the library discuss the options direct with the building owners.

- G. Update on the Bocce Court Improvement Project.

- H. Discussion/action to adopt Resolution #20-28 – Discontinuation of the Water Shortage Emergency for Completion of Drought-Related Water Supply Projects.

MOTION: *Director Sipperley made a motion to adopt Resolution #20-28 – Discontinuation of the Water Shortage Emergency for Completion of Drought Related Water Supply Projects.*

SECOND: *Director McManus*

AYES: *Mannix, deGroot, McManus, Sipperley, Knudson*

NOES: *None*

ABSENT:

ABSTAIN:

- I. Discussion/action regarding social distancing and COVID-19 restrictions at public park facilities.

The board provided direction to General Manager Trott to request that those using the public park facilities follow the state guidelines for COVID 19, specifically improving signage and requiring masks when social distancing is not possible.

- J. Discussion/action to approve General Manager Objectives for Fiscal Year 2020-21.

MOTION: *Director Sipperley made a motion to approve General Manager Objectives for Fiscal Year 2020-21.*

SECOND: *Director deGroot*

AYES: *Mannix, deGroot, McManus, Sipperley, Knudson*

NOES: *None*

ABSENT:

ABSTAIN:

REPORTS:

President and Board Member Report

- *No report given as it was covered during the board meeting.*

Water/Sewer/Park Operations Report Provided by Operations Manager Perry

- *A verbal summary of the written report was provided.*
- *Mark Twain & Red Wing Trail Lift Station generators are online and operational.*

Fire Chief Report by Chief Gamez

- *A verbal summary of the written report was provided.*
- *Talked about possibility of donation program from the public of expired fire extinguishers for CERT training.*

General Manager Report Provided by General Manager Trott

- *A verbal summary of the written report was provided.*
- *Estimating late September for the recruitment process to begin for new Operations Manager with Robb Perry retiring in January 2021.*

ADJOURNMENT:

The meeting was adjourned at 11:11 a.m.

Respectfully submitted,

Kimberly Silva, Board Secretary

APPROVED:

Eileen Mannix, President

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 11, 2019

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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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 Regulators 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 (PortacountTM) 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

PART A. Section 2 (Mandatory)

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?	YES	NO
2. Have you ever had any of the following conditions:		
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
3. Have you ever had any of the following pulmonary or lung problems?		
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
4.	Do you currently have any of the following symptoms of pulmonary or lung illness?		
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
5. Have you ever had any of the following cardiovascular or heart problems?		
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
6. Have you ever had any of the following cardiovascular or heart problems?		
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
7. Do you currently take medication for any of the following problems		
a. Breathing or lung problems	YES	NO
b. Heart trouble	YES	NO

c. Blood Pressure	YES	NO
d. Seizures (convulsions)	YES	NO
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.)		
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
9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire?	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.

10. Have you ever lost vision in either eye (temporarily or permanently)	YES	NO
11. Do you currently have any of the following vision problems?	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
12. Have you ever had an injury to your ears, including a broken eardrum?	YES	NO
13. Do you currently have any of the following hearing problems?		
a. Difficulty hearing	YES	NO
b. Wearing a hearing aid	YES	NO
c. Any other hearing or ear problem	YES	NO
14. Have you ever had a back injury?	YES	NO
15. Do you currently have any of the following musculoskeletal problems?		
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

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

5. List your previous occupations:

6. List your current and previous hobbies:

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?

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:

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.

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

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:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of second toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of third toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

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

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):

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

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 THCS D. 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 THCS D 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 THCS D Fire Department, Water and Sewer Department and Park Department.

Testing and Examination:

Any THCS D 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 THCS D 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 THCS D 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 - THCSO 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 ____

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

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

<p>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)</p>
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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 Injury & Illness Prevention Program – 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 Code of Safe Practices – 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 Emergency Action Plan pertaining to the employee.	
6.	Review of those aspects of the THCS D's Fire Protection Plan pertaining to the employee.	
7.	Personal Protective Equipment.	
8.	Review of the employees' right-to-know about hazardous substances in their work environment and provision of information about the THCS D's Hazard Communication Program , 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 specific accident prevention tips 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.

Date of Training	Training Subject	Certificate Issued (✓)

**State of California
Dept. of Forestry and Fire Protection (CAL FIRE)
Cooperative Fire Programs
GRANT AGREEMENT**

APPLICANT:

PROJECT TITLE: Volunteer Fire Assistance Program

GRANT AGREEMENT: 7FG20135

PROJECT PERFORMANCE PERIOD IS from Upon Approval through June 30, 2021.

Under the terms and conditions of this Grant Agreement, the applicant agrees to complete the project as described in the project description, and the State of California, acting through the Dept. of Forestry & Fire Protection, agrees to fund the project up to the total state grant amount indicated.

PROJECT DESCRIPTION: Cost-share funds awarded to provide assistance to rural areas in upgrading their capability to organize, train, and equip local forces for fire protection.

Total State Grant not to exceed \$4,737.50 (or project costs, whichever is less)

**The Special and General Provisions attached are made a part of and incorporated into this Grant Agreement.*

**STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY
AND FIRE PROTECTION**

Applicant	
By _____	By _____
Signature of Authorized Representative	Title: Gabrielle Avina Staff Chief, Cooperative Fire Programs
Title _____	
Date _____	Date _____

CERTIFICATION OF FUNDING

AMOUNT OF ESTIMATE FUNDING \$4,737.50	GRANT AGREEMENT NUMBER 7FG20135	PO ID		
ADJ. INCREASING ENCUMBRANCE \$ 0.00	SUPPLIER ID			
ADJ. DECREASING ENCUMBRANCE \$ 0.00	PROJECT ID 354020DG2012133	ACTIVITY ID SUBGNT		
UNENCUMBERED BALANCE \$4,737.50	GL UNIT 3540	BUD REF 001	CHAPTER 6/7	FUND 0001
				ENY 2020
REPORTING STRUCTURE 35409206	SERVICE LOC 92698	ACCOUNT 5340580	ALT ACC 5340580002	

I hereby certify upon my personal knowledge that budgeted funds are available for this encumbrance.

SIGNATURE OF CAL FIRE ACCOUNTING OFFICER

DATE

**VOLUNTEER FIRE ASSISTANCE PROGRAM
TERMS AND CONDITIONS**

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

STATE OF CALIFORNIA
Natural Resources Agency

Agreement for the Volunteer Fire Assistance Program of the
Cooperative Forestry Assistance Act of 1978

THIS AGREEMENT, made and entered into **ON THE LAST SIGNATORY DATE ON PAGE 1**, by and between the STATE of California, acting through the Director of the Department of Forestry and Fire Protection hereinafter called "STATE", and _____

_____ hereinafter called "LOCAL AGENCY", covenants as follows:

RECITALS:

- 1. STATE has been approved as an agent of the United States Department of Agriculture, (USDA), Forest Service for the purpose of administering the Cooperative Forestry Assistance Act (CFAA) of 1978 (PL 95-313, United States Code, Title 16, Chapter 41, Section 2010 et seq., Volunteer Fire Assistance Program), hereinafter referred to as "VFA", and
- 2. The VFA has made funds available to STATE for redistribution, under certain terms and conditions, to LOCAL AGENCY to assist LOCAL AGENCY to upgrade its fire protection capability, and
- 3. LOCAL AGENCY desires to participate in said VFA.

NOW THEREFORE, it is mutually agreed between the parties as follows:

- 4. **APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. LOCAL AGENCY may not commence performance until such approval has been obtained.**
- 5. **TIMELINESS: Time is of the essence in this Agreement.**
- 6. **FORFEITURE OF AWARD: LOCAL AGENCY must return this Agreement and required resolution properly signed and executed to STATE at the address specified in paragraph 11, with a postmark no later than December 1, 2020 or LOCAL AGENCY will forfeit the funds.**
- 7. **GRANT AND BUDGET CONTINGENCY CLAUSE: It is mutually understood between the parties that this Agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made.**

This **Agreement** is valid and enforceable only if sufficient funds are made available to the STATE by the United States Government for the State Fiscal Year 2020 for the purpose of this program. In addition, this **Agreement** is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this **Agreement** in any manner.

The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this **Agreement** shall be amended to reflect any reduction in funds.

The STATE has the option to invalidate the **Agreement** under the 30-day cancellation clause or to amend the **Agreement** to reflect any reduction in funds.

8. **REIMBURSEMENT:** STATE will reimburse LOCAL AGENCY, from funds made available to STATE by the Federal Government, an amount not to exceed **\$4,737.50** on a 50/50 matching funds basis, for the performance of specific projects and/or purchase of specific items identified in Proposed Project, Application for Funding, attached hereto. **Reimbursement will be only for those projects accomplished and/or items purchased between THE LAST SIGNATORY DATE ON PAGE 1 and JUNE 30, 2021.** This sum is the sole and maximum payment that STATE will make pursuant to this Agreement. **LOCAL AGENCY must bill STATE at the address specified in paragraph 11, with a postmark no later than September 1, 2021 in order to receive the funds.** The bill submitted by LOCAL AGENCY must clearly delineate the projects performed and/or items purchased. A vendor's invoice and proof of payment to vendor(s) must be included for items purchased.
9. **LIMITATIONS:** Expenditure of the funds distributed by STATE herein is subject to the same limitations as placed by the VFA, upon expenditure of United States Government Funds. Pursuant to Title 7 of the Code of Federal Regulations, Section 3016.32 subject to the obligations and conditions set forth in that section; title to any equipment and supplies acquired under this **Agreement** vests with the LOCAL AGENCY. For any equipment items over \$5,000, the federal government may retain a vested interest in accordance with paragraph 16 below.
10. **MATCHING FUNDS:** Any and all funds paid to LOCAL AGENCY under the terms of this **Agreement**, hereinafter referred to as "VFA Funds", shall be matched by LOCAL AGENCY on a dollar-for-dollar basis, for each project listed on attachment(s) hereto identified as "Proposed Project". No amount of unpaid "contributed" or "volunteer" labor or services shall be used or consigned in calculating the matching amount "actually spent" by LOCAL AGENCY.
LOCAL AGENCY shall not use VFA Funds as matching funds for other federal grants, including Department of Interior (USDI) Rural Fire Assistance grants, nor use funds from other federal grants, including USDI Rural Fire Assistance grants, as matching funds for VFA Funds.

