



MAINE STATE POLICE GENERAL ORDER

E-123

SUBJECT: MAINE STATE POLICE POLICY ESTABLISHING AN EXPOSURE CONTROL PLAN

EFFECTIVE DATE: 08.01.2020

EXPIRATION DATE: 08.01.2027

RECENT HISTORY: AMENDED (08.01.2020); AMENDED (08.13.2015); CONVERTED TO WEB FORMAT (07.29.2015); TECHNICAL AMENDMENT (WORD CORRECTION)(02.05.2014); TECHNICAL AMENDMENT (NUMERICAL REFERENCE CORRECTION)(01.21.2015); NEW; RESCINDS MSP GO E-79 (01.21.2015)

DISTRIBUTION CODE: 2 (MAY BE PUBLICLY DISCLOSED)

APPLICABILITY CODE: C, S, Z

SIGNATURE OF COLONEL:

A handwritten signature in black ink, appearing to read "W. B. R.", is written over a light blue rectangular background.

I. PURPOSE

1. The purpose of this policy is to establish the Exposure Control Plan (ECP) required by 29 C.F.R. § 1910.1030, "Bloodborne Pathogens" in order to ensure for the safety and well-being of Maine State Police (MSP) personnel.

II. POLICY

1. The policy of the Maine State Police is to minimize the exposure of MSP personnel to infectious diseases by establishing an effective Exposure Control Plan in accordance with 29 C.F.R. § 1910.1030, and to provide

appropriate treatment and follow up should an employee be exposed to an infectious disease while working.

III. DEFINITIONS

1. For the purposes of this General Order, the terms included in this section are defined as follows, unless otherwise indicated in the order.
 - A. None.

IV. PROCEDURE

1. GENERAL
 - A. The Maine State Police is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 C.F.R. § 1910.1030, "Occupational Exposure to Bloodborne Pathogens."
 - B. The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:
 1. Determination of employee exposure;
 2. Implementation of various methods of exposure control, including:
 - a. Universal precautions;
 - b. Engineering and work practice controls;
 - c. Personal protective equipment;
 - d. Procedures for contaminated items;
 - e. Hepatitis B vaccination;
 - f. Post-exposure evaluation and follow-up;
 - g. Communication of hazards to employees and training;
 - h. Record keeping ;
 - i. Procedures for evaluating circumstances surrounding exposure incidents;
 - j. Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.
 - C. MSP personnel who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

2. ADMINISTRATION OF ECP

- A. The Training Lieutenant is responsible for implementation of the ECP, and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- B. Each regional Troop/Unit Commander will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), biohazard labels, and red bags as required by the standard. The Troop/Unit Commander will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes and are available regionally.
- C. The employee's Troop/Unit Commander will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- D. The Training Lieutenant will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

3. EMPLOYEE EXPOSURE DETERMINATION

- A. *See Appendix H.*

4. METHODS OF IMPLEMENTATION AND CONTROL

- A. Universal Precautions
 - 1. All employees will utilize universal precautions.
 - 2. Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed during their annual refresher training.
 - 3. All employees can review this plan at any time during their work shifts by accessing the copy of the plan posted on the MSP intranet web_site. If requested, MSP will provide an employee with a paper copy of the ECP free of charge and within 15 days of the request.

5. ENGINEERING CONTROLS AND WORK PRACTICES

- A. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

1. The Troop Commander of each regional field troop barracks shall designate and mark an area for washing/decontaminating, sharps containers, and the storage of PPE and related decontamination and packaging supplies.
2. The Troop Commanders shall ensure that sharps disposal containers are inspected, maintained, and replaced as needed.
3. MSP identifies the need for changes in engineering controls and work practices through an annual review of job functions and tasks which may create a risk of exposure, on-going monitoring of injuries or incidents, and input from employees in various job functions.
4. MSP evaluates new procedures and new products as needs are identified by soliciting input and selecting products based on employee and OSHA/MDOL input.
5. Impacted employees throughout the Maine State Police are consulted and are involved in this evaluation process.
6. The Training Lieutenant is responsible for ensuring that these recommendations are implemented.

6. SPECIAL CONSIDERATIONS

- A. Law enforcement officers have a potential risk of exposure when interacting with suspects and searching clothing, vehicles, or other areas. This risk may be minimized by maintaining a safe distance when dealing with suspects, wearing protective gloves and/or search gloves and protective PPE when appropriate, and avoiding using hands to search areas which cannot be visually inspected.
- B. Handling, packaging, and processing of evidence shall be in accordance with established protocols and procedures. Any potentially infectious materials shall be clearly labeled with red 'biohazard' labels. When necessary, items shall be placed in leak- or puncture-proof containers.
- C. Employees shall wash all potentially exposed skin with disinfectant cleanser, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials. If washing facilities are not immediately available, employees shall wipe skin with germicidal wipes.
- D. Laboratory or other procedures involving blood or other potentially infectious materials shall be performed in accordance with established procedures and standards to minimize risk of exposure.

7. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- A. Appropriate PPE is provided at no cost to employees determined to have a risk of exposure. See Appendix A.

- B. Initial training in the use of the appropriate PPE for specific tasks or procedures is provided through the coordination of such training by the Training Lieutenant.
- C. PPE is issued to individuals with spare supplies located regionally at Troop field barracks and 36 Hospital St in Augusta. Additional or replacement items of PPE shall be ordered through Supply.
- D. All employees using PPE must adhere to the following:
 - 1. Wash hands or other exposed skin surfaces immediately or as soon as feasible after removing gloves or other PPE.
 - 2. Remove PPE after it becomes contaminated and before leaving the work area.
 - 3. Used PPE may be disposed of in red biohazard bags marked with biohazard label and discarded at a local hospital facility.
 - 4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
 - 5. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 - 6. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

8. PROCEDURES FOR POTENTIALLY CONTAMINATED ITEMS

- A. A supervisor shall be notified if equipment, uniforms, or other items are determined to have been contaminated. A determination shall be made whether the items are to be discarded or decontaminated. Discarded items shall be appropriately disposed. Equipment or other items that are not discarded shall be taken out of service until they are decontaminated. If these are not to be decontaminated immediately, items shall be placed in appropriate package and labeled with red biohazard labels.
- B. State Police headquarters shall maintain a list of current vendors that are available to clean uniforms, equipment, vehicles, and other equipment and items that are contaminated with blood or other potentially infectious materials.
- C. Contaminated sharps are to be discarded as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are issued to field personnel, and are also available at regional Troop locations and MSP Supply located at 36 Hospital Street Augusta. Additionally, sharps may be disposed of at local hospitals.

- D. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- E. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
- F. Uniforms or other clothing items may be decontaminated and laundered by identified vendors. A list of these vendors is available through State Police headquarters. Clothing items to be decontaminated should be handled as little as possible, with minimal agitation. Items should be placed in red biohazard bags and labeled with biohazard labels.

9. LABELS

- A. The following labeling methods are used by MSP:
 - 1. Potentially contaminated clothing or equipment shall be safely packaged and enclosed in a red bag clearly marked with biohazard label.
- B. Employees are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into any MSP work location.
- C. Employees are to notify their direct supervisors if they discover refrigerators containing blood or OPIM, contaminated equipment, or other containers or items that are not properly labeled.

10. HEPATITIS B VACCINATION

- A. The Training Lieutenant will provide training to all new employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.
- B. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.
- C. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of vaccination or declination shall be maintained by Human Resources.
- D. Vaccination will be coordinated through Human Resources.
- E. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will

be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

- F. The Training Lieutenant shall ensure health care professional(s) responsible for employee's hepatitis B vaccination are given a copy of OSHA's bloodborne pathogens standard.

11. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. **An employee who has been or may have been exposed to a bloodborne pathogen due to contact with blood or other bodily fluids shall seek IMMEDIATE treatment at a 24-hour emergency department or clinic capable of conducting any prophylactic testing and treatment that might be required.** A subsequent medical evaluation of the employee is to be conducted by the State's healthcare provider coordinated through Human Resources (Concentra).
- B. Should an exposure incident occur, an employee is to contact his or her immediate supervisor as soon as practicable.
- C. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) and medical evaluation/treatment, the following activities must be performed:
 - 1. The routes of exposure and how the exposure occurred shall be documented-;
 - 2. The source individual shall be identified, and his or her identification information, documented, unless the the Maine State Police can establish that identification is infeasible or prohibited by law-;
 - 3. The informed written consent of the source individual shall be sought to have that individual tested for bloodborne pathogens to determine potential infectious disease risk to the exposed employee. If such consent is given, then arrangements for the testing to occur shall be made. If such consent is withheld, then *see 22 MRSA § 832, Judicial consent to blood-borne pathogen test*;
 - 4. Once available, the source individual's test results shall be conveyed to the exposed employee's health care provider, and the provision of that information to the employee's health care provider shall be documented-;
 - 5. The source individual's test results and information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality) shall be provided to the employee-;
 - 6. With the prior consent of the exposed employee, that employee's blood shall be collected as soon as feasible after

the exposure incident, so that a baseline blood sample is obtained;

7. With the prior consent of the exposed employee, the collected blood shall be tested for appropriate serological status, in order to establish baseline results.

- a. If the exposed employee does not give consent for serological testing to occur, the baseline blood sample shall be preserved for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, the testing shall be arranged and performed as soon as feasible.

12. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. The Training Lieutenant shall ensure health care professional(s) responsible for employee's post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
- B. The employee's Commanding Officer shall also ensure that the health care professional evaluating an employee after an exposure incident receives the following:
 1. A description of the employee's job duties relevant to the exposure incident;
 2. Route(s) of exposure;
 3. Circumstances of exposure;
 4. If possible, results of the source individual's blood test;
 5. Relevant employee medical records, including vaccination status
 6. The employee's Commanding Officer shall ensure the employee is provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

The employee's Commanding Officer shall ensure the Training Lieutenant receives the information specified in 1 through 3 above in order to effectively evaluate the exposure incident.

1. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The Training Lieutenant will review the circumstances of all exposure incidents to determine:
 1. Engineering controls in use at the time;
 2. Work practices followed;

3. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
 4. Location of the incident
 5. Task or activity being performed when the incident occurred;
 6. Employee's training.
- B. The Training Lieutenant will record all injuries from contaminated sharps in a Maine State Police Sharps Injury Log.
 - C. If revisions to this ECP are necessary the Training Lieutenant will ensure that appropriate changes are made. (Changes may include an evaluation of safer equipment, adjusting the hazard analysis,, etc.).

2. EMPLOYEE TRAINING

- A. All employees who have risk of an occupational exposure to bloodborne pathogens receive initial and annual training coordinated by the Training Lieutenant.
- B. All employees who have risk of an occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
 1. A copy and explanation of the OSHA bloodborne pathogen standard;
 2. An explanation of the MSP ECP and how to obtain a copy;
 3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
 4. An explanation of the use and limitations of engineering controls, work practices, and PPE;
 5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
 6. An explanation of the basis for PPE selection;
 7. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
 8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
 9. In explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
11. An explanation of the signs and labels and/or color coding required by the standard and used by the MSP;
12. An opportunity for interactive questions and answers with the person conducting the training session.

C. Training materials for MSP are available at the Maine State Police Training Unit.

3. RECORDKEEPING

A. Training Records

1. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years the Maine State Police Training Unit, and consistent with the retention schedules for other such training records.
2. The training records include:
 - a. The dates of the training sessions;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualifications of persons conducting the training;
 - d. The names and job titles of all persons attending the training sessions
3. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Maine State Police Training Unit.

B. Medical Records

1. Medical records are maintained for each employee with occupational exposure in accordance with 29 C.F.R. § 1910.1020, "Access to Employee Exposure and Medical Records."
2. The Department of Administrative & Financial Services, Security & Employment Service Center is responsible for maintenance of the required medical records. These confidential records are kept in the personnel file of the employee to whom they correspond for at least the duration of employment plus 30 years.

3. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Maine State Police Counsel.

C. OSHA Record keeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Record keeping Requirements (29 C.F.R. § 1904). This determination and the recording activities are done by the Maine State Police Training Lieutenant.

D. Sharps Injury Log (Appendix G)

1. In addition to the 1904 Record keeping Requirements, all injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
 - a. Date of the injury;
 - b. Type and brand of the device or item involved;
 - c. Location where the incident occurred;
 - d. Explanation of how the incident occurred.
2. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

APPENDICES

APPENDIX A [RESERVED]

APPENDIX B: HEPATITIS B DECLINATION STATEMENT

APPENDIX C: EXPOSURE INCIDENT REPORT

APPENDIX D: POST-EXPOSURE EMPLOYEE EVALUATION DOCUMENTATION: INSTRUCTIONS FOR THE EVALUATING HEALTH CARE PROFESSIONAL

APPENDIX E: POST-EXPOSURE EMPLOYEE EVALUATION DOCUMENTATION: HEPATITIS B VACCINATION FINDINGS

APPENDIX F: POST-EXPOSURE EMPLOYEE EVALUATION DOCUMENTATION: INFORMATION PROVIDED TO EMPLOYEE

APPENDIX G: SHARPS INJURY LOG [TEMPLATE]

APPENDIX H: HAZARD ASSESSMENT

NOTICE

THIS GENERAL ORDER IS FOR USE OF THE MAINE STATE POLICE AND NOT FOR ANY OTHER AGENCY. THE GENERAL ORDER IS NOT

INTENDED TO BE RELIED UPON BY ANY OTHER INDIVIDUAL OR PRIVATE OR PUBLIC AGENCY. THE GENERAL ORDER EXPRESSLY DOES NOT CREATE, AND IS NOT INTENDED TO CREATE, A HIGHER LEGAL STANDARD OF SAFETY OR CARE IN AN EVIDENTIARY SENSE WITH RESPECT TO THIRD-PARTY CLAIMS. VIOLATIONS OF THIS ORDER ONLY MAY FORM THE BASIS FOR ADMINISTRATIVE SANCTIONS BY THE MAINE STATE POLICE.