Peoria Police Department Policy and Procedure Manual

Policy 5.05
Infectious Disease Exposure Control Plan

**"Our Community…
Our Commitment"**

I. POLICY

It is the policy of the Peoria Police Department to safeguard employees who may be exposed to a potentially serious or life threatening communicable disease while still providing essential services to the community. The following information is designed to inform employees concerning the spread of communicable diseases, to provide guidelines for handling known or suspected carriers of communicable diseases, and to establish procedures to be followed should an employee be exposed to a potentially serious or life threatening communicable disease. This policy shall be reviewed by the Safety and Emergency Management Officer.

II. DEFINITIONS

All definitions are listed in federal OSHA Regulation 1910.1030 Bloodborne Pathogens:

A. Blood – Human blood, human blood components, products made from human blood and suspected blood products. This will also include animal blood and animal blood components.

B. Bloodborne Pathogens – Pathenogenic 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. Communicable Disease – Any disease that is capable of being transmitted from one person to another. For the purpose of this policy, the term includes, but is not limited to, the diseases known as AIDS, Hepatitis B, Tuberculosis, and Meningitis.

D. Contaminated – Exposure to the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

E. Contaminated Laundry – The laundry which has been soiled with blood, or other potentially infectious materials, or may contain sharps.

F. Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

G. Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens, or other contaminates, 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.

H. Engineering Controls – Controls that isolate or remove the bloodborne pathogen hazard from the workplace, such as sharps disposal containers.

I. Epidemiology – The prevalence and spread of disease in a community.

J. Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle sticks, human bites, cuts, and abrasions) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

K. Hand Washing Facilities – A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

L. Hazardous Chemical – Any chemical that is a physical hazard or health hazard to employees.

M. High Risk Groups – Those groups of people who are highly susceptible to contracting a communicable disease, to include: homosexual or bisexual individuals, intravenous drug users, and prostitutes.

N. Licensed Healthcare Professional – A person whose legally permitted scope of practice allows them to independently perform hepatitis B vaccination, post-exposure evaluation, and follow-up.

O. HBV – Hepatitis B Virus

P. HIV – Human Immunodeficiency Virus

Q. NIOSH – National Institute of Occupational Safety and Health

R. OSHA – Occupational Safety and Health Administration

S. Occupational Exposure – Reasonably anticipated skin, eye, mucous membrane, or skin penetration contact with blood or other potentially infectious materials that many result from performance of an employee's duties.

T. Other Potentially Infectious Materials – Means:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, 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); and

3. HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

U. Parenteral – Means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

V. Personal Protection Equipment – Specialized clothing or equipment worn by a department member for protection against a hazard. This includes items such as CPR masks, latex gloves, goggles, lab coats, NIOSH N95 mask, disposable jump suits, booties, APR, etc. General work clothes such as, uniforms, pants, shirts, or blouses not intended to function as protection equipment against a hazard are not considered to be personal protective equipment.

W. 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, or contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

X. Safety Officer – The Staff Service Bureau Lieutenant is designated as the Department Safety Officer to ensure compliance with all mandates under OSHA 1910.1030.

Y. Sharps – Any object with a cutting edge or point that is capable of penetrating the skin.

Z. Sharps Containers – Per OSHA 1910.1030.2.vii - containers shall be puncture resistant and label or color-coded in accordance with OSHA standards.

AA. 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; trauma victims; clients in institutions for the developmentally disabled; subjects of drug and/or alcohol treatment facilities, prisoners; individuals who donate or sell blood or blood components and human remains.

BB. Sterilize – The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

CC. Universal Precautions – An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

DD. Work Practice Controls – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed, such as prohibiting recapping needles by a two-handed technique.

III. PROCEDURE

A. Exposure Control Plan (1910.1030(c)(1)(i))

1. This Exposure Control Plan outlines the measures that will be taken to prevent or reduce the risk of exposure to communicable diseases on the job. It describes the location of protective items (i.e., gloves, eye shields, masks, etc.) throughout the Department, along with the guidelines concerning their use. This Exposure Control Plan is established to protect personnel from the spread of bloodborne pathogens and is in compliance with OSHA Federal Register 29 CFR Part 1910.1030.

a. Describes procedures for decontaminating and disinfecting equipment and clothing items that have been contaminated with blood or other body fluids.

b. Establishes an in-house procedure for reporting infectious disease contacts and follow-up investigation of exposure incidents.

c. The risk of contracting a disease does not relieve an employee from the obligation of performing his/her duties. If a police department employee, while carrying out his official duties is exposed to an infectious disease, the city will pay the expenses for inoculation and testing for the employee. The City will pay for decontamination and quarantine if needed.

