



GENERAL ORDERS: Chapter 21.1

PUBLISHED DATE: 2/15/2023

EFFECTIVE DATE: 2/15/2023

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REVISED DATE:

Exposure Control Plan

I. Purpose

To establish procedures for the control of employees' risks associated with exposure to contagious and infectious diseases and to define the department's instructional and training objectives in conjunction with the use of protective equipment, engineering, and workplace controls to provide a safer work environment by reducing on the job risks.

II. Exposure to infectious disease or contaminated materials

A. General

1. If it is unclear whether an exposure has occurred or what level of exposure has occurred, contact Broadlawn Medical Center for assistance.
 - a. During normal business hours, call 515-282-2596. If no answer, or outside of normal business hours call the Broadlawn Medical Center house supervisor at 515-554-2503 or the Emergency Room at 515-282-2253.
2. Copies of all reports shall be forwarded to the Personnel and Training Section.
3. No costs shall be borne by the employee for evaluations, follow-up or other subsequent treatment related to the exposure.

B. For purposes of this chapter, the Des Moines Police Department recognizes three levels of exposure:

1. Level I exposure
 - a. Contact limited to merely being in the presence of a person suspected of having a communicable disease.
 - b. Response:
 - (1) No special action other than decontamination of affected personal protective equipment.
 - c. Exception
 - (1) Any employee, while on-duty and in the immediate presence of a person that has an active airborne communicable disease, such as whooping cough, meningitis, tuberculosis, mumps, or measles, should comply with Level III exposure response.
2. Level II exposure
 - a. Exposure to employee's healthy, intact skin from a source individual's blood or body fluids.
 - (1) Response:
 - (a) Complete [Supervisor Report of Employee Injury](#) along with all reports and forms associated with an on-duty injury.
 - (b) Copies of all reports shall be forwarded to the Personnel and Training Section.
3. Level III exposure
 - a. Whenever there is contact with infected blood or body fluids through open wounds, mucous membranes, or parenteral routes. Level III Exposures may be, but are not limited to:

- (1) Needlestick injury
 - (2) Bite wounds which pierce the skin
 - (3) Contact with employee's mucous membrane of eye, nose or mouth by blood or potentially infectious material
 - (4) Contact with non-intact skin by blood or potentially infectious material
 - (5) Cuts with sharp instruments covered with blood or potentially infectious materials
 - (6) Any injury sustained while cleaning contaminated equipment
- b. Response:
- (1) Employees who have a Level III exposure shall notify their immediate supervisor (by phone if possible) and report to the Broadlawns Medical Center emergency room.
4. Additionally, a [Supervisor Report of Employee Injury](#), along with all reports and forms associated with an on-duty injury shall be completed.

III. Exposure evaluation and follow-up

A. Level III Exposure reporting

1. When an employee is involved in an incident which results in a Level III exposure to blood or potentially infectious materials, the employee shall report the exposure in the following manner:
 - a. At the hospital, the employee shall advise medical staff of the time and type of exposure.
 - b. The emergency room physician on-duty or other trained medical personnel from Broadlawns Medical Center will examine the employee and determine if a significant exposure occurred.
 - (1) If a significant exposure occurred, hospital staff will assist the employee with filling out a [Report of Exposure to HIV or Other Infectious Disease form](#) used to document a significant exposure and make a request to test the source, if known.
 - (a) If the source is a known individual, that person should be transported to Broadlawns Medical Center whenever possible or temporarily detained until arrangements can be developed for testing.
 - (2) Per [Iowa Code Section 139A.19](#), if an employee sustains a significant exposure from an individual, the individual to whom the employee was exposed is deemed to consent to a test to determine if the individual has a contagious or infectious disease and is deemed to consent to notification of the employee the results of the test, upon submission of a significant exposure report by the employee to the hospital.
 - (a) If the source individual withdraws consent, then a search warrant or court order may be obtained as described below.
 - c. The exposed employee may be offered medication to help prevent HIV development.
 - d. Complete a Case Investigation Report (CIR) or Supplemental CIR titled "Exposure".
 - (1) Use the original case number from the incident when making a supplemental CIR.
 - (2) If using a separate case number, connect it to the original incident case number.
 - e. The supervisor shall complete a [Supervisor Report of Employee Injury](#)
 - f. Broadlawns Medical Center staff will provide counseling as needed.
 - g. The employee shall report to the Employee Health Clinic as soon as possible during normal business hours to complete necessary forms. Call ahead to schedule.
2. The Employee Health Clinic will handle follow-up testing and make it available at 6 weeks, 12 weeks and 6 months or as needed.
3. If an employee has a Level III exposure incident, the department will make available to the employee a confidential medical evaluation and follow-up to include at least the following elements:
 - a. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.

