



**DEPARTMENT OF PUBLIC SAFETY
POLICIES & PROCEDURES**



POLICY NUMBER OPR:12	
EFFECTIVE DATE : 05/24/06	ORIGINAL ISSUED ON: 09/15/92
REVISION : 2	

SUBJECT: EXPOSURE CONTROL PLAN

1.0 PURPOSE

The purpose and function of this policy is to provide DPS employees with guidelines for preventing the contraction of communicable diseases such as, but not limited to; hepatitis B virus (HBV) and human immunodeficiency virus (HIV) which results in the disease commonly known as AIDS. These guidelines also provide for the implementation of the requirements of OSHA Standard CFR 1910.1030 **Blood Borne Pathogens.**

2.0 APPLICABILITY

This policy is applicable to all commissioned officers of the Department of Public Safety and any other employee with the potential to be exposed, on the job, to human body fluids.

3.0 REFERENCES

A. CFR 1910.1030 Blood Borne Pathogens.

4.0 DEFINITIONS

A. Communicable Diseases – Those infectious illnesses that are transmitted through contact with the body fluids of an infected individual or deceased person.

B. Blood Borne Pathogens – Infectious diseases, such as HIV and HBV, which are present in human blood and which can be transmitted to another person via contact with infectious blood.

C. Other Potentially Infectious Material

1. The following human body fluids:

- a. Semen
- b. Vaginal Secretions
- c. Cerebrospinal Fluid
- d. Synovial Fluid
- f. Pleural Fluid
- g. Pericardial Fluid
- h. Peritoneal Fluid
- i. Amniotic Fluid
- j. Saliva in dental procedures
- k. Any body fluid that is visibly contaminated with blood, and

EXPOSURE CONTROL PLAN

- I. All body fluids where it is difficult or impossible to differentiate between fluids.
 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- D. Parenteral** – Piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, lacerations and abrasions.
- E. Appropriate Personal Protective Equipment** – Equipment and materials that do not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- F. Contaminated** – The presence or reasonably anticipated presence of blood or other potentially infectious body fluid or material on an item or surface.
- G. Decontamination** – The use of physical or chemical means to remove, inactivate or destroy potentially infectious body fluids on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface of the item is rendered safe for handling, use or disposal.
- H. Exposure Incident** – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- I. Occupational Exposure** – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potential infectious materials that may result from the performance of an employee's duties.
- J. Universal Precautions** – The term used to describe the practice in medicine of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as gloves, goggles, and face shields.
- K. Regulated Waste** – Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that could release blood or other infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials and are capable of releasing these materials during handling; contaminated sharps, and any other waste containing blood or other potentially infectious materials.

5.0 PROCEDURE

- A.** It is the responsibility of the department to ensure that its members are able to perform their duties in a safe and effective manner. The safe performance of daily operations has recently become threatened by life endangering communicable diseases. Therefore, it shall be the policy of this department to attempt to continuously provide employees with up-to-date safety procedures and communicable disease information that will assist in minimizing potential exposure, while increasing their understanding of the nature and potential risks of communicable diseases. The guidelines deal particularly with Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B Virus (HBV).
- B.** However, there is sufficient overlap designated to other specific contagious diseases that a more inclusive title has been selected. These guidelines are obviously not designed to address the full spectrum on communicable disease prevention but rather

EXPOSURE CONTROL PLAN

those that are similar to AIDS and HBV in their modes of transmission and of greatest concern to law enforcement officers and selected support personnel.

- C. The policy shall be that employees shall adhere to **Universal Precautions**. Universal Precautions is an approach to infection control. According to this concept, **ALL** human blood and certain other human body fluids are treated as if known to be infectious for HIV, HBV and other blood-borne pathogens.