d. OSHA has regulated infectious disease control in the workplace. All personnel are to be trained in infectious disease control when hired by the City. Categories of personnel who are classified as having occupational exposure to bloodborne pathogens or infectious material are offered Hepatitis A and B inoculations and annual training in infectious disease control.

e. 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.

f. This Exposure Plan shall be reviewed and updated at least 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.

g. Records of exposure incidents will be kept confidential. A copy of these records will be kept in the employee medical file at Human Resources, Department Medical file, and with the Safety Officer per OSHA's CFR 20, Part 1910.1030.

h. Exposure incident records will be kept for the duration of employment plus 30 years per OSHA requirements 1910.1030.21.443. Training records will be kept for 3 years per the requirement.

2. The Staff Service Bureau Lieutenant shall be designated as the Safety Officer for the Department.

IV. Types of Communicable Diseases (Not Inclusive)

A. Acquired Immune Deficiency Syndrome (AIDS) - Aids is a virus that attacks a person's immune system and reduces the ability to fight other diseases. This makes the infected person vulnerable to life threatening illnesses such as pneumonia, meningitis, and cancer.

a. AIDS may be transmitted from one person to another chiefly through sexual contact or through the sharing of intravenous drug needles. It may also be transmitted by coming into direct contact (Exposure Incident) with an infected person; i.e., an officer with a cut or sore on their hand gets blood on that hand while rendering first aid.

b. The AIDS virus is not believed to be spread through casual social contact such as shaking hands, coughing, or sneezing. AIDS is not reportedly spread by the routine processing of a prisoner known to have the disease.

c. At present, there is no known vaccine or cure for the AIDS virus. However, there is a Post-Exposure Prevention Program offered through the Samaritan Occupational Health Services at 602-747-8364.

2. Hepatitis B - A viral infection that can result in jaundice, cirrhosis, and cancer of the liver.

a. The virus that causes Hepatitis B may be found in blood, urine, semen, vaginal secretions, and saliva. It may be transmitted by direct contact with an infected person.

b. There is a vaccine available against Hepatitis B, which will be provided to any at-risk employee at no cost. All employees who fall into that category are encouraged to exercise this option. For more information, please contact your immediate supervisor.

3. Meningitis - An inflammation of the membranes that envelop the brain and spinal cord. Meningitis may be contracted through direct contact with an infected person's respiratory secretion. Treatment is available.

4. Tuberculosis - Bacterial disease causing swelling and lesions in the tissue of the lung.

a. In rare cases, this bacterial disease can be transmitted through saliva, urine, blood, and in some cases, other body fluids of infected persons. The most common

means of exposure is by inhaling airborne particles from the cough of an infected person.

b. Although there is no vaccine for tuberculosis, treatment is available.

B. Classifications Designated at Risk: (OSHA Part 1910.1030.c.1.v)

1. Exposure determination is made without regard to the use of personal protective equipment.

2. The following list includes all job classifications in which all employees in those job classifications have occupational exposure on a routine basis:

a. All Sworn Police Personnel below the rank of Deputy Chief

b. Police Service Officers

c. Police Services Officers assigned to Technical Services Bureau.

d. Police Reserve Officers

e. Crime Scene Technicians

f. Crime Prevention Specialists

g. Victim's Assistance Coordinator and Volunteers

3. The following list includes job classifications in which some employees may have an occasional occupational exposure:

a. Chief of Police

b. Deputy Chief of Police

4. Job Classifications general list of tasks and procedures (duties are not limited to those listed):

a. All sworn members and reserves - During the normal course of their duties, members will be called on to make arrests, conduct person and property searches, and collect potentially infectious evidence.

b. All Police Services Officers - During the normal course of their duties, members are called on to process prisoners including person and property searches, or respond to traffic accidents where first aid is immediately needed prior to the arrival of paramedic unit. Members process accident scenes that include inspection of vehicles, where body fluids are present.

c. Police Services Officers assigned to Technical Services Bureau - During the normal course of their duties, members will be called on to collect, store, and destroy evidence that may be contaminated with infectious body fluids.

d. Crime Scene Technicians- During the normal course of their duties, members are responsible for the collection and processing of evidence that will consist of, or may be contaminated by, potentially infectious body fluids.

e. Crime Prevention Specialists - During the normal course of their duties, members engage in a high degree of public contact, receive found property from citizens, or may conduct home security surveys where blood or body fluids may be present.

f. Victim's Assistance Coordinator and Volunteers - Those volunteers whose duties fall into the above at-risk designations will be eligible to participate in the Hepatitis B inoculation program.

