



## NORTH MIAMI POLICE DEPARTMENT

### STANDARD OPERATING PROCEDURES



## INFECTIOUS DISEASES / EXPOSURE CONTROL PLAN 300.05

EFFECTIVE DATE: 07-19-22

APPROVED: \_\_\_\_\_

Chief of Police

SUPERSEDES: 10-30-20

CFA: 29.01, 29.02, 29.03

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## I. PURPOSE

To establish and define the City of North Miami Police Department's procedure for protecting personnel from exposure to infectious diseases through training and exposure control measures.

## II. POLICY

The Department will follow the Commission for Florida Law Enforcement Accreditation standards, and all applicable rules of the Department of Labor's Occupational Safety and Health Administration (OSHA), Title 29 CFR

1910.1030, to guide Agency personnel at risk of occupational exposure to blood borne pathogens to reduce risks whether during detentions, crime scenes, traffic crashes, or other interactions where contamination may occur.

### III. SCOPE

This policy applies to all members of the Department.

### IV. DEFINITIONS

- A. Blood: Human blood, human blood components, and products made from human blood.
- B. Bloodborne Pathogens: 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).
- C. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials, or may contain sharps.
- E. Contaminated Sharps: Any contaminated object that can penetrate the skin including, but no limited to, broken glass, edged weapons, and needles.
- F. Decontaminate: 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 disease and the surface or item is rendered safe for handling, use or disposal.
- G. Engineering Controls: Those controls that isolate or remove the bloodborne pathogens hazard from the work place, such as sharps disposal containers.
- H. 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.
- I. Exposure Control Plan: Written program developed and implemented by the City of North Miami Police Department, which sets forth procedures, engineering controls, personal protective equipment, work practice and

other methods, that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard.

- J. Exposure Control Officer: Sergeants are considered the Exposure Control Officers for their shifts. A member of Risk Management, who is designated by the City, and who is qualified by training or experience, shall be the facilitator of the City's Exposure Control Plan.
- K. HBV: Hepatitis B Virus.
- L. HIV: Human Immunodeficiency Virus (the virus that causes AIDS).
- M. AIDS: Acquired Immunodeficiency Syndrome - Infection caused by the HIV virus.
- N. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- O. Other potentially infectious material means:
  - 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid (located in and around the brain and spinal column), synovial fluid (located within joints), pleural fluid (located around the lungs), pericardial fluid (located in the sac that surrounds the heart), peritoneal fluid (located in the abdominal cavity), amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  - 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- P. Parenteral: Taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection.
- Q. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses), which are not intended

to function as protection against a hazard, are not considered to be personal protection equipment.

- R. Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially 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 during handling; contaminated sharps; and wastes containing blood or other potentially infectious materials.
- S. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- T. Sterilize: The use of a physical or chemical procedure to destroy all microbial life.
- U. Universal Precautions: An approach to infection control in which all human blood and body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- V. Work Practice Controls: Controls that reduce the likelihood of employee exposure to blood or other potentially infectious materials by altering the manner in which a task is performed.
- W. Language Clarification:
  - Should: Indicates a general or expected action, absent a rational basis for failing to conform.
  - Shall or Will: Indicates a mandatory action.

## V. PERSONNEL AT RISK OF EXPOSURE

High Exposure Risk Employees: All employees reasonably anticipated to face occupational exposure, including, but not limited to: **CFA 29.01A**

- A. Sworn officers.
- B. Civilian personnel:
  - 1. PSAs
  - 2. Crime Scene Technicians
  - 3. Quartermaster, or any member authorized to assist.
  - 4. Animal Control Officer

