



Sheridan Police Department
Policies and Procedures
7.2
Chapter 7 – Employee Welfare
Section 2 – Bloodborne Pathogens

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Signature:

It is the responsibility of the Sheridan Police Department to assure that its members are able to perform their duties in a safe and effective manner. It shall be the policy of this department to continually provide employees with up to date safety procedures and bloodborne pathogen information that will assist in minimizing potential exposure while increasing the understanding of the nature and potential risks of bloodborne pathogens.

Definitions

Blood -	Human blood, blood products, or blood components.
Bloodborne Pathogens -	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus and human immunodeficiency virus (HIV).
Exposure Control Plan -	A written plan identifying and documenting the tasks, procedures, and job classifications where there is exposure to blood or other potentially infectious material.
Exposure Incident -	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Occupation Exposure -	A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
Personal Protective Equipment –	Specialized clothing or equipment worn by employees for

protection from exposure to blood and other potentially infectious material.

Potentially Infectious Materials - Includes human body fluids, such as saliva, semen, vaginal secretions, urine, cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; any body fluid contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

7.2.1 Work Environment

A. Bloodborne pathogen exposure determination

1. The department realizes that police officers and some non-sworn personnel, in the course of their duties may be exposed to potentially infectious materials.
2. Exposure determination is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties." Exposure determination shall be made regardless of the use of personal protective equipment.
3. Those job classifications in which employees can be reasonably anticipated to be exposed to blood or other infectious materials include all sworn employees, community service officers, and evidence custodians.
4. These job classifications are considered at risk because the following job associated tasks may result in occupational exposure to blood or other potentially infectious materials:
 - a. Acting as a first responder and providing first aid;
 - b. Arresting, transporting, searching, or processing an individual in police custody who may be contaminated by blood or body fluids; or
 - c. Collecting and/or processing evidence that may be contaminated.

B. Implementation schedule and methodology (compliance method)

1. Universal precautions will be observed by employees in order to prevent contact with blood and other potentially infectious material. All blood and other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
2. Disposable gloves shall be worn when handling any persons, clothing, or equipment with body fluids on them. The gloves shall be replaced as soon as practicable when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
3. Mask, protective eyewear, and coveralls should be worn where body fluids may be splashed on the officer.
4. All sharp instruments such as knives, scalpels, and needles shall be handled with extraordinary care and should be considered a contaminated item.
 - a. Officers should not haphazardly place their hands in places where sharp instruments might be hidden. An initial visual search of an area should be conducted using a flashlight when necessary. The suspect may also be asked to

remove such objects from his or her person if the officer feels safe in allowing the suspect to do so.

- b. Needles shall not be recapped, bent, broken, or removed from a disposal syringe or otherwise manipulated by hand.
 - c. Needles and other sharps shall be placed in a puncture resistant container which is leak proof on the sides and bottom when being collected for evidentiary or disposal purposes. The container will be labeled or color-coded in accordance with OSHA standards.
5. Officers, community service officers, and evidence custodians shall not smoke, eat, drink, handle contact lenses, or apply makeup or lip balm around body fluid spills or in areas where there is a reasonable likelihood of occupational hazard.
 6. Officers shall not put their fingers in or near any person's mouth, except in emergencies.
 7. Food and drink shall not be kept in refrigerators, freezers, shelves, cupboards, on counter tops or bench tops where blood or other infectious materials are present.
 8. Any evidence contaminated with body fluids will be double packaged in containers that will prevent leakage during collection, handling, storage, transportation, or shipping. The containers shall be labeled or color-coded as a biohazard. If outside contamination of the containers occurred, it shall be placed in an additional container, which meets leakage and labeling guidelines. For evidence integrity purposes, the containers shall be of paper or cardboard.

C. Transportation and custody

1. Where appropriate protective equipment is available, no officer shall refuse to arrest or otherwise physically handle any person who may have a communicable or infectious disease.
2. Individuals with body fluids on their persons shall be transported in separate vehicles from other individuals.
3. Officers have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his or her person, or has stated that he or she has a communicable disease.
4. Officers shall document on the appropriate arrest or incident form when suspects taken into custody have body fluids on their person, or have stated that they have a communicable disease.

D. Disinfection

1. Any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with hot running water and soap for 15 seconds before rinsing and drying. Other mucous membranes will be flushed with water as soon as possible if contaminated (i.e. eyes, mouth).
 - a. Antiseptic products may be used where soap and water are unavailable.
 - b. Disposable gloves should be removed by reversing the glove to eliminate contact to the exposed skin. The hands and forearms should then be washed or cleaned with an alcohol towelette or cleaner.
 - c. Hand lotion should be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
 - d. All open cuts and abrasions shall be covered with waterproof bandages before reporting for duty.