C. Training

1. Training on the Department's Exposure Control Plan, Hepatitis A and B Program, and basic use of personal protective equipment will be provided for all new hire personnel in at-risk assignments within a reasonable period of time of beginning employment.

2. Annual training on bloodborne illnesses and/or use of personal protective equipment will be developed and administered by the Training Unit. It will be considered mandatory for all at-risk assignments per OSHA guidelines.

3. Training records will be kept for three (3) years per the OSHA guidelines.

4. OSHA Training Standard (Part 1910.1030) requires:

a. An accessible copy of the regulatory text of this standard and an explanation of its contents.

b. A general explanation of the epidemiology and symptoms of bloodborne diseases.

c. An explanation of the modes of transmission of bloodborne pathogens.

d. An explanation of the employer's Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.

e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

g. Information on the types, proper uses, location, removal, handling, decontamination, and disposal of personal protective equipment.

h. An explanation of the basis for selection of personal protective equipment.

i. Information of the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and the vaccination will be offered free of charge.

j. Information of the appropriate actions to take and the persons to contact in an emergency involving blood or other potentially infectious materials.

k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

m. An explanation of the signs and labels and/or color-coding required by paragraph (g) (1) of the standard.

n. An opportunity for interactive questions and answers with the person conducting the training session.

o. All employees within the job classifications designated “at-risk” shall complete an OSHA Respirator Medical Evaluation Questionnaire to wear the NIOSH N95 Hepta Mask. This Medical Evaluation Questionnaire will be reviewed by the City’s designated medical facility to ensure employees are medically cleared to wear the NIOSH N95 Mask (OSHA Appendix C, to section 1910.134).

D. General Precautions

1. Peoria Police Department members should consider the fact that any person they come into contact with may be a potential carrier of a communicable disease.

2. Precautions and protective measures taken by Department employees should be based on sound evaluation of available facts and good judgement. All Department guidelines are based on the concept of taking universal precautions with regards to body fluids. Where it is difficult to differentiate between body fluid types, all such body fluids shall be considered potentially infectious materials.

3. Two types of gloves will be issued to the employees:

a. Standard latex gloves should be used for pat downs and searches.

b. Hi-risk gloves will be used for searching vehicles, search warrants, handling high-risk subjects, and cleaning contaminated equipment. If the employee is unsure of the risk, high-risk gloves should be worn.

4. When department members come into close contact with any individual who is known to have, or is suspected of having, a communicable disease or whenever possible exposure to body fluids is anticipated, appropriate preventative measures cited below will be followed:

a. Limit the number of Department employees and the amount of exposure time to the absolute minimum necessary to accomplish needed tasks.

b. Do not directly touch open skin lesions and avoid any exchange of blood or bodily fluids. Cover any wounds or cuts that may come into contact with body fluids.

c. When handling body fluids or items containing body fluid stains, excretions or secretions, high-risk gloves will be worn.

(1) Members with cuts, abrasions, psoriasis, and/or other skin lesions will wear latex/latex-free gloves to minimize potential inoculation of infected fluids through these lesions.

(2) Hands should always be washed thoroughly after gloves are removed either with soap and water or first with disinfectant gel, and then with soap and water when available.

d. When dealing with persons who are actively coughing or when it is suspected or known that an individual has a disease which is transmitted through respiratory droplets, employees may wear face masks. Employees may also consider giving a facemask to the infected individual to help protect persons nearby.

e. In addition to latex gloves, personal protective equipment such as high-risk gloves, gowns, eye protection (goggles/shield), alcohol gel, syringe tubes, shoe coverings, NIOSH N95 masks, or jump- suits will be worn as needed to prevent potentially infected body fluids from contacting mucous membranes. These will be provided at no cost to the employee.

(1) Under rare and extraordinary circumstances, an employee may refrain from using personal protective equipment, if in the employee's professional judgement, in that specific instance, the

equipment use would have prevented the delivery of health care or public safety services, or would have posed an increased hazard to the safety of the victim, himself, or others.

(2) Exceptions listed above will be fully documented and reviewed by the Department's safety officer to determine if changes can be instituted to prevent reoccurrence of such instances in the future.

f. Department issued disposable pocket CPR face masks with the one-way valves will be used whenever it becomes necessary to resuscitate an individual.

g. High-risk gloves will be worn when handling dead bodies.

h. Employees in assignments at-risk for biohazards will be issued an infection control kit containing protective high-risk gloves, face mask, impervious gown, eye goggles/shields, disposable coveralls, shoe coverings, syringe holder, biohazard bag and stickers, and alcohol gel. Employees are responsible for maintaining the contents of their issued kit. Replacement items will be available in a supply storage location at the Main Station and the Pinnacle Peak Public Safety Building.