D. Specifics

1. Communicable Disease Prevention - Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up:
 - a. Hepatitis B Vaccination shall be made available to all employees with occupational exposure at no cost to the employee according to the requirements.
 - b. Any employee refusing vaccination must sign the release found in Appendix A, Section 1910.1030 of the OSHA Standards.
 - c. Post exposure evaluation and follow-up shall be made immediately available following the report of an exposure incident as defined above, and shall follow the procedures and requirements of 1910.1030 (f) (3) through (6) in Appendix I of the OSHA Standards.
2. Communication of Hazards to Employees:
 - a. Labels and Signs
 1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials.
 2. Labels shall appear as follows:

Biohazard Label for Containers



3. Labels shall be fluorescent orange or orange red with lettering or symbols in a contrast color (see illustration above).
4. Labels shall be affixed as close as possible to the container by string, wire, adhesive or other method to prevent their loss or unintentional removal.
5. Red bags or red containers may be substituted for labels.
6. Individual containers of blood or other potentially infectious materials that are placed in another container for storage, shipping, transport, or disposal

EXPOSURE CONTROL PLAN

are exempt from the labeling requirement. The storage container used for the collection of individual containers must be labeled biohazard.

7. Labels required for contaminated equipment shall state which portion of the equipment is contaminated.
 8. Regulated waste that has been decontaminated need not be labeled or color coded.
- b. Employee Information and Training
1. All employees of the department who are identified as having occupational exposure will participate in a training program.
 2. Employees will be trained at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter.
 3. Additional training may occur when changes such as modification of tasks or procedures or when new tasks or procedures may affect employee's occupational exposure.
 4. At a minimum, the training for employees with occupational exposure will include;
 - a.) The location of an accessible copy of OSHA's Blood Borne Pathogen Standard 1910.1030 and an explanation of its content.
 - b. An explanation of the modes of transmission of blood borne disease.
 - c. A general explanation of the epidemiology and symptoms of blood borne disease.
 - d. An explanation of this exposure control plan and the location where an easily accessible, copy of the plan will be kept.
 - e. An explanation of methods employees may use to recognize tasks that may involve occupational exposure.
 - f. An explanation of the method and their limitations that will prevent, or reduce occupational exposure.
 - g. Information on the selection, limitations, storage location, decontamination and proper disposal of personal protective equipment.
 5. Information will be provided on Hepatitis B vaccine, including information on its effectiveness, safety, method of administration, benefits of vaccination, and that vaccine will be administered without cost to the employee.
 6. Information will be provided on appropriate actions and contact person in the event of an emergency involving blood or other potentially infectious materials.

EXPOSURE CONTROL PLAN

7. An explanation of proper procedures to follow if an exposure incident occurs; including reporting procedures and the medical follow-up that will be made available.
 8. Information on post exposure follow-up that the employer is required to provide.
 9. An opportunity for the employee to ask questions and obtain answers during the training.
- c. Personal Protective Equipment
1. In order to minimize potential exposure to communicable diseases, employees should assume that all persons, alive or deceased, are potential carriers of a communicable disease (i.e. **use Universal Precautions**).
 2. Appropriate personal protective equipment in the appropriate sizes will be provided at the work site for officers and other employees. If deemed appropriate, non-disposable multi-use equipment may be assigned to individual employees. This equipment shall be worn in occupational exposure situations.
 3. Cleaning, laundering or disposal of personal protective equipment will be provided by the department without cost to the employee.
 4. Disposable gloves shall be worn when handling any person, clothing or equipment potentially contaminated with body fluids.
 5. If possible, masks, protective eyewear and coveralls, lab coats or aprons shall be worn where body fluids are likely to be splashed on the employee.
 6. If possible, protective shoe coverings shall be worn where body fluids are likely to make contact with an employee's footwear, i.e. crime scene, accidental injuries, sickness or death.
 7. Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever an employee performs CPR or mouth-to-mouth resuscitation.
 8. When necessary, personal protective equipment will be repaired or replaced by the department.
- d. Work Practice Controls
1. All sharp instruments such as knives, scalpels, and needles shall be handled with extraordinary care and should be considered contaminated items.
 2. Employees shall not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area should be conducted, using a flashlight where necessary. The suspect may also be asked to remove such objects from his/her person.
 3. Needles shall not be recapped, sheared, bent, broken, removed from disposable syringes or otherwise manipulated by hand. Any exception must comply with 29 CFR 1910.1030 (d) (2) (vii).

