Lincoln Police Department

Standard Operating Procedures

Integrity, Competency, Fairness

Subject:	**Bloodborne Pathogens**	**Policy #**	**O-8**
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	Rescinds All Previous Policies Related to This Current Policy		
Issuing Authority:	**Chief of Police Lee Miller**		

I. POLICY:

The State of Maine Department of Labor and the Federal Occupational Safety & Health Administration both mandate the training, vaccination, and equipping of any employees at risk of exposure to bloodborne pathogens.

These agencies recognize that communicable disease exposure is an occupational health hazard. This exposure is possible during any contact with the public, especially in response to emergencies, such as crashes, assaults, unattended deaths, and arrests with resisting suspects. All blood, blood products, and other potentially infectious bodily materials must be presumed infectious until proven otherwise. The principle of Universal Precautions shall be practiced by all members of this agency to avoid occupational exposure.

It is the policy of this agency to protect medical confidentiality as well as the civil rights of all members of the public and this agency. No employee will disclose another person's infectious status to anyone except as specifically allowed by law. Failure to comply with this critical confidentiality issue may result in legal ramifications: i.e., civil liability and/or disciplinary action.

II. PURPOSE:

The purpose of the policy and procedure is to minimize the risk of exposure to bloodborne and airborne pathogens. Many people who are infected do not know so or do not wish to make that information available. The safest practice to follow is that of Universal Precautions. Everyone is presumed to be a potential source of infection. By utilization of these precautions, engineering controls, and good sanitary practices, the work environment will be free of unnecessary risk to employees and the public they serve.

III. DEFINITIONS:

A. **Airborne Pathogen**: Means pathogenic microorganisms that are present in the air and can cause disease in humans. These pathogens include but are not limited to tuberculosis (TB).

B. **Biohazard**: A biological material, especially if infectious, that poses a threat to humans or their environment.

C. **Blood**: Means human blood, human blood components, and products made from human blood.

D. **Bloodborne Pathogens:** This Means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

E. **Contaminated**: Means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

F. **Contaminated Sharps**: This means any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, and broken glass.

G. **Decontamination**: This means the use of a physical or chemical process to remove, inactivate, or destroy bloodborne pathogens on a surface so they are no longer capable of transmitting infectious particles and the surface is rendered safe for handling, use, or disposal.

H. **Parenteral**: Means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

I. **Exposure Incident**: Means a specific eye, mouth, or another mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of an employee's duties.

J. **HBV**: Means hepatitis B virus.

K. **HIV**: Means human immunodeficiency virus.

L. **Occupational Exposure**: Means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials, including airborne pathogens that might occur during the performance of an employee's duties.

M. **Other Potentially Infectious Materials (OPIM):**

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

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

3. HIV (containing cell or tissue cultures), organ cultures, and HIV or HBV is containing culture or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

N. **Personal Protective Equipment (PPE):** Specialized clothing or equipment is worn by an employee for protection against a hazard. PPE does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal working conditions of use and for the duration of time which the protective equipment will be used. Personal Protective Equipment includes, but is not limited to:

1. Gloves.
2. Gowns.
3. Laboratory coats.
4. Face shields.

a. Masks. *
b. Eye protection.
c. Mouthpieces.
d. Resuscitation bags, pocket masks, or other ventilation devices.

* It should be noted that certain types of respiratory masks such as the N 95 that need to be sized to the individual or any mask requiring a full facial seal to work properly fall under respiratory protection work rules of OSHA CFR 1910.151, which is administered by the Maine Department of Labor. These types of masks require the employer to establish a written respiratory protection program with worksite-specific procedures. This program mandates a written policy containing elements such as the selection of the respirator, limitations of the respirator, medical evaluations for the employee using it, a fit test exam of the mask to be worn by these employees, among other requirements. The full standard can be found at the ME. Dept. of Labor web site: http://www.maine.gov/labor/workplace_safety/respiratory/index.html

O. **Source Individual:** Means any individual, living or dead, whose blood or other potentially infectious materials might be a source of occupational exposure to the employee.

P. **Twinrix Vaccine**: Means both Hepatitis A and Hepatitis B vaccine combined.

IV. PROCEDURES:

This procedure shall constitute the Exposure Control Plan as required by State and Federal occupational health regulations. Although it is highly recommended that these practices be followed by everyone all the time, these procedures are only required when performing occupationally required tasks.

A. There are four (4) ways in which exposure to blood or other potentially infectious materials (OPM's) constitute an exposure incident.