- 11. ADDRESSES: The mailing addresses of the parties hereto, for all notices, billings, payments, repayments, or any other activity under the terms of the Agreement, are:

LOCAL AGENCY: _____

Attention: _____
Telephone Number(s): _____
FAX Number: _____
E-mail _____

**STATE: Department of Forestry and Fire Protection
 Grants Management Unit, Attn: Megan Esfandiary
 P. O. Box 944246
 Sacramento, California 94244-2460
 PHONE: (916) 894-9845**

- 12. PURPOSE: Any project to be funded hereunder must be intended to specifically assist LOCAL AGENCY to organize, train, and/or equip local firefighting forces in the aforementioned rural area and community to prevent or suppress fires which threaten life, resources, and/or improvements within the area of operation of LOCAL AGENCY.
- 13. COMBINING: In the event funds are paid for two or more separate, but closely related projects, the 50/50 cost-sharing formula will be applied to the total cost of such combined projects.
- 14. OVERRUNS: In the event that the total cost of a funded project exceeds the estimate of costs upon which this Agreement is made, LOCAL AGENCY may request additional funds to cover the **Agreement** share of the amount exceeded. However, there is no assurance that any such funds are, or may be, available for reimbursement. Any increase in funding will require an amendment.
- 15. UNDERRUNS: In the event that the total cost of a funded project is less than the estimate of costs upon which this **Agreement** is made, LOCAL AGENCY may request that additional eligible projects/items be approved by STATE for **Agreement** funding. However, there is no assurance that any such approval will be funded. Approval of additional projects/items, not listed on the Proposed Project application, made by STATE, will be in writing and will require an amendment.
- 16. FEDERAL INTEREST IN EQUIPMENT: The Federal Government has a vested interest in any item purchased with VFA funding in excess of \$5,000 regardless of the length of this **Agreement**, until such time as the fair market value is less than \$5,000. The VFA percentage used to purchase the equipment will be applied to the sale price and recovered for the Government during the sale. This percentage will remain the same even following depreciation. The Federal Government may not have to be reimbursed if the disposal sale amounts to a fair market value of less than \$5,000. LOCAL AGENCY will notify STATE of the disposal of such items.

17. EQUIPMENT INVENTORY: Any single item purchased in excess of \$5,000 will be assigned a VFA Property Number by the STATE. LOCAL AGENCY shall forward a copy of the purchase documents listing the item, brand, model, serial number, any LOCAL AGENCY property number assigned, and a LOCAL AGENCY contact and return address to STATE at the address specified in paragraph 11. The STATE will advise the LOCAL AGENCY contact of the VFA Property Number assigned.
18. AUDIT: LOCAL AGENCY agrees that the STATE, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this **Agreement**. LOCAL AGENCY agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. LOCAL AGENCY agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, LOCAL AGENCY agrees to include a similar right of the State of California to audit records and interview staff in any subcontract related to performance of this **Agreement**. (GC 8546.7, PCC 10115 et seq., CCR Title 2, Section 1896).
19. DISPUTES: In the event of any dispute over qualifying matching expenditures of LOCAL AGENCY, the dispute will be decided by STATE and its decision shall be final and binding.
20. INDEMNIFICATION: LOCAL AGENCY agrees to indemnify, defend, and save harmless, the STATE, its officers, agents, and employees, from any and all claims and losses, accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this **Agreement**, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LOCAL AGENCY in the performance of this **Agreement**.
21. DRUG-FREE WORKPLACE REQUIREMENTS: LOCAL AGENCY will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;

- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed **Agreement** will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the **Agreement**.

Failure to comply with these requirements may result in suspension of payments under the **Agreement** or termination of the **Agreement** or both and LOCAL AGENCY may be ineligible for funding of any future State **Agreement** if the department determines that any of the following has occurred: (1) the LOCAL AGENCY has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

22. **TERM:** The term of the Agreement SHALL COMMENCE ON THE LAST SIGNATORY DATE ON PAGE 1 and continue through June 30, 2021.
23. **TERMINATION:** This **Agreement** may be terminated by either party giving 30 days written notice to the other party or provisions herein amended upon mutual consent of the parties hereto.
24. **AMENDMENTS:** No amendment or variation of the terms of this **Agreement** shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or **Agreement** not incorporated in the **Agreement** is binding on any of the parties.
25. **INDEPENDENT CONTRACTOR:** LOCAL AGENCY, and the agents and employees of LOCAL AGENCY, in the performance of this **Agreement**, shall act in an independent capacity and not as officers or employees or agents of the STATE or the Federal Government.

**BEFORE THE BOARD OF DIRECTORS OF THE
Twain Harte Community Services District**
COUNTY OF Tuolumne, STATE OF CALIFORNIA

IN THE MATTER OF:

Resolution Number: 20-29

Approving the Department of Forestry and Fire Protection Agreement # 7FG20135 for services from the date of last signatory on page 1 of the Agreement to June 30, 2021 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

BE IT RESOLVED by the Board of Directors of the Twain Harte Community Services District, that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 1 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this Agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2020-21 up to and no more than the amount of \$_____.

BE IT FURTHER RESOLVED that Eileen Mannix, President of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Twain Harte Community Services District.

The foregoing resolution was duly passed and adopted by the Board of Directors of the Twain Harte Community Services District, at a regular meeting thereof, held on the 9th day of September 2020, by the following vote:

AYES:

Signature, Board of Directors Member

NAYS:

Gary Sipperley, Board Member
Printed Name and Title

ABSENT:

Signature, Board of Directors Member

Kathryn deGroot, Board Member
Printed Name and Title

-----**CERTIFICATION OF RESOLUTION**-----

ATTEST:

I Kimberly Silva, Clerk of the Twain Harte Community Services District, County of Tuolumne California do hereby certify that this is a true and correct copy of the original Resolution Number 20-29.

WITNESS MY HAND OR THE SEAL OF THE Twain Harte Community Services District, on this 9th day of September, 2020.

**OFFICIAL SEAL
OR NOTARY CERTIFICATON**

Signature

Title and Name of Local Agency

**State of California
Dept. of Forestry and Fire Protection (CAL FIRE)
Cooperative Fire Programs
GRANT AGREEMENT**

APPLICANT:

PROJECT TITLE: Volunteer Fire Assistance Program

GRANT AGREEMENT: 7FG20135

PROJECT PERFORMANCE PERIOD IS from Upon Approval through June 30, 2021.

Under the terms and conditions of this Grant Agreement, the applicant agrees to complete the project as described in the project description, and the State of California, acting through the Dept. of Forestry & Fire Protection, agrees to fund the project up to the total state grant amount indicated.

PROJECT DESCRIPTION: Cost-share funds awarded to provide assistance to rural areas in upgrading their capability to organize, train, and equip local forces for fire protection.

Total State Grant not to exceed **\$4,737.50** (or project costs, whichever is less)

**The Special and General Provisions attached are made a part of and incorporated into this Grant Agreement.*

**STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY
AND FIRE PROTECTION**

Applicant	
By _____ Signature of Authorized Representative	By _____ Title: Gabrielle Avina Staff Chief, Cooperative Fire Programs
Title _____	Date _____
Date _____	Date _____

CERTIFICATION OF FUNDING

AMOUNT OF ESTIMATE FUNDING \$4,737.50	GRANT AGREEMENT NUMBER 7FG20135	PO ID		
ADJ. INCREASING ENCUMBRANCE \$ 0.00	SUPPLIER ID			
ADJ. DECREASING ENCUMBRANCE \$ 0.00	PROJECT ID 354020DG2012133	ACTIVITY ID SUBGNT		
UNENCUMBERED BALANCE \$4,737.50	GL UNIT 3540	BUD REF 001	CHAPTER 6/7	FUND 0001
				ENY 2020
REPORTING STRUCTURE 35409206	SERVICE LOC 92698	ACCOUNT 5340580	ALT ACC 5340580002	

I hereby certify upon my personal knowledge that budgeted funds are available for this encumbrance.

SIGNATURE OF CAL FIRE ACCOUNTING OFFICER

DATE

**VOLUNTEER FIRE ASSISTANCE PROGRAM
TERMS AND CONDITIONS**

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

STATE OF CALIFORNIA
Natural Resources Agency

Agreement for the Volunteer Fire Assistance Program of the
Cooperative Forestry Assistance Act of 1978

THIS AGREEMENT, made and entered into **ON THE LAST SIGNATORY DATE ON PAGE 1**, by and between the STATE of California, acting through the Director of the Department of Forestry and Fire Protection hereinafter called "STATE", and _____

_____ hereinafter called "LOCAL AGENCY", covenants as follows:

RECITALS:

1. STATE has been approved as an agent of the United States Department of Agriculture, (USDA), Forest Service for the purpose of administering the Cooperative Forestry Assistance Act (CFAA) of 1978 (PL 95-313, United States Code, Title 16, Chapter 41, Section 2010 et seq., Volunteer Fire Assistance Program), hereinafter referred to as "VFA", and
2. The VFA has made funds available to STATE for redistribution, under certain terms and conditions, to LOCAL AGENCY to assist LOCAL AGENCY to upgrade its fire protection capability, and
3. LOCAL AGENCY desires to participate in said VFA.

NOW THEREFORE, it is mutually agreed between the parties as follows:

4. **APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. LOCAL AGENCY may not commence performance until such approval has been obtained.**
5. **TIMELINESS: Time is of the essence in this Agreement.**
6. **FORFEITURE OF AWARD: LOCAL AGENCY must return this Agreement and required resolution properly signed and executed to STATE at the address specified in paragraph 11, with a postmark no later than December 1, 2020 or LOCAL AGENCY will forfeit the funds.**
7. **GRANT AND BUDGET CONTINGENCY CLAUSE: It is mutually understood between the parties that this Agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made.**

This **Agreement** is valid and enforceable only if sufficient funds are made available to the STATE by the United States Government for the State Fiscal Year 2020 for the purpose of this program. In addition, this **Agreement** is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this **Agreement** in any manner.

The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this **Agreement** shall be amended to reflect any reduction in funds.

The STATE has the option to invalidate the **Agreement** under the 30-day cancellation clause or to amend the **Agreement** to reflect any reduction in funds.

8. **REIMBURSEMENT:** STATE will reimburse LOCAL AGENCY, from funds made available to STATE by the Federal Government, an amount not to exceed **\$4,737.50** on a 50/50 matching funds basis, for the performance of specific projects and/or purchase of specific items identified in Proposed Project, Application for Funding, attached hereto. **Reimbursement will be only for those projects accomplished and/or items purchased between THE LAST SIGNATORY DATE ON PAGE 1 and JUNE 30, 2021.** This sum is the sole and maximum payment that STATE will make pursuant to this Agreement. **LOCAL AGENCY must bill STATE at the address specified in paragraph 11, with a postmark no later than September 1, 2021 in order to receive the funds.** The bill submitted by LOCAL AGENCY must clearly delineate the projects performed and/or items purchased. A vendor's invoice and proof of payment to vendor(s) must be included for items purchased.
9. **LIMITATIONS:** Expenditure of the funds distributed by STATE herein is subject to the same limitations as placed by the VFA, upon expenditure of United States Government Funds. Pursuant to Title 7 of the Code of Federal Regulations, Section 3016.32 subject to the obligations and conditions set forth in that section; title to any equipment and supplies acquired under this **Agreement** vests with the LOCAL AGENCY. For any equipment items over \$5,000, the federal government may retain a vested interest in accordance with paragraph 16 below.
10. **MATCHING FUNDS:** Any and all funds paid to LOCAL AGENCY under the terms of this **Agreement**, hereinafter referred to as "VFA Funds", shall be matched by LOCAL AGENCY on a dollar-for-dollar basis, for each project listed on attachment(s) hereto identified as "Proposed Project". No amount of unpaid "contributed" or "volunteer" labor or services shall be used or consigned in calculating the matching amount "actually spent" by LOCAL AGENCY.
LOCAL AGENCY shall not use VFA Funds as matching funds for other federal grants, including Department of Interior (USDI) Rural Fire Assistance grants, nor use funds from other federal grants, including USDI Rural Fire Assistance grants, as matching funds for VFA Funds.