- e. All personal protective equipment should be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Containers for disposal will be kept in the sally port.
- 2. Officers should remove clothing that has been contaminated with body fluids as soon as practical. Any contacted skin areas should then be cleansed in the prescribed fashion. Contaminated clothing should be handled carefully and laundered in the normal fashion (not dry-cleaning). Officers are encouraged to keep a second uniform at work to allow for a quick changing of contaminated clothing.
- 3. Disinfection procedures shall be initiated whenever body fluids are spilled, or an individual with body fluids on his or her person is transported in a departmental vehicle.
 - a. A supervisor shall be notified and the vehicle taken to the sally port to be disinfected.
 - b. Personnel shall remove any excess body fluids from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices, or seams that may be holding excess fluid. Utility gloves will be used while cleaning the fluids.
 - c. The affected area will be disinfected using hot water and detergent or alcohol, and allowed to air dry.
- 4. Non-disposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows:
 - a. Any excess of body fluids should first be wiped up with disposable absorbent materials.
 - b. A freshly prepared solution of one part bleach to 10 parts water or an approved hospital disinfectant germicide/tuberculocidal shall be used to clean the area or equipment. Protective utility gloves will be used during all cleaning or decontaminating of potentially infectious surfaces. They may be decontaminated for re-use, however, shall be replaced if cracked, peeling, torn, punctured, or exhibiting other signs of deterioration.
- 5. All disposable equipment, cleaning materials or evidence contaminated with body fluids shall be bagged and disposed of in the hazardous waste material disposal container in the sally port, or in the blood draw room.
- 6. Containers contaminated with or containing body fluids shall be labeled. Labels shall be fluorescent orange or an orange-red in color with the letter or symbol in a contrasting color.
 - a. The word or message must be understandable to all employees who may be exposed to the hazard.
 - b. Red bags or red containers may be substituted for labels.
 - c. Evidence areas including refrigerators and freezers will be labeled "biohazard" in order to alert others of potentially dangerous materials.

7.2.2 Maintenance

A. Supplies

- 1. Officers and evidence custodians are responsible for continuously maintaining and storing in a convenient location, an adequate amount of disease control supplies for

their unit or work area. Supervisors will periodically inspect work areas or vehicles to assure adequate supplies are available.

2. Protective gloves, other first aid supplies, and disinfecting materials will be made readily available at all times.
3. All department vehicles shall be continuously stocked with the following communicable disease control supplies:
 - a. Disposable gloves;
 - b. Puncture resistant containers;
 - c. Sealable plastic bags;
 - d. Protective eyewear and masks;
 - f. Waterproof bandages;
 - g. Paper bags (evidence collection, blanket storage); and
 - h. Disposable gowns
 - I. Protective booties
4. Officers using supplies stored in vehicles are responsible for their immediate replacement. The evidence technician will maintain a supply of the above items and make them available for officers.
5. Officers are required to keep disposable gloves in their possession while on patrol.
6. All personal protective equipment used by the Sheridan Police Department will be provided at no cost to the employees. Personal protective equipment will be chosen based on the anticipated exposure to blood and other potentially infectious material. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through it or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration which the protective equipment will be used.

B. Personal protection equipment cleaning and disposal

1. All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to the employees. All garments, which are permeated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, and decontamination or disposal.
2. Disposal gloves are not to be washed or decontaminated for reuse.

C. Housekeeping

1. Contaminated work surfaces must be decontaminated with disinfectant upon completion of a procedure or when contaminated by splashes, spills, or contact with blood or other potentially infectious materials.
2. All equipment and working surfaces that could have become contaminated should be cleaned and checked immediately and shall be decontaminated as necessary.
3. All bins, pails, cans, and similar reusable or disposal receptacles, which have a reasonable likelihood of being contaminated, must be decontaminated.
4. Contaminated clothing or laundry should be handled as little as possible with a minimum of agitation. Protective gloves and other appropriate personal protective equipment should be used when handling contaminated clothing or laundry. Contaminated clothing or laundry shall be bagged or containerized as soon as possible.

Contaminated clothing or laundry shall be placed and transported in bags or containers and properly labeled in accordance with the labeling requirements of the standard.

5. Whenever contaminated laundry is wet or presents a reasonable likelihood of soaking through or of leakage from the bag or container, it shall be placed and transported in bags and containers that prevent soak through and/or leakage.

7.2.3 Vaccination

- A. The Hepatitis B vaccination shall be offered within ten days of employment at no cost to all employees whose job involves risks of directly contracting blood or other infectious material.
- B. Vaccinations shall be given according to recommendations for standard medical practices. Free screening will not be required as a condition of receiving the vaccination.
- C. If an employee has documentation of previous vaccination, a copy will be made available to the agency. Post vaccination titers may be done to verify seroconversion.
- D. Employees may choose not to be vaccinated, however, they must sign a declination form to be placed in their personnel files. Employees may later decide to receive the vaccination at no cost to the employee.
- E. If a routine booster dose of Hepatitis B vaccination is recommended by the U.S. Public Health Service at a future date, such doses shall be made available.