1. **Percutaneous**: Exposure occurs when the skin is broken in the process. Needlestick, bits, or cuts from sharp objects. The infectious agent may be introduced directly into the bloodstream.
2. **Cutaneous**: Occurs when non-intact skin (chapped, abraded, etc.) contacts blood or OPMs. Infections can pass across the skin.
3. **Mucous Membrane**: Occurs when blood or OPIM splash into the eyes, mouth, or other mucous membranes.
4. **Airborne Pathogens**: Occurs when contact is made with airborne contaminants from an infected individual.

B. These precautions apply to all employees, but the training and equipment aspects apply to individuals who may be or are performing tasks that may or will have the potential for exposure to blood or OPIM's.

1. Tasks that are High Risk:
   a. Arrest and/or transport of non-compliant suspects.
   b. Arrest and/or transport of infected individuals.
   c. Personal injury accidents.
   d. Crime scenes.
   e. Body removal.
   f. Fingerprinting.
   g. Prisoner searches.
   h. Warrant executions.
   i. Ambulance assists.
   j. Autopsies.
   k. Evidence processing.
   l. Guarding of hospitalized and/or infected prisoners.
   m. Housekeeping/decontamination.
   n. Any situation where blood or other OPIM are present.

2. Positions that perform these tasks:
   A. Law enforcement officers and supervisors.
   B. Evidence/Lab Technician.
   C. Firefighters and rescue personnel.

Appendix A identifies all members who hold any position which is at risk. This appendix will be updated anytime someone assumes or vacates a position.

Appendix B identifies the tasks which place a given position at risk. Whenever tasks are added or deleted, that position will be evaluated concerning this policy by the Infection Control Officer.

C. Administration of this General Order:

A. This order is effective immediately. The Chief of Police or their designee shall be assigned as the Exposure Control Officer (ECD) and an Exposure Control Training Coordinator. It should be noted that OSHA only requires HBV vaccines. However, many agencies are providing the Twinrix vaccine because it contains both Hepatitis A and Hepatitis B vaccines. The list of those administrators will be maintained as ***Appendix C.***

B. The ECD will ensure that all aspects of this policy are implemented as soon as possible. The following must be initiated:

   a. Establish medical evaluation and vaccination procedures **(Appendix E).**
   b. Schedule Hepatitis B vaccinations for all interested employees:

      1. Employees who wish to receive the Hepatitis B vaccination may do so at the agency's expense.
      2. The vaccination will be by recommendations contained in the current U.S. Public Health Service procedures.
      3. New employees will be allowed to receive the Hepatitis B vaccination within ten (10) days of the initial assignment.
      4. Employees who decline to receive the Hepatitis B vaccination must sign a "Hepatitis B Vaccine Declination Form" **(Appendix F).**

5. Employees who decline the initial Hepatitis B vaccination may receive them later at no expense.
6. Employees who wish to take advantage of the Hepatitis B vaccinations shall submit a request to the ECD for scheduling arrangements.

C. Establish records regarding the vaccination program and post-exposure evaluation. Those records will be considered confidential medical records and will contain any of the following records as appropriate:
   1. Pre-vaccination evaluation and recommendation.
   2. Vaccination history.
   3. Post-vaccination evaluation and recommendation.
   4. HBV vaccination declination form **(Appendix F).**
   5. Post-exposure medical evaluation and recommendation.

D. The ECD will evaluate any position changes to determine if training and vaccination are required under this policy. Unless otherwise indicated, all supervisors will immediately notify the ECD of task changes that increase or reduce a member's chance of exposure to blood or OPIM.

E. Establish a reporting form, reporting procedure, and medical evaluation for any occupational exposure incident **(Appendix G).**

F. Establish decontamination and housekeeping procedures. This includes the establishment of storage, labeling, cleaning schedule, and regulated waste disposal procedures **(Appendix H).**

D. **Evaluation:** The Chief of Police or his/her designee will conduct an evaluation of existing engineering controls, work practices, procedures, and training to determine if the risk of exposure to blood or OPIM can be reduced. This evaluation will be conducted at least once every year or whenever procedures change and will include:

a. Review of Agency Policy and Procedure Manual.
b. Review of all occupational exposures during the past year within the agency and other comparable agencies.
c. Review of all existing personal protective equipment to determine if:
   1. Enough supplies exist.
   2. Supplies are appropriate.
   3. Supplies are available in emergencies.
d. Review of all decontamination supplies, equipment, and procedures to assure compliance with the standard.
e. Checking with all members listed in **Appendix A** to determine if:
   1. They have access to a copy of this procedure and control plan.
   2. They have access to appropriate personal protective equipment.
   3. They have access to decontamination equipment as appropriate.
f. The Exposure Control Training Officer will establish an Infectious Control Training program that meets the OSHA guidelines. The following training issues will be addressed:
      a. Mandatory training provided during working hours to members listed in Appendix A.
      b. The training will be a lecture with discussion and provided by a qualified instructor as required by the OSHA standard.
      c. Annual refresher training will be provided to all members listed in **Appendix A.**
      d. Training will be provided whenever a change in tasks or a position requires it.

