

	<h1>Garner Police Department</h1> <h2>Written Directive</h2>	
	Chapter: 300 - Personnel	
	Directive: 330.03 - Bloodborne Pathogen Exposure Control Plan	
Authorized by: Chief Brandon Zuidema		Effective Date: April 1, 2018
CALEA Standards: Not Applicable		Last Revision: October 1, 2014

330.3.1 - Purpose

The purpose of this directive is to establish procedures that will minimize the risk of transmission and protect employees from unnecessary exposure to infectious diseases.

330.3.2 - Policy

It is the policy of the Department that all employees utilize universal precautions in order to minimize the likelihood of exposure to infectious diseases. All police personnel are to comply with the safety procedures contained in this directive when confronted with blood or bodily fluids, items contaminated with blood or bodily fluids, or persons of identified high-risk groups.

330.3.3 - Definitions

The following definitions are for the limited purposes of this directive and may not apply in all other cases:

- A. Bloodborne Pathogens: disease causing microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis-B virus (HBV) and human immunodeficiency virus (HIV).
- B. Contaminated: means the presence of or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- C. Decontamination: means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens 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.
- D. Occupational Exposure Incident: means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.
- E. Parenteral: exposure to mucous membranes or piercing the skin through events such as needle sticks, human bites, cuts, and abrasions.
- F. Source Individual: means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, trauma victims, intravenous drug users, and human remains.
- G. Universal Precautions: is an approach to infection control. According to the concept of universal precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

330.3.4 - Rules

- A. The following federal and state laws and regulations govern Department employees in the context of exposure to bloodborne pathogens:
 - 1. Title 29 Code of Federal Regulations 1910.1030, Bloodborne Pathogens Standard. Occupational Safety and Health Administration (OSHA).
 - 2. N.C.G.S. 15A-534.3, Detention For Communicable Diseases.
- B. All Department employees are required to abide by the standards set forth in these laws and regulations.

330.3.5 - Exposure Determination (29 CFR 1910.1030(c))

- A. All employees of the Department are subject to occupational exposure to bloodborne pathogens.
- B. Tasks and procedures or groups of closely related tasks and procedures that are performed by employees through which occupational exposure to blood or other potentially infectious materials occurs include:
 - 1. Handling, processing, transport, or storage of items of evidence or property contaminated with blood or other bodily fluids;
 - 2. Contact with trauma victims at crash or incident scenes;
 - 3. Use of force to effect the arrest or maintain custody of a person where injuries may occur to the officer or the person being arrested or taken into custody;
 - 4. Administration of CPR or mouth-to-mouth resuscitation;
 - 5. Search of suspected drug dealers or users and/or their premises/vehicles where contaminated needles or other drug paraphernalia may be present;
 - 6. Search, processing, and transportation of prisoners whose person or clothing may be contaminated with blood or other bodily fluids;
 - 7. Handling or evidentiary processing of human remains;
 - 8. Processing of crash or incident scenes where blood or bodily fluids, or surfaces contaminated with blood or bodily fluids may be present.

330.3.6 - Infectious Disease Precautions

- A. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All human blood and human bodily fluids should be treated as if known to be infectious for bloodborne pathogens. Unprotected contact with blood and other bodily fluids must be avoided whenever possible.
- B. The precautions and work practice controls specified in this directive are intended to minimize employee exposure to infectious diseases. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used. The Department will provide personal protective equipment at no cost to employees in order to reduce the risk of disease transmission.

- C. Hand washing facilities are available to all employees at the Police Department. Employees shall wash their hands and any other affected skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials, or after the removal of gloves or other protective personal equipment.
- D. Because hand washing facilities may not always be available to an officer in the field, the Department will provide antiseptic towelettes or hand cleaner for each police vehicle. When antiseptic towelettes or hand cleaner is used, hands should still be washed with soap and running water as soon as feasible.
- E. Officers shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses at crash or incident scenes where blood, bodily fluids, or other potentially infectious materials are present.
- F. Food and drink shall not be kept in refrigerators, freezers, shelves, or cabinets or on countertops or work surfaces where blood or other potentially infectious materials are present.
- G. All handling of blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- H. Employees should be aware that certain prescribed medications, such as steroids and asthma medications, suppress their immune system and make them more susceptible to infectious disease. When in doubt about the effects of a particular medicine, the employee should consult with the prescribing physician or pharmacist.
- I. Pregnant employees should report to their personal physician any direct contact with blood or bodily fluids in the line of duty, as infectious viruses can cause severe problems in newborns.