## **VI. HEPATITIS B VACCINE**

- A. All personnel who have been identified as having potential occupational exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to the employee.
- B. Human Resources & Career Development responsibilities shall include:
  - 1. Offering the vaccine to the affected employee within 10 days of their initial assignment where the potential for occupational exposure to blood or other potentially infectious materials exists.
  - 2. Ensuring, in coordination with the Training Unit, that within the 10 days listed above the affected member receives Infectious Diseases training as listed in Section XVI of this policy.
  - 3. Assisting new employees previously having the vaccine, or wishing to submit to antibody testing, which determines if the employee has sufficient immunity, to be tested and/or vaccinated as needed.
  - 4. Ensuring that employees who decline the Hepatitis B vaccine sign a Hepatitis B Vaccination Declination form, available in PowerDMS.
  - 5. Maintaining a current log of all applicable employees identified as having potential occupational exposure along with their Hepatitis B vaccine status.
- C. The vaccine will be administered at no cost to the employee, by a department-approved licensed physician or a licensed healthcare professional.
- D. Employees who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost to the employee.

## VII. EXPOSURE CONTROL METHODS

- A. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- B. PPE will be provided to newly-sworn members, and other at-risk personnel, with the issuance of their first aid kit, including access to gloves.
  - 1. PPE consists of, but is not limited to, a full length open-back gown, fluid shield mask with wraparound splash guard visor, gloves, one pair of boot/shoe covers, a red biohazard waste bag, and similar items.
  - 2. If hypoallergenic gloves are required by an employee, the employee must make notification to the Quartermaster to ensure the proper equipment is provided.
- C. Replacement PPE will be obtained as soon as possible from the Quartermaster.
- D. In the event the Quartermaster is not available, shift supervisors will have access to PPE (including gloves) replacements.
- E. After use, applicable PPE will be discarded by placing the item(s) in a biohazard (red) bag. The bag will be securely tied and placed in the biohazard box located in the temporary holding cell area. **CFA 29.01B**
- F. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and when handling or touching contaminated items or surfaces.
  - 1. Disposable (single use) gloves shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- G. Additional information pertaining to the recommended use of PPE is available under Attachment “B” of this policy. Additional information on safe work practices for gloves, as well as face and eye protection can be found under Attachment “C”.
- H. As soon as feasibly possible following the removal of any PPE, employees will wash their hands with soap and running water and, if necessary, flush exposed mucous membranes. **CFA 29.01C**
- I. Food and drinks shall not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.
- J. There is a potential for exposure during searches and evidence handling. Employees shall use protective gloves in searching clothing and purses or other similar items. When the contents cannot be easily determined, contents should be emptied by turning the bag upside down over a flat surface.
- K. If a uniform or other clothing or equipment comes in contact with blood or other suspected infectious materials, the item(s) must be removed as soon as feasible. The equipment (watch, handcuffs, unloaded firearms, badge etc.) will be bagged separately from the clothing and all contaminated clothing shall be red bagged in a biohazard container. All personnel should keep an extra uniform or clothing in their locker.  
**CFA 29.01E**
1. Universal precautions will be used when handling all soiled laundry and equipment.
  2. Decontamination solutions are stored in the sally-port cabinet and will be used to decontaminate non-disposable equipment and vehicles. All disposable contaminated cleaning items shall be placed in a biohazard (red) plastic bag and placed in a biohazard waste container.
- L. NMPD members will ensure that all equipment and work areas are clean, sanitary and decontaminated as soon as possible after contact with blood or other potential infections materials. If the area affected cannot be safely decontaminated, members will do the following:

**CFA 29.01C**

1. The member will notify his or her supervisor of the hazard/contaminated area.
  2. The supervisor will notify the current biohazard/bloodborne pathogen cleaning service listed with the Communications Unit. The current vendor is:
    - a. International Protective Services (IPS) at (800) 510-0820.
  3. The supervisor will ensure that the contaminated area is labeled or marked in a way so as to protect other members or other evidence from becoming contaminated.
- M. If the interior of a vehicle is contaminated with bloodborne pathogens and cannot be decontaminated at the scene, or it poses a risk to the occupants, it will be towed to the police station and the shift supervisor notified. The supervisor will notify IPS so they may respond to the Department to decontaminate the vehicle.
- N. Each officer will be responsible for his or her vehicle and equipment. Officers needing to decontaminate equipment, or personal items, will follow these decontamination procedures:
1. PPE will be worn during all phases of disinfection. Employees should be aware that rings, jewelry, or long fingernails compromise the structural integrity of protective gloves.
  2. When contaminated with blood or other bodily fluids, police vehicles will be thoroughly cleaned and sanitized with an approved virucidal-germicidal solution (located at the sally port).
  3. Any excess of blood or bodily fluids must be wiped up (with dry towel first to remove excess) and all cleaning paper/towels immediately placed in a biohazard (red) plastic bag and placed in the designated biohazard waste container.

