

	Greenville, SC Police Department GENERAL ORDER		
	Subject Bloodborne Pathogen Policy	Number 182A5	Type Administrative
Effective Date 11/21/2024	Amends/ Rescinds 182A4	Pages 1 of 11	Re-evaluation Annual-September
References CALEA N/A; OSHA 1910.1030; OSHA 1910.1030 App E			Notes Added OSHA references. Section 10.1 and 10.3 updated wording

1.0 POLICY

The Greenville Police Department strives to ensure the safety of all employees, the public, and all persons with whom employees may interact with in regard to potential contaminants. This policy is intended for the protection of all members of the Greenville Police Department where exposure to communicable diseases may occur in the course of their duties.

2.0 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), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Communicable Disease: Any Bloodborne infectious disease, or "Bloodborne Pathogen", that can be passed from one person to another by contact to skin with blood or any other potentially infectious material. This includes HIV (Human Immunodeficiency Virus), HBV (Hepatitis B Virus), HCV (Hepatitis C) or any other Blood-borne pathogenic disease.

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, knives, used razors, 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 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 means 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 employee's duties.

Other Potentially Infectious Materials: The following human body fluids are considered potentially infectious: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedure, a 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.

*Unless visibly bloody, these body fluids (feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomit) are not considered bloodborne pathogens.

Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs or other tissue from experimental animals infected with HIV or HBV.

Parenteral: means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to a blood or body fluid exposure. Examples of PPE include such items as nitrile or Kevlar gloves, eye protection, face masks, face shields, CPR face masks, etc.

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, 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.

Universal Precautions: An approach to infection control that assumes that all human blood, or body fluids, is infected with HIV, HBV, HCV or other bloodborne pathogen.



3.0 EXPOSURE CONTROL PRACTICES

- 3.1 The Greenville Police Department will comply with all OSHA regulations on Blood-borne Pathogens, part 1910.1030.
- 3.2 Exposure Prevention
 - 3.2.1 Anytime an officer anticipates contact with blood, other potentially infectious materials, mucous membranes and non-intact skin, any kind of body fluid, or to any person suspected of having communicable disease, they should put on the protective gloves, at least, or any other necessary protective equipment - if time permits.
 - 3.2.2 Caution should always be used to avoid being injured by any sharp or penetrating objects (i.e. hypodermic needles, knives, glass, etc.) while making arrests, conducting searches, or when rendering assistance to any person or persons.
 - 3.2.3 Any officer of this department who has an open wound or cut will cover it with a band aid before using the PPE.
 - 3.2.4 If contact occurs to any blood or body fluid without having the PPE on, the area(s) of skin contacted will be cleansed with a disinfectant towelette. Then the area(s) will be washed with soap and water, as soon as possible.
 - 3.2.5 Washing hands immediately or as soon as feasible after removal of gloves or other PPE. If water is not available, use hand sanitizer that contains at least 60% alcohol. Wash hands with soap and water as soon as water becomes available.
 - 3.2.6 Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
 - 3.2.7 When performing mouth-to-mouth resuscitation or CPR, the CPR face mask or an appropriate barrier device will be used. Hands-only CPR should be used if a protective face mask is not available. Hands-only CPR is recognized and taught by the American Heart Association.
 - 3.2.8 Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.



- 3.2.9 Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing, portable radio) as soon as possible if the equipment is a potential source of exposure.
- 3.2.10 Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- 3.2.11 Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

3.3 Initial Post-Exposure Response

Source Individual Exposure Risk Evaluation

The source individual is the person who produced the Potentially Infectious Material to which the employee was exposed. It is of the utmost importance to have the source individual evaluated for bloodborne pathogens. (HBV, HCV and HIV). HIV results should be determined in < 2 hours by the hospital. Source evaluation/testing may be achieved by:

- Obtaining consent from the individual.
- Testing of arrestees in cases where bodily fluids were thrown in violation of S.C. Code § 24-13-470.
- Obtaining a court order for Hepatitis B, Hepatitis C, and HIV testing pursuant to S.C. Code § 16-3-740 if the source person exposed a member during the commission of a criminal offense.
- Testing for bloodborne pathogens after a possible exposure to an employee who, as part of his/her duties, may respond to an emergency (S.C. Code § 44-29-230).
- Working with the Department of Health and Environmental Control in cases of possible tuberculosis exposure (S.C. Code § 44-31-105).

3.3.1 If exposure occurs during normal business hours, the Employee Health Center should be contacted for testing protocol. After hours, it is imperative the source individual is transported to Prisma Health Emergency Room, where the hospital's Exposure Control Nurse will assist with testing the source.

3.3.2 The Exposure Control Nurse should seek the consent of the individual for testing. In the event that the individual does not consent to voluntary serologic testing, then a court order must be obtained.

The reason for the court order is the fact that U. S. Courts have ruled that the non-consensual drawing of blood constitutes a search



and that a warrant less search could violate a subject's constitutional rights. The process should be completed within 48 hours of the exposure incident. In the event that the exposure occurred during weekend hours, then the process should be initiated the following Monday. Once the order is in effect, either the hospital or the detention center will draw the blood.

