

n PROCEDURE MANUAL 19-09



MICHIGAN STATE POLICE

Blood-Borne Pathogen Exposure Control Plan

Purpose: The Michigan State Police (MSP) is committed to reducing the occupational exposure to HBV, HCV, HIV, and other blood-borne infectious diseases. In accordance with MIOSHA Part 554, Blood-Borne Infectious Diseases, this manual has been developed.

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Definitions:

None

Section 1: Blood-Borne Infectious Disease Exposure Control Plan

1.1 General Plan Management

- a. Blood-borne exposure is defined as blood or other potentially infectious materials which include semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, synovial fluid, or saliva in dental procedures. All human fluids contaminated with visible blood, or fluids where it is difficult to distinguish whether or not the fluid is contaminated with blood, are considered to be other potentially infectious material. Please note that sweat, tears, saliva (in non-dental settings), vomit, urine, and feces are not considered as other potentially infectious material unless they contain visible blood, or it is difficult to distinguish if such items contain blood or other potentially infectious material.
- b. The Human Resources Division (HRD) is responsible for the implementation of the plan. The HRD Disability Management Section shall maintain, review, and update the plan at least annually and whenever necessary to include new or modified tasks and procedures; ensure all medical actions required are performed and that appropriate department member health and MIOSHA records are maintained; and be responsible for making the plan available to MIOSHA and NIOSH representatives.
- c. The department will maintain and provide all necessary personal protective equipment (PPE) (e.g., gloves, masks, gowns, shoe covers, eye protection) and engineering controls (e.g., sharps

containers, labels, red bags) as required by the standard. Each worksite commander or unit supervisor will ensure that adequate supplies of the equipment are available in the appropriate sizes.

- d. The Organizational Development Division will be responsible for training, documentation of training, and informing members, with the exception of members in the Forensic Science Division (FSD), that the written plan is available on the department's Intranet at the time of training. Contact the Organizational Development Division at 517-636-6868.
- e. The FSD Health and Safety Officer shall train the FSD members, coordinate revision of this plan with HRD, and conduct periodic organizational audits to ensure compliance within the FSD.
- f. Supervisors (e.g., worksite commanders, unit supervisors) are responsible for compliance with the plan in their areas. They shall work with the HRD, the Organizational Development Division, the FSD Health and Safety Officer, and their members, as appropriate, to ensure that:
 - i. All members in their worksite who are at risk of exposure to blood-borne pathogens receive initial training (including site specific training) and annual retraining in blood-borne pathogens. To ensure the timely completion of required training, supervisors must contact the Organizational Development Division or the FSD Health and Safety Officer (as appropriate) when a new member is hired. This must also be done when a member's assigned work tasks are changed, thereby significantly impacting their exposure to blood or other potentially infectious material.
 - ii. Proper exposure control procedures are followed.
 - iii. Appropriate PPE is available to members and in good working condition.
 - iv. Post-exposure medical services are offered promptly.
 - v. An exposure incident is reported, and appropriate documentation is forwarded/ provided to the HRD Disability Management Section and/or the FSD Health and Safety Officer (as appropriate) as soon as possible.
- g. Members covered under this plan are responsible for:
 - i. Following universal precautions (a method of infection control that treats all human blood and other potentially infectious materials as capable of transmitting HIV, HBV, and other blood-borne pathogens).
 - ii. Completing all blood-borne infectious diseases training.
 - iii. Demonstrating an understanding of which tasks have a potential occupational exposure to blood or other potentially infectious material.
 - iv. Conducting all operations in accordance with established work practice controls.
 - v. Reporting all biological hazards in the work area and all occupational exposures to blood or other potentially infectious material to their worksite commander or unit supervisor (as appropriate).

1.2 Exposure Determination

- a. All members shall be assigned to one of the two following categories:

- i. “Category A” defines members with reasonably anticipated occupational exposure to blood or other potentially infectious materials, regardless of frequency or use of PPE. All members defined as “Category A” are covered by this plan, including part-time, temporary, contract, and per diem employees. The following job classifications in the department are classified as “Category A”

“Category A” Department Members

Job Classification	Task(s) Performed
<ul style="list-style-type: none"> Enlisted Members Motor Carrier Officers State Property Security Officers <ul style="list-style-type: none"> Vehicle Inspectors <ul style="list-style-type: none"> Cadets Ride-a-longs 	<ul style="list-style-type: none"> First aid services Potential exposure to sharps Crime scene investigation
<ul style="list-style-type: none"> FSD Enlisted Members State Police Laboratory Directors Clinical Health Science Managers <ul style="list-style-type: none"> Forensic Scientists Laboratory Technicians Equipment Technicians <ul style="list-style-type: none"> Interns FSD Information Technology Members 	<ul style="list-style-type: none"> Evaluation and collection of evidence from crime scenes Transportation of evidence Receipt, processing, handling, and analysis of evidence Evaluation of division labs and procedures Service or repair of equipment and instrumentation
<ul style="list-style-type: none"> FSD Industrial Hygienist 	<ul style="list-style-type: none"> Assistance with Lab procedures
<ul style="list-style-type: none"> FSD Laboratory Administrative/Secretarial Support Staff 	<ul style="list-style-type: none"> Reception of evidence
<ul style="list-style-type: none"> Designated Civilian First Aid Providers 	<ul style="list-style-type: none"> Collateral duty of first aid services
<ul style="list-style-type: none"> Maintenance/Janitorial Staff 	<ul style="list-style-type: none"> Handling regulated waste

- b. “Category B” defines members that do not have reasonably anticipated occupational exposure to blood or other potentially infectious material, regardless of frequency or use of PPE. When “Category B” members are in an area where exposure to blood or other potentially infectious material may occur (e.g., a forensic laboratory), they are to keep a reasonable and safe distance to prevent any exposure to blood or other potentially infectious material. “Category B” is all other members not listed in “Category A.”
- c. Exposure Determination Rationale
- i. All “Category A” members have some anticipated occupational exposure to blood or other potentially infectious material during the performance of their duties (as stated in the above table) and therefore must be provided appropriate training and offered the Hepatitis B vaccination series.
- ii. “Category B” members are not required to be covered under this plan as they do not perform duties where exposure to blood or other potentially infectious material is anticipated. Should members identified in this category be assigned tasks with

anticipated exposure to blood or other potentially infectious material, they will be reassigned to the “Category A” classification and afforded the full protections of this plan.

- iii. This exposure determination, as per [MIOSHA’s Part 554](#), has been made without regard to the member’s use of personal protective clothing and equipment.

1.3 Implementation of Various Methods of Exposure Control

a. Universal Precautions

- i. “Universal precautions” is a method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, HCV, and other blood-borne pathogens. As such, all blood and other potentially infectious material shall be considered infectious (e.g., contaminated with HIV, HBV, HCV, or other blood-borne pathogens) regardless of the perceived status of the source individual or the length of time since deposition of the blood or other potentially infectious material on the item(s) to be handled/examined.
- ii. Universal precautions shall be observed by all “Category A” members during the performance of any work task that may result in exposure or potential exposure to blood or other potentially infectious material.
- iii. All human body fluids are assumed to be potentially infectious for blood-borne infectious diseases.

b. Engineering Controls

- i. Hand Washing Facilities
 - 1. Hand washing facilities shall be readily accessible in forensic laboratories and, where possible, in other work areas for access by members who have a potential for exposure to blood or other potentially infectious material.
 - 2. Waterless antiseptic hand cleansers or antiseptic towelettes shall be available to members at risk of exposure if plumbed hand washing facilities are not readily available (e.g., such as at crime and accident scenes, in some lab areas, etc.).
 - 3. If a waterless hand cleanser or antiseptic towelettes must be used in lieu of plumbed hand washing facilities, the member shall follow up by washing their hands with soap and water as soon as feasible.
- ii. Eyewash Stations. Eyewash stations (or drench hoses) shall be available in all forensic laboratories where exposure to blood or other potentially infectious material may occur.
- iii. Sharps Containers. Approved biohazard sharps containers (as well as containers for transporting blood or other potentially infectious contaminated material that can be classified as a “sharp”) are designed to isolate the cut or puncture hazard associated with handling sharp items such as needles, scalpels, razor blades, knives, Pasteur pipettes, etc.
 - 1. Approved biohazard sharps containers are:

- a) Puncture-resistant
 - b) Red in color labeled with a biohazard warning label
 - c) Leak-proof on the sides and bottom
 - d) Capable of being closed
 - 2. Approved biohazard sharps containers shall be available:
 - a) In all first aid kits (e.g., syringe tubes)
 - b) On all primary crime scene response vehicles
 - c) On all primary bomb squad vehicles
 - d) In all FSD laboratories
 - 3. To aid in compliance with the [Michigan Medical Waste Regulatory \(MMWR\) Act](#) all sharps containers (except syringe tubes, such as those located in the first aid kits) biohazard that contain biohazard shall be:
 - a) Dated on the outside of the container when the first item is placed in the container.
 - b) An expiration date on the container shall not be greater than 90 days from the date the container is placed into service, or a new container shall be provided if it is full.
 - 4. Biohazard sharps containers should not be used for disposal of sharps that are not contaminated with blood or other potentially infectious material due to the restrictions on storage of biohazardous waste. As such, appropriate disposal containers shall be available in all forensic laboratories for the disposal of sharps that are not contaminated with blood or other potentially infectious material. Contact the FSD Health and Safety Officer for assistance in obtaining such containers.
 - 5. Disposal of sharps containers is handled through the Michigan Department of Environment, Great Lakes, and Energy. Their website has a Sharps Collection Program by county: http://www.michigan.gov/documents/deq/whm-stsw-sharps-collection-list_196524_7.pdf.
 - 6. FSD Specific Policy--reusable sharps containers (e.g., for a knife as evidence) must meet the same requirements as containers for disposable sharps, with the exception that they are not required to be closable or dated with an expiration date. Reusable sharps should not be stored or processed in a manner that requires reaching into containers of contaminated sharps.
- iv. Secondary Containers. Secondary containers are used for additional protection against an environmental release of blood or other potentially infectious material and therefore must be leak-proof. Such containers (e.g., plastic bags, bins, etc.) are to be used when transporting blood or other potentially infectious contaminated material that would leak through its usual packaging and thereby lead to environmental etc.). If used, the

secondary container shall be appropriately labeled as containing a biohazard. Do not seal evidence tightly in plastic containers as this may cause degradation of DNA evidence.

v. Safer Medical Devices

1. Safer medical devices should be used, where appropriate, to reduce the risk of injury from needle sticks and other sharp medical instruments. The only devices of this type currently used are:

- a) The Eva-Safe® Safety Tube for holding needles, syringes, and other sharps. This device is used in first aid kits and by the FSD.
- b) The Point-Lok® Needle Protection Device that eliminates the need for recapping of syringes. This device is used by the FSD.

c. Administrative Controls and Work Practices

i. Solicitation of Member Input. The department shall annually solicit the input from members regarding commercially available medical devices designed to minimize or eliminate occupational exposure to blood or other potentially infectious material. This solicitation shall be extended annually by correspondence from the HRD Disability Management Section. Suggestions will be forwarded to the HRD Disability Management Section for consideration and, where practicable, implementation.

ii. Hand Washing Practices

1. Members shall wash their hands with:

- a) A waterless hand cleaner or with soap and water after removal of gloves or other personal protective equipment (PPE) that is not visibly contaminated with blood or other potentially infectious material.
- b) Soap and water after removal of gloves or other PPE that is visibly contaminated with blood or other potentially infectious material.

2. Members should also wash their hands:

- a) When work is completed.
- b) Before eating, drinking, smoking, applying makeup, changing contact lenses, or using the bathroom.
- c) Before activities that entail hand contact with mucous membranes, eyes, or breaks in the skin.
- d) Before leaving a laboratory.

3. Regular soap and warm water shall be considered adequate for hand washing ([CDC, MMWR 51\(RR16\); 1-44, Guideline for Hand Hygiene in Health-Care Settings](#)).

4. If a waterless hand cleanser or antiseptic towelettes must be used in lieu of plumbed hand washing facilities, the member shall wash with soap and water as soon as feasible.
- iii. Syringe Acceptance Policy for FSD Crime Laboratories. Reference the Syringe and Evidence Acceptance Program of the FSD Health and Safety Manual for information regarding this issue.
- iv. Handling of Blood or Other Potentially Infectious Contaminated Material or Sharps
 1. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless it can be demonstrated that there is no feasible alternative.
 2. When recapping or removal of needles is required because there are no alternatives, a mechanical device or a one-handed method shall be used.
 3. Whenever possible, mechanical means (e.g., tongs, forceps, broom, and dustpan, etc.) shall be used to handle contaminated sharps (e.g., syringes, knives, broken glass, metal shards, etc.).
 4. Contaminated sharps shall be placed in appropriate biohazard storage or disposal containers (i.e., puncture-resistant and biohazard labeled) as soon as feasible after use.
- v. Storage, Preparation, and Consumption of Food and Drink
 1. Storage, preparation, and consumption of food and drink is prohibited in work areas where there is potential for exposure to blood-borne pathogens.
 2. Food and drink shall not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious material are present.
- vi. Smoking and Cosmetics Application
 1. Smoking of cigarettes, cigars, and pipes is prohibited in any department facility and inside the crime scene area as designated by the FSD crime scene supervisor.
 2. Applying cosmetics, lip balm, and the handling of contact lenses is prohibited in work areas where there is a potential for exposure to blood-borne pathogens.
- vii. Pipetting Practices
 1. Mouth pipetting or suctioning of body fluids (or laboratory chemicals) is prohibited. Mechanical devices shall be used to perform such tasks.
- viii. Splashing, Spraying, and Aerosolization of Blood or Other Potentially Infectious Material
 1. Members shall, to the extent feasible, minimize splashing, spraying, or aerosolization of dried or wet blood or other potentially infectious material during all work (e.g., forensic) procedures.

ix. Personal Habits

1. When wearing PPE to protect against exposure to blood or other potentially infectious material avoid activities that may spread contamination to other unprotected areas (e.g., handling of keys or pocket change, sticking pens or other objects in the mouth, touching of the face or hair, etc.).

x. Use of Protective Coverings

1. Where possible, use protective coverings such as heavy paper, plastic wrap, aluminum foil, or plastic-backed absorbent paper to protect equipment and environmental surfaces from exposure to blood or other potentially infectious material.
2. Remove and replace protective coverings:
 - a) At the end of the task
 - b) At the end of the work shift
 - c) As soon as feasible when visibly contaminated with blood or other potentially infectious material.
3. If the protective covering becomes visibly contaminated with blood or other potentially infectious material and the surface that it protects may have become contaminated, properly decontaminate the surface according to the requirements in Section 27.7.3.D.(14) of this plan.

d. PPE

i. General Issues

1. The PPE is appropriate only if it does not permit blood or other potentially infectious material to pass through it and reach the member's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes. Such criteria shall be met under normal conditions of use and for the duration of time that the protective equipment will be used.
2. The following types of PPE shall be provided in appropriate sizes and at no cost to members for protection against exposure to blood or other potentially infectious material:
 - a) Disposable nitrile and powder-free latex gloves
 - b) Reusable rubber utility gloves
 - c) Goggles or safety glasses with side shields or face shields
 - d) Disposable face mask
 - e) Shoe/boot covers
 - f) Enforcement uniforms
 - g) Lab coats

- h) Disposable protective clothing (e.g., suits or gowns)
 - i) Any other necessary PPE for the purpose of preventing exposure of members to blood or other potentially infectious material.
 - 3. The worksite commander or unit supervisor (as appropriate) shall ensure that all work areas have the appropriate PPE available (i.e., in type and size) for members.
- ii. Disposable Nitrile and Powder-Free Latex Gloves
 - 1. As the primary line of defense against exposure to blood-borne pathogens, gloves are to be worn in all circumstances (except emergency provision of first aid) where exposure to blood or other potentially infectious material is reasonably anticipated (i.e., unless reusable rubber utility gloves or similar items are worn).
 - 2. Members should cover any open wounds on their hands with bandages prior to donning disposable gloves.
 - 3. Disposable nitrile and latex gloves should be inspected after donning for any glove imperfections and faulty gloves should be immediately replaced. Gloves shall be properly disposed of after their removal.
 - 4. Nitrile and powder-free latex gloves may be disposed of in the general trash unless visibly contaminated with body fluids. Dispose of gloves as a biohazardous waste if visibly contaminated with blood or other potentially infectious material. Do not wash such gloves for reuse. Gloves shall be used:
 - a) When members anticipate hand contact with blood or other potentially infectious material.
 - b) When handling or touching items or surfaces potentially contaminated with blood or other potentially infectious material.
 - 5. Nitrile and powder-free latex gloves shall be replaced as soon as feasible after contamination or immediately when torn, punctured, or otherwise rendered unable to function as an exposure barrier.
- iii. Glove Liners
 - 1. Liners shall be made available through the unit supervisor (or designee) to all members with latex or nitrile sensitivities.
- iv. Reusable Rubber Utility Gloves
 - 1. This style of protective glove may be worn in lieu of disposable nitrile or latex gloves when there is a greater danger of sharp objects penetrating the lighter constructed, disposable gloves.
 - 2. These gloves may be cleaned, disinfected, and reused until they develop imperfections that inhibit the protection of the member (e.g., cracks, abrasions, tears, and punctures).