E. **Workplace Controls: Universal Precautions are the minimum safety guidelines to follow for a first responder. Employees must practice universal precautions in all situations where exposure to bloodborne pathogens is possible, not just when a known infected individual is present.**

1. Use of hands: Any activity that involves the use of your hands to perform a function where contact with blood or OPIM is possible.
   a. Cover any broken skin before going on duty. Since we may have microscopic cuts and abrasions at any time, you cannot assume that the skin is always intact. Therefore, your decision on personal protective equipment must be based upon the tasks performed.

   b. Arrests, searches of prisoners, objects, structures, vehicles:
      1. Wear disposable latex and/or utility gloves. Leather over latex allows some protection from sharp objects.
      2. Look first whenever possible using light, mirror, or dumping out contents. A flashlight should always be available, even in the daytime.
      3. Use another object or crushing technique to check for weapons, then ask the suspect to empty his own pockets if it is safe to do so.

   c. Minor first aid/lifesaving & CPR situations with no blood or OPIM:
      1. Wear at least one pair of latex gloves, Covered by another pair of utility gloves.
      2. Use an agency-issued CPR mask with a one-way valve.

   d. Employees who are present at or perform tasks at crime scenes, laboratories, autopsies, first aid situations, extractions, any other situations with the risk of blood or OPIM even if none are visible.
      1. Wear at least one pair of latex gloves.
      2. Wear wrap-around eye protection and face protection to the chin.
      3. Wear moisture-proof, protective garments.
      4. Do not eat, smoke, drink, or touch the face or any mucous membrane until you have left or decontaminated the scene and yourself.

   e. Handling evidence from rape, assaults, deaths, unknown sources:
      1. Wear at least one pair of latex gloves.
      2. Use collection tools to pick up sharp objects.
      3. Transport in puncture/leak-proof container.
      4. Label as biohazard and store according to policy.

2. <u>Proper use of Personal Protective Equipment (PPE):</u> The following procedure will be followed for the safe use of the required PPE:

   a. Reusable protective garments, if required by this agency, will be provided, and decontaminated at the agency's expense. Any garment that can no longer provide the necessary protection will be replaced.
      1. Utility gloves will be decontaminated according to the manufacturer's recommendation and replaced as soon as their ability to function appears to be at risk.

   b. Employees must remove any PPE that has become contaminated with blood or OPIM as soon as possible.
      1. PPE or clothing that has had blood or OPIM soak through must be removed as soon as possible.

2. Clean PPE or uniform must be used to replace contaminated items. All vehicles will have enough supply of gowns and/or jumpsuits to provide a clean change.
3. Disposable contaminated PPE will be placed with other similar items in a leak-proof, labeled container.
4. Reusable contaminated PPE will be placed in a separate leak-proof, labeled container.

c. All PPE will be removed before leaving the work area and before entering an uncontaminated area.
d. Any bodily area that encounters blood or OPIM will be washed immediately or as soon as possible. Appropriate field decontamination measures will be followed until wash facilities can be used.
e. Hands will be washed immediately after removal of latex gloves with approved or disinfecting soap. This procedure will be followed even if a clean pair is to be immediately put on.

3. Decontamination of equipment that has been or may have been exposed to blood or OPIM will be at the agency's expense. Contaminated uniforms and equipment must be cleaned in accordance with this policy.

a. Employees who perform this task must have completed a training program in infectious disease control and:
   1. Wear at least one pair of latex gloves.
   2. Wear wrap-around eye protection and face protection to the chin.
   3. Wear moisture-proof, protective garments.
   4. Use a disinfectant for items being cleaned and clean said items according to the manufacture's recommendations. Alcohol, bleach, and special disinfectants are the most common. (Use of 1-part bleach to 10 parts water mixture is both effective and safe for a wide range of applications. Mixtures should not be used if they are one week or older).

b. Facilities that are properly equipped to launder contaminated laundry/uniforms will be identified by this agency, and a system to identify, label, store, and transport any regulated waste of this type to that facility will be established.