Personnel who experience an exposure or suspected exposure shall:

- 3.3.3 Begin decontamination procedures immediately (e.g., use of decontaminant towelette, wash hands and any other skin with soap and water, use hand sanitizer with 60% alcohol if water is not available. Flush splashes to eyes and mouth extensively with water for 15 minutes).
- 3.3.4 Obtain medical attention as appropriate.
- 3.3.5 Notify a supervisor without delay.
- 3.3.6 Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- 3.3.7 Officers will not wear contaminated clothing but will change clothing before resuming their duties.
- 3.3.8 Contaminated clothing will be placed in the bags provided for this purpose. The bags will be taken to the proper location for decontamination and cleaning or stored until transport can occur.

3.4 Exposure Medical Attention

- 3.4.1 The supervisor will have the exposed employee report to the Employee Health Center as soon as practicable on the day of an exposure or the next business day.
- 3.4.2 Employee Health will send the employee to a doctor's office for testing and medical follow-up. A test for Hepatitis B, Hepatitis C and (HIV) will be requested while receiving medical attention, if the employee consents.
- 3.4.3 Following exposure, an affected employee has to complete the base line blood test, on the day of exposure or the next business day in the event the exposure occurs during a weekend. If an exposure occurs in which the affected employee cannot be sent to



Employee Health within 48 hours then the employee shall report to Prisma Health for the base line post-exposure lab testing.

- 3.4.4 Any employee involved in an exposure incident will require a post-exposure evaluation and follow-up for Hepatitis B, Hepatitis C and HIV, according to City policy for such incidents.

3.5 Reporting Requirements

Anytime an exposure or suspected exposure occurs, a supervisor will be immediately contacted and an incident report completed immediately on the same day of the bloodborne pathogen exposure. Additionally, the supervisor will complete an employee injury report in accordance with departmental and City policies. The supervisor shall ensure the following information is documented:

- 3.5.1 Name of the employee exposed
- 3.5.2 Date and time of incident
- 3.5.3 Location of incident
- 3.5.4 Source of exposure (Source name and date of birth for Employee Health to track the source testing results with the PRISMA Exposure Control Nurse).
- 3.5.5 Document the following: route of exposure (whether in nose, in mouth, blood splatter, extremity exposed, etc); time of exposure, type of exposure (splash, puncture, laceration); site of exposure, body fluid involved, visible blood; PPE used, length of time from exposure to washing injury site, narrative of events that led to exposure.
- 3.5.6 Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source).
- 3.5.7 Work being done during exposure.
- 3.5.8 How the incident occurred or was caused.
- 3.5.9 PPE in use at the time of the incident.
- 3.5.10 Actions taken post-event (e.g., clean-up, notifications).



The supervisor shall advise the employee that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Work-Related Injury and Occupational Disease Reporting and Illness and Injury Prevention policies).

3.6 Decontamination and Cleaning Procedures

3.6.1 All clothing items contaminated on duty will be taken to an approved location, and will be decontaminated and cleaned, at the expense of the Department. The decontamination will comply with OSHA standards.

3.6.2 Employees with contaminated clothing will contact the Property Manager to obtain a purchase order for cleaning at a pre-determined location. Employees will be responsible for retrieving their decontaminated and cleaned clothing.

3.6.3 All other items, equipment, and their carriers, if contaminated, will be cleaned and decontaminated properly by the employee, before being used again. Supplies for decontamination and containment of liquids will be maintained in the Arsenal and in Supply.

3.6.4 The used mask mouthpieces will be disposed of properly and replaced (except in training situations).

3.6.5 Any blood or body fluids in a department vehicle will be cleaned and treated with the approved disinfectant, by the employee responsible for that vehicle.

3.6.6 Anytime cleaning large amounts of liquid, the employee will wear the full PPE necessary to prevent any contamination, should splashing occur.

3.6.7 An approved disinfectant will be kept in the Arsenal and will be available for use as needed.

3.6.8 After a communicable disease kit is used, it will be replaced before the end of shift.

3.6.9 Once a contaminated sharp object is placed in a sharp container, the container is NOT to be opened again and is to be disposed. The container is to be turned into Property and Evidence and marked for disposal. Property and Evidence personnel will then



follow procedures for disposing of contaminated items. Employees are to obtain a new sharp container from Supply. In the event a contaminated sharp item is considered evidence, employees will not touch the object and must allow evidence technicians to collect the item following their procedures for collecting such items.

4.0 **PERSONAL PROTECTIVE EQUIPMENT**

All employees will use issued Personal Protective Equipment (PPE) when on duty, where contact with any source person or Potentially Infectious Materials are present and are a potential threat to exposure.

4.1 All police vehicles, will be equipped with the following items:

- 4.1.1 Sergeant in rank and below - at least two (2) issued communicable disease kits.
- 4.1.2 Lieutenant in rank and above - at least one (1) issued communicable disease kit.
- 4.1.3 Marked containers for proper storage and transport of item(s) or object(s), that may puncture, cut, or abrade skin, if suspected to be contaminated with blood or body fluids.
- 4.1.4 Marked plastic bags for proper storage and transport for materials contaminated with blood or body fluids.