i. All PPE shall be removed prior to leaving the work area and disposed of appropriately in a biohazard bag. The biohazard bag will be placed in a biohazard barrel located in all of the fire stations, the main property room of the Main Station, or within either PSB weapon storage areas at the Main Station or the Pinnacle Peak Public Safety Building.

j. Contaminated needles or other sharps will not be bent, recapped or removed except by use of a mechanical device or other approved method to reduce the risk of exposure unless it has been documented that no feasible alternative exists at the time.

k. Take precautions to avoid needle punctures and razor or knife cuts during searches and pat-downs. When handling syringes and sharp objects as evidence exercise extreme care. Two pairs of gloves may be necessary to help avoid the possibility of punctures.

l. Immediately package needles in evidence tubes, sharps containers, or other puncture resistant containers to prevent accidental stabbing and over-handling. When transporting syringes for evidence, place syringe(s) in plastic evidence tubes and seal. All non-evidence syringes shall be placed in the sharps container in the trunk of the patrol cars for later destruction. The number of syringes placed within the sharps container within the vehicle will be annotated within the narrative section of the call for accountability. Do not transport needles in pursuit kits, pockets, etc.

m. Needle Zap protocol.

(1) Needle Zap is a system that disables the hypodermic needle by removing the sharp portion of the hypodermic syringe. There is no substitution for CAUTION being used when handling needles. Needle Zap does not eliminate the need to follow existing protocols regarding the handling of hypodermic needles or their by-products.

(2) Needle Zap will be located at both the Main Station and PPPSF. The units will be located near the evidence impound/processing areas.

(3) Directions for use:

(a) Needle Zap should be fully charged prior to use.

(b) Make certain the unit is stable and on a flat surface.

(c) Use the appropriate personal protective equipment (PPE)

(d) Using ONE HAND ONLY, fully insert needle portion into the top of the machine. Rotate slightly and remove. This process takes about two seconds. If the needle is still visible, repeat this process.

(e) Never empty contents of syringe into the unit.

(f) After the needle has been disabled, continue to maintain your level of caution and immediately dispose of the syringe in compliance with all safety protocols.

(g) Syringes will be placed in a plastic syringe tube. At this time the syringe can be impounded for evidence, or to be destroyed.

(4) Warnings:

(a) Never use Needle Zap near flammable liquids, gases, oxygen, or explosives. Needle Zap can produce minor sparking which could create the risk of explosion or fire in this type of environment.

(b) Never use two hands to operate this unit. It is designed for simple one-handed use, to avoid your second hand becoming a target (possible shock hazard).

(c) Do not use Needle Zap near a sink, wash tub, or location where it could be immersed or subjected to high moisture.

(d) Do not open the unit.

(e) Should the product require service, notify the appropriate Police Service Officer.

(5) Cleaning the Needle Zap Machine:

(a) Cleaning of the Need Zap Machine should be completed by the appropriate Police Service Officer.

(b) The cleaning of the machine should be completed on a monthly basis.

(c) Always wear the appropriate personal protective equipment (PPE).

(d) Always assume that the waste or by-products are contaminated.

(e) Always unplug the unit before cleaning.

(f) Remove two Phillips head screws located at the bottom of the unit.

(g) Dispose of the contents according to proper disposal methods.

(h) Use a damp cloth moistened with disinfectant for cleaning the outside of the case.

(i) Do Not allow cleaning solution to spill inside the unit. Never clean with aerosol sprays.

(6) Charging Needle Zap:

(a) The Needle Zap Machine should be charged once a week for about (5) five hours. This charge should allow the machine to be used normally for approximately one week.

(b) Should Needle Zap loose its complete charge, charge the machine for (10) ten hours.

(c) It is not necessary to keep the unit plugged in at all times.

(d) The appropriate Police Service Officer should maintain Needle Zap and ensure the unit is operational.

E. When searching purses, bags, etc. dump out contents whenever possible. Avoid reaching into bags, purses, etc. with bare hands.

1. Clothing items that become contaminated with blood or other body fluids/secretions will be changed as soon as feasible and laundered. See section 5.05.I.9 for laundry guidelines.

2. A disposable coverall will be worn over infected clothing/gear when driving from the area to the station so cross-contamination does not occur in the police vehicle. The coverall will be disposed of in a biohazard bag and thrown away in the appropriate biohazard barrel for incineration.

3. Hands will be washed with soap and warm water or another approved substitute (gel disinfectant, alcohol towelettes, 10% bleach/water solution) whenever physical contact is made with a person who is known to have, or is suspected of having, a communicable disease.

