

	Policy & Procedures				No. 4.19	
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GENERAL CONSIDERATION AND GUIDELINES

UNPROTECTED EXPOSURE PLAN

In accordance with the requirements of OSHA 29 CFR 1910.1030 the following guidelines have been established to reduce the risk of exposure to bloodborne pathogens for officers. As all of our officers are required to be first responder trained and certified, we have a duty to act when called to a scene where there are sick or injured persons. Tasks that are performed that risk an officer's exposure to bloodborne pathogens include, but are not limited to: responding to motor vehicle accidents, assaults, and unresponsive person(s). Addition tasks include searches and pat-downs, evidence gathering, tactical operations, fire scenes and water/ice rescue.

This plan has been developed to properly mitigate the hazards of blood, body fluids, and other similar materials that may pose a risk to employees. Through work place practices, personal protective equipment, proper cleaning techniques, immunizations and training, the Canton Police Department will take the necessary steps to help protect all officers from the risk of exposure and/or infection.

DEFINITIONS

- ☐ *Bloodborne Pathogens* – microorganisms that are present in human blood that can cause disease
- ☐ *Hepatitis B Virus (HBV)* – bloodborne pathogen that causes inflammation of the liver
- ☐ *Human Immunodeficiency Virus (HIV)* – bloodborne pathogen that attacks the body's immune system, causing the disease known as AIDS.
- ☐ *Personal Protective Equipment* – equipment that is required to protect personnel from coming in contact with blood and body fluids. It may include, but is not limited to:

Aprons, gowns and lab coats, face shields and/or goggles, gloves, masks for protection and resuscitation

- ☐ *Potentially Infectious Human Body Fluids* – fluids in which bloodborne pathogens may be present: blood, semen, vaginal secretions, cerebral spinal fluid, any other body fluid contaminated with blood
- ☐ *Potentially Infectious Materials* – tissue and organs (other than intact skin) from dead or living humans, cell or tissue cultures that contain **HIV** or **HBV** and any contaminated sharp object that can penetrate the skin
- ☐ *Sharps Container(s)* – Red, labeled leak-proof, puncture resistant closeable containers used to discard (contaminated, presumed contaminated or non-contaminated) sharps.
- ☐ *Universal Precautions* – guidelines that require officers to treat all blood, body fluids, sewage and similar materials as infected with HBV, HIV or other bloodborne diseases

PROCEDURES

I. Designated Infection Control Officer (DICO)

The Chief of Police shall designate a DICO. The DICO **will be responsible** for:

- ☐ Communicating with appropriate personnel at the hospital or elsewhere in relation to the potential transmission of disease(s) to officers of this department.
- ☐ He/she will request the purchase of infection control personal protective equipment that meets current standards, and ensure that there is adequate inventory of such items.
- ☐ He/She will coordinate any need for department training, via roll call, to educate departmental members on changes in current standards and liabilities
- ☐ Assist in the maintenance of confidential records of exposure and treatment given
- ☐ Continually monitor and observe on-scene and station operations to ensure compliance with this policy

If an officer incurs an unprotected exposure to blood or other potentially infectious material it should be immediately reported to his/her shift supervisor as well as the DICO.

II. Incident Exposure Reporting:

A. Incident Exposure Report

A report shall be completed by the officer and his/her supervisor as soon as practical after it is identified that a potential exposure existed. A copy of this report shall be forwarded to the DICO and the Chief of Police.

Additionally, if an officer is exposed in the *course of attending, assisting or transporting a person to a health care facility*, the officer must additionally complete a **Massachusetts Department of Public Health Unprotected Exposure Form (attached)** as soon as practical and he/she must forward this form to the receiving health care facility. This prompt notification facilitates the health care facilities ability to determine if the patient to whom the officer was

exposed to has a bloodborne infectious disease which is considered dangerous to the public's health. The health care facility shall provide oral notification within forty-eight (48) hours of the diagnosis and written notification within seventy-two (72) hours of the diagnosis. The DICO's name must be on this form, and a copy should be left with the DICO.

The DICO and command staff personnel will then review the incident and submitted report(s) in an effort to prevent a reoccurrence.