3. These gloves may be disposed of in the general trash unless they are visibly contaminated with body fluids. Dispose of gloves as biohazard waste if visibly contaminated.

v. Goggles or Safety Glasses with Side Shields

1. Goggles or safety glasses with side shields shall be worn in combination with a disposable face mask when exposure of the mucous membranes (i.e., eyes, nose, or mouth) to blood or other potentially infectious material is reasonably anticipated.
2. Some activities (but not necessarily all inclusive) where this type of PPE may be necessary include:
 - a) Performing first aid procedures at accident scenes
 - b) Performing tasks at crime scenes and autopsies
 - c) Scraping of dried blood stains
 - d) Performing any activity that may splash or spray blood or other potentially infectious material
3. Upon removal, such PPE shall be properly cleaned and disinfected if there is reasonable anticipation that the PPE may have been contaminated with blood or other potentially infectious material.

vi. Disposable Face Masks

1. Such PPE shall be worn in combination with goggles or safety glasses with side shields when exposure to mucous membranes (i.e., eyes, nose, or mouth), blood, or other potentially infectious material can be reasonably anticipated.
2. Such PPE may be disposed of in the general trash unless visibly contaminated with body fluids. Dispose of as biohazard waste if visibly contaminated.
3. This PPE shall not to be reused when it is used for protection from exposure to blood-borne pathogens.

vii. Face Shields

1. Face shields may be worn as an alternative to the combination of goggles or safety glasses with side shields and a disposable face mask when exposure to mucous membranes (i.e., eyes, nose, or mouth), blood, or other potentially infectious material is reasonably anticipated.
2. Face shields may be cleaned, disinfected, and reused until they develop imperfections that inhibit the protection of the member.
3. Face shields shall be cleaned and disinfected if there is reasonable anticipation that contamination with blood or other potentially infectious material has occurred.

viii. Shoe and Boot Covers

1. Shoe and boot covers shall be worn in cases when blood or other potentially infectious material contamination of shoes or boots is reasonably anticipated.
2. Shoe and boot covers may be disposed of in the general trash unless visibly contaminated with blood or other potentially infectious material. Dispose of as biohazard waste if visibly contaminated.

ix. Enforcement Uniforms

1. Uniforms for all enforcement members are considered a barrier for incidental/minor exposure to blood or other potentially infectious material during crime and accident scene investigation or while rendering first aid.
2. Additional PPE should be obtained and used, when possible, where heavier exposure to blood or other potentially infectious material is anticipated.
3. Upon completion of activities where the uniform of enforcement members may have been exposed to blood or other potentially infectious material, it shall be thoroughly inspected for such contamination. If any portion of the uniform is found to be contaminated with blood or other potentially infectious material, it shall be removed as soon as possible so as not to further contaminate the member or any other departmental equipment (e.g., vehicle, etc.). The contaminated garments shall then be laundered by the worksite's laundry service provider.

x. Lab Coats (for FSD members)

1. Lab coats shall be worn in the laboratory in cases where exposure of the upper body and arms to blood or other potentially infectious material is reasonably anticipated.
2. While all lab coats shall be laundered following appropriate biohazard protocols, only those used in DNA, Serology, Toxicology, and Blood-Alcohol Units of the FSD are designated as a primary level of PPE for exposure to blood or other potentially infectious material.
3. Members working in a FSD unit where their lab coat is not designated as PPE for exposure to blood or other potentially infectious material may use it for that purpose on a case-by-case basis. In such instances, upon completion of the task requiring the use of the lab coat as a means of protection against blood-borne pathogens, the member shall immediately remove the lab coat and place it in an appropriate biohazard laundry container.

xi. Disposable Protective Clothing (for FSD members)

1. Disposable protective clothing (e.g., Tyvek® suits, etc.) is provided for use where contamination of personal or crime scene response clothing with blood or other potentially infectious material is reasonably anticipated.
2. Disposable protective clothing may be worn in lieu of a lab coat or when a lab coat does not provide sufficient protection against exposure to blood or other potentially infectious material.

3. Disposable protective clothing may be disposed of in the general trash unless visibly contaminated with body fluids. Dispose of as biohazard waste if visibly contaminated.

xii. PPE Use and Storage

1. Any form of PPE that is worn for protection against exposure to blood or other potentially infectious material shall not be stored or worn (except when rendering first aid) in any office, administrative area, kitchen, break or lunchroom, conference room, exercise room, bathroom, locker room, or evidence reception area.
2. All PPE shall be inspected prior to its use to verify that it is in good working condition. Any dysfunctional PPE must be immediately reported to the worksite commander or unit supervisor (as appropriate) to have it replaced.
3. Section 27.7.4 (Task Specific Standard Operating Procedures) of this plan further outlines the types of PPE recommended for certain activities.

xiii. Declination to Use PPE

1. The worksite commander or unit supervisor (as appropriate) shall ensure that a member uses appropriate PPE unless the member temporarily and briefly declines to use the PPE. This situation may occur when, under rare and extraordinary circumstances, it is in the member's professional judgment that the use of PPE would:
 - a) Prevent the delivery of health care or public safety services.
 - b) Pose an increased hazard to the safety of the worker or coworker.
2. When a member makes this judgment the circumstances involving this exposure shall be documented on an [SOM Worker's Compensation Claim form](#), to the HRD Disability Management Section to determine if changes can be made to prevent future occurrences.

xiv. Cleaning and Disposal of PPE

1. Reusable PPE shall be cleaned, laundered, and decontaminated as appropriate upon recognition of visible contamination or at the end of its use.
2. Reusable PPE potentially contaminated with blood or other potentially infectious material shall be cleaned and disinfected with an appropriate solution (i.e., an EPA-registered tuberculocidal agent or a 1:10 to 1:100 bleach and water solution made that day).
3. Reusable PPE that cannot, for whatever reason, be decontaminated and single-use PPE (e.g., disposable latex rubber and nitrile gloves) shall be disposed of:
 - a) As trash or biohazard waste if not visibly contaminated with blood or other potentially infectious material.

- b) As biohazard waste if visibly contaminated with blood or other potentially infectious material.

xv. PPE Failure

1. Report all PPE failures that result in an exposure or exposure incident to the HRD Disability Management Section and/or the FSD Health and Safety Officer (as appropriate) using the [PD-048, Blood-borne Pathogens Exposure Analysis form](#).
2. Any personal clothing that becomes contaminated with blood or other potentially infectious material due to a PPE failure shall be removed as soon as possible in such a way as not to further contaminate the member. Alternative clothing shall be temporarily provided by the worksite. The contaminated garments may then be collected in biohazard bags, labeled as “personal clothing of (member’s name), and decontaminated by an appropriate laundry service provider selected by the worksite commander.

1.4 Task Specific Standard Operating Procedures

a. First Aid Services

- i. Exposure Potential. Potential ranges from no exposure to blood or other potentially infectious material to potentially significant skin and/or mucous membrane contact. Potential also includes parenteral contact from blood or other potentially infectious material via contaminated sharps (e.g., knives, syringes, etc.).

ii. PPE

1. The following criteria apply when providing first aid involving the potential for exposure to blood or other potentially infectious material.
 - a) Latex or nitrile gloves, **REQUIRED**.
 - b) Safety glasses and a face mask covering the nose and mouth, **AS NECESSARY**, when there is a potential for splash or splatter of dried or liquid blood or other potentially infectious material to the eyes and/or mucous membranes (i.e., nose or mouth).
 - c) Face shield, **AS NECESSARY**, may be used in lieu of a face mask and safety glasses.
 - d) Disposable protective clothing (Tyvek® or similar suit or gown), **AS NECESSARY**, when the exposure potential exceeds the protective capability of the uniform or lab coat – either by the quantity of material involved or the procedure to be performed.
 - e) Shoe/Boot covers, **AS NECESSARY**.
 - f) Lab coat (for FSD members only), **AS NECESSARY**, when in the lab.

iii. Maintenance and Disinfection.