- 11. ADDRESSES: The mailing addresses of the parties hereto, for all notices, billings, payments, repayments, or any other activity under the terms of the Agreement, are:

LOCAL AGENCY: _____

Attention: _____
Telephone Number(s): _____
FAX Number: _____
E-mail _____

**STATE: Department of Forestry and Fire Protection
 Grants Management Unit, Attn: Megan Esfandiary
 P. O. Box 944246
 Sacramento, California 94244-2460
 PHONE: (916) 894-9845**

- 12. PURPOSE: Any project to be funded hereunder must be intended to specifically assist LOCAL AGENCY to organize, train, and/or equip local firefighting forces in the aforementioned rural area and community to prevent or suppress fires which threaten life, resources, and/or improvements within the area of operation of LOCAL AGENCY.
- 13. COMBINING: In the event funds are paid for two or more separate, but closely related projects, the 50/50 cost-sharing formula will be applied to the total cost of such combined projects.
- 14. OVERRUNS: In the event that the total cost of a funded project exceeds the estimate of costs upon which this Agreement is made, LOCAL AGENCY may request additional funds to cover the **Agreement** share of the amount exceeded. However, there is no assurance that any such funds are, or may be, available for reimbursement. Any increase in funding will require an amendment.
- 15. UNDERRUNS: In the event that the total cost of a funded project is less than the estimate of costs upon which this **Agreement** is made, LOCAL AGENCY may request that additional eligible projects/items be approved by STATE for **Agreement** funding. However, there is no assurance that any such approval will be funded. Approval of additional projects/items, not listed on the Proposed Project application, made by STATE, will be in writing and will require an amendment.
- 16. FEDERAL INTEREST IN EQUIPMENT: The Federal Government has a vested interest in any item purchased with VFA funding in excess of \$5,000 regardless of the length of this **Agreement**, until such time as the fair market value is less than \$5,000. The VFA percentage used to purchase the equipment will be applied to the sale price and recovered for the Government during the sale. This percentage will remain the same even following depreciation. The Federal Government may not have to be reimbursed if the disposal sale amounts to a fair market value of less than \$5,000. LOCAL AGENCY will notify STATE of the disposal of such items.

17. EQUIPMENT INVENTORY: Any single item purchased in excess of \$5,000 will be assigned a VFA Property Number by the STATE. LOCAL AGENCY shall forward a copy of the purchase documents listing the item, brand, model, serial number, any LOCAL AGENCY property number assigned, and a LOCAL AGENCY contact and return address to STATE at the address specified in paragraph 11. The STATE will advise the LOCAL AGENCY contact of the VFA Property Number assigned.
18. AUDIT: LOCAL AGENCY agrees that the STATE, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this **Agreement**. LOCAL AGENCY agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. LOCAL AGENCY agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, LOCAL AGENCY agrees to include a similar right of the State of California to audit records and interview staff in any subcontract related to performance of this **Agreement**. (GC 8546.7, PCC 10115 et seq., CCR Title 2, Section 1896).
19. DISPUTES: In the event of any dispute over qualifying matching expenditures of LOCAL AGENCY, the dispute will be decided by STATE and its decision shall be final and binding.
20. INDEMNIFICATION: LOCAL AGENCY agrees to indemnify, defend, and save harmless, the STATE, its officers, agents, and employees, from any and all claims and losses, accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this **Agreement**, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LOCAL AGENCY in the performance of this **Agreement**.
21. DRUG-FREE WORKPLACE REQUIREMENTS: LOCAL AGENCY will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;

- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed **Agreement** will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the **Agreement**.

Failure to comply with these requirements may result in suspension of payments under the **Agreement** or termination of the **Agreement** or both and LOCAL AGENCY may be ineligible for funding of any future State **Agreement** if the department determines that any of the following has occurred: (1) the LOCAL AGENCY has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

22. **TERM:** The term of the Agreement SHALL COMMENCE ON THE LAST SIGNATORY DATE ON PAGE 1 and continue through June 30, 2021.
23. **TERMINATION:** This **Agreement** may be terminated by either party giving 30 days written notice to the other party or provisions herein amended upon mutual consent of the parties hereto.
24. **AMENDMENTS:** No amendment or variation of the terms of this **Agreement** shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or **Agreement** not incorporated in the **Agreement** is binding on any of the parties.
25. **INDEPENDENT CONTRACTOR:** LOCAL AGENCY, and the agents and employees of LOCAL AGENCY, in the performance of this **Agreement**, shall act in an independent capacity and not as officers or employees or agents of the STATE or the Federal Government.

U.S. DEPARTMENT OF AGRICULTURE

**Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion - Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

PR/Award Number or Project Name

Name(s) and Title(s) of Authorized Representative(s)

Signature(s)

Date

Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transaction and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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**

2002.10 It is the policy of Twain Harte Community Services District that 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
- ~~Color~~
- ~~Religious Creed~~
- ~~Denial of Family and Medical Care Leave~~
- Disability, mental and physical
- Genetic Information
- Gender Identity, Gender Expression
- Marital Status
- Medical Condition
- ~~Genetic Information~~
- Military and Veteran Status
- ~~National Origin~~
- Race, Color
- Religion, Creed
- Sex, Gender (including pregnancy, childbirth, breastfeeding or related medical conditions.)
- ~~_____~~
- ~~Gender, Gender Identity, and Gender Expression~~
- Sexual Orientation

2002.20 It is further the policy of the Twain Harte Community Services District that there shall be no discrimination, as stated above, in any actions taken by the District in dealing with our customers or the general public.

2002.30 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.

2002.40 Management Response to Reported Incidents: Every reported incident of discrimination will be thoroughly and promptly investigated by management with the cooperation of the employee and/or the public member reporting the discrimination. Management shall respect the confidences and sensitivities of all persons involved in the incident. 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

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TWAIN HARTECOMMUNITY SERVICES DISTRICT
Policy and Procedure Manual

POLICY TITLE: Sick Leave
POLICY NUMBER: 2040
ADOPTED: January 10, 2008
AMENDED: April 14, 2016
AMENDED: November 10, 2016

2040.10 Sick Leave Benefit

2040.11 Sick leave is defined as absence from work due to illness, non-industrial injury, or quarantine due to exposure to a contagious disease. In addition, dentist and doctor appointments and prescribed sickness prevention measures shall be subject to sick leave provided prior notice is provided to the employee's immediate supervisor.

2040.12 In order to minimize the economic hardships that may result from an unexpected short-term injury or illness to an employee, immediate family member, or legal dependent, the District provides paid sick leave benefits to regular full-time, regular part-time, seasonal, and temporary employees. Sick leave is available in the following situations: (1) for diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member as defined in section 2040.40; or (2) to obtain any relief or services related to the employee being a victim of domestic violence, sexual assault, or stalking including any items listed in section 2040.50 ; or 3) in those cases in which an employee is taking a sick leave of absence approved in writing by the department head and/or the General Manager. Introductory employees shall earn sick leave credits at the same rate as non introductory employees within the same classification.

2040.20 Sick Leave Accrual: Regular Full-Time and Part-Time Employees

2040.21 Regular full-time employees of the District shall be entitled to paid sick leave at the rate of 96 hours per year for regular 40 hour employees. Regular part time employees shall be entitled to sick leave benefits at a prorated rate. Fire personnel on shift work accumulate 144 hours per year.

2040.22 Accrued sick leave may carry over from year to year, not to exceed 480 hours for regular employees and 664 hours for eligible fire personnel.

2040.23 Sick leave accrues at the rate of 1/ 26th of these totals per pay period and sick leave balances are determined at the end of each pay period.

2040.24 Sick leave does not accrue during periods of approved leave without pay.

2040.30 Sick Leave Accrual: Temporary and Seasonal Employees

2040.31 Temporary and Seasonal employees of the District shall be entitled to paid sick leave at the rate of one (1) hour of paid sick leave for every thirty (30) hours worked beginning on the first day of employment.

2040.32 A seasonal or temporary employee is not eligible to begin using any accrued paid sick leave until the 90th day of employment with the District and is only allowed to use up to a maximum of 3 days or 24 hours of paid sick leave in a 12 month period.

2040.33 Sick leave may accrue up to a cap of 6 days or 48 hours ongoing. Any unused accrued paid sick leave may carryover year to year while continuously employed.

2040.34 Sick leave does not accrue during periods of approved leave without pay.

2040.40 Family Care Sick Leave

2040.41 Each regular/full-time employee may use accrued sick leave, up to half the time accrued per calendar year for family care sick leave as defined in section 2040.43.

2040.42 Each seasonal or temporary employee may use 3 days or 24 hours of accrued paid sick leave in a 12-month period for family care leave as defined in section 2040.43.

2040.43 Family Care Sick Leave may be used for the diagnosis, care, or treatment of an existing health condition or preventative care for an employee's family member including:

- Child (including a biological, adopted, or foster child, stepchild, legal ward or a child to whom the employee has accepted the duties and responsibilities of raising.)
- Spouse or Registered Domestic Partner
- Parent (including biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who had accepted the duties and responsibilities of raising the employee when the employee was a minor child.)
- Grandparent
- Grandchild
- Sibling

2040.50 Sick Leave Use Related to Being a Victim of Domestic Violence, Sexual Assault, or Stalking

2040.51 Sick Leave may be used to obtain any relief or services related to the

employee being a victim of domestic violence, sexual assault, or stalking including the following with appropriate certification of the need for such services:

- A temporary restraining order or restraining order.
- Other injunctive relief to help ensure the health, safety or welfare of themselves or their children.
- To seek medical attention for injuries caused by domestic violence, sexual assault, or stalking.
- To obtain services from a domestic violence shelter, program or rape crisis center as a result of domestic violence, sexual assault, or stalking.
- To obtain psychological counseling related to an experience of domestic violence, sexual assault, or stalking.
- To participate in safety planning and take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation.

2040.60 Special Limitations on Sick Leave

2040.61 If an employee's illness or disability lasts more than seven (7) calendar days, or if an employee is hospitalized before the eighth day of an absence, the employee will be asked to apply for State Disability Insurance (SDI) benefits as a condition of being eligible to receive sick leave benefits, if appropriate. Sick leave benefits will be withheld from any employee who fails to apply for SDI benefits when required to do so. Accrued sick leave benefits will be used to supplement SDI benefits only to the extent necessary to provide a combination of sick leave and SDI benefits equal to the employee's straight time compensation immediately before beginning of the illness or disability. Upon request, the District shall assist the employee in filing for SDI benefits.

2040.62 An employee receiving Worker's Compensation benefits may request that accrued sick leave benefits be used to supplement Worker's Compensation benefits to the extent necessary to provide a combination of sick leave and Worker's Compensation benefits equal to the employee's straight time compensation immediately before the beginning of the Worker's Compensation illness or disability. The District will assist an employee in filing for Worker's Compensation benefits.

2040.70 Ceiling on Sick Leave Benefits

2040.71 Unused sick leave benefits shall not accumulate in excess of 480 hours for regular employees and 664 hours for eligible fire personnel.

2040.72 Employees whose sick leave balance exceeds this ceiling at the time of adoption of this policy will be allowed to utilize, or be compensated as provided in 2040.~~70~~-100 below, their existing balance as provided for within this policy.

2040.73 An employee separating from employment shall not be reimbursed for unused sick leave except as provided in **2040.100** below.

