




Cocoa Beach Police Department

Standard Operating Procedure



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Subject: Infection Control – Bloodborne and Airborne Pathogens	Re-Evaluation: 2026	
Distribution: All Members	Related CFA Standards: 29.01M, 29.02M, 29.03M	
Approving Authority: Wes Mullins Chief of Police		
Approval Date: December 2, 2024		

1. PURPOSE

The purpose of this standard operating procedure is to reduce employee exposure to blood, airborne particulate and/or other potentially infectious materials.

2. SCOPE

This standard operating procedure shall apply to all sworn members of the Cocoa Beach Police Department and evidence custodians.

3. POLICY

It shall be the policy of the Cocoa Beach Police Department to educate and train all employees subject to occupational exposure in the identification, prevention and responsible management of infectious materials.

4. DEFINITION(S)

- A. AED – Automated External Defibrillator
- B. CDC – Center for Disease Control and Prevention
- C. CPR – Cardiopulmonary Resuscitation
- D. EPA – Environmental Protection Agency
- E. HBV – Hepatitis B
- F. HEPA – High Efficiency Particulate Air
- G. HIV – Human Immunodeficiency Virus
- H. HRBF – High Risk Bodily Fluids
- I. ICO – Infection Control Officer
- J. NIOSH – The National Institute for Occupational Safety and Health
- K. OSHA - Occupational Safety and Health Administration
- L. PPD – Purified Protein Derivative Tuberculin
- M. UNIVERSAL PRECAUTIONS – An approach to infection control where all human blood and certain human body fluids are treated as if infectious for HIV, HBV, and other bloodborne pathogens.
- N. MEMBERS OCCUPATIONAL EXPOSURE GROUP– Sworn police officers and evidence custodians (CFA 29.01MA)
- O. UNIFORMED FIRST RESPONSE PERSONNEL – Members of the Cocoa Beach Police Department uniformed patrol who respond to calls for service.
- P. PPE – Personal Protective Equipment. Identified as gloves, masks and eye protection.

5. PROCEDURES

A. IDENTIFICATION AND RESPONSIBILITIES OF THE INFECTION CONTROL OFFICER

The Cocoa Beach Police Department (CBPD) ICO shall be appointed by the Chief of Police. The ICO is responsible for ensuring the Cocoa Beach Police Department is in compliance with all aspects of this policy. The ICO shall conduct a documented annual review of the exposure control plan with consideration for updating procedures designed to eliminate or minimize occupational exposure. (CFA 29.01MH)

B. EXPOSURE DETERMINATION

All employees subject to occupational exposure have an increased risk for HBV and HIV in addition to those diseases/infections listed in [Appendix B](#) and is therefore covered under this exposure control plan to bloodborne pathogens. Tasks and procedures that might bring these personnel in contact with blood or fluids contaminated with blood include any instance, call, or police related activity where person to person contact is made, any crime scene investigation, when evidence is handled, and when facilities, vehicles or equipment are cleaned. All employees subject to occupational exposure have an increased risk for exposure to airborne pathogens and are therefore covered under this plan. The tasks and procedures that might bring these personnel in direct contact with infectious droplets include any call or police related activity where person to person contacts is made, any crime scene or criminal investigation that requires an officer to be in a closed space with an infected person and any circumstance that requires an officer to transport person(s) in a patrol car.

C. METHOD OF COMPLIANCE

It is the policy of the Department to reduce the risk of exposure with proper infection control protective equipment. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in differentiation between body fluid type is difficult or impossible, all body fluid types shall be considered potentially infectious material. It is the intent of the Department to implement workplace engineering regarding infectious control when designing or remodeling new or existing facilities. Engineering and work practice controls, such as those listed below, shall be used to eliminate or reduce employee exposure to infectious material.