1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 of this manual regarding housekeeping and waste disposal.
- iv. Storage and Disposal
 1. See 1.3 of this manual regarding use and storage of PPE and regarding cleaning and disposal of PPE.
- v. Work Practice Controls
 1. Follow policy and procedure taught in first aid training (e.g., as required by this Order or other policy) and/or annual updates.
 2. When available, members shall use appropriate PPE (i.e., at least gloves) while providing first aid. If in the member's professional judgment, the use of PPE would prevent the delivery of health care or public safety services or pose an increased hazard to the safety of the worker or a coworker, the first aid provider may forego the donning of appropriate PPE to attend to the victim's medical needs. See Section 1.3 of this manual for mandatory reporting requirements regarding this exemption.
 3. First aid providers shall restock the first aid kit with appropriate PPE and first aid equipment. Contact the worksite commander or unit supervisor (as appropriate) if supplies need to be ordered.
- vi. Contingency Procedure
 1. Per section 1.3 of this manual, the circumstances as to why members declined to use PPE while rendering first aid shall be investigated and documented in a memo to the HRD Disability Management Section to determine if changes can be made to prevent future occurrences. This memo should be completed within 72 hours of the occurrence.
- b. Crime and Accident Scene Investigation and Evidence Collection
 - i. Exposure Potential. Potential ranges from no exposure to blood or other potentially infectious material to potentially significant skin and/or mucous membrane contact. Potential also includes parenteral contact from blood or other potentially infectious material via contaminated sharps (e.g., knives, syringes, etc.).
 - ii. PPE
 1. Crime scene uniform, **REQUIRED – though not a form of PPE** – It is strongly recommended that personal clothing (other than undergarments) not be worn during the performance of this activity if contamination of such items with blood or other potentially infectious material is likely to occur. If personal clothing is worn, the member should carefully evaluate the PPE to be used while at the crime scene in order to prevent contamination of personal clothing. **Note again, the crime scene uniform is only a uniform and not a form of PPE to be used to prevent exposure to blood or other potentially infectious material.**
 2. Latex or nitrile gloves, **REQUIRED.**

3. Safety glasses and a face mask covering the nose and mouth, **AS NECESSARY**, when there is a potential for splash or splatter of dried or liquid blood or other potentially infectious material to the eyes and/or mucous membranes (i.e., nose or mouth).
4. Face shield, **AS NECESSARY**, may be used in lieu of a face mask and safety glasses.
5. Disposable protective clothing (Tyvek® or similar suit), **AS NECESSARY**, to prevent contamination of the crime scene uniform.
6. Shoe/Boot covers, **AS NECESSARY**, to prevent contamination of shoes or boots.

iii. Maintenance and Disinfection

1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 regarding housekeeping and waste disposal.
2. FSD Members. Upon finishing work activities at a crime scene or upon returning to the lab after working at a crime scene, all crime scene uniforms are to be removed and placed in appropriate containers for cleaning by the laundry service.

iv. Storage and Disposal

1. See Section 1.3 of this manual regarding use, storage, cleaning, and disposal of PPE.

v. Engineering Controls

1. All evidence that is potentially contaminated with blood or other potentially infectious material shall be placed in a "BIOHAZARD" labeled, leak-proof container.
2. Heavy paper or plastic (e.g., biohazard waste bags, etc.) may be used to cover surfaces of equipment to prevent its contamination when it absolutely must be used in an area.
3. All crime scene evidence contaminated with blood or other potentially infectious material shall be placed in an appropriate leak-proof biohazard container for transport to the laboratory or submission to the authority in control of the scene. Paper packaging may be used in instances where the blood or other potentially infectious material contamination is dry or incapable of breaching the container. In cases where liquid blood can reasonably be anticipated to leak through the paper packaging, the containerized evidence shall be placed into a secondary container that shall prevent contamination of crime scene vehicles, equipment, and members with blood or other potentially infectious material (e.g., an unsealed plastic bin or open plastic biohazard bag). Once crime scene evidence contaminated with wet blood or other potentially infectious material is transported to the laboratory, it shall be immediately taken to an appropriate area for drying.

4. All primary crime scene and bomb squad response vehicles shall possess at least one biohazard waste bag and one biohazard sharps container for use at their respective scenes.
 5. All department approved first aid kits shall contain at least one biohazard syringe tube and one biohazard waste bag.
- vi. Work Practice Controls
1. Double gloving is another means of preventing contamination of sensitive equipment. Two pairs of latex or nitrile gloves should be donned at crime scenes. Then, when sensitive equipment (e.g., a camera or computer) must be handled, the outer pair of gloves is removed. A new pair is donned upon completion of the task requiring use of the sensitive equipment.
- c. Evidence Reception
- i. Exposure Potential
1. Generally, there should be no exposure potential, provided the evidence has been properly packaged prior to its delivery to a FSD crime laboratory. Please refer to the FSD Syringe and Evidence Acceptance Manual which outlines proper packaging protocols.
 2. In cases where evidence has not been properly packaged or has contaminated packaging, the exposure potential should be minimal, such that only gloves should be necessary to protect the lab members.
- ii. PPE
1. Latex or nitrile gloves, **REQUIRED** in cases where the evidence is visibly contaminated and not packaged or the evidence packaging is visibly contaminated with blood or other potentially infectious material.
 2. Lab coat (for FSD members only), **NOT REQUIRED** but available.
 3. Safety glasses and a face mask covering the nose and mouth, **NOT REQUIRED** but available.
 4. Face shield, **NOT REQUIRED** but available.
 5. Disposable protective clothing (Tyvek® or similar suit), **NOT REQUIRED** but available.
 6. Shoe/Boot covers, **NOT REQUIRED** but available.
- iii. Maintenance and Disinfection
1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 of this manual regarding housekeeping and waste disposal.
 2. Storage and Disposal
 - a. See Section 1.3 of this manual regarding use, storage, cleaning, and disposal of PPE.

iv. Engineering Controls

1. Individual biohazard sharps containers, for packaging of inappropriately packaged syringes, that are presented for analysis should be available at the reception area of all FSD crime laboratories.
2. At least one biohazard waste bag should be available for use as needed in the evidence reception area of all FSD crime laboratories.

v. Work Practice Controls

1. To limit FSD member exposure to blood and other potentially infectious material during the reception of evidence, members are encouraged to inspect evidence prior to its receipt. Evidence that is improperly packaged should not be received until it is appropriately packaged to contain the blood and/or other potentially infectious contaminated material. When improperly packaged evidence is presented for FSD receipt, FSD members may offer appropriate PPE (i.e., latex or nitrile gloves) and packaging materials for use by the delivering agency so that the evidence may be properly packaged. Please refer to the FSD Syringe and Evidence Acceptance Manual which outlines proper packaging protocols.
2. Where possible, lab members shall not handle evidence and/or evidence packaging in the evidence reception area that is visibly contaminated with blood or other potentially infectious material. If it is absolutely necessary to do so, members shall don gloves prior to such handling evidence and/or evidence packaging.
3. Members shall exercise care when carrying biohazard contaminated evidence, especially items identified as sharps (i.e., knives, syringes, etc.). Improper handling of such items, when not properly packaged by the client agency, may cause a parenteral exposure to a biohazardous substance.

d. Working with Blood or Other Potentially Infectious Contaminated Material

- i. Exposure Potential. Potential ranges from no exposure to blood or other potentially infectious material to potentially significant skin and/or mucous membrane contact. Potential also includes parenteral contact from blood or other potentially infectious material via contaminated sharps (e.g., knives, syringes, etc.).
- ii. PPE
 1. Latex or nitrile gloves, **REQUIRED**.
 2. Lab coat (for FSD members only), **REQUIRED**.
 3. Safety glasses and a face mask covering the nose and mouth, **AS NECESSARY**, when there is a potential for splash or splatter of dried or liquid blood or other potentially infectious material to the eyes and/or mucous membranes (i.e., nose or mouth).
 4. Face shield, **AS NECESSARY**, may be used in lieu of a face mask and safety glasses.