330.3.7 - Training Required

- A. The Administration Captain will serve as the Department's Exposure Control Officer. This position will be responsible for coordinating initial and annual in-service training pertaining to infectious disease control as required by this directive. A qualified person who is knowledgeable in the subject matter to be covered must conduct all training. All materials used shall be appropriate in content and vocabulary for police personnel.
- B. Initial training will be provided to new employees who have occupational exposure at the time of initial assignment to tasks where occupational exposure may take place. In-service training will be provided to all employees with occupational exposure on an annual basis.
- C. The Departmental training program shall include the following elements:
 - 1. Accessibility to a copy of 29 CFR 1910.1030 (Bloodborne Pathogens Standard);
 - 2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - 3. An explanation of the modes of transmission of bloodborne pathogens;
 - 4. An explanation of the department's exposure control plan;
 - 5. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate work practices and protective personal equipment;
 - 6. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment, as well as an explanation of the basis for selection of personal protective equipment;

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 and vaccination will be offered free of charge;
 8. An explanation of the procedures to follow if an occupational exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 9. Information on the post-exposure evaluation and follow-up that the Department is required to provide for the employee following an occupational exposure incident;
 10. An explanation of the BIOHAZARD signs and other warning labels used by the Department pursuant to this directive; and
 11. An opportunity for interactive questions and answers with the person conducting the training session.
- D. Training records shall be maintained for a period of three (3) years from the date on which the training occurred, and shall include the following:
1. The date(s) of the training session;
 2. The contents or a summary of the training provided;
 3. The names and qualification of persons conducting the training; and
 4. The names and job titles of all persons attending the training.

330.3.8 - Hepatitis-B Vaccinations

- A. The Hepatitis-B vaccine and vaccination series will be made available at no cost to all employees who work in job classifications determined to have occupational exposure in accordance with 29 CFR 1910.1030 of the Occupational Safety and Health Administration.
- B. Vaccinations will be made available after the employee has received the training specified in Section 330.3.7 and within ten (10) working days of initial assignment unless the employee has previously received the complete hepatitis-B vaccination series and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.
- C. Employees who have occupational exposure and who decline the HBV vaccine will be required to sign a *HBV Vaccination Refusal Form* (GPD form 330.3-B). Initial refusal of the HBV vaccine does not prevent the employee from electing to receive the vaccine at a later date.

330.3.9 - Protective Materials and Supplies

- A. The Quartermaster will ensure that adequate supplies are available for infectious disease control for all Department employees.
- B. The Quartermaster will be responsible for the inventory and dissemination of supplies for infectious disease control, and will initiate re-ordering procedures before existing supplies are depleted.
- C. Infectious disease control supplies to be maintained and accessible at the Police Department or in each police vehicle will include:

1. Protective disposable gloves;
 2. Sealable plastic bags;
 3. Disposable hand wipes or hand sanitizer;
 4. CPR protective mask;
 5. Puncture resistant containers;
 6. Disinfectant (virucidal-germicidal) solution;
 7. Absorbent materials (sponges, paper towels, etc.); and,
 8. Transport hoods.
- D. Employees using supplies stored in police vehicles are responsible for their replacement by the end of their duty day. Supervisors should ensure that all supplies are accounted for during routine inspection.
- E. Employees using supplies stored in departmental work areas are responsible for informing the Quartermaster when supplies have been depleted and require replacement.
- F. Officers should be aware that rings, jewelry, or long fingernails may compromise the structural integrity of protective latex gloves. Officers should examine gloves to make sure they are not torn prior to use.
- G. Protective equipment shall be used when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.

330.3.10 - Warning Labels and Signs

- A. Warning labels shall be affixed to contaminated waste containers, refrigerators and freezers containing blood or other potentially infectious materials, and other packages and containers used to store, transport, or ship blood or other potentially infectious materials.
- B. Warning labels will reflect the word "BIOHAZARD" and shall be fluorescent orange, with lettering and the approved biohazard symbol in black ink. Labels are to be conspicuously affixed to the outermost portion of the container.

330.3.11 - Custody Procedures

- A. Extreme caution should be used during any search of individuals to prevent accidental skin punctures by contaminated needles, especially when reaching into areas that are not readily visible.
- B. After the completion of the task or search where protective disposable gloves were utilized, they should be removed with caution and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
1. If appropriate for avoiding contamination until the gloves are disposed of, they may be turned inside out with one glove then placed inside the other.
 2. Should the gloves contain copious amounts of blood or body fluid, they should be placed in a sealed plastic bag prior to being transported and placed in an appropriately designated area or container.