**VIII. DISPOSAL OF REGULATED WASTE**

Disposal of all regulated waste shall be in accordance with OSHA standards as follows:

- A. Contaminated sharps of non-evidentiary value shall be discarded immediately, or as soon as feasible, in containers that are:
  - 1. Closable
  - 2. Puncture resistant
  - 3. Leak proof on sides and bottom
  - 4. Appropriately labeled or color-coded
- B. Other regulated waste containment:
  - 1. Regulated waste shall be placed in containers which are constructed to prevent leakage during handling, processing, storage and transport, and will be appropriately labeled, or color-coded, and closed prior to removal.
  - 2. If leakage from a contaminated waste container occurs, or may occur, it shall be placed in a second container which is constructed to prevent leakage, and is appropriately labeled or color-coded, and closed.
  - 3. A City contracted biohazard waste disposal company provides the service for the disposal of the City's regulated waste. The Department maintains and monitors biohazard waste boxes and is the pick-up location for contaminated items. **CFA 29.01D**

## IX. BIOHAZARD WARNINGS

- A. Labels/tags shall contain the word "Biohazard" and the following biohazard symbol: **CFA 29.01G**

(Red/Orange)



- B. Biohazard containers shall be fluorescent orange or orange-red with symbols and lettering in a contrasting color.
- C. Labels/tags shall be an integral part of the container, or affixed to it in a manner that prevents their loss or unintentional removal.
- D. Labels/tags shall be affixed to containers of regulated waste or other potentially infectious materials; however, red bags may be substituted for labels.

## **X. EXPOSURE CONSIDERATIONS**

The mere handling of an arrestee during the arrest process, or during subsequent detention, does not constitute a significant exposure; however, universal precautions will be followed in all instances, such as:

- A. All persons should be considered to be infected with bloodborne pathogens.
- B. All human blood and body fluid (and suspected human blood and body fluid) will be treated as infectious.
- C. A significant exposure occurs when the blood or body fluid of one person comes in contact with another person. This transfer can occur in the following ways:
  - 1. Through needle sticks.
  - 2. Through human bites, openings in the skin, i.e., cuts, sores, abrasions, etc., which are exposed to blood or body fluids, or prolonged or extensive exposure to blood on the skin.
  - 3. Through fluids splashed into the eyes, nose or mouth. Transfer fluids may include blood, saliva, tears, vomitus, semen, urine and feces, or any other bodily fluids.
- D. Tears and sweat alone are not considered infectious, unless they are contaminated with other fluids.
- E. A person sweating from the heat would not be considered a bloodborne pathogen exposure. But, if an officer receives a laceration or any kind of

open wound, and the suspect's sweat penetrates the injury, this would be considered an exposure incident.

- F. The human body's skin provides protection against infection. Skin will be considered intact if there are no abrasions, chapped areas, punctures, or open wounds. (Example: If a suspect bleeds on an officer's arm, the officer should immediately wash the exposed area. After washing off the blood, if the officer's skin is intact, this will not be considered an exposure.)