- b. Identification and documentation of the source individual, unless the department can establish that identification is infeasible or prohibited by law.
 - 4. In all cases where a health care professional is evaluating an employee after an exposure incident, the department will provide the treating health care professional a copy of the Occupational Safety and Health Administration (OSHA) standard on bloodborne pathogens when necessary. In addition, the health care professional shall receive the following:
 - a. A description of the exposed employee's duties as they relate to the exposure incident.
 - b. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - c. Results of the source individual's blood testing, if available.
 - d. All medical records relevant to the appropriate treatment of the employee, including vaccination status, which the department is responsible for maintaining.
 - 5. The department will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
 - a. The healthcare professional's written opinion for post-exposure evaluation and follow-up will provide the following information:
 - (1) That the employee has been informed of the results of the evaluation
 - (2) That the employee has been told about any medical conditions resulting from an exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - b. All other findings or diagnoses will remain confidential and shall not be included in the written report.
- B. Methods for obtaining a test from the source of an exposure
1. The person who is the exposure source voluntarily submits to a test.
 - a. The individual should be taken to Broadlawns Medical Center whenever possible.
 2. If the individual to whom the employee was exposed withdraws consent, a search warrant may be obtained which authorizes the withdrawal of a specimen.
 - a. If the individual is not located at or unable to be taken to Broadlawns Medical Center, then the county medical examiner should be called to the location of the individual to withdraw the blood specimen.
 - b. The blood specimen will be taken to Broadlawns Medical Center as soon as possible for testing.
 - (1) [Documentation](#) shall be completed at Broadlawns Medical Center to tie the source blood specimen to the specific employee exposure report.
 3. If the individual to whom the employee was exposed withdraws consent and is in jail, a court order or search warrant may be obtained which requires the source to submit to testing.
 - a. Per Iowa Code 139A.19, the test shall be conducted by the attending physician of the jail or the county medical examiner.
 - b. The specimen will be taken to Broadlawns Medical Center as soon as possible for testing.
 - (1) [Documentation](#) shall be completed at Broadlawns Medical Center to tie the source blood specimen to the specific employee exposure report.
 4. When obtaining a search warrant or court order, request that it be sealed per 29CFR 1910.1030.
- C. Confirmed exposure to infectious disease
1. Per Iowa Code 139A.19, if the individual tested is diagnosed or confirmed as having a contagious or infectious disease, the hospital or other person conducting the test shall notify the employee or the designated representative of the employee who shall then notify the employee as soon as is reasonably possible.
 - a. Generally, the designated representative of the employee is the City of Des Moines Employee Health Clinic.

- b. The notification shall not include the name of the individual tested for the contagious or infectious disease unless the individual consents.
 - (1) If the employee who sustained a significant exposure determines the identity of the individual diagnosed or confirmed as having a contagious or infectious disease, the identity of the individual shall be confidential information and shall not be disclosed by the employee to any other person unless a specific written release is obtained from the individual diagnosed with or confirmed as having a contagious or infectious disease.