2040.74 Once an employee has exhausted available sick leave and accrued vacation time, no further leave with pay shall be granted until further sick leave is accrued, unless a special case extension is granted. A special extension may be granted on a case-by-case basis in the sole discretion of the General Manager and may be granted only when an employee has fully exhausted accrued sick leave, and the extension is necessary for a specified period of time under difficult and unusual circumstances.

2040.80 Statement of Physician

The District, through the Department head and/or General Manager, reserves the right to require a satisfactory statement of a licensed physician whenever an employee misses work due to an illness, injury or disability of the employee, or under any conditions justifying Family Care and Medical Leave. The employee may be asked to provide a physician's statement certifying lack of fitness for duty, its beginning and ending dates, and/or the employee's ability to return to work, and any limitations, without endangering his/her own safety or the safety of others. When requested, such verification and releases may be a condition to receiving sick leave benefits or returning to work. The General Manager may request such a statement in all situations where it is determined that such a statement is warranted.

2040.90 Sick Leave Procedure

2040.91 Employees who are unable to report to work due to personal, dependent, family or spousal illness or injury or any other qualifying reason, must contact their Department Head, Immediate Supervisor or the General Manager not later than 30 minutes before normal starting time, with the intent of providing as much advance notice as possible. Fire employees must also contact the on-duty captain at the fire station. If an employee becomes sick during the day, the employee's immediate supervisor or Department Head should be notified before the employee leaves work. Failure to follow these procedures may result in treatment of time as an unexcused absence and may result in disciplinary action.

2040.92 Introductory regular full and part-time employees are eligible to use paid sick leave after sixty (60) days of continuous employment. Introductory employees absent due to illness or non-work related injury may have their introductory periods extended by a period of time equal to the length of the employee's sick leave.

2040.100 Incentive Plan for Non-Use

2040.101 Purpose. The District and its customers receive benefit when its employees

do not abuse sick leave. The District acknowledges this benefit by providing an incentive plan for extended non-use of sick leave. In order to compensate those employees who do not abuse their sick leave benefit, the District will reimburse employees for unused sick leave as follows:

2040.102 -Eligibility. Participation in the Incentive Plan is subject to the following eligibility requirements:

1. Must have a minimum of five (5) years continuous service with the District. Seasonal, relief and other employees who perform sporadic work for the District for five consecutive years are not considered to have provided continuous service and are not eligible. District employees with a minimum of 5 years continuous service may
2. Employees who are terminated, resign in lieu of termination or accept some other agreement in lieu of termination are not eligible for Incentive Plan benefits.

2040.103 Reimbursement Incentive. Eligible employees may be reimbursed for unused sick leave as follows:

1. The reimbursement request may not exceed 240 hours or (1/2) of the employee's total accrued sick leave hours, not to exceed 240 hours per fiscal year for miscellaneous and non-shift personnel or 332 hours per fiscal year for fire shift personnel.
1. as of the date of the request (whichever is less) for regular full time or regular part time employees and not more than 332 hours for eligible fire perso
2. 2040.104 The reimbursement Reimbursement of unused sick leave will be paid at a rate of one (1) hour for every two (2) hours reimbursed requested. The reimbursement will be paid in June.

2040.105-104 Reimbursement during Employment. Eligible employees may request reimbursement for unused sick leave as follows:

1. Eligible employees will be provided an opportunity to request reimbursement for unused sick leave (not to exceed the limits specified above) each fiscal year during the months of April and May.
2. All requests for reimbursement shall be on an approved District form and shall specify the number of hours requested for reimbursement.
3. Payments will be made only one time per year in the month of June as part of the normal payroll process.

~~When paid in conjunction with an approved retirement, the reimbursement shall be paid on the employee's final paycheck or on their official retirement date whichever is later.~~

2040.1056 Reimbursement upon Separation from Employment. Upon amicable separation from District employment, eligible employees will be reimbursed for unused sick leave as follows:

1. Reimbursement of half of the employee's unused sick leave will be paid in the employee's final paycheck. Reimbursement will be subject to the maximum quantities and reimbursement rate specified in Section 2040.103.
- ~~2. If the employee is separating from employment as part of an official retirement through CalPERS, the employee may choose to apply unused sick leave toward retirement, as provided in the District's CalPERS contract. An employee opting to do this will not be eligible for reimbursement for unused sick leave in their final paycheck. Retirement is defined as a determination by CalPers of eligibility to receive a retirement benefit.~~

TWAIN HARTECOMMUNITY SERVICES DISTRICT
Policy and Procedure Manual

POLICY TITLE: Sick Leave
POLICY NUMBER: 2040
ADOPTED: January 10, 2008
AMENDED: April 14, 2016
AMENDED: November 10, 2016

2040.10 Sick Leave Benefit

2040.11 Sick leave is defined as absence from work due to illness, non-industrial injury, or quarantine due to exposure to a contagious disease. In addition, dentist and doctor appointments and prescribed sickness prevention measures shall be subject to sick leave provided prior notice is provided to the employee's immediate supervisor.

2040.12 In order to minimize the economic hardships that may result from an unexpected short-term injury or illness to an employee, immediate family member, or legal dependent, the District provides paid sick leave benefits to regular full-time, regular part-time, seasonal, and temporary employees. Sick leave is available in the following situations: (1) for diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member as defined in section 2040.40; or (2) to obtain any relief or services related to the employee being a victim of domestic violence, sexual assault, or stalking including any items listed in section 2040.50 ; or 3) in those cases in which an employee is taking a sick leave of absence approved in writing by the department head and/or the General Manager. Introductory employees shall earn sick leave credits at the same rate as non introductory employees within the same classification.

2040.20 Sick Leave Accrual: Regular Full-Time and Part-Time Employees

2040.21 Regular full-time employees of the District shall be entitled to paid sick leave at the rate of 96 hours per year for regular 40 hour employees. Regular part time employees shall be entitled to sick leave benefits at a prorated rate. Fire personnel on shift work accumulate 144 hours per year.

2040.22 Accrued sick leave may carry over from year to year, not to exceed 480 hours for regular employees and 664 hours for eligible fire personnel.

2040.23 Sick leave accrues at the rate of 1/ 26th of these totals per pay period and sick leave balances are determined at the end of each pay period.

2040.24 Sick leave does not accrue during periods of approved leave without pay.

2040.30 Sick Leave Accrual: Temporary and Seasonal Employees

2040.31 Temporary and Seasonal employees of the District shall be entitled to paid sick leave at the rate of one (1) hour of paid sick leave for every thirty (30) hours worked beginning on the first day of employment.

2040.32 A seasonal or temporary employee is not eligible to begin using any accrued paid sick leave until the 90th day of employment with the District and is only allowed to use up to a maximum of 3 days or 24 hours of paid sick leave in a 12 month period.

2040.33 Sick leave may accrue up to a cap of 6 days or 48 hours ongoing. Any unused accrued paid sick leave may carryover year to year while continuously employed.

2040.34 Sick leave does not accrue during periods of approved leave without pay.

2040.40 Family Care Sick Leave

2040.41 Each regular/full-time employee may use accrued sick leave, up to half the time accrued per calendar year for family care sick leave as defined in section 2040.43.

2040.42 Each seasonal or temporary employee may use 3 days or 24 hours of accrued paid sick leave in a 12-month period for family care leave as defined in section 2040.43.

2040.43 Family Care Sick Leave may be used for the diagnosis, care, or treatment of an existing health condition or preventative care for an employee's family member including:

- Child (including a biological, adopted, or foster child, stepchild, legal ward or a child to whom the employee has accepted the duties and responsibilities of raising.)
- Spouse or Registered Domestic Partner
- Parent (including biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who had accepted the duties and responsibilities of raising the employee when the employee was a minor child.)
- Grandparent
- Grandchild
- Sibling

2040.50 Sick Leave Use Related to Being a Victim of Domestic Violence, Sexual Assault, or Stalking

2040.51 Sick Leave may be used to obtain any relief or services related to the

employee being a victim of domestic violence, sexual assault, or stalking including the following with appropriate certification of the need for such services:

- A temporary restraining order or restraining order.
- Other injunctive relief to help ensure the health, safety or welfare of themselves or their children.
- To seek medical attention for injuries caused by domestic violence, sexual assault, or stalking.
- To obtain services from a domestic violence shelter, program or rape crisis center as a result of domestic violence, sexual assault, or stalking.
- To obtain psychological counseling related to an experience of domestic violence, sexual assault, or stalking.
- To participate in safety planning and take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation.

2040.60 Special Limitations on Sick Leave

2040.61 If an employee's illness or disability lasts more than seven (7) calendar days, or if an employee is hospitalized before the eighth day of an absence, the employee will be asked to apply for State Disability Insurance (SDI) benefits as a condition of being eligible to receive sick leave benefits, if appropriate. Sick leave benefits will be withheld from any employee who fails to apply for SDI benefits when required to do so. Accrued sick leave benefits will be used to supplement SDI benefits only to the extent necessary to provide a combination of sick leave and SDI benefits equal to the employee's straight time compensation immediately before beginning of the illness or disability. Upon request, the District shall assist the employee in filing for SDI benefits.

2040.62 An employee receiving Worker's Compensation benefits may request that accrued sick leave benefits be used to supplement Worker's Compensation benefits to the extent necessary to provide a combination of sick leave and Worker's Compensation benefits equal to the employee's straight time compensation immediately before the beginning of the Worker's Compensation illness or disability. The District will assist an employee in filing for Worker's Compensation benefits.

2040.70 Ceiling on Sick Leave Benefits

2040.71 Unused sick leave benefits shall not accumulate in excess of 480 hours for regular employees and 664 hours for eligible fire personnel.

2040.72 Employees whose sick leave balance exceeds this ceiling at the time of adoption of this policy will be allowed to utilize, or be compensated as provided in 2040.100 below, their existing balance as provided for within this policy.

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2. If the employee is separating from employment as part of an official retirement

through CalPERS, the employee may choose to apply unused sick leave toward retirement, as provided in the District's CalPERS contract. An employee opting to do this will not be eligible for reimbursement for unused sick leave in their final paycheck.

TWAIN HARTE COMMUNITY SERVICES DISTRICT
Policy and Procedure Manual

POLICY TITLE: Park Facility Hours of Operation
POLICY NUMBER: 3000
ADOPTED: September 20, 2005
AMENDED:

3000.10 The purpose of this policy is to provide guidelines ~~to staff regarding for the~~ allowed normal hours of operation of park facilities, ~~normally rented and/or reserved by the public, for which facilities permits are issued by the District as provided in Ordinance 25-05, Regulations for Use by the Public of the District Park and Recreation Facilities, or to which access is controlled by District staff.~~

3000.20 Twain Harte Tennis Courts: Operating hours are from 7:00 a.m. to dusk, ~~and the facility is open seven days per week. Tennis court keys will not be issued. Court 3 (furthest from Marquis Drive) is available for reservation seven days per week on a first come, first served basis, for up to two hours per day per renting party, between the hours of noon and 6:00 p.m.~~

3000.30 American Legion Hall Community Center: The facility is available for reservation seven days per week ~~on a first come, first served basis, between the hours of 7:00 a.m. to 10:00 p.m. Sunday through Thursday and 7:00 a.m. to 11:00 p.m. on Friday and Saturday.~~ All amplified music allowed under special permit shall be ceased at ~~11~~ 10:00 p.m. on Friday and Saturday. Facility keys and/or combinations will be issued, pursuant to Policy 3095, to District staff, facility renters, volunteer maintenance persons and special project team leaders only.