1. Gloves: Disposable gloves are provided for all employees subject to occupational exposure in a personal pouch. Gloves are also available in the Holding facility. Gloves shall be worn whenever person to person contact with exposure to high-risk body fluids can be anticipated. Gloves shall be worn whenever cleaning contaminated items. Used gloves that may be contaminated with a potentially infectious bodily fluid shall be disposed of in a marked bio-hazardous waste bin. The main biohazardous waste container is in the sallyport and is labeled with the universal symbol for biohazard.
2. Puncture Resistance Gloves: Puncture resistant search gloves are provided for all sworn first response personnel, detectives, and evidence custodians. Puncture resistant gloves should be worn when handling sharps and while conducting searches of suspects, vehicles, homes, etc. for weapons and evidence. Pat down searches conducted in field conditions where officer safety could be jeopardized by mandating the donning of puncture resistant gloves prior to the search are exempt from this provision.
3. Hand Washing: All personnel shall thoroughly wash their hands after all episodes where they may have experienced an exposure to high-risk body fluids where gloves are worn, even if the gloves appear intact and/or there has been no patient contact (such as after cleaning equipment). When washing hands in the field, initial hand washing shall be done immediately after completion of the call and prior to entering your vehicle, utilizing the OSHA approved cleanser in the infection control kit. Hand washing shall be done again immediately upon return to station utilizing soap and water. At the station, appropriate facilities such as restroom sinks shall be used. Hand washing will not be done around food preparation areas.
4. Needle and Sharps Disposal: All employees shall take precautions to prevent injuries caused by needles and other sharp instruments or devices while handling. To prevent needle-stick injuries,

- needles will not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand unless no other means of securing the sharp is available. Contaminated needles and other contaminated sharps will be disposed of in the sharps container located in the trunk of each operational vehicle, the evidence room, and the holding facility area as appropriate. Used needles seized as evidence shall be packaged in containers designed for that purpose and labeled with a universal symbol for biohazard. (CFA 29.01MD)
5. Intake of Food and Applying Cosmetics: There will be no eating, drinking, applying of cosmetics or lip balm, or the handling of contact lenses during or after a call where physical contact was made until gloves have been removed and hands have been washed thoroughly.
 6. Airway Management: Airway management devices will be issued to employees subject to occupational exposure. All uniformed first-response personnel subject to occupational exposure **SHALL** carry the airway management device on their person. Personnel shall utilize CPR airway management devices provided whenever mouth-to-mouth resuscitation is initiated. **Used or soiled CPR airway management devices shall be disposed of in bio-hazardous waste containers only.** Personnel shall be responsible for acquiring a replacement for CPR airway management devices from the ICO.
 7. Eye Protection: Eye protection shall be worn during any time splashes of blood (or other body fluid) may be anticipated. Eye protection is provided in the infection control kit and can also be located in the holding facility.
 8. Masks: All sworn personnel will be provided NIOSH-approved N95 HEPA respirator masks that shall be maintained in accordance with [Section 5.D](#) below. In the event that a person is determined to be infectious due to a respiratory transmittable disease (i.e. tuberculosis) and/or exhibits the following symptoms: a sputum producing cough, coughs up blood, weight loss, loss of appetite, lethargy/weakness, night sweats, or fever, personnel shall wear eye protection, and the Department issued mask while in the presence of that person. Personnel will also request the person wear a mask.
 9. Handling or Transporting Persons with Active Tuberculosis (or Suspected): When the person is an arrestee, he/she be secured in a cell alone, away from other prisoners and requested to wear a mask. When transporting, the person shall be confined to the rear seat of the patrol car. The patrol car air conditioning system or fan shall be run at its highest level in the pass-through mode (not the recirculation mode) and the front windows will be rolled down 4-6 inches. Upon completion of the prisoner transport the vehicle interior will be thoroughly ventilated.
 10. Cleaning and Disinfection: The facility, vehicle, or equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to being put back into service and shall be decontaminated as necessary. Steps taken to complete decontamination are as follows:
 - a. When clean up involves HRBF on equipment of floor surfaces, you should first delineate and mark the spill area so that others do not inadvertently enter the area until clean-up is complete.
 - b. Don personal protective equipment before beginning clean up.
 - c. Gently place absorbent material (i.e., paper towels) over the spill.
 - d. Cover with appropriate disinfectant (i.e., freshly prepared 10% bleach), located in the sally port.
 - e. Allow disinfectant to soak area for 20 minutes.
 - f. Carefully place the absorbent material into a biohazard bag. Double-bag the biohazard bag to ensure any leaks are contained.
 - g. Clean spill area again with disinfectant and add materials to biohazard bag.
 - h. Dispose of biohazard bag in the biohazard bin and empty the disinfectant container.
 11. Uniforms/Personal Clothing: Uniforms that have become contaminated with high risk fluids shall be removed and decontaminated as soon as possible. The contaminated clothing will be placed in a red bio-hazardous bag and brought to Fire Station 51 to be washed. The officer should shower prior to putting on a clean uniform (see [Appendix A](#) for Equipment Cleaning and Disinfecting procedures).