IV. Exposure control plan

A. Exposure determinations:

1. High risk employees are defined as all employees “reasonably anticipated” to face occupational exposure to blood borne pathogens, infectious diseases or potentially infectious materials and include, but are not limited to:
 - a. All sworn employees
 - b. Crime Scene Investigators
 - c. Police cadets and parking meter checkers
 - d. Property and Evidence Section employees
2. High risk occupational actions are defined as all actions “reasonably anticipated” to present occupational exposure, include, but are not limited to the following:
 - a. Providing first aid, CPR, or emergency medical care
 - b. Searches of persons, including deceased, and vehicles
 - c. Accident and crime scene processing in the presence of body fluids
 - d. Gathering and handling of evidence contaminated with body fluids
 - e. Entering an area where the presence of body fluids may be expected
 - f. Arrest involving physical resistance and the use of force
 - g. Contact with an infected person or animal
 - h. Handling and cleaning of contaminated equipment or vehicles
 - i. Activity in contaminated waterways or other bodies of water
3. No risk employees include all other job classifications not identified as “high risk” where in the performance of job responsibilities it not reasonably anticipated that they will be exposed to blood or other potentially infectious materials.

B. Occupational exposure precautions

1. All employees shall follow “universal precautions” as an approach to infection control in which all human blood and body fluids are treated as if they are contaminated.
2. Whenever any employee’s skin comes in contact with blood or other potentially infectious materials, the employee shall immediately, or as soon as possible, wash their hands and any other skin with soap and warm water, or flush mucous membranes with water following contact and then dry their hands with a paper towel.
 - a. Employees who are in the field where handwashing facilities are not available and whose skin comes in contact with blood or other potentially infectious materials, shall use antiseptic hand cleaners or towelettes. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and warm water as soon as possible.
3. Employees wearing protective gloves or other personal protective equipment shall wash their hands with soap and warm water immediately or as soon as possible after removing the personal protective equipment.

C. Personal Protective Equipment (PPE)

1. PPE will consist of the following:
 - a. Disposable, single use gloves

- (1) Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily available to those employees who are allergic to the gloves normally provided.
- b. Face shield/mask
- c. Surgical gown, cap and/or shoe covers
- d. CPR pocket masks with one-way airway valve
- e. Biohazard bags
- f. Antiseptic hand cleaner or towelettes
- g. High Efficiency Particulate Air (HEPA) filter mask
2. All or some of these items are available at the following locations:
 - a. Drug evidence room and Report room, lower level of the police station
 - b. Men's and women's locker rooms
 - c. Property and Evidence Section
 - d. Crime Scene Investigations Section
 - e. Patrol Logistics office
 - f. OWI processing rooms
3. PPE shall be utilized as follows:
 - a. Disposable gloves shall be worn whenever an employee can be expected to have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin and whenever an employee handles or touches contaminated items or surfaces.
 - b. Face shields, masks and gowns shall be worn by employees 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 expected.
 - c. Surgical caps/gowns and/or shoe covers shall be worn in instances where gross contamination can be reasonably expected (i.e. autopsy, homicide/suicide scenes.)
 - d. CPR pocket masks should be worn by employees whenever they perform mouth-to-mouth CPR to provide a physical barrier between the victim and the employee.
4. PPE provided by the department shall be of a disposable type and not laundered or reused.
 - a. It shall be removed by the employee prior to leaving the location of the incident where the PPE use was required.
5. All PPE, once used, shall be disposed of by the employee who used the equipment as follows:
 - a. Contaminated and used PPE (gloves, masks, wipes, etc.) shall be disposed of in a biohazard bag, sealed with a twist tie, and placed in the biohazard marked trash container. Biohazard bags should be readily available in the field (i.e. carried in the officer's duty bag or patrol vehicle) whenever possible.
 - (1) Biohazard bags and twist ties are located in the men's and women's locker rooms, inside the biohazard cabinet.
 - b. A biohazard marked trash container is also located in the locker rooms. These containers shall only be used for properly packaged biohazard waste and are not to be used for common waste items.
 - (1) Biohazard labels will conform to OSHA requirements and be either fluorescent orange or orange-red in color.
 - c. The department will dispose of all biohazard labeled materials in accordance with current OSHA requirements and regulations and applicable laws.
6. Supervisors shall ensure that employees use appropriate personal protective equipment.
 - a. An employee may decline to use PPE due to a rare and extraordinary circumstance where it was the employee's professional judgment that the use of such protective equipment, in that specific instance, would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the employee or another employee.