4. Vehicle Disinfection Procedures: These shall be initiated whenever bodily fluids are spilled or an individual with bodily fluids on that person is transported in an agency vehicle.

a. Supervisors shall be notified, and the vehicle taken to the service center as soon as possible.
b. Affected vehicles shall be immediately designated by the posting of a **"Bio-Hazard"** label upon arrival at the service center while awaiting decontamination.
c. Service personnel shall remove any excess body fluids from the vehicle with a disinfectant, paying special attention to any cracks, crevices, or seams that may be holding excess fluids.
d. The affected area should be disinfected with a sanitizer approved for this purpose.
e. All vehicles taken to a service center for scheduled washing and lubrication will routinely be cleaned in the interior with an approved disinfectant.

5. **Contamination avoidance**: In addition to preventing your exposure, employees must protect others. The following steps will also be followed:

   a. Properly remove contaminated gloves before handling common contaminated objects such as door handles, faucets, etc.
   b. Use paper towels or towelettes to clean up wet areas, spots, etc.
   c. Use red bags to collect discarded protective equipment and seal when 2/3 or less full.
   d. Use biohazard labels for contaminated equipment until it can be decontaminated.
   e. Store biohazard containers in designated and properly marked containers and areas.
   f. Decontaminate and/or dispose of according to agency policy. **(See Appendix H)**.
   i. Use approved containers and labels to transport any contaminated materials, such as evidence. Do not use staples.
   g. Any property or evidence that is a biohazard risk will be properly labeled as such before being turned over to anyone. This includes motor vehicles turned over to a tow truck operator. Those individuals may not have received the same training as you, so make every effort to advise them of the type and location of the biohazard risk.
   h. Areas used to dry evidence that is contaminated with wet blood or OPIM will be labeled with the proper biohazard labels during this process.
      1. Decontamination will be performed in that area as soon as possible once the evidence has been removed.
      2. Biohazard labels will remain in place until decontamination has been completed.

6. **Housekeeping**: The ECD will implement a schedule for the cleaning of the facility and commonly used equipment, such as patrol vehicles. This schedule will include, but not be limited to, any equipment or surface which could be contaminated with blood or OPIM. **(See Appendix H).**

   a. All cleaning utensils, such as mops, sponges, brooms, tongs, dust pans, and brushes, etc. shall be properly decontaminated after cleaning blood or other potentially infectious materials (OPIM).
   b. Any areas, surfaces, or equipment that has not been decontaminated as normally scheduled or as needed will be secured and labeled as a biohazard until it is rendered safe.

F. **Engineering Controls: The use of puncture and leak-proof containers are required in certain situations.**

1. Any contaminated materials, especially if wet or which drip upon compression, must be double bagged and labeled as a biohazard.

   a. Use red bags or clearly labeled containers.
   b. Follow agency procedure for disposal. See Appendix H).
   c. Any sharp object which is, or may be, contaminated must be:
      1. In a puncture-proof container.
      2. That is marked.
      3. Can be emptied without risking exposure to the contents.
      4. Be emptied when 1/2 to 2/3 full.

G. **<u>Special Precautions for Law Enforcement Employees.</u> These are some of the problems that are special to this profession.**

1. <u>Human Bites:</u> The attacker is at risk due to exposure to your blood, and the officer is at risk due to potential exposure to mouth OPIM. Allow to back bleed, then wash and seek medical attention.
2. <u>CPR/First Aid:</u> Use CPR mask with one-way valve. Wear barrier protection such as latex gloves, mask, eye protection (all minimum required by OSHA standard if blood or OPIM may be present). Moisture proof gowns, hats, and booties may be appropriate based upon the situation.
3. <u>Cuts/Puncture Wounds:</u> Avoid by using caution and proper techniques during searches. Needle stick studies show HIV risk at 1 in 200 with infected blood. HBV risk is substantially higher, closer to in 10 with infected blood.
4. <u>Body Removal/Evidence Collection:</u> Observe the crime scene rule "don't touch anything." Do not put your hands in or near the mouth or any other mucous membranes. Wear appropriate barrier protection.
5. <u>Arrests/Disruptive Behavior:</u> Use appropriate protective equipment and techniques whenever possible. Gloves should be put on as soon as conditions permit. Extra change of clothing should always be available.
6. <u>Urine/Feces/Spitting:</u> Prisoners may spit or throw feces, etc. Although there are no documented cases of HIV or HBV transmission by this route, other diseases could be transmitted.
    a. Use appropriate protective equipment.
    b. Use paper towels, etc. to remove OPIM.
    c. Decontaminate area with chemical germicide.
    d. Properly dispose of waste, towels, and equipment.

