

PALM BEACH GARDENS POLICE DEPARTMENT		
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS		
POLICY AND PROCEDURE 4.2.1.31		
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INTENT: The Palm Beach Gardens Police Department recognizes the need for a policy that prescribes safeguards to protect workers against the health hazards related to bloodborne pathogens. Thus, with the full implementation of its policy, the department aims to reduce the risk of occupational exposure to bloodborne diseases.

SCOPE: All Police Personnel

REVIEW RESPONSIBILITY

POLICY: It is the policy of the Palm Beach Gardens Police Department to maintain a written exposure control plan in regards to bloodborne pathogens i.e., Hepatitis B, and HIV. At a minimum, the exposure control plan must include (1) the exposure determination, (2) the procedures for evaluating the circumstances surrounding an exposure incident, and (3) the schedule and method for implementing sections of the policy covering the methods of compliance. The policy must be reviewed, updated at least annually, or whenever new tasks and procedures affect occupational exposure, and made accessible to members. The exposure determination must be based on the definition of occupational exposure without regard to personal protective clothing and equipment. The exposure determination is made by reviewing job classifications within the work environment. Where only some members have occupational exposure, specific tasks and procedures causing exposure must be listed. When members have been identified, the next step is to communicate the hazards to these members.

1. PROCEDURE

a. Preventive Measures:

i. Hepatitis B Vaccination:

1. The city will make the Hepatitis B vaccine and vaccination series available to all members who have occupational exposure as well as provide a post-examination evaluation and follow ups to all members who experience an exposure incident. The vaccine and vaccinations, as well as all medical evaluations and follow up will be made available at no cost to the member provided at a reasonable time and place, and performed by or under the supervision of a licensed physician, or another licensed health care professional whose scope of practice allows him/her to independently perform activities required. Members who decline the vaccination must sign a declination form. The member may request and obtain the vaccination at a later date and at no cost, if he/she continues to be exposed. The Hepatitis B vaccine and vaccination series must be offered within 10 working days of initial assignment to members who have occupational exposure to blood or other or other potentially infectious materials unless (1) the member has previously received the complete Hepatitis B vaccination series, (2) antibody testing reveals that the member is immune, or (3) medical reasons

prevent taking the vaccinations. Pre-screening is not required before receiving the Hepatitis B vaccination series. Any booster doses of the Hepatitis B vaccine recommended by the U.S. Public Health Service also will be provided.

ii. Universal Precautions:

1. The method of infection control requires the employer and member to assume that all human blood and specified human fluids are infectious for HIV, HBV and other bloodborne pathogens. Where differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered as potentially infectious.

iii. Methods of Control;

- i. Engineering and work practice controls are the primary methods used to prevent occupational transmission of HIV and HBV. Personal protective clothing and equipment also are necessary when occupational exposure to bloodborne pathogens remains even after these controls.

1. Engineering controls reduce member exposure in the workplace either by removing or isolating the hazard or isolating the worker from exposure. Puncture resistant disposal containers for contaminated sharp instruments, resuscitation bags and ventilation devices are examples of engineering controls. Engineering controls must be examined and maintained or replaced on a scheduled basis.
2. Proper work practice controls alter the manner in which a task is performed. In work areas where a reasonable likelihood of occupational exposure exists, work practice controls include restricting eating, drinking, smoking, preventing the storage of food and/or drink in refrigerators or other locations where blood or other potentially infectious materials are kept, and providing and requiring the use of hand wash facilities. Other requirements include, but are not limited to:
 - a. Washing hands when gloves are removed and as soon as possible after skin contact with blood or other infectious materials occurs.
 - b. Recapping, removing or bending needles is prohibited unless the employer can demonstrate that no other alternative is feasible.
 - c. Shearing or breaking contaminated needles is not permitted.

iv. Personal Protective Equipment:

1. Must be used if exposure remains after instituting engineering and work practice controls, or if these controls are not feasible.
 - a. Equipment includes gloves, coveralls, face shields, masks, and eye protection. Protective equipment is deemed appropriate only if it does not permit blood or other infectious materials to pass through or reach members work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
 - b. The city will provide, make accessible, and require the use of protective equipment at no cost to the member. Equipment also must be provided in appropriate sizes, and ensure equipment is properly used, cleaned, laundered, repaired or replaced, as needed, or discarded. A member may temporarily and briefly decline wearing personal protective equipment under rare circumstances and when, in the members' professional opinion, it prevents the delivery of health care or public services. These circumstances would be expected to be life threatening. In general, appropriate personal protective equipment is expected to be used whenever exposure may occur.

v. Handling Precautions:

1. Remove protective equipment before leaving the work area and after equipment becomes contaminated.
2. Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
3. Wear appropriate gloves when it can be reasonably anticipated that the member may have contact with blood, other potentially infectious materials, and when handling or touching contaminated

items or surfaces. Replace gloves if torn, punctured, contaminated or their ability to function as a barrier is compromised.

4. Never wash or decontaminate disposable gloves.
5. Wear appropriate face and eye protection such as a mask with glasses and solid side shields or a chin length face when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
6. Wear appropriate protective body coverings such as gown, aprons, caps, and boots when occupational exposure is anticipated.

vi. Housekeeping:

1. Under the standard, each place of employment must be kept clean and sanitary. To do this, the employer must develop and implement a cleaning schedule that includes appropriate methods of decontamination and tasks or procedures to be performed. This written schedule must be based on the location within the facility, the type of surfaces to be cleaned, the type of contamination present, the tasks or procedures to be performed and their location within the facility. The employer also must ensure that the following housekeeping procedures are followed:
 - a. Clean and decontaminate all equipment and work surfaces that have been contaminated with blood or other potentially infectious materials.
 - b. Decontaminate work surfaces with an appropriate disinfectant, after completion of procedures, immediately when overtly contaminated, after any spill or other potentially infectious materials, and at the end of the work shift when surfaces have been contaminated since the last cleaning.
 - c. Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.
 - d. Place contaminated waste in closable and labeled or color coded containers.
 - e. When discarding contaminated sharps, place them in containers that are closable, puncture resistant, appropriate labeled, color coded, and leak proof.
 - f. Discard all regulated waste according to federal, state, and local regulations.
 - g. Handle contaminated laundry as little as possible and with a minimum of agitation.
 - h. Use appropriate personal protection equipment when handling contaminated laundry.
 - i. Place wet contaminated laundry in leak proof, labeled or color coded containers before transporting.
 - j. Bag contaminated laundry at its location of use.

vii. Labeling:

1. The standard requires that fluorescent orange-red warning labels be attached to containers of regulated waste, to refrigerators and freezers containing blood and other potentially infectious materials, and to other containers used to store, transport, or ship blood or other potentially infectious materials.
2. These labels are not required when:
 - a. Red bags or red containers are used;
 - b. Containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use.
 - c. Individual containers of blood or other potentially infectious items are placed in a labeled container during storage, transport, shipment or disposal.
3. The label must be fluorescent orange or orange red, contain the biohazard symbol and the word "Biohazard" in a contrasting color, and be attached to each object by string, wire, adhesive, or another method to prevent loss or unintentional removal of the label.

viii. If an Exposure Occurs:

1. The standard requires that the post-exposure medical evaluation be made available immediately for members who have had an exposure incident. At a minimum, the evaluation and follow up must, at least, include the following elements:
 - a. Document the routes of exposure and how exposure occurred.

- b. Identify and document the source individual unless the employer can establish that identification is infeasible or prohibited by state law.
- c. Obtain consent, if required, and test individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results.
- d. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- e. Provide the exposed member with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- f. After obtaining consent, collect exposed member's blood as soon as possible after the exposure incident and test blood for HIV and HBV serological status.
- g. If the member does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the blood for at least 90 days.
- h. Provide HBV and HIV serological testing, counseling, and safe and effective post exposure prophylaxis following the current recommendations of the U.S. Public Health Service.
- i. The employer also must provide to the health care professional evaluating the member after an exposure incident a description of the member's job duties relevant to the exposure incident, documentation of the routes of exposure, circumstances of exposure, and results of the source individual's blood tests, if available, and all relevant member medical records, including vaccination status.
- j. Within 15 days after the detailed evaluation of the exposed member, the employer must provide the member with copy of the health care professional's written opinion. The written opinion is limited to whether the vaccine is indicated and if it has been received. The written opinion for post exposure evaluation must document that the member has been informed of the results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or treatment. All other diagnosis must remain confidential and not be included in the written report.