- (1) In those cases, the circumstances shall be investigated and documented by the employee's immediate supervisor to determine whether changes can be instituted to prevent such an occurrence in the future.

V. Decontamination, disposal and hazard warnings

- A. Work site general maintenance
 1. Employees shall ensure that all work site areas where they are assigned are maintained in clean and sanitary conditions.
 2. All equipment and environmental and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as possible after coming into contact with blood or other potentially infectious materials.
 3. Surfaces which may have been contaminated since the last cleaning shall be cleaned and disinfected at the end of the employee's shift.
 4. Containers used for disposing of blood or other potentially infectious materials shall be inspected for contamination regularly and, once visibly contaminated, cleaned and decontaminated as soon as possible. The container shall be:
 - a. Closeable
 - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
 - c. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - d. Placed in a second container, if the original container is contaminated on the outside.
- B. Uniform and equipment decontamination procedures
 1. General
 - a. Employees who have a uniform or equipment exposure to bloodborne pathogens, bodily fluids, fleas or bedbugs, will follow the [Uniform and Equipment Decontamination procedures](#).
- C. Emergency use of fire station for decontamination
 1. Employees that need to decontaminate immediately before returning to the police facility can use the fire station facilities. Employees shall follow these guidelines:
 - a. Contact the Communications Section, who will contact the nearest fire station to the employee to ascertain if it is available for use. If not available, the Communications Section will recommend an alternate fire station.
 - b. The employee will be allowed to use the biohazard clean-up area, its supplies and showers.
 - (1) They will be responsible for their own clothing and equipment.
 - (2) Contaminated clothing will be placed in a red biohazard bag and taken to the police station, following the Uniform and Equipment Decontamination procedures.
 - c. The employee will be responsible for the clean-up of all areas they utilize in their decontamination and will adhere to any guidance provided by the fire department employees.
 - (1) Any portion of the driving area of an employee's assigned vehicle will be decontaminated before operating the vehicle again.
- D. Hypodermic needles and syringes
 1. Contaminated needles and other sharps shall not be bent, recapped, or removed unless the employee can demonstrate that no alternative is feasible.
 - a. Such bending, recapping or needle removal must be accomplished through use of a mechanical device or a one-handed technique.
 - b. Shearing or breaking of contaminated needles is prohibited.

2. Used or exposed hypodermic needles and syringes that are not sealed in their original packaging with a guard in place over the needle must be stored in a needle/syringe sharps container tube labeled as BIOHAZARD prior to placement on property as evidence.
 - a. The needle/syringe sharps container tubes are located in various areas throughout the department, such as the patrol logistics office, drug evidence room, lower-level report and locker rooms and from the Property and Evidence Section.
 3. Hypodermic needles or syringes shall not be discarded as common refuse.
 - a. Capped or exposed needles/syringes that are not being held as evidence shall be disposed of in a biohazard sharps disposal container.
 - (1) Do not place needles/syringes in a sharps container tube when placing them into the sharps disposal container.
 - b. Biohazard sharps disposal containers are located in various areas throughout the department, such as the drug evidence room, lower-level report and locker rooms and OWI processing room.
- E. Handling and storage of property and evidence
1. Liquid samples may be collected as liquid and stored in a secure, airtight container.
 2. Body tissue may be stored in a secure airtight container.
 3. Clothing shall be air dried prior to packaging. They must be air dried in a secure area that is properly marked with the appropriate biohazard sign.
 4. All contaminated items placed into the Property and Evidence Section system shall be labeled "biohazard" and stored separately from other property/evidence.
 - a. Biohazard labels are available in the Patrol Support Unit Logistics Office and from the Property and Evidence Section.
 5. Employees may contact the Crime Scene Investigations Section for assistance with any of these procedures.

VI. Personal protection for disease control

- A. General
1. Long fingernails or rings may compromise the structural integrity of disposable gloves.
 2. Prior to duty, employees with open wounds should cover those wounds with an impermeable bandage.
 3. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is a potential for exposure to potentially infectious materials.
 - a. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
 4. Employees should be aware that specific persons, including pregnant women and persons taking specific medications, are more susceptible to infectious disease contamination.
 - a. Employees should consult their personal physician if they are concerned with their exposure risk.

