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<b>Effective Date: July 1997</b>	<b>Revision Date: November 2011</b>
<b>Amends/Supercedes: 1500.10 /July 2007</b>	<b>Approved by: Chief Kevin Higdon</b>
<b>Meets Accreditation Standard:</b>	<b>29.1</b>

## **Section 1600.00 Exposure and Personal Protective Equipment**

### **Section 1600.10 Exposure Plan**

#### **Policy**

It is the policy of the Shively Police Department to ensure that its members are able to perform their duties in a safe and effective manner. The safe performance of daily operations has recently become threatened by life-endangering communicable diseases. Therefore, the Department to continuously provide employees with up-to-date safety procedures and communicable disease information that will assist in minimizing potential exposure, while increasing their understand of the nature and potential risks of communicable disease.

#### **Definitions**

- Blood - Human blood, human blood components, and products made from human blood.
- Blood borne 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 (HBV) and human immune deficiency virus (HIV).
- Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- Contaminated laundry - Clothing which has been soiled with blood or other potentially infectious materials or may contain sharps.
- Contaminated Sharps - Any contaminated object that can penetrate the skin including, but not limited to, needles, knives, broken glass, and exposed ends of dental wires.
- Decontamination - The use of physical or chemical means to remove, inactivate, or destroy Blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties. ("Non-intact skin" includes skin with dermatitis, hang-nails, cuts, abrasions, chafing, etc.).
- Occupational Exposure - Reasonable anticipated skin, eye, mucous membrane, or paternal contact with blood or other potential infectious materials that may result from the performance of an employee's duties.
- Other Potentially Infectious Materials (OPM) - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid in situations where it is difficult or impossible to differentiate between body fluids;
  - A. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
  - and

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B. MV-containing cell or tissue cultures, organ cultures, and FHV-or HBV-containing culture medium or other solutions and blood, organs, or other tissues from experimental animals infected with MV or BBV.

I C. Parenteral

Piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

II. Personal Protective Equipment (PPE)

Special clothing or equipment worn by an employee for protection against a hazard. Generally work clothes (e.g., uniforms, pants shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

III. 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 blood or other potentially infectious materials and are capable of releasing these materials during handling; - contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.

**Exposure Determination**

1. All job classifications within the Department are assessed for occupational exposure to Blood borne pathogens without regard to the use of personal protective equipment and frequency of exposure.

<b>Job Classification</b>	<b>Regular Exposure</b>	<b>Some Exposure</b>
Chief of Police		x
Major		x
Sergeant	x	x
Detective	x	
Police Officer	x	

2. The following is a list of tasks/procedures in which members of the Shively Police can reasonably anticipate coming in contact with human blood and other potential infectious materials. This list is not all inclusive.

- A. Major Assault: shooting, cutting, blunt trauma.
- B. Minor Assault: fight, domestic trouble.
- C. Corpse Investigation.

- D. Injured/ Sick Person.
- E. Injury Accident.
- F. Down Drunk.

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- G. Crime Scene Search.
- H. Collecting, processing, handling, and storing of evidence.
- I. Child birth.
- J. Arrest and search of an individual.
- K. Handling of Mental Patient.
- L. Serving Search Warrant.

## Procedures

1. Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All members of the Shively Police Department are to treat human blood, body fluids, and other potentially infectious materials as if they are known to be infectious for HBV, FHV, and other Blood borne pathogens.
2. In circumstances where it is difficult or impossible to differentiate between fluid types, all personnel must assume the fluid to be potentially infectious and use the level of personal protective equipment that is most appropriate for the task. If in doubt, use the full maximum protection.
3. Commanding officers will ensure that all personnel use the appropriate personal protective equipment unless the individual shows that he/she temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of health care or would have posed an increased hazard to the safety of the employee or co-worker. Exceptions must be limited-This is not a blanket exemption.
4. When one of the excepted situations occurs, the employee's immediate supervisor is to investigate and document why PPE was not used and to prevent such occurrence in the future. Workmen Compensation Form will be used to report the incident.
5. Personal Protective Equipment (PPE)
  - A. It is the responsibility of the Shively Police Department to provide the required PPE to all employees with an occupational exposure. The Department will repair, replace, and dispose of the PPE as required at no cost to the employee.
  - B. Each platoon commander is responsible for maintaining adequate supplies of PPE.
  - C. Each employee with an occupational exposure will have readily available, as a minimum, latex gloves, outer garment, shoe covers, eye protection, mask, head cover, an antiseptic hand sanitizer.
  - D. Commanding officers and supervisors will ensure that each employee with an occupational exposure has the required PPE and the necessary replacement items. Failure of an employee to use PPE because it was not available at the time is not acceptable. The employee is responsible for notifying his/her superior when additional PPE is needed.
  - E. The employee is responsible for the continual visual inspection of the PPE for tears, rips, leaks, etc. prior to its use.
6. The type and amount of Personal Protective Equipment shall be chosen to protect the individual against contact with blood or OPIM based upon the type of exposure and quantity of these substances which can be reasonably anticipated to be encountered during