7. <u>Forensic/Evidence Staff:</u> Blood and OPM's from all individuals should be considered infective. The following precautions are recommended:
    a. Airborne particles of dried blood may be generated when a stain is scraped. It is recommended that protective masks and eyewear be worn when working with any blood or OPIM samples.
    b. All specimens should be put in a well-constructed, labeled container with a secure lid. Care should be taken to avoid contaminating the outside of the container.
    c. Masks, gloves, eye protection, and gowns, should be worn if splashing or spraying of any blood or OPIM is possible during handling or processing.
    d. Biological safety cabinets (class I or II) should be used whenever procedures are conducted that have a high potential for generating droplets (blending, mixing).
    e. Mechanical pipetting/suctioning devices should be used to manipulate liquids.
    f. Work surfaces should be cleaned of visible OPIM and then decontaminated with an appropriate chemical germicide in the event of spills and when activities are completed.
    g. All persons should wash their hands after completing tasks and should remove protective clothing before leaving the area.

H. <u>Exposure to Bloodborne or Airborne Material</u>:

If an employee is exposed to bloodborne material or the possible contaminated material, they are to report to the nearest hospital, for testing. If the exposure is during business hours, employees are to report to the Injury Management section. If the exposure is at nights or on weekends, they are to report to the emergency room.

1. Employees are highly recommended to have baseline testing done for HIV and Hepatitis B or Tuberculosis infection.
2. Employees are also highly recommended to return for a second test at the six (6) month exposure period. Testing will be paid for by this agency or their insurance carrier.

3. Employees are required to attempt to get Informed Consent **(Appendix K)** from people who expose employees to either Bloodborne pathogens or Tuberculosis pathogens. Employees are required to sign one of these forms when they get tested, either at the baseline period or the six (6) month follow-up period.
4. If there is exposure to HIV seropositive sources, the employee will meet with an occupational health physician to discuss possible treatments.

VI. OCCUPATIONAL EXPOSURE REPORTING:

Any specific eye, mouth, another mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties, such as when cleaning contaminated materials, will be considered an exposure incident. Whenever a possible or actual occupational exposure has occurred, the employee will report the exposure to their immediate supervisor. The supervisor will:

A. Make sure that the Exposure Incident Reporting Form and the medical procedures contained in Appendix G-3 and G-4 are completed immediately.

   1. Appendix G-4 will be completed on all exposures.
   2. Appendix G-4 will be completed on all equipment contaminations.

B. The following information must be contained on the Exposure/Contamination Incident Reporting Form:

   1. Documentation of the route(s) of exposure.
   2. The circumstances under which the exposure incident occurred.
   3. Identification and documentation of the source individual unless identification is unfeasible or prohibited by state or local law.

C. In the event the employee is unable, for any reason, to complete these requirements, the supervisor shall take whatever steps are necessary to complete the procedure.

D. The ECD will be made aware of the incident as soon as possible, and the report will be forwarded to the Chief of Police or their Designee.

E. <u>Post Exposure Evaluation and Follow-up:</u> Following a positive exposure incident, the Chief of Police or their designee will immediately make available to the exposed employee a confidential medical examination and follow-up as prescribed in **(Appendix G).**

   1. A copy of the "Exposure Incident Reporting Form."
   2. Identification and documentation of the source individual unless identification is infeasible or prohibited by state or local law. This includes testing the source individual's blood by state law.
   3. Counseling.
   4. Evaluation of reported illnesses.
   5. Testing of the exposed employee's blood for bloodborne pathogens at an initial baseline testing procedure and subsequent testing stages.
   6. The Chief of Police or their designee shall supply all necessary information to the healthcare provider.
   7. The healthcare provider will, in turn, submit to the Chief of Police or their Designee all pertinent information relating to the vaccination and/or evaluation which will be held for the duration of employment plus thirty (30) years.
   8. A copy of the above medical records will be forwarded to the respective employee by the ECO.
   9. The health care records of any employee will be kept strictly confidential.

V. RECORD KEEPING:

All records pertaining to the administration of the infectious disease control policy will be kept for thirty (30) years after the termination of any employee from this agency. The records will be divided into two categories: Medical and Training. If records cannot be maintained for this period, the Chief of Police or their designee will notify the director of NIOSH at least three (3) months before the intended disposal.