## **XI. EXPOSURE FOLLOW-UP PROCEDURES**

- A. If exposure has occurred, the affected employee will immediately flush the exposed area with water, diluting and washing off any blood or contaminant. It is recommended that exposed employees carry a gallon of water in their vehicle. If the exposed area is extensive, utilize whatever means available, such as a garden hose, to flush the area completely.
- B. If the exposure is a puncture wound, immediately flush the area with water and force the wound to bleed (if medically safe to do so). Use water to dilute again.
- C. Immediately rinse the exposed area with isopropyl alcohol. It is recommended that employees carry bottles of alcohol. Non-intact skin may sting when contacted with alcohol. This sting may indicate the presence of broken skin and this fact should be reported to medical personnel and noted in all relevant reports.
- D. Go to the nearest available location and wash the affected area thoroughly with soap and water.
- E. As soon as the employee has decontaminated him/herself, or assisted another officer, their supervisor shall be contacted. Fire Rescue will be requested when appropriate. **CFA 29.01F**

## **XII. DETERMINATION OF AN EXPOSURE**

- A. A determination will be made by the employee's supervisor whether the incident meets the criteria for exposure by Departmental standards. If the supervisor is not able to make this determination, or if the employee insists it is an exposure, the incident will be treated as an exposure.

- B. If the incident is not an exposure, the incident will be documented on the applicable Field Report.
- C. If the event is determined to be an exposure, the employee's supervisor will complete the following forms (available in PowerDMS):
  - 1. Exposure Incident Investigation Form
  - 2. Authorization for Release of Medical Information
  - 3. Request for Supplemental Compensation Pay
- D. Medical Treatment:
  - 1. If the injured employee does not want treatment for the exposure:
    - a. The employee's supervisor will access The First Report of Injury report through the City's Workers' Compensation Administrator, Johns Eastern Company, Inc. The company's log in information is available in PowerDMS (search for "Johns Eastern" or "worker's comp").
    - b. Complete the exposure control package and forward the report with all other reports via the Chain of Command to the Section Major.
  - 2. If the employee with the exposure wants medical treatment:
    - a. During the hours of 8:30 a.m. and 6:00 p.m., the exposed employee shall be referred to Physicians Health Center, 20215 NW 2 Avenue, Miami, 305 653-7720, or Norland Medical Center at 7 NW 183 Street, Miami Gardens, 305 652-3614. When the office is closed, the call goes to the answering service. The doctor will answer medical questions and give the injured employee advice on what they can do. The exposed employee may choose to be taken to the nearest hospital emergency room.
    - b. If there has been an exposure, the medical facility providing treatment will determine the proper course of action.
  - 3. Supervisors will be cognizant of the impact the event/exposure may be having on the employee and whether the employee may benefit from Employee Assistance Program counseling.

E. Physician Exposure Determination:

1. If the doctor has determined that an exposure has not occurred, this will be documented and the officer will receive whatever medical treatment is determined to be necessary and he/she will then return to service. No blood sample will be taken from the source individual if there has not been an exposure.
2. If the doctor has determined that there has been an exposure, he/she will request the exposed employee to consent to have a baseline sample of his/her blood taken pursuant to Florida State Statute 384.287(3).
3. The baseline sample of blood taken from the officer will be tested for HIV and Hepatitis. The sample is to show that the officer did not have the HIV Virus or Hepatitis at the time of the exposure. This sample is also required to procure a search warrant to draw blood from the subject (source individual).
4. The doctor must complete a Physician's Statement form (available in PowerDMS) in order to establish criteria for the search warrant or motion to draw blood.
5. An alternative to getting a warrant for blood from the source individual is through a consent. See Section XIII of this policy for procedures on options for testing the subject's blood.
6. Once a sample of the source individual's blood has been obtained, the blood will be tested to determine if the individual is infected with any bloodborne pathogens.
7. If the source individual is not subject to arrest, he/she will be offered the opportunity to give a blood sample consensually. If the source individual is released, the supervisor will ensure that they have the necessary information to locate the person if a search warrant is needed.
8. If the source individual is injured and requires emergency medical treatment, a sample may be obtained if the source individual voluntarily agrees. In any case, a blood sample must have either a:
  - a. Voluntary consent release signed by the source individual.