4. When transporting liquid blood samples, all vials will be carried in a sealed plastic bag or spill proof container, marked with a biohazard label, to avoid direct contact with blood in the event of accidental breakage. If such containers could leak or are capable of being broken, they must be placed in a second non-permeable container such as a sealable plastic bag. Blood vials shall never be placed in a pocket.

5. Blood or body fluid stains or spills in police department buildings and vehicles will be cleaned up using a disinfectant solution as outlined in decontamination/ disinfecting section 5.05.I.

6. Employees will be responsible for cleaning up blood or body fluid spills of less than 1/2 gallon. Personnel shall wear high-risk gloves when cleaning any biohazard spill.

7. All disposable items of non-evidentiary nature that become contaminated with blood or body fluids will be placed into a biohazard bag and placed in a biohazard container marked for incineration.

8. Biohazard labeling will be affixed to these materials to warn others handling them. These labels will be made available in the same area as the property collection bags.

9. The Peoria Police Department will dispose of contaminates generated in its area by incineration in accordance with County Health Department or State Department of Environmental Quality regulations.

10. Contaminated items that are not disposable (i.e., vehicle seats, tools, etc.) will be disinfected as outlined in section I of this policy. Cleaning will be done by the employee for spills of less than 1/2 gallon.

11. Contamination that has spread under seats or into cracks and crevices shall be cleaned by an appropriate cleaning company certified in bio-hazardous cleaning procedures. The vehicle should be parked in the basement area of the main station, locked and marked with biohazard tape. The Police Service Officer assigned to handle police

vehicle maintenance (or the day supervisors when a PSO is not on duty) is responsible for arranging the appropriate company for vehicle cleanup during normal business hours.

12. Any time a communicable disease is encountered by the Peoria Police Department members in the field, ambulance attendants, emergency room personnel, fire department paramedics, detention personnel, and other persons having contact with the subject shall be verbally advised so as to reduce the possibility of exposure.

13. Potentially infectious evidence will be sealed with evidence tape (do not staple) and will always be marked with appropriate warnings such as biohazard warning stickers.

14. Food and drink will not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

15. Eating, drinking, smoking, applying cosmetics, applying lip balm or handling contact lenses is prohibited in a work area where there is a reasonable likelihood of occupational exposure.

16. Eating and drinking are prohibited in the evidence/property areas at the main station.

17. Prisoners suspected of having a communicable disease will not be transported with other prisoners and will not be placed in the same holding cell with other prisoners.

18. In the event that an individual with active TB is transported by a city employee (e.g. police suspect, prisoner transport), windows in the vehicle will be opened (if possible) to allow adequate ventilation. The suspect should be asked to wear a NIOSH N95 mask during transport. The employee exposed will wear a NIOSH N95 mask during the time of exposure.

19. All procedures involving blood or potentially infectious materials will be performed in such a manner as to minimize the splashing, spattering, spraying or generation of droplets of these substances.

F. Hepatitis A and B Inoculation Program

1. The Hepatitis A and B Vaccine series is available for all members identified in section 5.05.D.2 as having occupational exposure to bloodborne pathogens.

2. The inoculations are provided at no cost to the at-risk member and will be administered by the city's contract licensed health care provider. If the employee desires to be inoculated, they must complete the HBV Vaccination Acceptance/Refusal Form (PPD 152-046).

3. Members who do not wish to participate shall sign a waiver (PPD Form 152-046) to that effect. A member who initially declines participation in the program may opt to participate at any time in the future by contacting their immediate supervisor.

4. All completed HBV Vaccination Acceptance/Refusal Forms (PPD 152-046) shall be maintained in the individual's employee medical file maintained in Administration.

5. According to the Center for Disease Control (CDC) data, vaccine-induced antibody levels decline in time. Up to 50% of adult vaccines that respond adequately to vaccine may have low or undetectable antibody levels by 7 years after vaccination. CDC states that even with declining antibody levels, adults are still protected. When an exposure occurs, an examination of the circumstances will determine whether the exposed employee requires further treatment.

6. Exposure to Hepatitis A and other types of non-B Hepatitis will be treated according to current recommendations from CDC and the City's contract licensed health care provider.

G. Personal Protective Equipment

1. Members in assignments at-risk for biohazards will be issued an infection control kit. The Peoria Police Department shall supply all PPE for the kits such as standard gloves, high-risk gloves, gowns, laboratory coats, jump suits, face shields, eye protection, mouthpieces, resuscitation bags, NIOSH N95 masks, or other ventilation devises at no cost to the employee. The infection control kits will be carried on duty at all times. PPE supplies will be kept in the supply area of the main station and at the Pinnacle Peak Public safety Building. Those designated to wear NIOSH N95 masks must complete a yearly fit test to meet OSH requirements.