3000.40 Eproson Park: All recreation facilities within Eproson Park are open from dawn to dusk seven days per week. Park facilities that include lighting for use after dusk may be used until 10:00 p.m. Pursuant to Ordinance 25-05, use of the park is limited to daylight hours. ~~Specific areas of the park, as detailed in Policy 1065 Park Facility Fee Schedule, are available for reservation seven days per week on a first come, first served basis, between the hours of 7:00 a.m. to 10:00 p.m. on weekdays and weekends. All amplified music, allowed by special permit only, must cease by 9:00 p.m.~~

3000.50 Exceptions: Special events that request use of park facilities beyond the hours specified herein, will be considered on a case-by-case basis, at the sole discretion of the General Manager. All such special events shall obtain a Park Facility User Permit from the District. Permits for events such as Movies in the Pines, extending past 10:00 p.m., will be considered on a case-by-case basis.

TWAIN HARTE COMMUNITY SERVICES DISTRICT
Policy and Procedure Manual

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TWAIN HARTE COMMUNITY SERVICES DISTRICT
Policy and Procedure Manual

POLICY TITLE: Budget Preparation/Approval
POLICY NUMBER: 3010
ADOPTED: September 17, 1996
AMENDED: May 09, 2013
AMENDED: April 10, 2014

3010.10 Initial Budget Preparation/Approval

3010.11 An annual budget proposal shall be prepared by the General Manager, Operations Manager, Fire Chief and Finance Officer, consulting with the Finance/Policy Committee. Prior to review by the Board of Directors, the Finance Committee shall meet to review the annual budget proposal.

3010.2012 The proposed annual budget as reviewed by the Finance/Policy Committee _____ shall be approved by the Board no later than July 1 at its regular meeting in June. a public hearing in accordance with Gov. Code Section 61110c. The public hearing may take place during a regular board meeting.

3010.3013 An analysis and commitment of reserve funding levels will coincide with annual budget preparation and will adhere to all requirements as outlined in Policy 3011, "Reserve Policy".

3010.40 Mid-Year Budget Adjustment

3010.41 Mid-way through the fiscal year, the General Manager, Finance Officer, Fire Chief and Operations Manager will analyze actual and projected revenue and expenses and shall propose a budget adjustment to the annual budget if needed.

3010.42 The proposed mid-year budget adjustment will be reviewed by the Finance/Policy Committee and shall be presented to the Board for approval at its regular meeting in January.

3010.43 Other budget adjustments may be necessary during the fiscal year to accommodate unanticipated revenues and expenditures. Such adjustments shall be in accordance with the requirements outlined in Policy 3040, "Purchasing and Expense Authorization."

TWAIN HARTE COMMUNITY SERVICES DISTRICT
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3010.12 The proposed annual budget as reviewed by the Finance/Policy Committee shall be approved by the Board no later than July 1 at a public hearing in accordance with Gov. Code Section 61110c. The public hearing may take place during a regular board meeting.**3010.13** An analysis and commitment of reserve funding levels will coincide with annual budget preparation and will adhere to all requirements as outlined in Policy 3011, "Reserve Policy".

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**TWAIN HARTE COMMUNITY SERVICES DISTRICT
RESOLUTION #20-30**

**A Resolution of Appreciation for
*The Park Foundation***

WHEREAS, the Park Foundation formed in 2016 as a forward-thinking, community-focused organization with a mission to develop a regional park that would provide year round, safe, accessible park facilities for families and community to gather and play in Tuolumne County; and

WHEREAS, compelled by a strong desire to improve community quality of life, the Park Foundation's board of directors diligently worked toward creative development options for several years, but, after experiencing sustained resistance from some local organizations, they chose to cease operations so that their board of directors and financial partners could focus their passion and resources on other efforts to better the community; and

WHEREAS, upon dissolution, the Park Foundation's board of directors chose to dedicate the organization's remaining assets to improve community recreation by establishing a fund at the Sonora Area Foundation for the Twain Harte Community Services District's Tennis and Pickleball Courts; and

WHEREAS, this final generous action concluded the Park Foundation's endeavor to improve community quality of life by supporting a facility that helped spur their formation. Park Foundation President Ron Jacobs helped form the Park Foundation as part of a dream to provide more tennis facilities like the Twain Harte Tennis Courts, which he used to provide youth tennis lessons through his community organization, Just Ace It; and

WHEREAS, the Park Foundation's dedication to community and generous donation to support quality of life through the Twain Harte Tennis Courts is worthy of commendation.

NOW, THEREFORE, BE IT RESOLVED that the Twain Harte Community Services District Board of Directors, on behalf of the District and its customers,

SINCERELY THANK AND HONOR

The Park Foundation

**FOR THEIR GENEROSITY AND DEDICATION TO IMPROVING THE QUALITY OF LIFE IN THE
TWAIN HARTE COMMUNITY SERVICES DISTRICT AND GREATER COMMUNITY.**

I, Kimberly Silva, Secretary of the Twain Harte Community Services District, certify that the above resolution was adopted by the Board of Directors on September 9, 2020.

APPROVED:

Eileen McManus, Board of Directors President
TWAIN HARTE COMMUNITY SERVICES DISTRICT

Kimberly Silva, Board Secretary
TWAIN HARTE COMMUNITY SERVICES DISTRICT

APPENDIX A: Progress Reports

A brief description of the District’s annual accomplishments is listed below each objective.

1. INFRASTRUCTURE OPTIMIZATION	
GOAL	
<i>Prioritize and replace deteriorated infrastructure and enhance existing infrastructure to improve system and operational efficiency.</i>	
OBJECTIVES	
<input type="checkbox"/> 1.1	Conduct a hydraulic assessment of the water system to analyze fire flow, water loss and potential for operational efficiencies.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Completed water system mapping revisions to ensure accurate hydraulic assessment. Initiated hydraulic assessment.
<input type="checkbox"/> 1.2	Utilize water system hydraulic assessment to prioritize and complete capital projects.
<input type="checkbox"/> 1.3	Identify sources of water loss and prioritize projects to reduce water loss below 10%.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Identified and repaired a major ongoing leak, reducing water loss by approximately 5-10%.
<input checked="" type="checkbox"/> 1.4	Complete Well 3
	<u>FY 19-20</u> <ul style="list-style-type: none"> Completed Well 3 and put into service.
<input type="checkbox"/> 1.5	Replace water lines in Sherwood Forest
<input type="checkbox"/> 1.6	Conduct a sewer system condition assessment with CCTV to identify degradation and sources of inflow and infiltration (I&I).
	<u>FY 19-20</u> <ul style="list-style-type: none"> Performed CCTV sewer system condition assessment on approximately 25% of sewer system and identified several locations of I&I.
<input type="checkbox"/> 1.7	Conduct a sewer system hydraulic assessment.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Completed sewer system mapping revisions to ensure accurate hydraulic assessment. Initiated hydraulic assessment.
<input type="checkbox"/> 1.8	Utilize sewer system condition and hydraulic assessments to prioritize and complete capital projects.

	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Identified a major source of I&I on the Dogwood Sewer Main due to damage and degradation. Replaced 350' of line and two manholes to eliminate source of I&I.
<input checked="" type="checkbox"/> 1.9	Improve accuracy of asset information in water and sewer GIS database.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Updated water system GIS mapping with accurate meter locations. Revised water and sewer system mapping to match as-built conditions.
<input type="checkbox"/> 1.10	Upgrade SCADA system to monitor and control all critical water and sewer facilities.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Identified SCADA system upgrade needs and evaluated upgrade technology options.
<input type="checkbox"/> 1.11	Develop and implement a water/sewer maintenance program for valve turning, sewer cleaning, and manhole inspection to attain an annual goal of 25% of the system.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Developed and initiated maintenance plan for valve turning, sewer cleaning and manhole inspection to be tracked in GIS system.
<input type="checkbox"/> 1.12	Develop and implement a plan for regular hydrant testing.
<input type="checkbox"/> 1.13	Enhance work order system for better tracking and querying of maintenance, breaks and repairs.
<input type="checkbox"/> 1.14	Explore options to expand fire station living facilities.
<input type="checkbox"/> 1.15	Fix or replace old park bathroom building.

2. EMERGENCY PREPAREDNESS	
GOAL	
<i>Prepare staff, community and infrastructure for wildfire and other events that threaten our community and services.</i>	
OBJECTIVES	
<input type="checkbox"/> 2.1	Add generators at critical facilities.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Installed standby generators at Redwing Sewer Lift Station and Mark Twain Sewer Lift Station.
<input type="checkbox"/> 2.2	Harden all critical facilities and establish 100 feet of defensible space.
<input type="checkbox"/> 2.3	Evaluate cyber security and make any necessary improvements.

<input type="checkbox"/> 2.4	Install compatible radio systems in all vehicles to improve inter-department emergency communications.
<input type="checkbox"/> 2.5	Collaborate with cooperative agencies to perform vegetation management along major roads.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Collaborated with Tuolumne County to perform vegetation management along Twain Harte Drive.
<input type="checkbox"/> 2.6	Explore and implement new ways to encourage/assist with local fuels management.
<input type="checkbox"/> 2.7	Work with community to promote and establish Fire Wise Communities.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Worked with several small neighborhoods through the process to become Fire Wise Communities.
<input type="checkbox"/> 2.8	Improve the emergency alert horn system.
<input type="checkbox"/> 2.9	Develop multiple methods of direct communications with customers.
<input type="checkbox"/> 2.10	Work with CERT to continue and expand community emergency trainings.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Worked with CERT to continue community emergency trainings.
<input type="checkbox"/> 2.11	Identify potential high risk emergency incidents, develop response procedures and perform inter-department tabletop training exercises.
<input type="checkbox"/> 2.12	Conduct a public outreach campaign to encourage installation of 2-way cleanouts and reduce common sources of sewer system blockages.
<input type="checkbox"/> 2.13	Improve and expand fire training facility and equipment.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Improved interior and venting of burn prop for safety and realism. Added a safer fire behavior prop. Procured grant-funded, thermal-imaging UAV that assists with capture and review of training exercises.
<input type="checkbox"/> 2.14	Promote and conduct trainings with local cooperator agencies.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Held multiple simulated event training exercises with local cooperator agencies, state agencies and Columbia College.
<input type="checkbox"/> 2.15	Establish a communitywide AED program, including install of AEDs.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Installed one AED in the District board room. Identified key locations for AED's throughout the community.
<input type="checkbox"/> 2.16	Explore options to expand services to include ALS.

<input checked="" type="checkbox"/> 2.17	Obtain funding for a firefighter rehab vehicle.
	FY 19-20 <ul style="list-style-type: none"> Obtained grants through CERT and procured a used firefighter rehab vehicle.
<input type="checkbox"/> 2.18	Procure water and sewer emergency response trailers.
<input type="checkbox"/> 2.19	Procure and install a WiFi cradle point to enable District internet access during power outages and other emergencies.