Personal clothing contaminated in the line of duty shall follow the same protocol as the uniforms above. (CFA 29.01ME)

12. Regulated Waste: Rigid, impermeable plastic “sharps” containers are in the trunk of every patrol car as well as the holding facility area and evidence room. These containers are strictly for disposal of sharp instruments such as needles. When containers are 2/3 full, the lid shall be closed, and tape shall be placed around the entire container with the word “full” written on the tape. The full sharps container shall be brought to the Fire Station 51 between the hours of 0700 and 2200 where it can be properly secured in the sharps bin. Between the hours of 2200 and 0700, the full sharps container will be placed in the empty arrestee locker within the holding facility. The locker will then be secured and the key passed onto the On-duty Shift Supervisor, who will in turn give it to the ICO, who will in turn dispose of the full sharps container. Red biohazard bags are stored in the infection control kit, located in the trunk of an officer’s patrol vehicle or in the CID equipment closet. These bags will be used for disposal of non-sharp items such as gloves and towelettes contaminated with blood or other potentially infectious materials. When the red bags are full, they will be secured shut and disposed of in the bio-hazardous waste bin container located in the cell block area for pickup and disposal. It is the responsibility of the ICO to ensure that all collected regulated waste is properly disposed of in the biohazard waste box located at Cocoa Beach Fire Station 51, in the apparatus bay. The biohazard waste box key can be obtained from the Cocoa Beach Fire Department’s On-duty Shift Commander. A copy of the biomedical waste disposal manifest and receipt is maintained by the Cocoa Beach Fire Department and is available upon request. (CFA 29.01MD)
 13. Transportation and Storage of Evidence: Evidence that is or may be contaminated shall be transported in a bag and labeled with a biohazard label. Gloves shall be worn whenever handling potentially infectious evidence. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container for storage, transport, or shipping shall be labeled or according to [Section 5.C.4](#) of this policy and closed prior to being stored, transported, or shipped.
 14. Searches: Extreme care shall be exercised when conducting searches of both person(s) and property. Officers conducting searches of person(s), and property should, whenever practical, wear puncture resistant search gloves. While searching person(s), officers should ask if the person has any needles or sharp objects on their person prior to the search. When searching through property, an officer should wear puncture resistant search gloves or utilize a pen or blunt object to rifle through the property for any evidence relating to the current incident/investigation. During all searches, an officer’s sight should always precede the placement of hands.
 15. Drying Cabinet: Evidence containing wet potentially infectious materials shall be dried in the drying cabinet prior to packaging as evidence. Universal precautions shall be utilized while handling and packaging this evidence. The ICO shall be notified by email after each use of the drying cabinet. It is the ICO’s responsibility to ensure the drying cabinet is properly decontaminated and disinfected (see [Appendix A](#) for Equipment Cleaning and Disinfecting procedures).
- D. **INFECTION CONTROL KIT** (CFA 29.01MB)
1. Infection control kits are assigned to all sworn members of the Department, who shall be responsible for ensuring the contents of the kit contain the following:
 - a. Disposable Medical Gloves – minimum 3 sets
 - b. Eye Protective Goggles – one pair
 - c. NIOSH-approved N95 HEPA respirator masks – minimum of 3
 - d. Red Biohazard Bags – minimum of 2
 - e. Sharps Container – one
 - f. Alcohol Based Hand Cleaner – one