- C. Subjects with blood or body fluids present on their person should be transported separately from other prisoners whenever possible.
- D. Officers have an obligation to inform other support personnel (paramedics, firefighters, nurses, jailers, detox personnel, etc.) whenever a change or transfer in custody occurs or the other personnel are exposed to the employee and the subject has blood or body fluids present on his person, or has made a voluntary statement indicating that he is infected with a contagious disease.

330.3.12 - Decontamination Procedures

- A. Decontamination procedures shall be promptly initiated when a police vehicle, department issued equipment, or any work surface of a police facility has been contaminated with blood or other potentially infectious materials.
- B. Decontamination procedures are as follows:
 - 1. Protective gloves will be worn during decontamination procedures;
 - 2. Any excess blood or bodily fluids should be first wiped up with approved absorbent materials;
 - 3. The affected area will be cleansed (except as otherwise noted in this directive) with a solution of 5.25% sodium hypochlorite (household bleach / Clorox) diluted between 1:10 and 1:100 with water (the standard recommendation is to use at least a quarter cup of bleach per one gallon of water), Lysol, or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement. After cleaning the affected area allow it to air dry for ten (10) minutes.
 - 4. All contaminated cleaning materials (protective gloves, absorbent materials, etc) shall be placed in plastic bags, sealed, and deposited in a contaminated waste receptacle.
- C. If decontamination procedures will be delayed, the contaminated vehicle, item, or surface should be clearly labeled with a BIOHAZARD warning label and secured from use until decontamination can be completed.
- D. Should the uniform or clothing of an employee become contaminated by blood or bodily fluids in the line of duty, a supervisor will temporarily relieve the employee from duty as soon as feasible in order to bathe and effect a change of clothing. Contaminated clothing should be handled as little as possible with a minimum of agitation to avoid flaking off fine particles that float in the air and may be inhaled.
- E. Contaminated clothing should be air dried if necessary, sealed in a paper bag, and a BIOHAZARD warning label affixed so that other persons can recognize the container as requiring compliance with universal precautions. Contaminated clothing will be delivered to a commercial cleaner for professional laundering prior to being returned to service.
- F. Decontaminate any equipment (badge, nameplate, gun belt, etc.) that becomes contaminated with blood or other potentially infectious body fluids with isopropyl alcohol (a water and bleach solution may damage leather gear or metal uniform insignia). Clean sensitive equipment such as pistols, shotguns, or radios with isopropyl alcohol. Allow all such equipment to air dry before further use. Lubricate all weapons following decontamination. Employees are responsible for decontaminating their personal equipment and departmental vehicle equipment.
- G. All decontamination procedures will be performed by employees at work before ending their tour of duty.

330.3.13 - Processing, Handling, and Storage of Contaminated Property & Evidence

- A. Evidence and property contaminated with suspected blood or other bodily fluids should be handled with gloves. If the stain or sample is dry, it should be placed in a paper bag, properly sealed, and conspicuously marked with a BIOHAZARD warning label.
- B. Needles and other sharp items must be placed into a rigid protective container properly labeled and approved for this purpose. The protective container will prevent accidental punctures and will allow the sharp item to be clearly seen by persons handling the evidence. Needles shall not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated by hand. Securing needles must be accomplished by mechanical means.
- C. Liquid evidence samples should either be collected as a liquid and stored in an approved (sealed) container or, if located on clothing or similar materials, should be air dried, packaged and labeled as described above.
- D. Officers shall strictly adhere to the safety precautions established by the N.C. State Bureau of Investigation Crime Laboratory and/or the City County Bureau of Identification Crime Laboratory for the submission of biological and serology evidence. If any donor of body fluids is known or suspected to be a carrier of a bloodborne disease such as AIDS or hepatitis, the officer shall call the appropriate agency for instructions before submitting the evidence.
- E. Officers are to wash their hands thoroughly with soap and water after handling any item suspected of being contaminated with blood or other bodily fluids, even if protective gloves were worn.
- F. Officers required to handle human remains or work for extended periods of time at scenes where large amounts of blood or other bodily fluids are present should wear anti-contamination clothing such as disposable coveralls, masks, and protective gloves.
- G. Contaminated evidence and property will be placed in a sealed container, clearly marked with a BIOHAZARD warning label, and stored in a specially designated area of the evidence storage area.

330.3.14 - Disposal of Contaminated Waste

- A. All used protective gloves, absorbent materials, and other contaminated waste materials shall be placed into sealed containers as specified in this directive and deposited into a contaminated waste receptacle.
- B. The Exposure Control Officer will be responsible for effecting the periodic disposal of all materials deposited in the contaminated waste receptacle. Contaminated waste will be destroyed in accordance with the rules established by the N.C. Division of Waste Management.