A. Medical Records: For each employee with potential for exposure the medical records must be preserved and maintained by the employer according to OSHA rule Title 29 CFR, Part 1910.20(e).

1. Medical records must include the following info:

    a. Employee's name and social security number.
    b. Employee's HEP B vaccination status, including dates of all vaccinations and any medical records relating to the employee's ability to receive vaccinations.
    c. Results of examinations, medical testing, and post-exposure evaluation and follower procedures.
    d. The employer's copy of the health care professional's written opinion.
    e. A copy of information provided to a health care professional.

2. Medical records must be kept confidential and maintained for at least 30 years after termination.
3. Accessibility to medical records can only be provided by the legitimate operational needs of the agency and as provided by the applicable State and Federal laws including:

    a. Request of Director of National Institute for Occupational Safety; and Health (NIOSH) or the Assistant Secretary of Labor for Occupational Safety and Health, medical and training records must be made available.
    b. Medical records can be obtained only by the employee or anyone who has the employee's written consent.

A. Training Records: The agency must maintain and keep accurate training records for three (3) years. They must be made available to employees or employee representatives upon request. Training records must include:

1. Training dates.
2. Content or a summary of the training.
3. Names and qualifications of trainer(s).
4. Names and job titles of each trainee.

Appendix A

The following individuals or positions perform occupational tasks which place them at risk for exposure to blood or other potentially infectious materials. This list will be updated whenever a change in position occurs.

Last Name	First Name	Job Title
Miller	Lee	Chief of Police
Mason	Daren	Sgt.
Winslow	Michael	Sgt.
Jacobs	Stewart	Detective
Peters	Rebecca	School Resource Officer
Morales	Mariah	Patrol
Milner	Kristofer	Patrol
McMoarn	Vern	Reserve Patrol
Worster	Britny	Administrative Assistant
Milner	Nicholas	Patrol
Manna	Anthony	Patrol
Denlinger	Dylan	Patrol
Haines	Taylor	Patrol

Appendix B

This appendix identifies the tasks which are performed by the position indicated and may involve the risk of exposure to blood or other potentially infectious materials. Any tasks which are not listed here but have or may allow exposure to blood or OPIM should be brought to the attention of the Exposure Control Officer immediately.

Position	Task with Risk
All Sworn Officer's	Arrest, searches, first aid, prisoner transport, evidence collection and handling, scene investigation where death or assault may have occurred, accident investigations, decontamination procedures.

Appendix C

The following personnel are responsible for the administration of this policy and procedure. The name of those individuals and the positions will be updated whenever changes occur.

1. Exposure Control Officer**: Chief of Police**

2. Exposure Control Training Officer**: Patrol Supervisor**

3. Medical Records: **Director of Human Resources**

4. Training Records**: Patrol Supervisor**

5. Medical Evaluations: The on-duty supervisor has the responsibility to ensure medical evaluation is done as soon as possible whenever an employee has an exposure incident.

6. Personal Protection Equipment Inventory: These are supplies located in the trunk of each patrol vehicle. Any time an employee uses any PPE item, they are to replace them from supply. The used items are to be placed in red bags labeled "Bio-Hazard" which are kept at the office. Each employee is responsible for checking this PPE inventory along with all other required equipment as soon as practicable at the start of their shift.

7. The PPE supplies shall be in the equipment room at the office. The required PPE equipment in each cruiser shall be inventoried monthly by the Exposure Control Officer. The PPE inventory shall include:

    a. Latex gloves.
    b. Gowns.
    c. Face shields and eye protection.
    d. Masks.
    e. CPR mouthpieces or pocket masks.
    f. Anti-microbial skin cleaning wipes.
    g. Head and shoe cover.
    h. Red Biohazard waste bags for disposal.
    i. Sharps container.
    j. Roll of paper towels.
    k. Bio-hazard tag labels.
    l. Tongs.

Appendix E

This agency has made the following arrangements for medical evaluation and Hepatitis B vaccination for those individuals listed in Appendix A. Anyone who is interested and has been approved by the Exposure Control Officer for vaccination must do the following:

Call **Concentra** and make arrangements for a pre-test evaluation. At that time, you will receive your appointment for the Hepatitis B vaccination series. Upon completion of the series, you will receive a notice for a post-vaccination evaluation. It is essential that this evaluation is performed to make sure the vaccination will protect you.