EXPOSURE CONTROL PLAN

4. Needles shall be placed in a puncture resistant container when being collected for evidentiary or disposal purposes.
- e. Employees shall not smoke, eat, drink or apply lip balm and/or make-up around body fluid spills.
- f. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counters or bench tops where blood or other potentially infectious materials are present.
- g. Handling contact lenses is prohibited in work areas where there is a reasonable likelihood for occupational exposure.
- h. All activity involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets.
- i. Any evidence contaminated with body fluids will be dried, double bagged in paper bags and marked to identify potential or known communicable disease contamination.
- j. All equipment and environmental working surfaces shall be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.
 1. Work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; when surfaces are overtly contaminated; immediately or as soon as feasible after any spill of blood or other potentially infectious materials; and at the end of the work shift if contaminated since the last cleaning.
 2. Protective coverings such as plastic wrap, aluminum foil or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced at the end of the work shift or when they become overtly contaminated.
 3. All bins, cans and similar receptacles intended for re-use, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.
- k. Disinfection
 1. Any unprotected skin surface that comes into contact with body fluids shall, as soon as possible, be washed with hot running water and soap for fifteen (15) seconds before rinsing and drying. Alcohol or antiseptic towelettes may be used where soap and water are unavailable.
- l. Officers and other exposed employees should remove clothing that has been contaminated with body fluids, as soon as practical. Any contacted skin area should then be cleansed in the prescribed fashion.
 1. Contaminated laundry shall be handled as little as possible with a minimum of agitations. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or re-used in the location of use.

EXPOSURE CONTROL PLAN

2. Contaminated laundry shall be placed in bags or containers labeled per this procedure.
 3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or if leakage may occur from the bag or container, the laundry shall be placed and transported in leak proof containers or bags.
 4. Employees handling contaminated laundry shall wear gloves and other appropriate personal protective equipment.
 5. When contaminated laundry is transported offsite to a second facility that does not use universal precautions in the handling of **all** laundry, the laundry shall be placed in bags or containers which are labeled or color coded in accordance with 1910.1030 (g) (1) (i).
- m. Equipment which may become contaminated with blood or other potentially infectious material shall be decontaminated as outlined in (m) (1), (2), below, as necessary, unless decontamination is not feasible.
1. Contaminated equipment shall be clearly labeled and shall state which portion remains contaminated.
 2. It is the responsibility of the officer or other employee to notify all affected employees, the servicing representative and/or manufacturer as appropriate, prior to handling, servicing or shipping of contaminated equipment, so that appropriate precautions can be taken.
- n. Non-disposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows:
1. Any excess of body fluids should first be wiped up with disposable absorbent materials.
 2. A freshly prepared solution of one (1) part bleach to ten (10) parts water or a fungicidal micro-bacterial disinfectant shall be used to clean the area or equipment.
- o. All disposable equipment, cleaning materials or evidence, contaminated with body fluids shall be bagged and disposed of in compliance with state law provisions for disposal of biologically hazardous waste materials.
3. Disposal of Regulated Waste
- a. Contaminated items or equipment shall be discarded immediately (or as soon as feasible in the case of evidence) in sealable, puncture resistant, leak proof (on sides and bottom) containers. The containers shall be labeled as contaminated.
 - b. Containers should be kept upright and not allowed to become overfilled.
 - c. Containers shall not be opened, emptied or cleaned by hand or in any other manner which would expose employees to risk of puncture injury.
 - d. If outside contamination of the regulated waste container should occur, it shall be placed in a second container meeting the same requirements as stated in this policy.

EXPOSURE CONTROL PLAN

- e. Regulated waste shall be disposed of in accordance to New Mexico Environment Department Solid Waste Regulations. Contact Solid Waste Bureau (505) 827-2853.
4. Supplies
 - a. Supervisors are responsible for continuously maintaining and storing, in a convenient location, an adequate amount of communicable disease control supplies for their unit. Supply needs shall be reported in writing to the appropriate supply coordinator.
 - b. Supervisors are responsible for dissemination of supplies for infectious disease control. Protective gloves and other first aid supplies are to be readily available at all times.
 5. Record keeping
 - a. The department shall maintain written records of all incidents involving employees who have potentially been exposed to a communicable disease while acting in the line of duty.
 - b. The records shall be stored in a secured area with limited access and maintained in conformance with applicable privacy laws.

NOTE: Nothing in this policy shall be construed or interpreted as eliminating or limiting any Rule and Regulation, Duty by Rank and Assignment, Policy and Procedure, Special Orders, or New Mexico State Law.

6.0 ATTACHMENTS:

NONE

7.0 APPROVAL

APPROVED BY: s/John Denko DATE: May 24, 2006
DPS Cabinet Secretary