B. Post-Exposure Evaluation

Following a report of an exposure incident, the Canton Police Department will immediately make available to the exposed officer a confidential medical evaluation and follow-up to be conducted either at a local hospital facility or at the officer's personal physician. Documentation of an exposure incident will include the following;

- ☐ Circumstances of the exposure
- ☐ Route of exposure
- ☐ Identification of source individual, if feasible
- ☐ Result of source individual's blood testing, if feasible; and
- ☐ Result of medical records relevant to appropriate treatment of the officer, including vaccination status.

C. Follow-Up

Follow-up will include post exposure prophylaxis (items and procedures necessary to protect the infected person's health, and to prevent the further spread of the disease) as recommended by the United States Public Health Service, testing of blood for HBV and HIV status, counseling, and evaluation of reported illness. A written opinion from the healthcare professional shall be given to the Chief of Police, via the DICO. The opinion will provide the following information:

- ☐ Whether HBV vaccination is indicated and if the officer received the vaccination
- ☐ That the officer has been informed of the results of the evaluation; and
- ☐ That the officer has been told about any medical conditions resulting from the exposure that require further evaluation and treatment
- ☐ All other information is confidential and shall not be in the written report. ***This written opinion to the DICO and department does not reference any personal medical information.***

III. Workplace Transmission:

Bloodborne pathogens are transmitted in the workplace the same ways, HBV, HIV and other pathogens are transmitted elsewhere; through blood, body fluids, unfixed tissues or organs other than intact skin. The primary routes of disease transmission into the body are;

- ☐ Accidentally cutting yourself with a sharp object or glass that is contaminated with infected blood and body fluids
- ☐ Getting infected blood or body fluids on your skin, especially if your skin has open sores, nicks, acne, dermatitis, broken cuticles and/or cuts

- ☐ Getting infected blood or body fluids in the mucous membranes of your eyes, nose and mouth
- ☐ Sharing or otherwise coming in contact with infected needles
- ☐ Sexual contact with an infected partner

IV. Universal Precautions:

All blood, body fluids and sources of potentially infectious human body fluids including sewage shall be considered infectious until proven otherwise. Since police officers can not identify person(s) who may be infected, they shall not take unnecessary chances. It takes just one exposure to become infected. Therefore, any officer who has been assigned the responsibility of providing First Aid / CPR care, or other tasks dealing with blood, body fluids, and/or needles should take the following protective action;

- V. **First Aid:** As trained personnel, you should provide care and call the Canton Fire Department EMT's. Be sure that while administering first aid, necessary protective gear, such as gloves, are worn.

VI. Assess the scene:

- ☐ Is it safe to enter?
- ☐ If no personal protective equipment available (gloves, face shields masks), then;
- ☐ Give the patient the first aid supplies so that they may treat (if possible) their own wound, or as current first responder training dictates, the officer shall provide care as **safely** as possible without such equipment.
- ☐ If personal protective equipment is available, then:

VII. Provide care and utilize;

- ☐ gloves (non latex if possible)
- ☐ face mask or shield
- ☐ resuscitation mask or shield
- ☐ HEPA or TB Mask(s)

VIII. Clean-up

- ☐ Body (if applicable) and hand washing is required regardless of whether or not gloves and other personal protective equipment were utilized.
- ☐ Wash affected areas for a minimum of 30 seconds, use...
- ☐ Antibacterial / antiseptic soap and water, or
- ☐ Disposable antibacterial / antiseptic waterless cleaner if no soap and water is available

IX. Personal Protective Equipment (PPE)

- ☐ The appropriate type of Personal Protective Equipment depends on the type of work and degree of exposure anticipated. Its purpose is to protect the individual and their clothes from possible exposure and the spread of contamination.