5. Disposable protective clothing (Tyvek® or similar suit), **AS NECESSARY**.
 6. Shoe/Boot covers, **AS NECESSARY**.
- iii. Maintenance and Disinfection
 1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 of this manual regarding housekeeping and waste disposal.
 2. All lab coats are to be placed into a biohazard laundry container at the end of the day or task, or (for units where the lab coat is considered a daily form of protection from blood and other potentially infectious material exposure) upon visible contamination with blood or other potentially infectious material. Lab coats should be appropriately cleaned and disinfected by a contractor specified by each worksite. Each worksite should ensure that the contractor has a blood-borne pathogens plan in place.
 - iv. Storage and Disposal
 1. See Section 1.3 of this manual regarding use, storage, cleaning, and disposal of PPE.
 - v. Work Practice Controls
 1. Empty chemical containers shall not be used as biohazard sharps containers.
 2. FSD members shall comply with the FSD Waste Disposal Program when disposing of biohazards. It is recommended that only biohazard material be disposed of in a biohazard container. As this type of waste is costly, members are encouraged to appropriately segregate waste prior to disposal. Non-contaminated waste should be disposed of as trash.
 3. Chemicals and chemical containers not determined to be a biohazard waste shall not be disposed of in biohazard containers.
- e. Working at Autopsies
- i. Exposure Potential
 1. Potential ranges from no exposure to blood or other potentially infectious material to potentially significant skin and/or mucous membrane contact. Potential also includes parenteral contact from blood or other potentially infectious material via contaminated sharps (e.g., knives, syringes, etc.).
 - ii. PPE
 1. The following PPE selection criteria apply when working (i.e., physically in the room where the autopsy is being performed) at an autopsy. **Note:** Such PPE may either be supplied by the facility performing the autopsy or by the department. Members relying on the use of an agency other than the MSP to supply PPE should confirm its availability prior to departing for the autopsy. Such PPE is not necessary if only attending an autopsy and not actually in the room, at any time, where the autopsy is being performed:

- a) Latex or nitrile gloves, **REQUIRED**.
 - b) Safety glasses and a face mask covering the nose and mouth, **AS NECESSARY**.
 - c) Face shield, **AS NECESSARY**, may be used in lieu of a face mask and safety glasses.
 - d) Disposable protective clothing (Tyvek® or similar suit), **AS NECESSARY**.
 - e) Shoe/Boot Covers, **AS NECESSARY**.
- iii. Maintenance and Disinfection
 - 1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 of this manual regarding housekeeping and waste disposal.
- iv. Storage and Disposal
 - 1. See Section 1.3 of this manual regarding use, storage, cleaning, and disposal of PPE.
- f. Handling of Fingerprint Cards
 - i. Exposure Potential
 - 1. Generally, the only exposure potential occurs from handling print cards that have been contaminated with blood or other potentially infectious material when collected at a crime scene or an autopsy.
 - ii. PPE
 - 1. Latex or nitrile gloves, **REQUIRED** in cases where the evidence is contaminated and not packaged as directed by this plan or the evidence packaging is contaminated with blood or other potentially infectious material.
 - 2. Lab coat, **NOT REQUIRED** but available.
 - 3. Safety glasses and a face mask covering the nose and mouth, **NOT REQUIRED** but available.
 - 4. Face shield, **NOT REQUIRED** but available.
 - 5. Disposable protective clothing (Tyvek® or similar suit), **NOT REQUIRED** but available.
 - 6. Shoe/Boot covers, **NOT REQUIRED** but available.
 - iii. Maintenance and Disinfection
 - 1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 of this manual regarding housekeeping and waste disposal.
 - iv. Storage and Disposal
 - 1. See Section 1.3 of this manual regarding use, storage, cleaning, and disposal of PPE.

v. Engineering Controls

1. Fingerprint cards contaminated with blood or other potentially infectious material may be examined at a member's workstation, only if the card has been disinfected, heat sealed in plastic, or placed in a plastic protective cover used for papers.

vi. Work Practices

1. Members shall don latex or nitrile gloves prior to handling blood or other potentially infectious material contaminated fingerprint cards.
2. All PPE shall be removed in the area of use prior to proceeding to any other task or area.

g. Cleaning/Disinfecting Blood and Other Potentially Infectious Material Contaminated Bullets

i. Exposure Potential

1. Generally, exposure potential occurs from handling the contaminated bullet and the method used to clean and disinfect the bullet for examination.

ii. PPE

1. Latex or nitrile gloves, **REQUIRED**.
2. Lab coat, **REQUIRED**.
3. Safety glasses and a face mask covering the nose and mouth, **NOT REQUIRED** but available.
4. Face shield, **NOT REQUIRED** but available.
5. Disposable protective clothing (Tyvek® or similar suit), **NOT REQUIRED** but available.
6. Shoe/Boot covers, **NOT REQUIRED** but available

iii. Maintenance and Disinfection

1. See Section 1.3 of this manual regarding cleaning and disposal of PPE and Section 1.5 of this manual regarding housekeeping and waste disposal.

iv. Storage and Disposal

1. See Section 1.3 of this manual regarding use, storage, cleaning, and disposal of PPE.

v. Work Practices

1. Members shall don latex or nitrile gloves prior to handling blood or other potentially infectious material contaminated bullets.
2. Bullets contaminated with blood or other potentially infectious material shall be cleaned and/or disinfected by using a brush or ultrasonic to clean the bullet while it is submerged under the cleaner or disinfectant. If ultrasonic is used, a

cover is to be placed over the tank to prevent release of any aerosol. An aerosol shall not be generated, under any circumstances, during the cleaning and/or disinfection process of the bullet.

3. All PPE shall be removed in the area of use prior to proceeding to any other task or area.

1.5 Housekeeping and Waste Disposal

- a. All equipment and surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious material. Gross contamination must be cleaned up prior to decontamination in order to ensure disinfection is effective. Members shall clean and decontaminate work surfaces:
 - i. After the completion of a case or work task
 - ii. Immediately (or as soon as feasible) when the surface(s) become contaminated.
 - iii. After any spill of blood or other potentially infectious material.
- b. Spills of Blood or Other Potentially Infectious Material. Clean up spills of blood or other potentially infectious material as soon as possible. The following considerations shall be made when treating and removing a spill of infectious material.
 - i. Wear appropriate PPE when cleaning up spills.
 - ii. Spills should be covered with an absorbent material (it is recommended to add a disinfectant to the absorbent material if it does not contain one), wiped up, and disposed of in a biohazard bag.
 - iii. Surfaces should be wiped down with an appropriate disinfectant following a spill. It is important to follow the manufacturer's instructions for contact time. Bleach and water solutions should be allowed to air dry.
- c. Servicing or Shipping Contaminated Equipment and Vehicles
 - i. Equipment, instrumentation, and vehicles that may become contaminated with blood or other potentially infectious material shall be examined before servicing by an off-site vendor, or shipping off-site, and shall be decontaminated as necessary unless it can be demonstrated that decontamination is not feasible.
 - ii. Each worksite shall have prior arrangements made with a professional vehicle cleaning company that is capable of cleaning biohazardous materials. If a vehicle becomes contaminated with blood or other potentially infectious material:
 1. Immediately notify the shift or unit supervisor (as appropriate).
 2. Write the exposure on the vehicle board.
 3. Remove the vehicle from service until it has been properly decontaminated. Label the front, rear, and side windows with biohazard stickers. Tape a completed copy of a [PD-047, Blood-borne Infectious Diseases Equipment Repair Safety Notice](#), to a location not contaminated with blood or other potentially infectious material (ideally, the driver's side window), if the vehicle will be

served by an off-site vendor. A copy of this form shall be forwarded to the HRD Disability Management Section for record keeping.