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the performance of a task or procedure. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and the duration of time which the protective equipment will be used. As a minimum, the following procedures will be followed:

- A. Disposable gloves will be worn when handling any persons, clothing, equipment, or item (to include items of evidence) with blood or other body fluids on them. Disposable gloves will not be washed or decontaminated for reuse.
- B. Masks in combination with eye protection will be worn whenever splashes, spray, spatter, or droplets of blood or other fluids may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- C. Protective outer garments will be worn when it is determined that an exposure may occur based upon the task to be performed. For example, anticipated exposure to the forearms, legs, or trunk.
- D. Shoe covers will be worn whenever an individual is at a scene with gross contamination on the floor or ground.
- E. Head covers will be worn when it can be anticipated that splashes, spray, spatter, or droplets may contact the head or scalp.
- F. Plastic mouthpieces or other authorized barrier/ resuscitation devices shall be used whenever an employee performs CPR or mouth-to-mouth resuscitation.
- G. Utility gloves will be worn during clean up and decontamination.

## 7. Hand washing

- A. Employees will wash their hands for at least fifteen (15) seconds with soap and hot water upon removal of gloves and other personal protective equipment.
- B. Employees will wash hands and any other skin with soap and hot 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.
- C. When hand washing is not feasible, an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels will be used. Hands will then be washed with soap and hot running water as soon as feasible.

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8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure. Hand creme/lotion is not considered a "cosmetic" and is permitted.

9. All sharp instruments such as knives, razors, needles, and broken glass should be considered contaminated items.

A. Employees will not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area should be conducted. When lighting is inadequate, a flashlight will be used to illuminate dark area. Also, a suspect may be asked to remove such objects from his/her person.

B. Broken glass which may be contaminated should not be picked up with the hand, but by mechanical means such as a brush and dust pan, tongs, or forceps.

C. Needles will not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated by hand. Shearing or breaking of contaminated needles is prohibited.

D. Needles and other sharps shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.

10. Removal/disposal of Personal Protective Equipment (PPE).

PPE will be removed as soon as feasible upon leaving the scene of contamination. If the PPE was contaminated, it will be placed in a leak-proof biohazard bag and closed. Caution should be taken when removing contaminated PPE to prevent the spread of contamination to exposed skin and clothing. Clean gloves will be worn when removing contaminated PPE.

11. Decontamination

A. All equipment will be cleared and decontaminated after contact with blood or other potentially infectious materials. This includes the outside surfaces of police vehicles, handcuffs, night sticks, etc. Decontamination will be done at the scene of contamination unless the situation dictates otherwise (e.g., removing a suspect from an unruly crowd), then, as soon as practical.

B. The interior of police vehicles will be cleaned and decontaminated after transporting any person who may have contaminated the vehicle. Appropriate cleaning materials will be provided at police headquarters. If contaminated, the vehicle must be decontaminated before any other person may be transported in that vehicle. Eating, drinking, smoking, or applying cosmetics or lip balm, and handling contact lenses are also prohibited until the vehicle is decontaminated.

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- C. Small amounts of blood and other potentially infectious materials may be cleaned up with a bleach and water mixture. Larger areas of contamination will be cleaned up by first, absorbing it with paper towels; second, washing the area with bleach and water, and third, wiping the area and letting it air dry.
- D. All waste products from cleaning and decontamination will be placed in a biohazard bag and closed, and then taken to the hospital or given to EMS for disposal.

12. Uniforms:

Personal clothing items which become contaminated will be removed as soon as practical. If the article(s) of clothing cannot be removed at the scene, the employee will immediately go to his/her unit (i.e. district locker room, showers), to remove the contaminated clothing. The employee will wash the affected areas of the body with soap and water. The contaminated items will be placed in a biohazard bag, closed, tagged with owner's name and brief description of items, and taken to the Property Room for laundering or disposal. Under no circumstances will any contaminated clothing be taken home or from a police facility.