- b. Search warrant authorizing the sample be taken involuntarily;  
or
- c. A motion for the immediate drawing and testing of the defendant's blood, which will take place at the time of the defendant's bond hearing. Pursuant FSS 384.287, the affiant can request that the person be screened for a sexually transmissible disease that can be transmitted through a significant exposure and may seek a court order directing that the person who is the source of the significant exposure submit to screening. Once an order is obtained, the officer will present it to the detention facility for follow-up procedures.

### **XIII. SUBJECT'S BLOOD TESTING OPTIONS**

There are two methods of obtaining blood samples from the source individual:

A. **Voluntary Consent** to provide blood sample:

In all cases, the source individual must sign a Voluntary Consent form, which will be provided by the facility drawing the blood sample. Additionally, the source individual must sign an Authorization to Release Information form (available in PowerDMS), which will enable the affected officer to obtain the blood sample test results.

1. Source individual in custody:

- a. If the subject is bondable, the arresting officer, or Affiant, must check the appropriate box on the arrest form, to hold for bond hearing. The affiant, or his/her designee, must appear at the bond hearing with the physician's statement, and coordinate with the State Attorney. The granted motion will authorize the correctional facility to draw and test the subject's blood, and to provide the exposed officer with the results.

2. Source Individual not in custody:

- a. May be taken to Florida Department of Health of Miami – Dade County at 1350 NW 14 Street, Miami, 305-324-2400, during normal business hours.
- b. If the source individual requires medical treatment, officers must follow the treating facility's protocol.
- c. After hours, the source individual may be taken to the facility where the employee is receiving treatment. There may be other forms required by the facility for voluntary testing. The facility should bill worker's compensation under the employee's name for this investigative test.

**B. Search Warrant/Preparing and Signing:**

1. The on-call Investigative Section supervisor will be notified when a search warrant is required and the concerned supervisor will coordinate with Investigators to obtain the warrant, including assistance with obtaining and completing the Warrant for Examination, and the Affidavit for Warrant to Conduct Examination forms.
2. During regular working hours, any available judge at the Miami-Dade County Courthouse may sign the warrant. After hours, the Miami-Dade Communications Shift Commander, (305 596-8176), should be contacted to ascertain the name of the on-call State Attorney. Coordination will then be made with the on-call State Attorney for obtaining the warrant.

**C. Execution of Search Warrant:**

The warrant authorizes the Police Department to use the necessary reasonable force to take the subject into custody, deliver them to the Florida Department of Health, and examine them for bloodborne pathogens, including the drawing of blood.

1. If the subject is in custody, then the warrant should be delivered immediately to the correctional facility.
  - a. A Corrections Officer will complete the serving and return of the warrant. Copies of the warrant package should be made for the injured employee(s), the affiant on the warrant, if different than the injured officer, and the officer's supervisor.

2. If the source individual is not in custody, then the warrant will be served pursuant to judge's order as follows:
  - a. On-duty officer(s) and their supervisor will serve the warrant or assist the affiant in executing the warrant.
  - b. Outside the city limits, the affiant and/or other officers designated by the supervisor, will contact the appropriate agency and notify them, requesting that they stand-by while the warrant is served. Once in custody, the subject will be transported to an Emergency Room, per Miami-Dade Fire Rescue's protocol, if so noted on the order.
  - c. The serving officer will complete a Property Receipt showing the blood sample taken from the subject and the release of the blood sample to the Health Department.
  - d. Copies of the warrant only, must be provided to the subject taken into custody, and the Health Department. Copies of the entire warrant package should be made for the injured employee(s), the affiant, if different, and the exposed officer's supervisor.
  - e. The serving officer will write a Supplemental Report to the original case.
  - f. Any other arrests or other incidents resulting from this warrant will be handled under normal police procedure.

**D. Return of the Warrant:**

The officer executing the warrant must sign the "Return and Inventory" form attached to the warrant.