2. Disposable/Non-Disposable personal protective equipment used will be cleaned or disposed of per [Section 5.C](#) above. Department personnel will notify the On-duty Shift Supervisor and the ICO when infection control protective equipment supplies run low or need replenishment.
- E. CRIME AND ACCIDENT SCENE PRECAUTIONS (CFA 29.01MC)
1. No person involved with a crime or accident scene where high risk body fluids are present will eat, drink or apply makeup or lip balm until the scene has been cleared and hands have been washed.
 2. Gloves shall be worn whenever a reasonable expectation of contact with high-risk body fluids exists. The gloves shall be changed if torn or soiled, and always removed prior to leaving the scene, even if temporarily. While wearing gloves, avoid handling items such as pens and pencils. When pens are used, they should be decontaminated when the scene is cleared. Pencils will be disposed of.
 3. If cotton gloves are worn while working with fingerprint evidence, latex gloves shall be worn beneath the cotton gloves.
 4. Evidence and/or property bearing wet body fluids shall be handled using universal precautions. If high risk body fluids are possibly contained within the evidence and/or property, then it shall be transported in a plastic bag labeled with a biohazard symbol. After transportation, evidence and/or property will be removed from the plastic bag and allowed to dry in the secured drying cabinet. Evidence must be completely dried, out of direct sunlight, prior to being sent to the lab for analysis. All evidence and/or property containing high risk body fluids shall be properly packaged and labeled with the universal symbol for biohazard before submission to the evidence custodian.
 5. Whenever copious amounts of blood and/or high-risk body fluids are encountered, officers shall don protective clothing (i.e. eye protection, mask, clothing covers, and shoe covering) while working the scene.
- F. HEPATITIS B VACCINATION
- It is the policy of the Department to make the Hepatitis B vaccine available to (new/probationary) members listed in the occupational exposure group. Participation in the Hepatitis B vaccination is voluntary, offered without charge at a reasonable time and place, and provided by a Licensed Healthcare Professional.
1. Training: Hepatitis B Vaccination will be made available to all members in the occupational exposure group within ten working days of initial assignment and after the member has received training, or subsequent assignment to a position with occupational exposure.
 2. Documentation: Immediately upon completion of training, members will be provided with a [Consent or Refusal to Immunization Hepatitis B Vaccine Form](#) and brought to the Personnel department for further instructions. The completed original forms will be maintained in the employee's medical file in the Personnel department. (CFA 29.03M)
 3. Consent: Hepatitis B Vaccination will be made available within ten working days of initial employment, or subsequent assignment to a position with occupational exposure, and at a reasonable time and place. The second shot will be given at least one month after the first and the third shot will be given at least six months after the first. It will be the employee's responsibility to attend scheduled appointments to the vaccination. The vaccination schedule DOES NOT create a contractual guarantee of employment with the Cocoa Beach Police Department, even if subsequent shots are scheduled after the employee has separated from the Department. After the series is completed, post-vaccination testing may be done according to the advice of the administering health care professional, as per CDC guidelines.
 4. Refusal of Vaccine: If a new/probationary member refuses the Hepatitis B vaccination, after receipt of training, it will be documented on the Consent or Refusal to Immunization Hepatitis B Vaccine Form. If the member decides later they would like to receive the vaccination, the member must contact the Training Coordinator and arrangements will be made.

G. INFORMATION AND TRAINING

All personnel subject to occupational exposure shall participate in an infectious disease training program prior to assignment where there is a risk of occupational exposure (CFA 29.02M), and annually thereafter (CFA 29.02MJ). Training will also be provided any time the plan is significantly revised.

H. POST EXPOSURE FOLLOW-UP (CFA 29.01MF)

1. Bloodborne: High risk body fluids include blood, any fluid containing visible blood, semen, vaginal secretions, cerebral-spinal fluid (CSF), synovial fluid, peritoneal fluid, pleural fluid, pericardial fluid and amniotic fluid. Body fluids/material not high risk include tears, sweat, saliva, vomitus, urine, and feces, unless there is visible blood within the fluid/material.
2. Airborne: High risk airborne particulars include: all airborne particulate originating in the lungs.
3. A significant exposure is defined as:
 - a. Exposure to blood through needle/instrument stick
 - b. Exposure of non-intact skin to visible blood or high-risk body fluid
 - c. Exposure of mucous membranes to visible blood or high-risk body fluid
 - d. Prolonged exposure of intact skin to blood or high-risk body fluid
 - e. Direct respiratory contact with aerosolized pathogenic microbes (airborne diseases) after being in proximity of a person known or suspected to be infected with an airborne pathogen.
4. A person who feels he/she has had a “significant exposure” will:
 - a. When exposed to blood or other potentially infectious body fluids, immediately wash the exposed area using water on mucosal surfaces; and soap and running water on skin surfaces. If in an area where the exposure is related to airborne particulates, remove him/herself from the infected area and don appropriate PPE.
 - b. Notify his/her immediate supervisor or the On-duty Shift Supervisor of exposure as soon as possible.
 - c. Complete the [*Pre-Hospital Exposure Reporting Form*](#) and the [*City of Cocoa Beach Mishap Report*](#) and submit them to the On-duty Shift Supervisor.
 - d. Receive medical guidance, evaluation, and where appropriate, treatment by a healthcare professional as soon as practical but not to exceed seventy-two (72) hours after the exposure.
 - e. A person who wishes to document an exposure which does not fall within the definition of a significant exposure should fill out a [*Pre-Hospital Exposure Reporting Form*](#) and forward it to the On-duty Shift Supervisor who will in turn forward it to the ICO.
5. Once notified of a significant exposure, the On-duty Shift Supervisor will:
 - a. Bloodborne Exposure: In the event of a bloodborne pathogen exposure where the source of exposure is being transported to the hospital, notify the Paramedic in charge of patient care there has been an exposure and if an IV is indicated, request the Paramedic draw blood. The Paramedic should then deliver the blood tubes over to the ER staff and notify them there was an exposure. If an IV is not started, permission to draw blood and test for HIV must be obtained from the patient by the Emergency Room staff.
 - b. Airborne Exposure: In the event of an exposure, send the employee for testing and follow the advice of the healthcare professional regarding follow-up treatment, which may include follow-up testing as applicable.
 - c. Ensure the ICO has been contacted for both bloodborne and airborne pathogen significant exposures. This notification may be by phone if urgent or by email if it can wait until the next business day. The exposed member must complete required paperwork.
 - d. Ensure employee reports for a drug screen.
 - e. Shift Supervisor will submit required forms to the ICO.
6. Once notified, the Infection Control Officer will:
 - a. Note time of notification.