Appendix F

Hep B Vaccination Form: https://powerdms.com/docs/2156628/revisions/2763116

Appendix G-1

IF AN EXPOSURE OCCURS

Despite the dedicated use of engineering and work practice controls and proper use of PPE, exposures can and do occur. The purpose of this attachment is to outline the procedure to follow and to give the employee some idea of what to expect from the post-exposure follow-up. Appendix G-3 and G-4 are to be utilized to provide a "fill in the blank" form to bring to the healthcare professional performing treatment.

Policy (Immediate Treatment):

1. Wound Care/First Aid:

    a. Clean the wound with soap and water.
    b. Flush mucous membranes with water/saline.
    c. Other wound care dictated by the severity of the wound, e.g., stop bleeding.

2. Contact: On-duty Supervisor:

    To provide the best medical care to the employee, all exposure or suspected exposure incidents must be reported immediately. Some forms of post-exposure prophylaxis are best instituted within one (1) hour of exposure. This time frame should be kept in mind when reporting an exposure or suspected exposure. The report shall be made without regard to the actual or perceived risk of the source individual for bloodborne pathogens.

    It is the responsibility of the exposed employee to report exposure occurrences to the appropriate person. All exposure incidents shall be evaluated to determine the exposure management course. Not all exposures carry the same risks or require the same post-exposure management options. These options will be determined by the healthcare professional based on:

    a. The circumstances of the exposure incident.
    b. Available health history/immunization status of the exposed person and source person

    The Exposure Control Officer is designated to be responsible for attempting to obtain consent from the source individual for testing for HIV and HBV.

Appendix G-2

IF AN EXPOSURE OCCURS, WHAT TO EXPECT

The healthcare provider will be most interested in the circumstances of the exposure (who, how, when, where) and the source individual's health history and any available blood tests.

If, based on this information, it is deemed medically appropriate there may be a recommendation for the employee to have blood drawn and to have certain prophylactic measures taken. Depending on the exposure, this may include gamma globulin (a shot), vaccinations or oral medications. The healthcare provider will determine this. The employee is encouraged to comply with recommendations of the healthcare provider but is not required to do so. HIV testing cannot be performed without the express consent of the employee (Appendix K). The healthcare professional may deem it appropriate to have follow-up visits, testing or vaccination. All will be provided at no cost to the employee. This meeting with the healthcare provider is confidential.

The healthcare professional will provide the employer with a written report within fifteen (15) days of the initial evaluation. The only information included in this report to the employer will be: that the employee has been informed of the results of the evaluation, whether Hepatitis B vaccination is indicated for the employee, if the employee has received such vaccinations, and that the employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further medical evaluation or treatment.

ALL OTHER FINDINGS OR DIAGNOSIS (INCLUDING BASELINE SEROLOGIC RESULTS) ARE CONFIDENTIAL AND WILL NOT BE INCLUDED IN THE HEALTHCARE PROFESSIONAL'S REPORT.

Appendix G-3
FORMAT FOR REPORTING INCIDENT TO HEALTHCARE PROVIDER

Name: _____ Date of Incident: _____

Location of Incident: _____
_____

Employee's Duties: _____
_____

Circumstances of Incident: _____
_____
_____
_____

Route of Exposure: _____
Source Individuals HBV and HIV Status (if known):
_____
_____

Employee's HBV Status or Vaccination Information:
_____
_____

Include any relevant medical records of the employee, especially about the ability to receive the vaccine, etc.
_____
_____
_____
_____

Appendix G-4
EXPOSURE / CONTAMINATION REPORT

Employee Reporting: _____ Report Date: _____

Supervisor on Shift or on Call: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Employees Involved: _____ _____
_____ _____

Type of Exposure: Blood or Other Body Fluid ()
Airborne (Suspected TB Person, Etc.) ( )
Officer/Person Exposed: _____

Equipment Contaminated: _____

Brief Description: 10-46() 10-44() 10-55() 10-82() Other ()
_____
_____
_____
Note: Any Puncture Wound Due to a Needle Stick, Check Other.

Precautions Taken: _____

Was Decontamination Policy/Medical Evaluation and Test Policy Followed. Yes () No (). If No, Reason:
_____

Equipment Used for Decontamination: _____
_____

If Applicable, Date of Initial Medical Evaluation: _____

Emergency Room () Agency Physician () Personal Physician ()

Screening: Yes () No () Date of First_____ 2nd_____

Employee Signature: _____ Date: _____

Chief of Police's Signature: _____ Date: _____

Appendix H
CLEANING PRACTICES AND SCHEDULES

It is the intent of this employer to provide a safe, clean working environment. This will help to minimize the employee's exposure to bloodborne pathogens. To assure that cleanliness is maintained, the following written plan has been devised.