1. The warrant must be returned to the court within ten (10) days of having been served. The officer executing the warrant must complete and sign the three forms below (provided by the Investigator assisting):
  - a. Return and Inventory
  - b. Receipt of Search Warrant
  - c. Affidavit for Search Warrant, Inventory and Return

#### XIV. SUPERVISORY RESPONSIBILITY GUIDE

Sergeants are the designated Exposure Control Officers for their shifts and will ensure the following occurs after an exposure occurs:

- A. They will execute an Exposure Incident Investigation Form, and a Post Exposure Evaluation and Follow-up Checklist (available in PowerDMS,) during every exposure incident, and will document the routes of exposure, and how the exposure occurred.
- B. Test source individual's blood as soon as possible to determine infectivity.
- C. The employee will be provided with the test results from the testing facility along with information about applicable disclosure laws and regulations concerning the source identity and infection status.
- D. If the exposed employee consents to a baseline blood collection, but does not consent to HIV serological testing, the employee's blood samples must be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee agrees to have the baseline sample tested, such testing shall be conducted as soon as feasible.
- E. Following the post-exposure evaluation, the health care professional will provide a written opinion to the employer and employee. This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for further evaluation and treatment. All other findings are confidential. The city must provide a copy of the written opinion to the employee as soon as practicable.

#### XV. RECORD KEEPING

- A. A confidential medical record for each employee with potential for exposure shall be preserved and maintained by a healthcare professional in accordance with the Health Insurance Portability and Accountability Act (HIPPA). **CFA 29.03**
  - 1. In addition, under the bloodborne pathogens standard, medical records must also include 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 examinations, medical testing, and post-exposure evaluation and follow-up procedures.
  - d. The employer's copy of the health care professional's written opinion.
  - e. A copy of all information provided to the health care professional.
- B. Medical records must be kept confidential and maintained for at least the duration of employment plus 30 years.

## **XVI. TRAINING**

- A. All employees with occupational exposure shall participate in an infection control training program which will be provided:
  - 1. At the time of initial assignment for tasks involving occupational exposure, and annual refresher training thereafter.
  - 2. When tasks or procedures involving occupational exposure are added or modified, additional appropriate training shall be offered.
  - 3. The training lesson plan and Exposure Control Plan will be reviewed and documented annually.
- B. Initial and refresher training shall include:
  - 1. An explanation of this Exposure Control Plan, available in PowerDMS, and the universal precautions philosophy.
  - 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 appropriate methods of recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
  5. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practice and personal protective equipment.
  6. Information on the types, proper use, removal, location, handling, decontamination and disposal of personal protective equipment and clean-up kits.
  7. An explanation of the basis for selection of personal protective equipment.
  8. Information on the Hepatitis B vaccination program.
  9. Information on appropriate actions to take in the event of an exposure incident, including:
    - a. What to do.
    - b. Who to contact.
    - c. Method of reporting the incident.
    - d. Post-exposure evaluations and medical follow-up.
  10. An explanation of proper signs, labels and color-coding identifying biohazardous waste.
  11. The Agency's biohazards waste disposal procedures.
  12. The point of contact for questions relating to this policy (supervisors).
  13. An opportunity of interactive questions and answers with the person conducting the training. If instead online training is provided, and a member has questions, he or she will consult with their immediate supervisor for guidance.
- C. Records of each training session shall be kept, including:
1. Dates of the training session.
  2. The content or a summary of training.

3. Names and qualifications of person(s) conducting the training.
  4. Names and job titles of all persons attending training.
- D. Training records shall be maintained for a period of three (3) years from the date of training.
- E. Training records must be available to employees or employee representatives upon request.

## **XVII. BASIC EPIDEMIOLOGY**

### **A. Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus:**

General characteristics and symptoms: AIDS is a serious illness caused by HIV that can severely damage the immune system. As a result, AIDS victims develop a variety of infections as well as certain forms of cancer. An AIDS infection is usually characterized by sudden extreme weight loss, swollen glands, joint pain, and ulcerated sores or lesions on the body. However, many infected persons exhibit no symptoms submitted by direct contact with blood, semen and possibly other body secretions. There is no evidence the disease is transmitted through casual contact or that it is spread through the air.