3. EXPANDED PARK FACILITIES	
GOAL	
<i>Build Twain Harte Meadows Park and identify recreational opportunities to improve quality of life in Twain Harte.</i>	
OBJECTIVES	
<input type="checkbox"/> 3.1	Obtain funding for Twain Harte Meadows Park.
	FY 19-20 <ul style="list-style-type: none"> Applied for two funding grants. Obtained grants and donations to complete the first phase – Bocce Courts Improvements.
<input type="checkbox"/> 3.2	Complete construction of Twain Harte Meadows Park.
<input type="checkbox"/> 3.3	Improve Community Center by remodeling bathrooms and kitchen, paving or repairing parking lot and adding internet capabilities.
<input type="checkbox"/> 3.4	Explore developing recreational programs to promote community health and relationships.
<input type="checkbox"/> 3.5	Recruit local partners to offer community recreation programs.
<input type="checkbox"/> 3.6	Advertise park rental opportunities and improve ease of rental process.
<input type="checkbox"/> 3.7	Develop an easy method for collecting continual resident input on park facilities.

4. COMMUNITY ENGAGEMENT	
GOAL	
<i>Promote community engagement through active education, promotion of District activities and sensitivity to community needs.</i>	
OBJECTIVES	
<input type="checkbox"/> 4.1	Develop and hold annual open house or community event.
<input type="checkbox"/> 4.2	Participate in local parades and community events.

	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> • Participated in 2019 4th of July and Christmas parades. • Initiated an annual 4th of July community event.
<input type="checkbox"/> 4.3	Conduct four community tours and/or educational programs each year.
<input type="checkbox"/> 4.4	Develop video outreach program to educate public about projects, staff and other District activities.
<input type="checkbox"/> 4.5	Increase social media, website articles and mailers to educate customers and promote District activities and respond to community questions.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> • Developed and began implementation of social media outreach plan, greatly improving social media presence. • Posted multiple educational and promotional web articles. • Created and sent out multiple educational billing inserts.
<input type="checkbox"/> 4.6	Improve outreach to local students.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> • Conducted a Twain Harte Meadows Park design workshop with 6-8th grade students at Twain Harte Elementary.
<input type="checkbox"/> 4.7	Expand website to include ordinances, key policies and FAQ's.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> • Added FAQ's and key policies to website.
<input type="checkbox"/> 4.8	Implement paperless billing and conduct outreach on billing and payment options.
<input type="checkbox"/> 4.9	Conduct regular outreach to identify community needs and explore options to meet said needs.
<input type="checkbox"/> 4.10	Obtain a District of Distinction certificate from Special District Leadership Foundation.
<input type="checkbox"/> 4.11	Conduct an outreach campaign in Sherwood Forest to educate regarding water quality and septic systems and explore the potential of converting septic systems to sewer.

5. ORGANIZATIONAL SUSTAINABILITY	
GOAL	
<i>Establish organizational structures, staffing models, and procedures that support long term District health.</i>	
OBJECTIVES	
<input type="checkbox"/> 5.1	Conduct an evaluation of organizational needs, staffing model and outsourced services for improved efficiency and sustainability.

	Implement any necessary changes.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Evaluated organization for efficiency and sustainability. Hired a part-time administrative position to fill gaps and improve effectiveness.
<input type="checkbox"/> 5.2	Improve management depth and redundancy through recruitment and training.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Developed recruitment plan and key job description revisions for effective filling of vacant Fire Chief and Operations Manager positions.
<input type="checkbox"/> 5.3	Explore options to create a full-time engineer position on each fire shift.
<input type="checkbox"/> 5.4	Hire water/sewer/park summer staffing to assist with annual maintenance activities.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Hired two seasonal interns to conduct annual valve turning and inspection activities.
<input type="checkbox"/> 5.5	Establish an improved District-wide health and safety program.
<input type="checkbox"/> 5.6	Conduct District-wide staff meeting and trainings to improve inter-department coordination and efficiency.
<input type="checkbox"/> 5.7	Develop operating procedures for administrative functions.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Identified key administrative functions requiring operating procedures and initiated development of operating procedures.
<input type="checkbox"/> 5.8	Organize Standard Operating Procedures (SOP) for all departments into a single manual.
<input type="checkbox"/> 5.9	Identify gaps in SOPs and develop procedures to address gaps.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Identified gaps in water/sewer SOP's and began to develop procedures to fill some of the gaps.
<input type="checkbox"/> 5.10	Develop a central paper filing and records management system.
	<u>FY 19-20</u> <ul style="list-style-type: none"> Completed inventory of all District files. Initiated development of a thorough records retention policy that enables simple ongoing file management.
<input type="checkbox"/> 5.11	Convert electronic filing system to closely match paper filing system.
<input type="checkbox"/> 5.12	Store all divisions' electronic files on the central server.
<input type="checkbox"/> 5.13	Review all policies and update.

	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Completed review and any necessary revisions to all policies within Section 1000 of the District’s Policy Manual.
<input type="checkbox"/> 5.14	Review and update all ordinances.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Performed thorough review of Water Ordinance and initiated development of an amended Water Ordinance.
<input type="checkbox"/> 5.15	Codify and digitize all ordinances.
<input type="checkbox"/> 5.16	Review and update Water and Sewer Standards and Specifications.
<input checked="" type="checkbox"/> 5.17	Develop/adopt CEQA guidelines to streamline capital projects.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Developed and adopted District CEQA Guidelines.
<input type="checkbox"/> 5.18	Develop a central, easily accessible source for common employee documents and information.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Initiated development of Intranet for easy access to documents/forms.
<input type="checkbox"/> 5.19	Improve remote server access for employees.
<input type="checkbox"/> 5.20	Explore cooperation with other agencies to provide more efficient or quality services.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Discussed formation of a Countywide fire internship program to improve efficiencies and standardize Countywide training.
<input type="checkbox"/> 5.21	Perform a water and sewer rate study in 2021 and implement any recommended rate changes.
<input checked="" type="checkbox"/> 5.22	Obtain special district representation on Tuolumne County Local Agency Formation Commission (LAFCO).
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Collaborated with County LAFCO and other special districts to obtain special district representation on County LAFCO
<input type="checkbox"/> 5.23	Evaluate new technology and applications to improve efficiency.
	<p><u>FY 19-20</u></p> <ul style="list-style-type: none"> Evaluated several forms of technology to monitor and control critical water and sewer system components remotely. Initiated development of an intranet site to improve communications between employees, reduce errors and improve admin efficiencies.

Twain Harte Community Services District



STRATEGIC PLAN

Adopted:
November 13, 2019

2.0 Mission, Vision, Values

Mission

To provide quality and efficient services to our community in a professional, reliable and fiscally responsible manner.

Vision

To lead the way in providing services that protect and enhance our community's quality of life.



Values

We value and strive for excellence in:

Quality of Life

Customer Service & Relationships

Professional, Proactive & Innovative Leadership

A Safe & Positive Work Environment

Integrity & Transparency

Fiscal Responsibility

Reliability & Sustainability

Asset & Resource Management

Community Engagement

Collaborative Relationships

Continual Improvement

3.0 Goals & Objectives

Building on its mission, vision and values, the District identified five strategic focus areas:

1. Infrastructure Optimization
2. Emergency Preparedness
3. Expanded Park Facilities
4. Community Engagement
5. Organizational Sustainability

1. INFRASTRUCTURE OPTIMIZATION	
GOAL	
<i>Prioritize and replace deteriorated infrastructure and enhance existing infrastructure to improve system and operational efficiency.</i>	
OBJECTIVES	
<input type="checkbox"/> 1.1	Conduct a hydraulic assessment of the water system to analyze fire flow, water loss and potential for operational efficiencies.
<input type="checkbox"/> 1.2	Utilize water system hydraulic assessment to prioritize and complete capital projects.
<input type="checkbox"/> 1.3	Identify sources of water loss and prioritize projects to reduce water loss below 10%.
<input type="checkbox"/> 1.4	Complete Well 3
<input type="checkbox"/> 1.5	Replace water lines in Sherwood Forest
<input type="checkbox"/> 1.6	Conduct a sewer system condition assessment with CCTV to identify degradation and sources of inflow and infiltration (I&I).
<input type="checkbox"/> 1.7	Conduct a sewer system hydraulic assessment.
<input type="checkbox"/> 1.8	Utilize sewer system condition and hydraulic assessments to prioritize and complete capital projects.
<input type="checkbox"/> 1.9	Improve accuracy of asset information in water and sewer GIS database.
<input type="checkbox"/> 1.10	Upgrade SCADA system to monitor and control all critical water and sewer facilities.
<input type="checkbox"/> 1.11	Develop and implement a water/sewer maintenance program for valve turning, sewer cleaning, and manhole inspection to attain an annual goal of 25% of the system.
<input type="checkbox"/> 1.12	Develop and implement a plan for regular hydrant testing.
<input type="checkbox"/> 1.13	Enhance work order system for better tracking and querying of maintenance, breaks and repairs.

<input type="checkbox"/> 1.14	Explore options to expand fire station living facilities.
<input type="checkbox"/> 1.15	Fix or replace old park bathroom building.

2. EMERGENCY PREPAREDNESS

GOAL

Prepare staff, community and infrastructure for wildfire and other events that threaten our community and services.

OBJECTIVES

<input type="checkbox"/> 2.1	Add generators at critical facilities.
<input type="checkbox"/> 2.2	Harden all critical facilities and establish 100 feet of defensible space.
<input type="checkbox"/> 2.3	Evaluate cyber security and make any necessary improvements.
<input type="checkbox"/> 2.4	Install compatible radio systems in all vehicles to improve inter-department emergency communications.
<input type="checkbox"/> 2.5	Collaborate with cooperative agencies to perform vegetation management along major roads.
<input type="checkbox"/> 2.6	Explore and implement new ways to encourage/assist with local fuels management.
<input type="checkbox"/> 2.7	Work with community to promote and establish Fire Wise Communities.
<input type="checkbox"/> 2.8	Improve the emergency alert horn system.
<input type="checkbox"/> 2.9	Develop multiple methods of direct communications with customers.
<input type="checkbox"/> 2.10	Work with CERT to continue and expand community emergency trainings.
<input type="checkbox"/> 2.11	Identify potential high risk emergency incidents, develop response procedures and perform inter-department tabletop training exercises.
<input type="checkbox"/> 2.12	Conduct a public outreach campaign to encourage installation of 2-way cleanouts and reduce common sources of sewer system blockages.
<input type="checkbox"/> 2.13	Improve and expand fire training facility and equipment.
<input type="checkbox"/> 2.14	Promote and conduct trainings with local cooperator agencies.
<input type="checkbox"/> 2.15	Establish a communitywide AED program, including install of AEDs.
<input type="checkbox"/> 2.16	Explore options to expand services to include ALS.
<input type="checkbox"/> 2.17	Obtain funding for a firefighter rehab vehicle.
<input type="checkbox"/> 2.18	Procure water and sewer emergency response trailers.
<input type="checkbox"/> 2.19	Procure and install a WiFi cradle point to enable District internet access during power outages and other emergencies.

3. EXPANDED PARK FACILITIES

GOAL

Build Twain Harte Meadows Park and identify recreational opportunities to improve quality of life in Twain Harte.