4. Do not attempt to remove items from the vehicle (e.g., seat cushions) that are contaminated with blood or other potentially infectious material.
- iii. A completed PD-047 shall be attached to equipment prior to repair or service by an off-site vendor, relocation, or salvage/destruction. A copy of this form shall be forwarded to the HRD Disability Management Section for record keeping.
- iv. If it can be demonstrated that decontamination of some, or all portions, of the equipment is not possible, then the following steps shall be taken.
 1. The PD-047 shall list all portions of the equipment that remain contaminated with blood or other potentially infectious material.
 2. A biohazard warning label shall be affixed as near the contaminated area(s) as possible.
 3. All affected members, the equipment manufacturer, and the equipment service representative shall be informed of any remaining biohazard contamination prior to handling, servicing, or shipping.

d. Biohazard Spill Response

- i. A biohazard spill occurs anytime there is an unplanned release of potentially infectious material into the work environment. Proper response to these incidents can ensure department members and community safety while eliminating environmental contamination.
 1. Each work group that has a potential for a biohazard spill should have sufficient and appropriate spill cleanup materials available to respond to the largest anticipated spill for the area. The basic items that should be included in a kit are:
 - a) Glove: nitrile or latex (multiple pairs)
 - b) Splash goggles
 - c) Absorbent material (a product containing a disinfectant is preferred, e.g., ChloraSorb)
 - d) Absorbent towels
 - e) Disinfectant (EPA registered tuberculocidal product or a product effective for destruction of HIV and hepatitis B virus, i.e., 1:100-to-1:10 bleach-in-water solution)
 - f) Mechanical tools (e.g., forceps, dustpan, plastic scrapers, etc.)
 - g) Biohazard bags
 - h) Tyvek® suit
 - i) Sharps container

- ii. Adopting a Biohazard Spill Response Procedure. Biohazard spills can happen in a number of different situations. When developing or adopting a spill procedure, assure that it is appropriate for your work area's specific needs. In addition, the following principles should be kept in mind.
 - 1. Minimize the spill responder's risk of exposure to both biological and chemical hazards. Eliminate unnecessary handling of the disinfectants (particularly in concentrated form) and spilled material. Prior to using a disinfectant, review the manufacturer's recommendations and Material Safety Data Sheet to assure safe and appropriate use of the product.
 - 2. Follow prescribed contact times and concentrations for disinfectants. These parameters are critical to the effectiveness of these products.
 - 3. Be prepared
 - a) Supervisors must provide or arrange for training for all affected members regarding spill protocol. Ensure spill materials are available and accessible.
- iii. SAMPLE Biohazard Spill Procedure
 - 1. This protocol is for small quantities (less than 10 milliliters or barely enough material to flow) of low-risk materials, such as stock microbiological cultures of known origin, with minimal risk to humans. This procedure is applicable to spills on a nonporous surface such as a tile floor or concrete floor.
 - a) Notify others working in the area of the hazard present. Notify your supervisor or designee so that he/she may supervise and assist with the response if necessary.
 - b) Gather all necessary spill materials and review spill procedure before proceeding with cleanup.
 - c) At a minimum, wear gloves and eye protection (safety goggles) for spill cleanup activities.
 - d) If applicable, using mechanical device, pick up any contaminated sharp items (needles, broken glass, etc.) and place them in an approved biohazards sharps container for disposal.
 - e) Cover the spill with an absorbent material (e.g., ChloroSorb, SSS Clean-up Powder, etc.).
 - f) If the absorbent material does not contain a disinfectant, spray the absorbent material with an appropriate disinfectant.
 - g) Remove the absorbent material by using a mechanical means (i.e., dustpan and broom, plastic scrapers) and deposit it along with the mechanical tool into a biohazard waste bag.
 - h) Spray the spill area with disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
 - i) Remove residual disinfectant with paper towels. Dispose of the towels in the biohazard bag.

- j) Spray the spill area again and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions) for full disinfection.
- k) Remove residual disinfectant with paper towels. Dispose of the towels in the biohazard bag.
- l) Remove your gloves and place them in the biohazard bag for disposal. Close the bag and place it in a biohazard waste receptacle. Remember to wash your hands after glove removal.
- m) Return spill materials/spill kit to designated location. Notify others in the work area that the spill cleanup is complete.

iv. Treatment of Solid, Non-Porous Contaminated Items (e.g., glassware, lab utensils, etc.)

- 1. Spray the item with disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
- 2. Remove the contamination by wiping down the item with a paper towel.
- 3. Reapply the disinfectant and allow a 10-minute contact time (or as recommended by the disinfectant manufacturer's instructions).
- 4. Remove excess disinfectant with a paper towel and allow to air dry.
- 5. If the treated surface is one that people will come in contact with (such as a toilet, faucet handles, etc.), assure that ALL disinfectant is removed from the surface. Most disinfectants are corrosive and can cause irritation if they come in contact with the skin.

v. Treatment of Porous Contaminated Surfaces (e.g., fabric items, clothing, etc.)

- 1. If the item is provided by the State of Michigan or by a commercial laundry service (such as a lab coat, uniform, etc.), contain it in a biohazard bag for collection and decontamination by the laundry service.
- 2. If the item is a personal item and is heavily contaminated, immediately remove the item and contain it in a biohazard bag identified with the member's name for collection and decontamination by the laundry service.

vi. When Members Should Not Clean Up a Biohazard Spill

- 1. In some situations, it may not be appropriate for members to clean up a biohazard spill. This may be the case if:
 - a) A member has not received training in biohazard spill clean-up.
 - b) Appropriate spill materials are not available.
 - c) The spill is a combined hazard spill (i.e., chemical and biohazard).
 - d) The spill is too large to be handled by staff members. In these situations, members should take the following primary response steps.
 - a. Notify others in the work area of the spill.
 - b. Close off the area where the spill is located.

- c. Call the designated spill responders (custodial staff, safety officer etc.).
 - d. Keep others out of the spill area until responders arrive, and the spill hazard removed.
 - e. Biohazard Waste
 - i. Waste Containers
 - 1. Biohazard waste containers shall be closable, leak-proof, and either color coded (i.e., red, or fluorescent orange or orange red) or properly labeled as a biohazard.
 - 2. Routinely inspect, clean, and properly decontaminate when visibly contaminated all biohazard waste pails, bins, cans, and other waste receptacles.
 - 3. All biohazard waste pails, bins, cans, and other waste receptacles shall also be disinfected when the plastic liner is replaced.
 - a) Containers for regulated waste should be placed as close as possible to the source of the waste.
 - b) Maintain waste containers in an upright position and do not overfill.
 - c) Close container(s) of regulated waste when not in use and prior to disposal or transportation.
 - ii. Waste Disposal
 - 1. Per the [MMWR Act](#), biohazard waste shall not be held in the work area for more than 90 days.
- f. Crime Scene and Emergency Response Equipment. All crime scene and emergency response equipment that may have become potentially contaminated with blood or other potentially infectious material shall be appropriately disinfected. This may be done at the crime scene or at the worksite. If decontamination is to occur at the worksite, all such equipment shall be transported in properly labeled biohazard containers.
- g. Laundry
 - i. The department shall launder, free of charge to all members covered by this plan, all work clothing and reusable personal protective clothing used for preventing exposure to blood or other potentially infectious material. This service shall also be offered for any personal clothing that becomes contaminated with blood or other potentially infectious material.
 - ii. Each member is responsible for inspecting their biohazard contaminated laundry to verify that it is free of sharps and other hazardous materials prior to placement in the hamper and shipment to the laundry vendor.
 - iii. Biohazard contaminated laundry shall be handled as little as possible.
 - iv. Biohazard contaminated laundry shall be placed in a plastic biohazard bag, red laundry bag, or other appropriate container as provided by the laundry vendor.

- v. Laundry contaminated with wet blood or other potentially infectious material shall be placed in a leak-proof and labeled or color coded (e.g., red, or fluorescent orange or orange red) containers prior to transport. Biohazard waste bags are sufficient for this purpose.
 - vi. Each worksite commander is responsible for establishing a contract with a laundry service/dry cleaner that is capable of cleaning biohazard contaminated laundry.
- h. Disinfecting Agents
 - i. The following agents may be used to disinfect surfaces and equipment reasonably anticipated to be contaminated with blood or other potentially infectious material.
 - 1. An EPA-registered Tuberculocidal Agent. Simple germicidal cleaning agents are insufficient for the intended purpose.
 - 2. Bleach-and-water solution. This solution, per the Centers for Disease Control and Prevention (CDC) recommendations and OSHA/MIOSHA enforcement shall be made fresh daily. When made, it should be placed in opaque plastic containers. The recommended concentration can be as low as 1:100 bleach in water (as this is less corrosive to items). For heavy blood or other potentially infectious material contamination, the concentration should not exceed a concentration of 1:10 bleach in water.
 - 3. For questions regarding appropriate agents for the disinfection of blood or other potentially infectious material-contaminated surfaces or equipment, contact the HRD Disability Management Section or FSD Health and Safety Officer (as appropriate).