Precautions: Exposure to persons engaged in activities such as sexual contact, intravenous drug use, as well as situations where blood or other bodily fluids are present, i.e., accidents, crime scenes, etc., are at a higher risk of being exposed to HIV. Situations also include: being pricked or jabbed with a used hypodermic needle or other sharp contaminated object; having an open wound or sore make contact with the blood or other bodily fluids from an AIDS or HIV carrier, especially or in the mouth, eyes or other mucous membrane; A human bite or scratch where the subject's blood or other potentially infectious material is present; and performing CPR on an AIDS or HIV infected person, when the infected person is bleeding from the mouth or other airway. Remote risks include: Casual contact with possible AIDS carrier; being spat upon without subject's blood present; contact with tears or perspiration; having blood or bloody secretions of an AIDS or HIV carrier on bare, intact skin.

### **B. Hepatitis:**

General characteristics and symptoms: Hepatitis is an infection of the liver caused by Hepatitis Virus Type A, B or other strains. Hepatitis A infection is usually characterized by yellowing of the whites of the eyes and skin, fever, fatigue, headache, upset stomach, possible vomiting, abdominal pain, and dark colored urine. Hepatitis B (HBV) infection carries the same symptoms as Hepatitis A, only more severe in nature and with a much longer recovery period. HBV symptoms may also include skin rashes, muscle aches and pain in the joints. However, many persons infected with hepatitis show no symptoms. HBV is the only hepatitis strain for which a vaccine is available. The HBV vaccination series does not provide immunization for other hepatitis viruses.

Precautions: The virus that causes Hepatitis A is present in the feces of infected individuals. Hepatitis B is usually bloodborne and may be transmitted through contaminated needles or other instruments which puncture the skin, contact with contaminated blood and other body secretions. Refrain from smoking, eating, drinking, applying cosmetics or lip balm, and handling contact lenses within the perimeter of a crime scene, particularly when blood is present. Exposure to the hepatitis virus can occur when: pricked with a used hypodermic needle or other sharp contaminated object; having blood, excrement, or other body secretions from an infected person, contact non-intact skin, particularly an open wound or sore or in the mouth, eyes or other mucous membrane; performing CPR on an infected person without using a pocket-mask.

### **C. Tuberculosis:**

General characteristics and symptoms: Tuberculosis (TB) is a serious, highly infectious airborne bacterial disease which primarily infects the lungs of its victims, although it may also be present in the bones and other parts of the body. TB is usually characterized by persistent cough, fatigue, chest pain difficulty breathing, or spitting up blood. However, persons with active TB may appear well in spite of the fact that they may be in an advanced stage of the disease.

Precautions: Persons with known TB history or with known TB, who are sneezing, coughing, laughing, shouting, spitting, crying, or otherwise projecting droplets of saliva or particles, should be considered high risk. Drinking from the same glass, eating with the same utensils, or smoking the same cigarette used by the person displaying TB symptoms or with known TB history are high risk acts. When possible, persons should avoid entering homes of persons with TB. When in contact with suspected TB carrier, use mask and gloves. A well

ventilated room or open area with direct sunlight helps reduce aerial contamination.

Additional characteristics of the above-listed communicable diseases can be found in Attachment "A".