13. Evidence

- A. Any evidence contaminated with body fluids will be dried, bagged, and marked to identify possible hazard. Any item that is not yet dry will be collected by ETU or transported to the ETU office to be dried prior to being placed in the Property Room.
- B. Items that are wet with body fluids will be transported in a leak-proof container to prevent leak-through contamination.
- C. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM.
- D. Food and drink shall not be kept in refrigerators, freezer, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.
- E. A biohazard label will be affixed to evidence or other property contaminated with human blood or OPIM. The label will be affixed as close as feasible to the item in such a manner as to prevent loss or unintentional removal. On evidence envelopes, the label will be affixed to the face along the right-front edge.

14. Disposal of Regulated Waste

- A. The Property Room is responsible for the disposal of regulated waste.
- B. Contaminated sharps will be placed in containers that are:
  - 1) Closable.
  - 2) Puncture resistant.

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- 3) Leak proof on sides and bottoms.
- 4) Appropriately labeled or color-coded.

C. Other regulated waste shall be placed in containers which are:

- 1) Closable
- 2) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transporting or shipping.
- 3) Appropriately labeled or colored-coded.

E. Exposure Incidents

1. Line of Duty Exposures

All personnel at risk of exposure to the Hepatitis B virus will receive training and education in infectious diseases to include HIV (Aids), Hepatitis B Virus (HBV). Methods to reduce or eliminate exposure will be taught. Personnel at risk will be offered the opportunity to be inoculated. Personnel who refuse must sign a declination form indicating their refusal to be inoculated.

A. Any employee of the Shively Police Department who has been bitten by a person, has had physical contact with body fluids of another person, or has been stuck or cut with a contaminated sharp while in the fine of duty shall be considered to have been exposed to a communicable disease.

B. The employee must immediately report the exposure to his/her immediate supervisor. If emergency medical treatment is indicated, the employee's immediate supervisor shall ensure that this is provided.

C. The exposure will be reported as an on-duty injury in accordance with the Policy and Procedure.

D. The employee will fill out his/her portion of the Exposure Report form before the completion of his/her tour of duty. If an employee is unable to fill out the report, it will be the responsibility of the immediate supervisor. The immediate supervisor will review the exposure report form for proper completion by the employee.

E. The immediate supervisor will investigate the circumstances of the exposure and document the findings on the lower portion of the form. The supervisor will determine if an actual exposure incident occurred. The form will be sent to the Platoon Commander for approval and forwarded to the Chief of Police.

F. Each Platoon will maintain a supply of Exposure Report Forms.

2. Identification and Documentation of Source Individual.

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### **Source Individual Consent Form**

I agree to have my blood collected and tested for hepatitis B and HIV virus. This consent is given because an employee of the Shively Police Dept. was accidentally exposed to my blood or other body fluids which may be infectious.

My signature confirms that I have read this consent form and understand the reasons the tests are needed, and I agree to have the test completed.

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

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Date: \_\_\_\_\_

Witness: \_\_\_\_\_

I have read the consent form and understand why I have been asked to undergo these tests. However, I do not agree to these tests at this time.

Name: \_\_\_\_\_

(please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

If identification of the Source Individual is not feasible,

explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Hepatitis B Declination Form**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no cost to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

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If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine at no charge to me.

Employee: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

The Exposure Control Plan will be reviewed annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**EXPOSURE REPORT FORM INSTRUCTIONS**

1. Last, First, and Middle Initial of person exposed.
2. Social Security Number of person exposed.
3. Unit of Assignment .
4. Job Class (Police Officer, etc.)
5. Date/time the exposure occurred.
6. Location ( Address where exposure occurred).
7. Name and home address of individual, living or dead, whose blood or other body fluids may be the source of exposure to the employee.
8. Check the appropriate substance or describe other.
9. Check appropriate route of exposure or describe other.
10. Describe circumstances under which the exposure occurred.
11. List items used (latex gloves, leather gloves, mask, eye protection, gown, etc.).

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12. Describe reasons why appropriate Personal Protective Equipment and Clothing were not used.
13. Employee's signature. If employee is unable to sign the report, so note.
14. Each exposure incident will be investigated by the employee's supervisor to determine, how and why an actual exposure occurred, and to make recommendations on how to prevent future similar exposures.

The supervisor is to determine if an actual exposure incident occurred. There must have been a specific eye, mouth, mucous membrane, non-intact skin, or piercing of mucous membranes or skin barrier through such events as needle sticks, human bites, cuts, and abrasions with human blood or other potentially infectious materials that resulted from the performance of the employee's duties. For example, blood or body fluid on the uniform over intact skin would not be an actual exposure incident, but would be reported.

Regardless of the exposure being actual or potential, the incident will be reported and forwarded through the chain- of- command.