Location	Clean With	How Often	Responsible
Cruisers	Approved Disinfectant	Immediately after each contamination	Officer in control of vehicle
Facility (specific Disinfectant after)	Approved Disinfectant	Immediately after each contamination	Officer in control of vehicle
Contaminated waste Receptacles	Approved Disinfectant	Immediately after each contamination	Exposure Control Officer
Contaminated Clothing Receptacles	Approved Disinfectant	Immediately after each contamination	Exposure Control Officer

Appendix I
PERSONAL PROTECTIVE EQUIPMENT – STORAGE, REMOVAL AND DISPOSAL

Personal protective equipment is intended to provide a barrier between the occupational biohazard and the employee. To be useful, it must be available. Therefore, the locations of employee PPE are outlined below.

To prevent transmission of the hazard to new locations, the personal protective equipment must be removed and stored or disposed of appropriately.

Personal protective equipment includes, but is not limited to gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices.

Personal protective equipment is "appropriate" only if it does not permit blood or OPIM to pass through or reach the employees work clothes, street clothes, undergarments, skin, eyes, mouth, or other membranes, under normal working conditions of use and for the duration of time which the protective equipment will be used.

General Tenets:

1. PPE will always be available in appropriate sizes for all employees.
2. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.
3. The employer will take responsibility for the cleaning, laundering, and disposal of PPE at no cost to the employee.
4. The employer will repair or replace PPE at no cost to the employee.
5. Soiled PPE shall be removed immediately or as soon as feasible.
6. All PPE shall be removed prior to leaving the work area. It shall be placed in the storage or disposal areas listed below:

   A. _____

   B. _____

Appendix J
CLEANING UP BLOOD OR BODY SUBSTANCE SPILLS

All spills of blood and bodily substances will be cleaned with a tuberculocidal agent as soon as possible after the spill, and in accordance with the following guidelines:

1. Get all necessary equipment (gloves, tuberculocidal agent and paper towels.)

2. Put on gloves.

3. Place paper towels over the spill.

4. Pour a mixed solution of germicide over the towel (NEVER pour the solution directly on the spill. This will cause splashing of blood or body fluids).

5. Wipe up the spill.

6. Repeat steps 3, 4 and five, as necessary.

7. Place dirty towels in red "Bio-Hazard" bag, remove gloves and place in the same bag. Tie the bag to close.

8. Wash hands.

9. Place the red bag in the red bin in the designated office location.

10. DOUBLE BAG, ONLY IF THE FIRST BAG IS SOILED ON THE OUTSIDE.

Appendix K
INFORMED CONSENT FOR EMPLOYEE OR CITIZEN

According to Maine law (5 MRSA, sections 19201-19208), you can't be tested for HIV antibodies unless you have signed a consent form and "know that the test is being performed"; "the nature of the test"; "the persons to whom the results of the test may be disclosed"; "the purpose for which the test results may be used"; and "any reasonably foreseeable risks and benefits resulting from the test." The only people who are exempt from signing consent forms are those people who are being tested at an anonymous test site, and certain others specified by law.

This test is for diagnostic purposes and/or to inform you, and those providing your care, of the possible presence of HIV in your blood and body fluids. This is not a test for AIDS. A positive HIV test indicates that you are infected with HIV and that you can pass the virus to other people. Inaccurate positive and negative test results occur occasionally. For this reason, a negative test result does not guarantee that you are not infected. Rarely, a positive test result is inaccurate and indicates that you are carrying HIV even if you are not.

These test results will become part of your medical records, but according to Maine law, can be disclosed only to your physician, a state agency if you are in custodial care or the Maine Department of Human Services Bureau of Health. Any other release of information regarding this test must be authorized by you in writing.

Maine law also requires that you be offered in-person counseling when you are given your test results. The counseling must include your test results and their meaning, the social and emotional effects of the test results, information on preventing the spread of the virus, and referral for medical care and support if needed. If information about your HIV antibody test becomes known to others, you could suffer various forms of discrimination. Another risk of being tested is that you may suffer emotional distress. To be tested for HIV antibodies, you will have to have your blood drawn. This will include having a needle puncture and perhaps some bruising around the site of the puncture.

I have read the above information, and I understand it. All my questions about the HIV test have been answered. I give my consent to _____ to draw my blood and test it for the presence of HIV antibodies or antigen. This consent is completely voluntary. I have not been forced directly or indirectly to provide this consent.

_____ _____
Signature of Patient or Guardian Date

_____ _____
Witness Signature Printed Name of Patient