**ATTACHMENT “A”****CHARACTERISTICS OF SELECTED COMMUNICABLE DISEASES**

<b>Disease Cause Agent</b>	<b>Method of Transmission</b>	<b>Incubation Period</b>	<b>Symptoms</b>	<b>Contagious Period</b>	<b>Complications</b>	<b>Immunization Available</b>
<b>Acquired Immune Deficiency Syndrome (AIDS) Bloodborne virus</b>	Person to Person through sexual contact or intravenous drug use and acts which often result in transfer of blood from one person to another.	3 weeks to 1 year or longer	None in early stages. In advanced stages there is often loss of weight and appetite, fever, tiredness, night sweats, diarrhea, ulcerated sores, or lesions, joint pain and swollen lymph glands	From time of initial infection through the duration of the life of the carrier	Cancers, pneumonia, and various other infections predicted due to the damage to the immune system. Death results in nearly all cases.	None
<b>Hepatitis</b>	Person to person fecal or oral route; contaminated food, milk, and water, needles and syringes	10-50 days	Fever, weakness, loss of appetite; nausea, abdominal discomfort, jaundice or yellowing of skin or eyes	From last half of incubation period to 5 days after jaundice appears	Slow, recovery disability lasting several months possible permanent liver damage; fatality rare, less than 1%	Temporary with Recom bivzx Vaccine for HepB only
<b>Tuberculosis</b>	Person to person usually through the inhalation of infected borne particles or droplets which result from a cough or sneeze	14-28 days	Few in early stage; in advanced there is persistent cough, fatigue, chest pain, breathing difficulty spitting up blood, heavy sweating, fever, and weight loss	From initial infection through 2 weeks after beginning of treatment.	Lung abscess, spread of infection from lungs to bone, brain, spine, kidney, and other body parts; fatality	Yes, but with limited effectiveness

**ATTACHMENT “B”****RECOMMENDED MINIMUM USE OF PERSONAL PROTECTIVE EQUIPMENT**

TASK	GLOVES	EYE PROTECTION	MASKS	BODY PROTECTION
DIRECT PATIENT CONTACT	X			
CONTROLLING BLEEDING MINIMAL	X			
ARTERIAL HEMORRHAGE	X	X	X	X
SPURTING BLOOD CHILDBIRTH	X	X	X	X
VENOUS HEMORRHAGE	X	X	X	X
DISINFECTING EQUIPMENT	X	X	X	X
FINGERPRINTING/ SEARCHING	X			

## **ATTACHMENT “C”**

### **SAFE WORK PRACTICE - GLOVES**

1. WEAR CORRECT SIZE.
2. CHANGE GLOVES IMMEDIATELY IF THEY BECOME TORN.
3. CHANGE GLOVES BETWEEN PATIENTS OR PRISONERS TO ELIMINATE CROSS CONTAMINATION.
4. DO NOT TOUCH EYES, NOSE, OR MOUTH WHILE WEARING CONTAMINATED GLOVES. THESE AREAS PROVIDE DISEASES A DIRECT ROUTE INTO THE BODY.
5. REMOVE CONTAMINATED GLOVES BEFORE ENTERING YOUR POLICE VEHICLE.
6. REMOVE CONTAMINATED GLOVES BEFORE TOUCHING PERSONAL ITEMS SUCH AS COMBS, PENS, OR EYEGLASSES TO PREVENT THESE ITEMS FROM BECOMING INDIRECT ROUTES OF DISEASE TRANSMISSION.
7. DISPOSE OF CONTAMINATED GLOVES AS REGULATED WASTE.
8. NEVER WASH DISPOSABLE GLOVES.
9. WASH HANDS THOROUGHLY AFTER REMOVING GLOVES.

### **SAFE WORK PRACTICES FACE AND EYE PROTECTION**

1. WEAR A FACE MASK AND EYE PROTECTION TOGETHER FOR COMPLETE SHIELDING OF MUCOUS MEMBRANES.
2. WEAR ADDITIONAL APPROVED EYE PROTECTION OVER PRESCRIPTION EYEGLASSES.
3. WEAR A FACE MASK AND EYE PROTECTION WHEN TREATING PATIENTS OR HANDLING PRISONERS WHO HAVE AN ACTIVE COUGH, PROJECTILE VOMITING, OR A SUSPECTED RESPIRATORY DISEASE.
4. PLACE A FACE MASK OVER THE PATIENT’S OR PRISONER’S MOUTH AND NOSE IF THEY HAVE A PERSISTENT COUGH.