7.2.4 Post-exposure evaluation and follow up

- A. All exposure incidents shall be reported, investigated, and documented as with any accident/injury. (See 7.1) When employees incur an exposure incident, it shall be reported immediately to their supervisor and the supervisor and employee shall complete all appropriate duty injury and medical forms. Immediately after exposure, the employee shall be offered confidential medical evaluation and follow-up. The source individual's blood should be tested if infectiousness is unknown. The employee's supervisor will ensure all proper procedures are followed regarding reporting, medical care and follow-up evaluations.
 1. Obtain consent, collect, and test exposed employee's blood as soon as possible after the exposure incident. Post exposure testing is encouraged but not mandatory.
 2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for 90 days. If the employee changes his or her mind in that period, the testing shall be done.
 3. Offer the employee post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
 4. The employee's test results shall remain confidential except for disclosure to an appropriate departmental official as authorized by the employee or by state law.
 5. The department shall support continued testing of the employee involved for evidence of infection and provide psychological counseling as determined necessary by health care officials.
 6. The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV or HIV infectiousness. If consent is not obtained and sufficient cause exists, the department shall seek a warrant ordering the medical examination of the source to determine infectiousness. If the source is known to be infectious for HBV or HIV, testing need not be repeated to determine the known infectivity.

7. The exposed employee will be provided with the test results and information about applicable disclosure law and regulations concerning the source identity and infectious status.
- B. The department shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided:
 1. A copy of OSHA regulation 29CFR1910.1030;
 2. A description of the exposed employee's duties as they relate to the exposure incident;
 3. Documentation of the route of exposure and circumstances under which exposure occurred;
 4. Results of the source individual's blood testing, if available; and
 5. Medical records relevant to the appropriate treatment of the employee including vaccination status.
- C. Following the post-exposure evaluation, the health care professional will provide a written opinion to the employer, this opinion is limited to a statement that the employee has been informed of the results of the evaluation and told if they need further evaluation or treatments. All other findings are confidential.
 1. Employees who test positive for an infectious disease may continue working as long as they maintain acceptable performance and do not pose a safety or health threat to themselves, the public, or the department.
 2. The department shall make all decisions concerning the employee's work status solely on the medical opinion and advice of health care professionals.
 3. The department may require an employee to be examined by a departmental health care official to determine if he or she is able to perform his or her duties without hazards to self or others.
 4. Follow-up with the exposed employee shall include counseling and medical evaluation of any acute illness that may occur within twelve weeks post exposure and the use of safety measures according to recommendations for standard medical practice.

7.2.5 Information and training

- A. The appropriate bureau commander shall ensure that training is provided at the time of initial assignment or tasks where occupational exposure may occur and that it shall be repeated on a regular basis at least annually [OSHA Standard 1910.1030(g)(2)(iv)]. Training shall be tailored to the education and language level of the employees. The training will include:
 1. A discussion of epidemiology and symptoms of bloodborne disease;
 2. Explanation of the modes of transmission of bloodborne pathogens;
 3. Explanation of the Sheridan Police Department Bloodborne Pathogen Exposure Control Program and method for obtaining a copy;
 4. Recognition of the tasks that may involve exposure;
 5. An explanation of the use and limitation of methods to reduce exposure including work practices and personal protective equipment;
 6. Information on the types, use, location, removal, handling, decontamination and disposal of personal protection equipment;
 7. An explanation for the basis for selection of personal protection equipment;
 8. Information on Hepatitis B vaccination including efficacy, safety, methods of administration, benefits, and that it will be offered free of charge;

9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material;
 10. An explanation of the procedures to follow if an exposure incident occurs including the method of reporting and medical follow up;
 11. Information on the evaluation and follow-up required after an employee exposure incident;
 12. An explanation of the signs, labels, and color-coding system;
 13. An accessible copy of the OSHA text (29CFR 1910.1030) and explanation of its contents; and
 14. An opportunity for questions and answers.
- B. The patrol operations lieutenant is responsible for maintaining the following training records. These records will be maintained for three years from the date of the training. The following information shall be documented:
1. Date of training session;
 2. Outline describing material presented;
 3. Name and qualifications of person conducting the training;
 4. Name and job titles of all persons attending the training sessions.
- C. Record keeping
1. The human resources department will maintain a confidential medical record of each employee with potential for exposure according to OSHA rules. These records will contain the following information:
 - a. Employee's name and social security number;
 - b. Employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any medical records related to the employee's ability to receive vaccinations;
 - c. Results of the examination, medical testing, and post-exposure evaluation and follow-up procedures;
 - d. The employer's copy of the health care professional's written opinion; and
 - e. A copy of information provided to the health care professional.
 2. Injuries and incidents of exposure require completion of an incident accident report form.
 3. The police department shall complete written records of all incidents involving employees who have potentially been exposed to blood or other potentially infectious material. These records will be maintained with the employee's medical file.
 4. These records shall be retained for thirty years after the end of employment.
 5. All medical records must be kept confidential.