4.2 All other police vehicles will have at least one (1) issued communicable disease kit.

4.3 Authorized containers for contaminated materials, and for sharp or penetrating items or objects, will be located in the arsenal.

4.4 The appropriate type of PPE to wear will be left to the discretion of the police personnel on the scene, notwithstanding existing general orders, or orders from a supervisor.

5.0 **EXPOSURE DETERMINATION BY JOB CLASSIFICATION**

5.1 Personnel who are state-certified sworn police officers are considered to have high occupational exposure risk to bloodborne pathogens, and include the following classifications:

- Chief of Police;



- Major;
- Captain;
- Lieutenant;
- Sergeant;
- Patrol Officer.

5.2 The personnel in the following classifications are considered to have moderate occupational exposure risk to bloodborne pathogens:

- Uncertified Police Officers in training;
- Desk Personnel;
- Victim Advocates;
- Fiscal Specialist;
- Property and Compliance Manager

5.3 The personnel in the following classifications are considered to have low occupational exposure to Blood-borne pathogens:

- Communications Specialists and Supervisors;
- Senior Administrative Assistant and Administrative Assistants;
- All other administrative positions.

6.0 COLLECTION OF CONTAMINATED ITEMS OR MATERIAL

6.1 Items that are evidence, whether contaminated or not, should be collected by the Forensic Section of the Criminal Justice Support Division.

6.2 Anytime evidence is believed to be contaminated, the officer on the scene will inform the responding Forensic officer.

6.3 Where EMS is on the scene, material that has blood or body fluids on it, should be collected and turned over to the EMS personnel for proper disposal. This is unless it is evidence or property of another.

6.4 If an item needs to be collected, and EMS or Forensic personnel are not on the scene, then the officer will use either the bag provided for that purpose; or the container for sharp or penetrating items, or objects, provided for that purpose. Sharp items should be picked up with metal tongs supplied in the collection kit.

6.5 No material, item, or object that may be contaminated with blood or any body fluid, will be transported in a department vehicle without being in a proper container.



7.0 DISPOSAL

- 7.1 Any item(s) that need to be disposed of will be taken to Property and Evidence for disposal.
- 7.2 Contaminated items will be sealed in the appropriate container and placed in Property and Evidence following applicable guidelines.
- 7.3 Before transporting containers, the tops will be secured to prevent any leakage or spillage from occurring.

8.0 PROPERTY AND EVIDENCE REQUIREMENTS

- 8.1 Whenever any evidence that may be contaminated is placed into Property and Evidence, the evidence and the container it was transported in, will be placed together with the container unopened, unless other rules of evidence apply.
- 8.2 The officer will inform the Property and Evidence personnel that the material is contaminated with blood or body fluids.

9.0 HBV VACCINATION

- 9.1 HBV (Hepatitis "B" Virus) vaccination will be made available, at no cost, to all current and new officers.
- 9.2 New sworn employees will have the HBV vaccination made available to them within 10 working days after employment (see Training section). This will occur unless the employee has previously received the complete HBV vaccination series, or antibody testing has revealed that the employee is immune.
 - 9.2.1 Employees who have previously received HBV vaccinations must complete a statement of affirmation.
 - 9.2.2 Employees who decline the offer of HBV vaccination must complete a Declination Statement.
 - 9.2.3 Statements of affirmation of vaccination and declination statements will be kept in the employee's medical file in the Employee Health Center.
 - 9.2.4 Employees who decline HBV vaccination initially may request the vaccination any time in the future.



10.0 TRAINING

- 10.1 Sworn personnel or civilian employees with occupation exposure risk will be trained in the risk associated with bloodborne pathogens, exposure prevention procedures, contaminated waste handling procedures, and the HBV vaccination.
- 10.2 All personnel who have responsibility for providing bloodborne pathogen training will be certified by an appropriate authority (such as the American Red Cross) to provide such training.
- 10.3 Training will be conducted in accordance with the training program of the certifying authority of the trainer. Training for sworn personnel will occur prior to the officer beginning field training.
- 10.4 Retraining will be provided at least annually to update employees on all parts of the policy. Additional training will be provided with changes in procedures, technology, or current medical practices.

11.0 DOCUMENTATION

The documentation required for implementation of this policy will include:

- 11.1 An Affirmation Statement will be kept in the employee's medical file.
- 11.2 A Hepatitis B Declination Statement will be kept in employee's medical file.
- 11.3 An accurate and confidential record of exposure incidents will be maintained in the employee's medical file.
- 11.4 Employee Hepatitis B vaccination records will be maintained in the Employee Health Center in the employee's medical file.
- 11.5 Records of employee training sessions will be maintained for three years from the date of training. The Police Department Training Section will maintain these records.

DocuSigned by:

J. H. Thompson

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J. H. Thompson, Chief of Police

11/21/2024

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