1.6 Hepatitis B Virus Vaccinations

- a. The Hepatitis B vaccine series shall be made available to all members covered by this plan (i.e., “Category A” members).
- b. The HRD Disability Management Section shall ensure that the health care professional who is responsible for the Hepatitis B vaccination is provided with a copy of these rules and appendices.
- c. If a “Category A” member initially declines the Hepatitis B vaccination series, a declination statement will be signed by the member and maintained by the Disability Management Section of HRD. If a member decides to accept the series at a later date, the department shall provide the series at that time.
- d. Hepatitis B vaccines will be provided by local county health departments or other designated medical care providers.
- e. Prior to receiving the Hepatitis B vaccination series, a member may request antibody testing.
- f. With the exception of those “Category A” members considered to have exposure to blood or other potentially infectious material only as a collateral duty (i.e., not due to their primary job functions or tasks), the Hepatitis B vaccine and/or antibody testing shall be offered to “Category A” members within ten (10) days of the first day of employment with the department and after completion of the training required by this plan.

- g. Members considered to have exposure to blood or other potentially infectious material because of the performance of collateral duties (i.e., State Property Security Officers and civilian members who have been officially designated to provide first aid to the department), shall be provided the Hepatitis B vaccine under the following circumstances.
 - i. When the member is reassigned to a position where exposure to blood or other potentially infectious material is anticipated as a primary job responsibility (i.e., the exposure is not anticipated solely due to collateral duty provision of first aid).
 - ii. When the member renders first aid at an incident involving blood other than their own.
 - 1. The member must immediately report all first aid incidents involving the presence of blood or other potentially infectious material to the worksite commander or unit supervisor (as appropriate) as well as the HRD Disability Management Section on the [SOM Workers' Compensation Claim form](#).
 - 2. In this circumstance, the Hepatitis B vaccine series shall be made available to all unvaccinated collateral duty first aid responders per the following time frames.
 - a) If an exposure incident occurred during the rendering of first aid, the vaccine series shall be offered at the time of medical evaluation and/or treatment.
 - b) Otherwise, if no exposure incident occurred, the vaccine series shall be made available as soon as possible, but no later than 24 hours after the event.
 - 3. While the provision of the Hepatitis B vaccine series may be postponed for collateral duty members, such members must still be provided the remaining protections of this plan. Such protections include provision of training, personal protective equipment (PPE), and medical evaluations.
 - iii. Hepatitis B vaccination is encouraged for all "Category A" members, unless:
 - 1. Documentation exists that the member previously completed the vaccine series.
 - 2. Antibody testing reveals that the member is immune to hepatitis B.
 - 3. Medical evaluation indicates that the vaccine is not recommended.
 - iv. The worksite commander or unit supervisor (as appropriate) shall provide a copy of the [PD-046, Hepatitis B Vaccination Request/Waiver/History form](#), to the member for completion on the first day of employment. This form must be completed if the member requests, declines, or has previously received the vaccine from another employer. The form shall be completed and forwarded to the HRD Disability Management Section for appropriate action and record keeping.
 - v. Currently, the CDC does not recommend booster doses of the Hepatitis B Virus (HBV) vaccine or periodic immunity testing. Should such a recommendation be rendered, this plan shall be modified to reflect the change and the booster dose(s) shall be offered to all appropriate members.

- vi. HBV antibody testing shall be made available to all members completing their HBV vaccination series while employed with the department.
 - 1. Requests for such testing shall be submitted by members to the HRD Disability Management Section within two months after the completion of the third dose of the HBV vaccine.
 - 2. No further action shall be taken for members that have developed an adequate level of antibodies.
 - 3. The department shall follow the current CDC recommendations regarding this issue for members who have failed to develop an adequate level of antibodies.
- vii. Should a member not develop an adequate antibody response after completing the course of action recommended by the CDC mentioned above, the member shall be considered susceptible to HBV infection. The member shall also be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBV-positive blood.

1.7 Exposure Procedures and Post-Exposure Prophylaxis

- a. Exposure Procedure. This section details exposure procedures to be followed when someone else's blood or other potentially infectious material contacts a member's intact skin surface, personal clothing, or uniform.
 - i. Intact Skin Exposure to Blood or Other Potentially Infectious Material.
 - 1. Immediately cease all work activity.
 - 2. Proceed to wash off the exposed skin using soap and water.
 - 3. Report the incident to the worksite commander or unit supervisor (as appropriate)
 - 4. The worksite commander or unit supervisor (as appropriate), together with the member, shall complete the PD-048, Blood-borne Pathogens Exposure Analysis form, and return it in person or fax (517-241-1480) it to the HRD Disability Management Section or FSD Health and Safety Officer (as appropriate) by the end of the workday.
 - ii. Personal Clothing or Uniform Exposure to Blood or Other Potentially Infectious Material
 - 1. Immediately cease all work activity.
 - 2. Remove contaminated clothing in such a way so as not to further contaminate yourself and don replacement clothing item(s). Containerize the contaminated clothing for transportation to employer provided laundry facility for cleaning per requirements in Section 27.7.5.G.
 - 3. Report the incident to the worksite commander or unit supervisor (as appropriate).
 - 4. The worksite commander or unit supervisor (as appropriate), together with the member, shall complete the PD-048 and return it in person or fax (517-241-

1480) it to the HRD Disability Management Section or FSD Health and Safety Officer (as appropriate) by the end of the workday.

- iii. The HRD Disability Management Section or FSD Health and Safety Officer (as appropriate) shall evaluate such exposures to determine their cause and suggest possible preventive measures.
- b. Exposure Incident Procedures. An exposure incident results from the performance of a member's duties and involves the contact of blood or other potentially infectious material (other than their own) with mucous membranes (e.g., eyes, mouth, or nose), non-intact skin (e.g., abraded, chapped, cut, or otherwise injured), or parenteral exposure (e.g., a needle stick, knife wound, etc.).
 - i. Exposure Incidents in a Worksite
 1. Immediately cease all work activity.
 2. Thoroughly flush the mucous membranes with water or wash the non-intact skin or wound with soap and water.
 3. Report the incident to the worksite commander or unit supervisor (as appropriate), as well as the HRD Disability Management Section at 517-284-3174 and the FSD Health and Safety Officer (for FSD members). Leave a voice-mail message if calling after business hours.
 4. The worksite commander or unit supervisor (as appropriate), together with the member, shall complete the PD-048 and return by fax the completed form to the HRD Disability Management Section at 517-241-1480 or FSD Health and Safety Officer (as appropriate).
 5. Upon receiving approval from the worksite commander or unit supervisor (as appropriate), proceed to recommended worksite medical care provider for appropriate medical evaluation and/or treatment.
 6. If the exposure incident involves enlisted or Commercial Vehicle Enforcement Division members, a copy of the First Responder Provider Request for HIV and/or Hepatitis B Testing of Emergency Patient [\[DCH-1179\(E\)\]](#) or the Officer/Employee Request for HIV, Hepatitis B and/or Hepatitis C Testing of Arrestee, Correctional Facility Inmate, Parolee, or Probationer [\[DCH-1169\(E\)\]](#) should also be provided.
 7. Complete the SOM Workers' Compensation Claim form and return it to the HRD Disability Management Section. The form is located on the MSP Intranet, Official Forms site.
 - ii. Exposure incidents at accident scenes, crime scenes, autopsies, and remote worksites follow the protocols specified for exposure incidents in a worksite, except:
 1. If the member is within a reasonable distance (i.e., arrival time less than two hours) from the incident occurrence, the member should proceed to the recommended worksite medical care provider for appropriate medical evaluation and/or treatment.

2. If the member cannot get to the recommended worksite medical care provider within two hours of the occurrence of the incident, either:
 - a) Contact the nearest MSP post to identify the post recommended medical care provider and report to that facility.
 - b) Report to the nearest hospital emergency room.
 3. All subsequent visits shall be conducted at the member's recommended worksite medical care provider.
- c. Post-Exposure Prophylaxis. Members experiencing an exposure incident shall be offered post exposure prophylaxis by a licensed medical care provider following recommendations from the CDC. Such prophylaxis shall include:
- i. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred using the PD-048.
 - ii. Source Individual
 1. If possible, the identity of the source individual shall be documented on the PD-048.
 2. The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV, HCV, and HIV infectivity. Three separate forms are used to obtain from an unwilling subject: Petition for Testing of Infectious Disease (MC72), Notice of Hearing on Petition for Testing of Infectious Disease (MC73), and Order Following Hearing on Petition for Testing of Infections Disease (MC74).