OBJECTIVES

<input type="checkbox"/> 3.1	Obtain funding for Twain Harte Meadows Park.
<input type="checkbox"/> 3.2	Complete construction of Twain Harte Meadows Park.
<input type="checkbox"/> 3.3	Improve Community Center by remodeling bathrooms and kitchen, paving or repairing parking lot and adding internet capabilities.
<input type="checkbox"/> 3.4	Explore developing recreational programs to promote community health and relationships.
<input type="checkbox"/> 3.5	Recruit local partners to offer community recreation programs.
<input type="checkbox"/> 3.6	Advertise park rental opportunities and improve ease of rental process.
<input type="checkbox"/> 3.7	Develop an easy method for collecting continual resident input on park facilities.

4. COMMUNITY ENGAGEMENT

GOAL

Promote community engagement through active education, promotion of District activities and sensitivity to community needs.

OBJECTIVES

<input type="checkbox"/> 4.1	Develop and hold annual open house or community event.
<input type="checkbox"/> 4.2	Participate in local parades and community events.
<input type="checkbox"/> 4.3	Conduct four community tours and/or educational programs each year.
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<input type="checkbox"/> 4.6	Improve outreach to local students.
<input type="checkbox"/> 4.7	Expand website to include ordinances, key policies and FAQ's.
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<input type="checkbox"/> 4.9	Conduct regular outreach to identify community needs and explore options to meet said needs.
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5. ORGANIZATIONAL SUSTAINABILITY	
GOAL	
<i>Establish organizational structures, staffing models, and procedures that support long term District health.</i>	
OBJECTIVES	
<input type="checkbox"/> 5.1	Conduct an evaluation of organizational needs, staffing model and outsourced services for improved efficiency and sustainability. Implement any necessary changes.
<input type="checkbox"/> 5.2	Improve management depth and redundancy through recruitment and training.
<input type="checkbox"/> 5.3	Explore options to create a full-time engineer position on each fire shift.
<input type="checkbox"/> 5.4	Hire water/sewer/park summer staffing to assist with annual maintenance activities.
<input type="checkbox"/> 5.5	Establish an improved District-wide health and safety program.
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<input type="checkbox"/> 5.15	Codify and digitize all ordinances.

<input type="checkbox"/> 5.16	Review and update Water and Sewer Standards and Specifications.
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<input type="checkbox"/> 5.21	Perform a water and sewer rate study in 2021 and implement any recommended rate changes.
<input type="checkbox"/> 5.22	Obtain special district representation on Tuolumne County Local Agency Formation Commission (LAFCO).
<input type="checkbox"/> 5.23	Evaluate new technology and applications to improve efficiency.

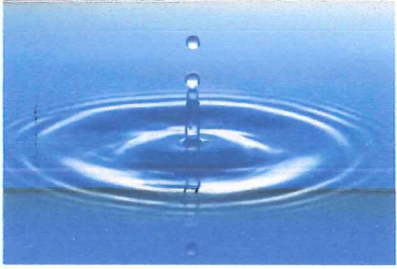
4.0 Plan Review, Revisions & Reporting

The District will review this Plan at least once annually to ensure that the Plan continues to be accurate and best serve the needs of the District. Plan revisions may be made at any time. All revisions must be approved by the Board of Directors. A record of revisions will be kept on the Table of Contents page.


At the end of each fiscal year, the General Manager will prepare a brief report for the Board of Directors summarizing the progress that has been made toward attaining the District's goals and objectives. Reports will be included in the Appendix of this Plan.

APPENDIX A: Progress Reports

A brief description of the District's annual accomplishments is listed below each objective.



**Tuolumne-Stanislaus Integrated
Regional Water Management Authority
2019-2020 Fiscal Year Accomplishments**

- ✓ Submitted and received a DWR grant for \$854,950 to implement four projects – GCSO Back-up Generators, UWPA Info System Upgrades, TBMI Westside Dam, and TRT Outreach/Watershed Ed.
- ✓ Submitted and awarded approximately \$90,000 for a DAC technical assistance project in partnership with the Mokelumne/Amador/Calaveras (MAC) IRWM (agreement to be signed).
- ✓ Sponsored the TBMI attendance at the Roundtable of Regions Annual Conference. (The only tribal representative in the entire state of CA to attend as a representative of an IRWM.)
- ✓ Prepared and submitted documents on the value of IRWMs to DWR for their use with the State Legislature and in seeking IRWM funding.
- ✓ Welcomed Jamestown Sanitary District as a member of the WAC.
- ✓ Funded Phase One and Phase Two of the Stormwater Project Identification Tool (SPIT) which is currently being used to support and help development of a stormwater project for THCSO. 
- ✓ Compiled and submitted to MCWRA a list of “High Priority Projects” for forest management and wildfire prevention that are tied to water management for MCWRA’s use in speaking to funding needs in the region.
- ✓ Compiled and submitted to SI a list of tank projects for use in speaking to tank repair, replacement, and development within the region.
- ✓ Provided “groundtruthing” input to TRT in support of the Forest Restoration Action Plan.
- ✓ Held a “Call for Projects” which resulted in the addition of the Cedar Ridge Fuel Reduction Project and the Sierra Pines Project.
- ✓ Reviewed and edited the DWR funded DACI DAC Assessment Report and Water/Wastewater Needs Assessment Report for the T-Stan IRWM region.
- ✓ Ended the fiscal year with a healthy reserve which enabled a one-year reduction in dues for JPA members.

Twain Harte Community Services District Field operations report August 2020

Water

Service Orders: 12 consisting of leak checks, data logs, register replacement and emergency shutoff.

Projects/ Field Operations Update:

- *1 service line leak.*
- *The concrete blocks for the materials have been placed and the concrete for the floors and swale will be poured in September.*

Sewer

	<i>Previous month</i>	<i>Year to Date Calendar</i>
<i>Lines Cleaned:</i>	<i>1000 Ft</i>	<i>10,000 Ft</i>
<i>Lines Videoed:</i>	<i>0 FT</i>	<i>50 FT</i>

Service Orders: 5 consisting of 4 customer lateral inspections and 1 inspection.

Projects/ Field Operations:

-

Park and Recreation

Projects/ Field Operations Update:

- *The Bocce court improvements are moving along, the forms for the concrete have been completed and are awaiting concrete.*

Year: 2020 THCSD Operations Manager Monthly Report

Month	*Treatment Plant (Gal)	Well #1 (Gal)	Well #2 (Gal)	Well #3 (Gal)	**Total Recycled (Gal)	***Total Production (Gal)	2013 Total Production (Gal)	Percentage Conserved (%)	Rain (inches)	Snow (inches)
Jan	1,663,959	1,156,516	2,010,038	0	261,063	4,830,513	8,304,262	41.83%	0.72	7
Feb	1,506,960	1,129,663	2,019,731	0	177,163	4,656,354	5,836,362	20.22%	0.08	Trace
Mar	1,019,292	1,188,431	2,177,329	0	172,090	4,385,052	5,776,198	24.08%	7.32	8.4
Apr	2,487,376	1,198,525	1,359,793	0	256,516	5,045,694	6,737,931	25.12%	5.23	7
May	5,474,411	1,238,596	0	0	466,108	6,713,007	9,624,851	30.25%	2.98	0
Jun	6,854,002	1,176,488	0	44,931	425,706	8,030,490	11,912,958	32.59%	0.12	0
Jul	7,067,435	1,192,783	1,023,102	678,717	490,986	9,283,320	14,740,484	37.02%	0	0
Aug	5,764,461	1,211,516	2,096,698	201,129	415,216	9,072,675	14,605,710	37.88%	0.03	0
Sep						0	10,891,827	100.00%		
Oct						0	9,867,000	100.00%		
Nov						0	6,638,895	100.00%		
Dec						0	7,410,084	100.00%		
Total	31,837,896	9,492,518	10,686,691	924,777	2,664,848	52,017,105	112,346,562	53.70%	16.48	22.4



Twain Harte Community Services District

Fire Division



Monthly Operations Report

For August 2020

INCIDENTS

- Monthly emergency call total: 28
 - Public Contacts/Non-Fire Agency Assists total:
 - Please see attached statistics for incident response information
 - Intern Operator Oberg deployed to the Loyalton Fire as line EMT
 - Intern Cruz and Boyd deployed to the Mocc Fire (TCU) as Status check-in recorders
 - Intern Tucker deployed to the Mocc Fire (TCU)
 - WT-721 deployed to the Salt Fire in TCU
-

PERSONNEL

- **One** total on personnel roster
 - **One** Fire Captain injured on the MOC Fire
 - **Captains** test September 25th
-

EQUIPMENT AND APPARATUS

- U-721 replaced the fan belt
 - E-721 Hydraulic lift ram hoses replaced
 - E-721 AC repaired
 - E-723 rear (driver side) wheel seal repaired
 - E-723 Pulley and serpentine belt replaced
 - E-723 headlight replaced (no charge under warranty)
 - E-723 received and installed new turbo sensor
 - DOT BIT inspections conducted on all the fleet
-

FACILITIES

- New Hood installed
 - New Refrigerator delivered
 - New digital lock installed for the PPE room
 - Fire House paint project completed
 - Installed new charging station for UAV
 - Quarterly SCBA air sample test passed
 - New wireless security cameras and monitors installed
-

TRAINING PROGRAM: Staff completed over 174 hours of combined training during the month

- All members trained on new response protocols and PPE procedures to decrease possible exposure
 - Future training canceled due to Covid-19
 - Annual Wildland Refresher Training completed
-

FINANCIAL

- Leary Firefighter foundation grant submitted 10,000 (non-match) for ems jackets and pants