2. Supervisors will ensure that the employee in those areas where exposure to bloodborne pathogens/infectious disease is likely to occur uses all PPE.

3. Supervisors are responsible for ensuring that the appropriate PPE is issued to each employee in the proper size and that it is maintained in a proper manner.

4. The Peoria Police Department will provide any cleaning, laundering, or disposal of contaminated PPE. There will be no cost to the employee for this service.

5. If PPE becomes damaged, torn, or broken, or if leaks occur, the Department will replace or repair PPE to its original effectiveness.

6. If PPE protective garments become saturated or penetrated by potentially infectious material, PPE will be removed immediately or as soon as feasible.

7. All PPE will be removed prior to leaving the contaminated area. Such PPE will be placed in the appropriate area or storage container for laundering, storage, decontamination or disposal. All Department vehicles, holding facilities, and property/evidence areas will be stocked with biohazard labeled storage bags for storage and transportation of contaminated PPE.

8. Gloves will be worn when it is reasonably anticipated the employee may have hand contact with blood or other potentially infectious materials, mucous membranes or non-intact skin. Each employee has the responsibility of ensuring they have an adequate supply of latex gloves and high-risk gloves in their possession. Disposable or single use gloves will be replaced as soon as practical or as soon as feasible when contaminated, torn, or punctured, or when their ability to function as a barrier is compromised. Double gloving is recommended.

9. Masks, eye protection or face shields are to be worn whenever splashes, spray, splatter or droplets of blood, or other potentially infectious materials are expected to be generated.

10. Other appropriate protective clothing such as gowns, aprons, jumpsuits, or lab coats will be used depending on the task and degree of exposure anticipated.

11. Disposable coveralls will be worn over infected uniforms/equipment while driving from the area to the station to avoid cross-contamination in the police vehicle.

12. When searching prisoners or property, officers and Police Service Officers will wear latex gloves. Facemasks will be worn when searching persons who are actively coughing.

13. All police vehicles will be equipped with a small sharps container. Officers will be responsible to replace any full sharps container and ensure a new sharps container is placed into the vehicle they are assigned.

14. Specialized kits may be developed for specialized vehicle units such as the Bike and Motor squads.

15. Supervisors shall be responsible for ensuring that all at-risk personnel carry PPE.

H. Decontamination and Disinfections

1. To be effective, disinfecting and decontamination must be accomplished as soon as possible after exposure to a communicable disease. Soap and water should be used along with a disinfecting agent. Common household bleach mixed with water is an acceptable decontaminate for cleaning surfaces or clothing that have become contaminated.

2. Disinfectants and/or Clorox bleach are stocked for Department employees. An alcohol gel and disposable towelettes provide members with a convenient means for washing and disinfecting hands in the field. A disinfectant spray is available for use on hard surfaces. It may be used for disinfecting handcuffs, flashlights, vehicle seats, or any other equipment that becomes contaminated with blood or body fluid. Common household bleach (Clorox) if freshly mixed in appropriate portions with water also serves as an acceptable decontaminant for cleaning up items that have become contaminated. Acceptable proportions for bleach are 1:9 or 1:10 or one cup per gallon of water for disinfecting equipment, cleaning up spills and decontaminating clothes. Liquid alcohol evaporates rapidly and is not recommended as decontaminates. Alcohol foams or gels are acceptable.

3. Hands or other body parts that become directly contaminated with blood or body fluids will be washed as soon as possible with soap and warm water and then rewashed with disinfectant gel or anti-microbial germicide. If running water is not immediately available, the disinfectant gel or towelettes will be used and hands will be washed with soap and water as soon as possible thereafter.

4. Always wash hands thoroughly with soap and warm water after removing latex or high-risk gloves. Wash a second time using disinfectant gel or anti-microbial germicide. The following is one suggested method to wash hands:

a. Wet hands two or three inches above the wrists.

b. Apply hand/cleaning agent. Various agents and soaps are furnished for station use.

c. Rub hands together to work up a lather.

d. Using a rotating motion, apply friction to all surfaces of hands and wrists, including backs of hands, between fingers and around and under nails. Interlace fingers and rub up and down; continue for 10 seconds.

e. Holding hands downward, rinse thoroughly, allowing the water to drop off fingertips.

f. Repeat procedure.

g. Dry hands thoroughly with a paper towel.

h. Turn off faucet using a clean paper towel to avoid contaminating your hand on the dirty faucet handle.

i. Spray the faucet handle and sink with disinfectant after use.