330.3.15 - Occupational Exposure Incidents

- A. Written documentation in the form of a *Bloodborne Disease Exposure Report* (GPD form 330.3-A) will be prepared whenever an employee has cause to believe they have experienced an occupational exposure incident. An occupational exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from the performance of an employee's duties. Examples of occupational exposure incidents include:
 - 1. Direct (unprotected) contact with blood or bodily fluids from another person, or with items contaminated with blood or bodily fluids from another person, when the employee has cuts, abrasions or open sores on the area of contact;

2. Direct mouth-to-mouth resuscitation ;
 3. The receiving of a puncture wound from a contaminated needle or a cut from a contaminated sharp item;
 4. The receiving of a human bite which results in penetration of the employee's skin; or
 5. Direct contact of blood or other bodily fluids with the employee's eyes, mouth, or mucous membranes of the nose.
- B. When an occupational exposure incident occurs, the affected employee will immediately notify the Exposure Control Officer and will prepare a written report detailing the circumstances of the exposure and the identity of the source individual (if known) prior to ending the tour of duty on which the exposure incident occurred. All documentation relating to the exposure incident will be forwarded to the Chief of Police via the chain-of-command by the Exposure Control Officer
- C. The Exposure Control Officer shall ensure that the employee receives proper medical treatment and shall investigate the exposure incident to determine whether or not the employee complied with the safety precautions prescribed in this directive.
- D. If the source individual is an arrestee, the arresting officer will request that the magistrate hold the defendant for investigation and testing by Health Department officials pursuant to NCGS 15A-534.3. The magistrate will decide whether to hold a defendant for testing after hearing testimony from the officer concerning the manner and possible risk of transmission of the AIDS virus or Hepatitis B.
- E. Occupational exposure incidents occurring on-the-job will be reported to the N.C. Industrial Commission in accordance with the Town of Garner Workers' Compensation Policy and Procedure.

330.3.16 - Post-Exposure Evaluation and Follow-Up

- A. In the event that an employee experiences an occupational exposure incident, the Department will make available at no cost to the exposed employee a confidential medical evaluation and follow-up by the Wake County Health Department. The post-exposure evaluation and follow-up will include the following elements:
1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 2. Identification and documentation of the source individual, unless such identification is not feasible or is prohibited by state or local law;
 3. If consent is obtained, the source individual's blood will be tested as soon as feasible in order to determine HBV and HIV infectivity. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented;
 4. Results of the source individual's testing, if conducted, shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
 5. If consent is obtained, the exposed employee's blood will be collected as soon as feasible and tested for HIV and HBV; and

6. When medically indicated, post-exposure treatment, including any necessary counseling and evaluation of reported illnesses, will be provided to the exposed employee as recommended by the U.S. Public Health Service.
- B. The Healthcare professional evaluating an employee will be provided with a completed *Instructions for the Evaluating Physician* form (GPD form 330.3-D) and the following information:
1. A copy of this plan;
 2. A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030);
 3. Documentation of the route(s) of exposure;
 4. A description of the circumstances under which the exposure occurred;
 5. Results of the source individual's blood testing, if available; and
 6. All medical records applicable to treatment of the employee, including vaccination status (made available once the employee signs an *Authorization Letter for the Release of Employee Medical Record Information to a Designated Representative* form (GPD form 330.3-C).
- C. The Exposure Control Officer will obtain and provide the exposed employee with a copy of the evaluating healthcare professional's *Bloodborne Pathogen Exposure Written Opinion* (GPD form 330.3-E) within fifteen (15) days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination.
1. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
 - a. That the employee was informed of the results of the evaluation; and
 - b. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.
 2. All other findings or diagnoses will remain confidential and will not be in a written report. All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee.

330.3.17 - Medical Recordkeeping

- A. The Department will establish and maintain an accurate medical record for each employee whose job classification has been determined to have occupational exposure. This record will include the following:
1. The name and social security number of the employee;
 2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative the employee's ability to receive the vaccinations;
 3. A copy of all results of examinations, medical testing, and follow-up procedures relevant to post-exposure evaluation or treatment;

4. A copy of the information provided to the healthcare professional by the Department relevant to an occupational exposure incident; and
 5. The department's copy of any healthcare professional's written opinion relevant to post-exposure evaluation or treatment;
- B. Medical records relating to employees with occupational exposure will be maintained in a confidential file, and will not be disclosed or reported without the employee's express written consent to any person except as authorized by 29 CFR 1910.20 or as otherwise required by law. Medical records maintained pursuant to this section will be retained for the duration of employment plus thirty (30) years.