- ☐ Face shields, gloves, masks, and other similar items must be located within all first aid bags. First aid bags will be in all marked cruisers
- ☐ PPE may also include (when applicable) aprons, gowns, laboratory coats, HEPA or TB masks(s) and protective coverings for your footwear
- ☐ Gloves should be durable and doubled up when necessary to prevent exposure through rips and tears
- ☐ Blood soaked clothing should **not** be brought home for laundering
- ☐ Contaminated clothing should be disposed of or laundered by an outside firm
- ☐ Disposable clothing should be discarded into a red biohazard bag for proper disposal purposes

X. Gloves

- ☐ Are required to be durable and double layered (advised)
- ☐ They should fit properly and should not be so tight as to become easily ripped
- ☐ If damaged, ripped or torn, discard the piece of protective equipment and replace with an appropriate PPE that is free from deficiency
- ☐ If preventable, contaminated gloves must not come in contact with equipment, items or surfaces that were not contaminated or infected previously. Often gloves used to treat a patient remain in use until the patient has been turned over to a higher level of care. Hence, cruisers, door handles, flashlights and lights that were previously not a problem have become so. Gloves are inexpensive. Personnel should not feel as though the gloves should be reused. Dispose of them whenever blood and body fluid is a potential or known concern.
- ☐ Gloves should be removed one at a time, as our training dictates:
 - ☐ As you remove your hand from the glove, turn it inside out
 - ☐ Take the other hand out of the 2nd glove, turning it inside out and place them into the 1st glove for disposal

XI. Blood and Body Fluid Clean-Up:

As soon as a blood and body fluid spill has occurred within the police department building or cruiser, the first issue is to deal with the patient and any necessary first aid that is required. Once the patient has been taken care of, the company, Aftermath, should be notified for the cleanup.

XII. Laundry:

When appropriate, utilize the universal precautions as outlined above when dealing with or handling bags of laundry (arrestee's clothing or blankets) that could contain blood or body fluids. Uniforms or other clothing that has been contaminated should not be taken home to be laundered, but should either be disposed of or brought to a laundry facility that has the ability to de-contaminate such items. Follow the manufacturer's suggestion on all clothing or uniform items.

XIII. Needles and Syringes

Needle sticks could pose a significant health risk for the recipient of any contaminated or potentially contaminated needle. Precautions must be taken to minimize the hazard:

- ☐ Do not bend, recap, shear or otherwise break a needle used for any purpose
- ☐ Always dispose of any needle into a puncture resistant, leak-proof “Biohazard” labeled container, as soon as possible. Containers and needles should be disposed of in the Biohazard Sharps container that is kept in the cell block area
- ☐ Report any full or damaged biohazard containers to the DICO

XIV. Handling of Evidence

Universal precautions should be taken when inspecting or collecting any evidence which may risk the exposure of bloodborne pathogens to either the collecting officer, the property and evidence room officer, or the crime scene investigating officer. Any evidence shall be collected, packaged and sealed as per standards set in the Property and Evidence Policy # 48 and the Collection of Evidence Policy #7. Additionally, such evidence which poses the potential exposure of bloodborne pathogens shall be clearly marked and labeled with either red “Biohazard” stickers, or placed in red “biohazard” bags.

XV. Biohazard / Infection Control Kits:

Located within the department at designated locations shall be the minimum biohazard/infection control items:

- ☐ Disinfectant cleaner
- ☐ Gloves (adequate in size and number)
- ☐ Hand wash (waterless antibacterial / antiseptic)
- ☐ Red “Biohazard” labeled bags
- ☐ Paper or other type towels

XVI. Training:

Training shall be provided to all affected or potentially exposed employees on an annual basis, either via roll call or first responder training. It will incorporate the following;

- ☐ The OSHA Bloodborne Pathogens Standard
- ☐ Epidemiology and symptoms of bloodborne diseases
- ☐ Modes of transmission of bloodborne diseases
- ☐ An explanation of appropriate means of recognizing activities and procedures that may result in exposure to blood or other potentially infectious materials
- ☐ Control measures
- ☐ Personal protective equipment available in this department and an explanation of the basis for its selection and use
- ☐ Post-exposure follow/up and evaluation
- ☐ The reporting procedures that an employee of the department should follow
- ☐ Signs and labels used in this department for biohazardous materials

XVII. Recordkeeping Requirements

All records will be maintained by the Chief of Police or his/her designee. Infection/exposure control records will be kept separate from personnel records as dictated by the Town of Canton’s medical record-keeping practices.