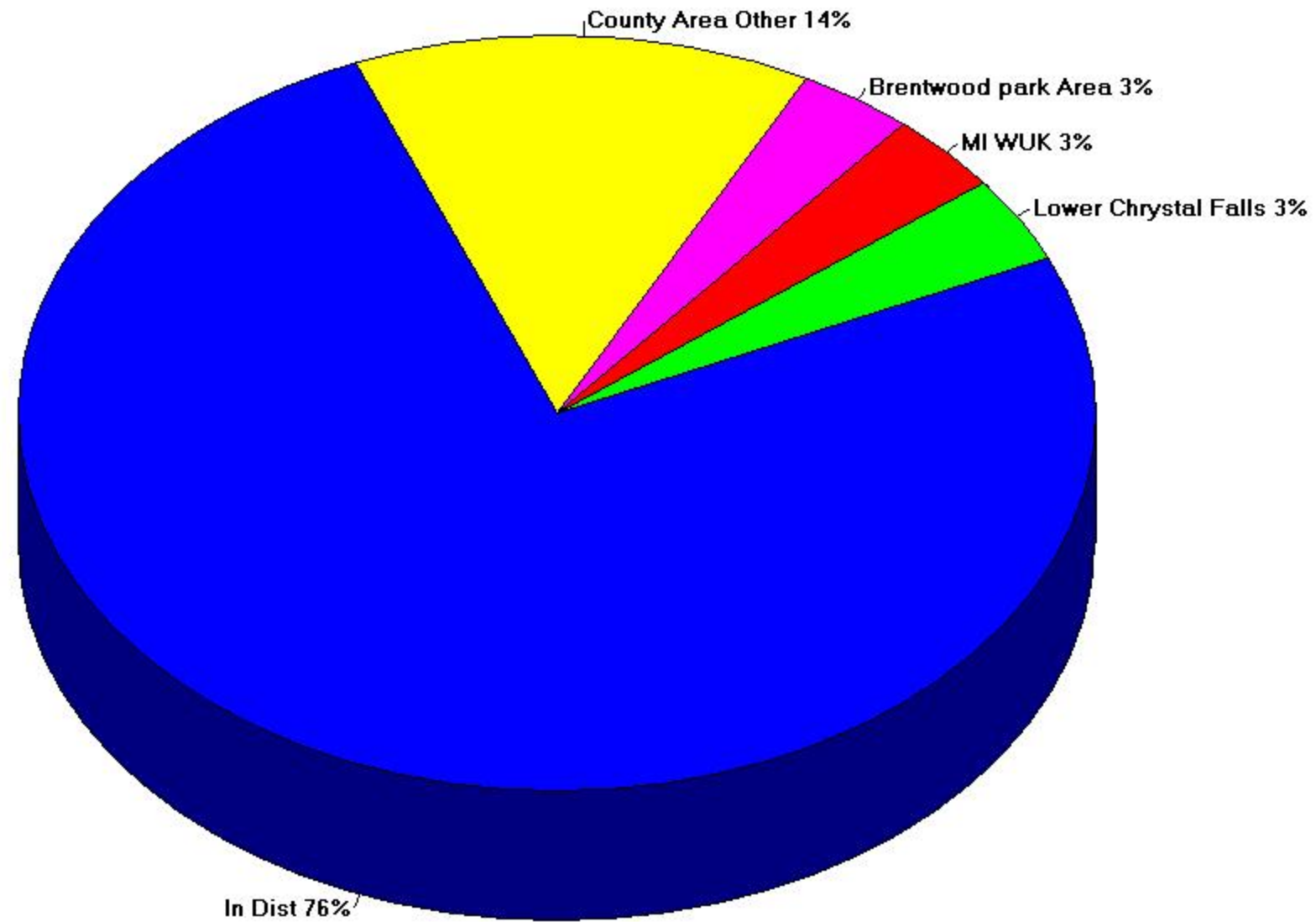
TUOLUMNE COUNTY CHIEF OFFICER'S ASSOCIATION

- JPA talks continue
 - JPA rough drafts sent out to all districts for feedback
-

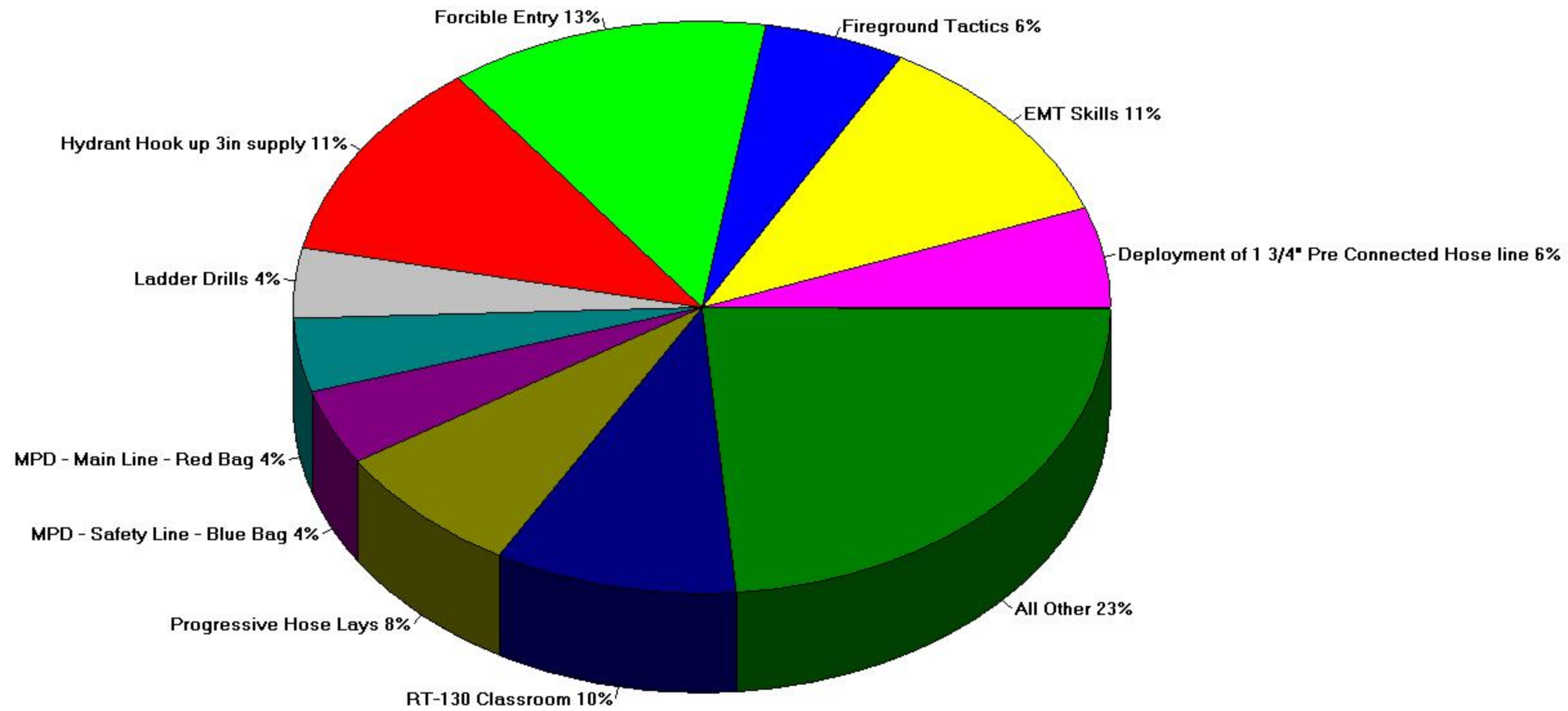
FIRE PREVENTION PROGRAM/PUBLIC EDUCATION

- Public Education programs halted due to COVID
- Fire Inspections of Business's in Twain Harte still in the process
- Updated all Active 911 pre-plans and fire hydrant locations

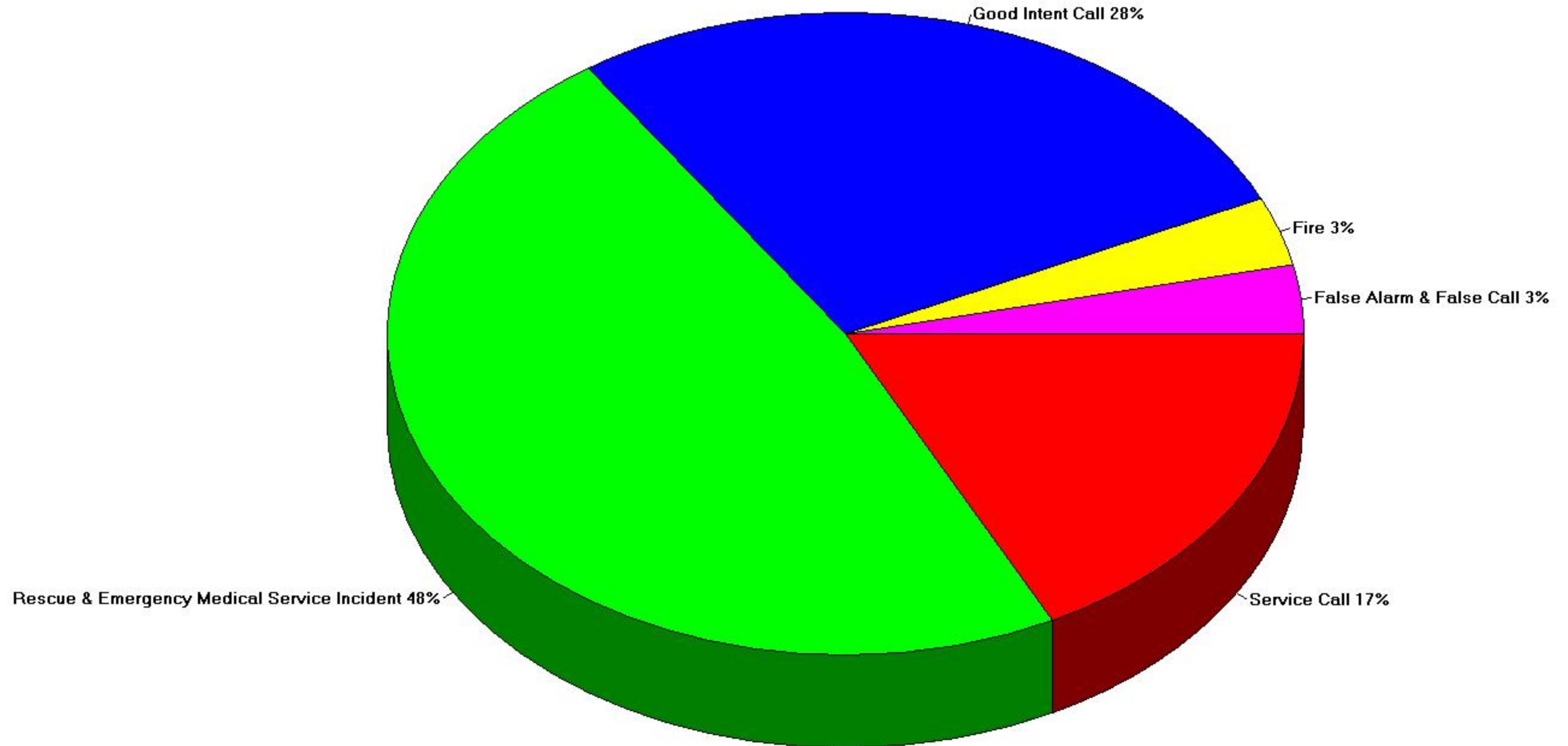
Incidents by District
Alarm Date Between {08/01/2020} And {08/31/2020}



Total Staff Hours by Training Category
Date Between {08/01/2020} And {08/31/2020}



Incident Type Summary
Alarm Date Between {08/01/2020} And {08/31/2020}





GENERAL MANAGER'S REPORT

September 9, 2020

Administration / Operations

- *Filing System and Intranet Development*
- *Fire Captain Hiring*
- *Fire JPA/Parcel Tax*
- *Closeout of FY 19-20 Financials*

Planning Projects

- *Sewer System Evaluation/Analysis – In process.*
- *Water System Hydraulic Model – In process. Anticipated completion in October.*
- *Water Treatment Plant Assessment – Anticipate completion in November.*

Capital Projects

- *Bocce Court Improvements – Concrete 9/15. Stain 9/10. Anticipate October completion.*
- *Water/Sewer Materials Bins – Walls set. Partial concrete. Anticipate 9/18 completion.*
- *Fire Equipment Building – Foundations this week. Anticipate October completion.*

Funding Opportunities

- *Prop 1 Stormwater Grant – TH Community Stormwater Enhancement (\$5,000,000)*
 - *Submitted Application / \$100M available / \$10M max / 10% match*
- *Prop 68 Per Capita Park Grant – Park revenue enhancement (\$177,952)*
- *SWRCB Water System Planning Grant – Analysis of Water System (\$500,000)*
 - *Funding Agreement expected by end of 2020*
- *Prop 68 Rural Recreation & Tourism Program – Twain Harte Meadows Park (\$2,500,000)*
 - *Opens Summer 2021 / \$23M available / \$3M max / No Match*

Meetings of Interest

- *Lawsuit Depositions – 8/25/20 & 9/14/20*
- *TUD Sierra Pines WTP Recreation Meeting – 9/17/20*