If consent is not obtained, the department shall establish that legally required consent cannot be obtained. If the source individual's consent is not required by law, their blood, if available, shall be tested and the results documented.
 3. If the source individual is already known to be infected with HBV, HCV, or HIV, testing need not be repeated.
 4. Results of the source individual's testing shall be made available to the exposed member, and the member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - iii. Collection and testing of the exposed member's blood or HBV, HCV, and HIV serological status shall include both of the following:
 1. The exposed member's blood shall be collected as soon as feasible and tested after consent is obtained.
 2. If the exposed member consents to baseline blood collection, but not to HIV testing at that time, the sample shall be preserved for not less than 90-days. If within the 90-days the member elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- iv. Post-exposure prophylaxis when medically indicated, as recommended by the CDC.
 - v. Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law.
 - vi. An evaluation of reported illnesses.
- d. Information Provided to Healthcare Professional
- i. Worksite commanders or unit supervisors (as appropriate) shall ensure that the health care professional who evaluates a member after an exposure incident is provided with all the following information (which is accomplished by properly and promptly completing the PD-048.
 - 1. A description of the affected member's duties as they relate to the member's exposure incident.
 - 2. Documentation of the route or routes of exposure and the circumstances under which exposure occurred.
 - 3. A description of any personal protective equipment used or to be used.
 - 4. Results of the source individual's blood testing, if available.
 - ii. The HRD Disability Management Section shall ensure that the health care professional who evaluates a member after an exposure incident is provided with all medical records which are relevant to the appropriate treatment of the member, including vaccination status, and which are the employer's responsibility to maintain.

1.8 Healthcare Professional's Written Opinion

For each medical evaluation pursuant to an exposure incident, the Disability Management Section shall obtain and provide the member with a copy of the evaluating healthcare professional's written opinion within 15 working days of the completion of the evaluation.

- a. The written opinions will be on the [PD-049, Healthcare Professional's Written Opinion for Hepatitis B Vaccination form](#), and [PD-050, Healthcare Professional's Written Opinion for Exposure Incidents form](#). The written opinion shall be limited to the following information:
- i. The health care professional's recommended limitations upon the member's use of personal protective clothing or equipment.
 - ii. Whether Hepatitis B vaccination is indicated for a member and if the member has received such vaccination.
 - iii. A statement that the member has been informed of the results of the medical evaluation and that the member has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material, and which require further evaluation or treatment. The written opinion obtained by the employer shall not reveal specific findings or diagnoses that are unrelated to the member's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.

- iv. Medical records that are required by these rules shall be maintained in accordance with the provisions of [MIOSHA Part 554](#), Blood-borne Infectious Diseases, Rule 15.

1.9 Confidentiality

- a. Generally, Michigan law protects the confidentiality of every person's HIV status, no matter how freely one has discussed personal HIV status in the past. The law protects such information whether it is written or spoken, electronically transmitted, learned by accident or on purpose, whether it is about another person's HIV status, medications or treatment, or knowledge of HIV testing. With few exceptions, it is against the law to talk about another person's HIV status without their express consent, whether HIV-positive or negative.
- b. If, as a result of their employment with the department, a member learns of the blood-borne infectious disease status (i.e., HIV, HBV, HCV, etc.) of someone, it is the member's responsibility to maintain the confidentiality of such information.
- c. The department makes no attempt to learn the blood-borne infectious disease status (e.g., HIV, HBV, HCV, etc.) of someone and its discussion in the workplace is forbidden.
- d. Any member who releases confidential information regarding the blood-borne infectious disease status of another person may be subject to disciplinary action.

1.10 Training and Information

- a. New Members. Training and information for new members who will have occupational exposure to blood-borne pathogens shall include the following topics:
 - i. MIOSHA's Blood-borne Infectious Diseases Standard.
 - ii. Epidemiology, symptoms and modes of transmission of blood-borne diseases including HIV, HBV, and HCV.
 - iii. Existence of other blood-borne diseases.
 - iv. The department's Blood-borne Infectious Disease Plan.
 - v. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material.
 - vi. A review of the use and limitations of methods that will prevent or reduce exposure, including engineering controls (including safer medical devices), work practice controls, and personal protective equipment.
 - vii. Selection and use of personal protective equipment including types available, proper use, limitations, location, removal, handling, decontamination, and disposal.
 - viii. Visual warning of biohazards including labels, signs, and color-coded containers.
 - ix. Proper procedures and materials involved in the cleanup of spills of potentially infectious materials.
 - x. Information on the Hepatitis B vaccine, including its availability, efficacy, safety, method of administration, benefits, and the department's vaccination plan.

- xi. Actions to take and persons to contact in an emergency involving blood or other potentially infectious material.
 - xii. Procedures to follow if an exposure incident occurs, including incident reporting. Filling out [a PD-051, Collateral Duty First Aid Report Involving Blood or OPIM \(Other Potentially Infectious Material\)](#) form.
 - xiii. Post-exposure evaluation and follow-up including medical consultation.
 - xiv. Recommendations specific to a particular department and unique threats posed by potentially infectious materials in that department.
 - xv. Site-specific training regarding location of PPE and emergency equipment must be completed in each unit. This training shall be provided by the member's immediate supervisor or designee.
- b. Additional and/or Refresher Training
 - i. Refresher training shall be conducted annually for all "Category A" members during First Aid Training. Such training may be limited to any modifications in the exposure control plan and changes in regulations, technology, and/or procedures.
 - ii. Additional training shall be provided whenever tasks or procedures are modified or newly assigned such that there is a significant change in the exposure or exposure potential.
 - c. Opportunities for members to ask questions will be provided.
 - d. Training materials are available from the Organizational Development Division and/or the FSD Health and Safety Officer.

1.11 Labels

- a. Biohazard labels shall be fluorescent orange or orange-red or predominately orange or orange-red, with lettering or symbols in a contrasting color.
- b. Biohazard labels shall include the word "BIOHAZARD" and the international symbol for biohazards. An example of this label follows.



- c. Biohazard warning labels shall be affixed to containers of regulated waste, refrigerators and freezers that contain blood or other potentially infectious material, and other containers that are used to store or transport blood or other potentially infectious material.
 - i. Red bags or red containers may be substituted for biohazard labels.

- ii. Containers of blood, blood components, or blood products which are labeled as such and have been released for transfusion, or other clinical use, are exempted from labeling requirements.
- d. Labels shall either be an integral part of the container or affixed as close as safely possible to the container by string, wire, or adhesive or by another method that prevents the loss of labels or the unintentional removal of labels.
- e. Individual containers of blood or other potentially infectious material that are placed in a biohazard labeled container for storage, transport, shipment, or disposal are exempted from labeling requirements.
- f. Labels required for contaminated equipment shall meet the provisions of this section and shall also describe which portions of the equipment remain contaminated.
- g. Regulated waste that has been decontaminated need not be labeled or color coded.
- h. Members are to notify their worksite commander or unit supervisor (as appropriate) if they discover containers or equipment, evidence, or any other items containing or contaminated with blood or other potentially infectious material that have not been properly labeled.

1.12 Recordkeeping

- a. Records associated with member exposure shall be maintained for not less than 30 years per MIOSHA Part 470, Employee Medical Records and Trade Secrets.
- b. Records associated with member medical information (e.g., [PD-046](#), Blood-Borne Infectious Diseases HBV Vaccination Request Waiver History Form, shall be maintained for not less than the duration of employment plus 30 years per MIOSHA Part 470, Employee Medical Records and Trade Secrets.
- c. The HRD Disability Management Section is responsible for the retention of all required confidential medical records.
- d. A member's medical records are provided upon request of the member or to anyone having written consent of the member within 15 working days. Such requests should be sent to the HRD Disability Management Section.
- e. Sharps Injury Log. A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log is recorded and maintained to protect the confidentiality of the injured member. The HRD Disability Management Section is responsible for the maintenance of the log. The log includes:
 - i. Type and brand of device involved in the injury.
 - ii. Unit or work area where the exposure incident occurred.
 - iii. An explanation of how the incident occurred.
- f. Training Records: Training records are generated upon completion of training. These documents will be kept at the worksite for a period of one to three years. Records for individual members will be forwarded to the HRD Disability Management Section at the end of this period for retention in the member's personnel file.

Training records include:

- i. Date of the training session.
- ii. Content or summary of the training session.
- iii. Name(s) and qualifications of the person(s) conducting the training.
- iv. Names of the members attending the training session.

Review Responsibility:

Field Support Bureau, Field Operations Bureau, and Executive Operations;
EMHSD, Intelligence Operations, Organizational Development Division, CVED,
and Human Resources Division

Accreditation Standards:

CALEA