ix. Record Keeping:

- 1. Employers also must preserve and maintain for each member an accurate record of occupational exposure according to Title 29 Code of Federal Regulations. Medical records must also include the following information.
 - a. Member's name and social security number.
 - b. Member's Hepatitis B vaccination status including vaccination dates and any medical records related to the member's ability to receive vaccinations.
 - c. Results of examinations, medical testing and post exposure evaluation and follow up procedures.
 - d. Health care professional's written opinion.
 - e. A copy of the information provided to the health care professional.
 - f. Medical records must be kept confidential and maintained for at least the duration of employment plus thirty years.
 - g. Employers are to maintain and keep accurate training records for three years including dates, content and summary of the training, names and qualifications of the trainer, and the names and job titles of trainees.
 - h. Training records must be available to members or representatives upon request. A member's medical records can be obtained by that member and anyone having that member's written consent.

2. RELEVANT TASK ANALYSIS:

- a. A preliminary task analysis of daily performance data pertinent to the department's job descriptions indicates the following at risk data. Those shown in the high risk category would be the most likely to be exposed to Hepatitis B/HIV. Those shown in the low or no risk category would be the least likely to be exposed.

- i. High Risk:
 - 1. Road Patrol Officers
 - 2. Traffic Officers
 - 3. Crime Scene Investigators
 - 4. Evidence Custodian
 - 5. Special Operations Team
 - 6. Reserve Officers
 - 7. Traffic Sergeant
 - 8. Road Patrol Sergeant
 - 9. Agents
- ii. Medium Risk;
 - 1. Detectives
 - 2. Bureau Commanders
- iii. Low or No Risk:
 - 1. Training Sergeant
 - 2. Support Services Sergeant
 - 3. Communications Operators
 - 4. Records Specialists
 - 5. Quartermaster
 - 6. Assistant Chiefs
 - 7. Chief of Police

3. PRACTICAL APPLICATION:

- a. In-House:
 - i. Exposure kits will be located in accessible locations within the Police Department building for exposure incidents, consisting of:
 - ii. Disposable gowns and coveralls.
 - iii. Goggles and masks.
 - iv. Sodium solution.
 - v. Decontamination solution
 - vi. A Sharps container will be placed in the Police Department building for Sharps disposable.
 - vii. Red plastic disposal bags will be available for contaminated waste and clothing. Bags will be marked with the "Biohazard" symbol.
- b. Field Operations:
 - i. Biohazard kits will be placed in all road patrol vehicles with similar contents.
 - ii. Biohazard kits will be included in all crime scene kits.
 - iii. If a gross individual contamination takes place during field operations, the individual will be stabilized by sodium and decontamination solution and transported to headquarters for further decontamination and disposal of clothing.
- c. Disposal Methods:
 - i. Sharps will be disposed of in a timely manner according to guidelines.
 - ii. Contaminated clothing and other waste will be bagged in provided Biohazard bags and disposed of according to guidelines.
- d. Exposure Notification:
 - i. If an exposure occurs, the exposure incident report will be filled out and the Chief or the Assistant Chief will be notified immediately.
 - ii. The report will be complete and available within the shift of occurrence or as soon as practical thereafter.

4. GLOSSARY:

Bloodborne Pathogens - 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 and Human Immunodeficiency virus.

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

Contaminated Laundry - Laundry which has been soiled -with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - Any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, and exposed ends of dental wires.

Decontamination -The use of physical or chemical means to remove, inactivate or destroy bloodborne 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.

Exposure Incident -A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an member's duties.

Personal Protective Equipment -Specialized clothing or equipment worn by an member for protection against a hazard. General work clothing (such as uniforms, pants, shirts, or shoes) are not intended to function as protection against a hazard are not considered to be personal protective equipment.

Source Individual -Any individual, living or dead whose blood or other infectious materials may be a source of occupational exposure to the member.

Sterilize -The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.

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