5. If blood or body fluid(s) make direct contact with eyes, immediately wash out eyes thoroughly with water.

6. Should any situations involving contamination to a person, vehicle equipment or a specific area occur, it will be brought to the attention of the employee's supervisor. The supervisor will refer to the Exposure Control Plan guidelines on Disinfecting and Decontamination for appropriate action.

7. Members will wear high-risk gloves when cleaning up suspected body fluid spills.

8. Blood or body fluid spills of less than 1/2 gallon will be cleaned with disinfectant liquid or a 1:10 solution of Clorox and water.

a. High-risk gloves will be worn when cleaning contaminated area.

b. Wet the spill with the decontaminate.

c. Let solution sit for 5 to 10 minutes if possible, then wipe up, using gloves and biohazard bag wipe.

d. Place all disposable materials in a biohazard bag and place in container marked for incineration.

e. Wet again with disinfectant and repeat steps c and d .

f. Police vehicles will be brought to the loading dock area of the main station to do any decontamination cleanup.

g. Vehicle seats or areas exposed to blood, body fluids, or contaminated clothing will be scrubbed with a 1:10 solution of Clorox and water or disinfectant spray. Allow the area to soak in the solution for 5 to 10 minutes if possible.

h. The officer/investigator is responsible for cleaning small spills of less than 1/2 gallon if the spill has not seeped under the seat.

i. In those cases where a significant contamination has occurred, the vehicle should be parked in the basement area of the main station, locked and marked with biohazard tape. The Police Service Officer assigned to handle police vehicle maintenance (or the day supervisors when a PSO is not on duty) is responsible for arranging the appropriate company for vehicle cleanup during normal business hours.

9. Disinfecting contaminated clothing:

a. Clothing which becomes contaminated with blood or other potentially infectious body fluids should be changed and disinfected as soon as possible.

b. High-risk gloves shall be worn when removing contaminated equipment.

c. If blood or other potentially infectious materials penetrate a garment, the garment(s) shall be removed as soon as possible and placed into a biohazard bag.

d. If the garment has to be worn while in a police vehicle, disposable coveralls will be worn over the uniform while driving from the area to the decontamination location to avoid cross contaminating the police vehicle.

e. Fire Station 1 will be used for decontamination. The disposable coveralls will be placed in a biohazard bag and disposed of within a biohazard container at any of the two police facilities or at one of the fire stations. Fire Stations 3, 4, and 5 have an equipment decontamination room which may be available for decontamination of equipment only.

f. While in the decontamination room, the uniform will be removed and preliminary cleaning of the uniform with soap and water will be completed in the sink. The uniform will then be placed in a biohazard bag as soon as possible. Additional clothing arrangements will have to be made prior.

g. The officer will wash the uniform in the washer/dryer at Fire Stations 1 using hot water. Under no circumstances will any member launder contaminated work clothes at home. This policy is consistent with Peoria Fire Department 1209.15h.2.9.

h. While the uniform is washing, the officer should take a shower at Fire Station 1.

10. Disinfecting contaminated equipment.

a. All disinfecting of equipment will be done in the decontamination room located in the main station.

b. High-risk, latex gloves shall be worn when disinfecting equipment.

c. Any non-disposable equipment such as handcuffs, helmets, nightsticks, flashlights, etc., that become contaminated with blood or body fluids will be disinfected using disinfectant spray or a 1:10 solution of Clorox and water. Members will wear gloves when handling these items. Spray inside the leather gear to decontaminate the cuff case, OC spray case, stun device, or any other area where contamination could have occurred. Leather gear can be decontaminated using a disinfectant spray. Let the spray sit for 10 minutes before wiping clean. Webb gear will packaged as a biohazard and will be destroyed in accordance to other biohazard material.

d. WD40 should be sprayed on handcuffs after cleaning to prevent rusting.

e. Counter and sink area shall be sprayed with bleach solution after cleaning infected equipment to disinfect any residue left behind.

f. Wipe up the counter with a disposable towel and place all disposable-cleaning items used in a biohazard bag and place it in an appropriate biohazard container for incineration.

g. The bleach solution of 1:10 with water is only good for 24 hours when mixed together per OSHA guidelines. The solution should only be mixed as needed. Kitchen and bathroom sinks should not be used for this purpose.

11. Personnel contaminated with blood or body fluids should disinfect with soap and water as soon as possible. Two types of disinfectants and bleach are stocked for use by employees.

a. An alcohol gel provides employees with a convenient means for disinfecting hands in the field.

b. Antiseptic towellettes can be used until the employee has access to running water.

c. Hands or other body parts that become directly contaminated with blood or body fluids should be washed as soon as possible with soap and warm water. If running water is not immediately available, the disinfectant gel or towelettes will be used and hands will be washed with soap and water as soon as possible thereafter.

d. If blood or body fluid(s) make direct contact with eyes, immediately wash out eyes thoroughly with water.

e. If the uniform sustains a significant exposure, the member should consider the fact that their body has been exposed and take a shower before returning to duty.