VII. Supply and inventory control

- A. Responsibilities
1. The individual employee will:
 - a. Ensure that adequate supplies are available for their use prior to their tour of duty, whether at a work area or in a department vehicle.
 - b. Replace supplies used during their tour of duty
 - c. Properly dispose of contaminated items in a manner consistent with guidelines set forth in this policy.

2. Supervisors will:
 - a. Ensure adequate supplies are available for the employees under their command.
 - b. Request to reorder supplies through the Patrol Support Unit, the division, or the separate sections/units.
3. The Patrol Support Unit will:
 - a. Ensure adequate supplies are available for distribution.
 - b. Obtain replacement supplies from the Property and Evidence Section.
4. The Property and Evidence Section will:
 - a. Ensure disposal of contaminated items and item receptacles per OSHA rules and regulations and in cooperation with an approved licensed medical waste handler.
 - b. Order supplies as needed and ensure that appropriate personal protective equipment in the appropriate sizes is readily available.

VIII. Training

A. General

1. All employees performing duties likely to involve occupational exposure to blood or other potentially infectious materials shall receive training. The training shall be provided through the department and shall consist of the following:
 - a. A copy of the [OSHA Bloodborne Pathogen 29CFR 1910.1030](#) standard shall be available to each employee.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the department's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment.
 - i. Information on the Hepatitis B vaccine, including information of its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge.
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 - l. Information on the post-exposure evaluation and follow-up that the Employee Health Clinic is required to provide for the employee following an exposure incident.
 - m. Explanation of the BIOHAZARD signs and color-coding methods used to mark blood or other potentially infectious materials.
 - n. An opportunity for interactive questions and answers with the person conducting the training session.
2. Training shall be conducted by a person knowledgeable in the subject matter covered as it relates to the duties of those employees who could be occupationally exposed to blood or other potentially infectious materials.

3. Newly hired employees shall receive mandatory training on the OSHA Bloodborne Pathogen Standards and this exposure control plan during their initial orientation.
4. Additional training shall be given to employees annually or when changes such as modification of tasks or procedures or the institution of new tasks or procedures affects the employee's occupational exposure.

B. Training records

1. The following information shall be maintained by the Personnel and Training Section on the required training outlined in this procedure.
 - a. The dates of the training sessions.
 - b. The contents or a summary of the training sessions
 - c. The names and job titles of all persons attending the training sessions.
 - d. The names and qualifications of persons conducting the training.
2. Training records shall be maintained for 3 years from the date on which the training occurred.

IX. Recordkeeping

A. General

1. The Personnel and Training Section shall establish and maintain an accurate record for each employee with an occupational exposure, to include the following:
 - a. The name of the employee.
 - b. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination
 - c. A copy of all results of examinations, medical testing, and follow-up procedures
 - d. The department's copy of the healthcare professional's written opinion
 - e. A copy of the information provided to the health care professional as required.
2. Confidentiality
 - a. The department shall ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this policy or as may be required by law.
 - (1) OSHA and Bloodborne Exposure forms are to be filed as "Confidential" and are not available for either in-house or general public information.
3. Retention
 - a. The city shall maintain the records required above for at least the duration of employment plus 30 years in accordance with [29 CFR 1910.1020](#)

X. Vaccinations

A. General

1. Hepatitis B vaccinations will be made available, free of charge, to all employees that have a potential for exposure.
 - a. Employees may receive the vaccinations or decline them.
 - (1) Any employee who declines to be vaccinated shall do so in writing in the manner prescribed by OSHA and [City of Des Moines Administrative Policy 11.9](#).
 - b. If an employee initially declines the Hepatitis B vaccination but at a later date decides to accept the vaccination, the department shall make available Hepatitis B vaccination at that time.
 - c. If a booster dose of Hepatitis B vaccine is recommended at a later date, the department will make the vaccination available to all employees requiring booster doses.