- b. Perform a verbal consultation to determine if the exposure is significant.
 - c. If blood has been drawn, ensure proper lab tests are performed.
 - d. The results of the source test will be made available to the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - e. In the event of a bloodborne pathogen exposure, the exposed employee's blood must be collected as soon as feasible after consent is obtained.
 - f. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved by the health care facility for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - g. Within 5 days, with employee's consent, perform a baseline HIV antibody blood test done with follow-up tests at 6 weeks, 3 months and 6 months (or as per medical facility direction), to determine if exposure has resulted in HIV infection. The exposed employee's blood will also be tested for Hepatitis B surface antigen.
 - h. Counsel exposed employee as to post-exposure treatment and procedures that will follow.
 - i. [The Exposure Reporting form](#), *First Report of Injury or Illness form*, and [Mishap Report form](#) will be maintained in the employee's confidential medical file.
7. The ICO will ensure healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
- a. In the event of a bloodborne pathogen exposure, whether Hepatitis B vaccination is indicated for the employee and if the employee has already received this vaccination.
 - b. The employee has been informed of the results of the evaluation.
 - c. The employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - d. That all other findings or diagnoses shall remain confidential and shall not be included in the written report.
 - e. In the event of a potential exposure to Coronavirus (Covid-19) refer to [Section 5.H.5.b.](#)
- I. COMMUNICATIONS OF HAZARDS TO EMPLOYEES (CFA 29.01MG)
- Sharps containers and "red bags" shall have the biohazard symbol affixed to them. "Red bags" shall be used to dispose of non-piercing infectious waste as well as to transport any contaminated equipment/clothing to Cocoa Beach Fire Station 51 for cleaning/disinfecting. On station, the red bags shall be disposed of in the red bag lined cardboard box with the universal symbol for biohazard affixed and a white lid, which is in the cellblock area.
- J. RECORD KEEPING
- 1. Medical Records: The Department shall ensure employee medical records are kept confidential, not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this plan or as may be required by law and maintained for at least the duration of employment plus 30 years. These records are maintained by the Personnel Department at the City of Cocoa Beach. (CFA 29.03M)
 - 2. The City of Cocoa Beach Personnel Department will establish and maintain an accurate record for each employee with an occupational exposure. This record shall contain:
 - a. The name and social security number the employee
 - b. A copy of the employee's Hepatitis B vaccination record and any medical records relative to the employee's ability to receive vaccination
 - c. A copy of the healthcare professional's written opinion
 - d. A copy of the information provided to the healthcare professional

- e. The ICO's *Exposure Follow-Up Report*
- f. A copy of all PPD testing and results
- 3. Training Records: Training records shall be maintained for 30 years from the date on which the training occurred. The Department will ensure training records include the following information:
 - a. Dates of the training sessions
 - b. Contents or a summary of the training sessions
 - c. Names and qualifications of persons conducting training
 - d. Names of all persons attending training sessions

6. APPENDICES

- A. [Work Environment, Equipment Cleaning and Disinfection Procedures](#)
- B. [Disease Information](#)
- C. [Mishap Report](#)
- D. [Pre-Hospital Exposure Reporting Form](#)
- E. [Annual Review Memorandum Template](#)
- F. [Consent or Refusal to Immunization Hepatitis B Vaccine](#)

7. REFERENCES

- A. [OSHA Standard 1910.1030 – Bloodborne Pathogens](#)
- B. [The National Institute for Occupational Safety and Health \(NIOSH\)](#)
- C. [Centers for Disease Control and Prevention](#)
- D. [U.S. Environmental Protection Agency](#)
- E. [American Heart Association](#)
- F. [OSHA Fact Sheet - Hepatitis B Vaccination Protection](#)