12. Handling disposable contaminated items.

a. All contaminated disposable items will be placed into a biohazard bag to be eventually incinerated.

b. Seal the bag with tape; do not use staples.

c. Upon removing latex gloves and other items of protective clothing after use, members shall place such items into a biohazard bag and place the bag into a biohazard container located at the main station or one of the fire stations.

I. Exposure

1. Evaluating the significance of an exposure depends on the communication of the details provided by the exposed employee and the medical control use of the severity rating system. There are three levels of exposure that an employee may encounter. The levels are listed below. Supervisors need to treat exposures as serious and insure that their employees get adequate treatment as close to the time of the exposure as possible. In all cases it is assumed that the exposed employee can immediately clean the exposed area of the body. If unable to do so, the severity of the exposure may be upgraded.

2. Per OSHA guidelines, a medical surveillance program will be instituted by the employer for all employees who are or may be exposed to hazardous substances or health hazards, or who are injured, become ill or develop signs or symptoms due to possible overexposure involving hazardous substances or health hazards from an emergency response. The Staff Services Bureau Lieutenant shall maintain the medical surveillance program to maintain employee confidentiality and follow-up medical treatment.

3. The exposure levels are as follows:

a. A Level I Exposure is exposure of non-intact (chapped, abraded, weeping or dermatitic) skin mucous or area of the eye to a person’s body fluids (i.e., blood, vomit, feces, urine, Etc.). This category includes needle punctures, human bites and ingestion of "possible” contaminated food. Exposure to active TB and the measles is also considered a Level 1 Exposure. This exposure constitutes being in the presence of a person with active Tuberculosis or within a room which someone with an infectious measles has vacated within the past hour.

b. A Level II Exposure is contamination of intact skin, clothing or equipment by a person’s blood, body fluids, or other potentially infectious materials. Level II Exposure is considered a minimal exposure.

c. A Level III Exposure is contact limited to merely being in the presence of a person suspected of having a communicable disease.

d. Exceptions to the ratings exist. One example is measles. Simply entering a room, which an infectious measles patient has vacated within an hour, represents a significant risk of infection. When doubt exists, consultation with the Health Center or other medical authority, such as Center for Disease Control, should provide guidance for making an informed decision on the severity of the particular exposure.

4. Supervisors shall be responsible to ensure all employees follow the appropriate exposure action listed in section 5.05.K.

J. Exposure Action Categories

1. For exposures classified as Level I, members shall:

a. Decontaminate immediately.

b. Notify Supervisor.

c. Complete all appropriate Industrial Injury, Employee Report of Accident, and Supervisor Report of Accident paperwork before securing from duty.

d. Completion of the Communicable Disease Exposure Form.

(1) The form is to be forwarded through the employee's supervisor to Police Administration.

(2) It is the obligation of the employee to get blood drawn, per the stipulation on the form.

(3) The employee should have their blood drawn within ten (10) days of the exposure.

(4) The Department will not pay for this procedure until the Communicable Disease Exposure Form is received.

(5) Indicate Level 1 Exposure on both forms.

e. Supervisor will notify the Duty Commander.

f. Employees exposed will be given the opportunity to begin HIV/HBV testing and inoculation immediately. See section 5.05.O for details.

2. For exposure classified as Level II, members shall:

a. Decontaminate immediately.

b. Notify Supervisor.

c. Completion of the Communicable Disease Exposure Form. The form is to be forwarded through the employee's supervisor to Police Administration. This paperwork will be completed before securing from duty.

d. It will be the responsibility of the exposed employee to contact the designated Occupational Health Care Service provider by phone to determine if additional medical needs are appropriate.

3. For exposures classified as Level III, members shall:

a. Decontaminate.

b. Notify Supervisor

c. Completion of the Communicable Disease Exposure Form. The form is to be forwarded through the employee's supervisor to Police Administration. This paperwork will be completed before securing from duty.

d. It will be the responsibility of the exposed employee to contact the designated Occupational Health Care Service provider by phone to determine if additional medical needs are appropriate.

K. Lice and Scabies Exposure

1. Lice infestation may result in severe itching and excoriation (abrasions) of the scalp or body.

2. Scabies infestation caused by mite penetration is visible as papules, (red, elevated areas on the skin), vesicles (a small blister like elevation on the skin), or tiny linear burrows containing the mites and their eggs. Itching is intense, especially at night.

3. The following procedure will be followed when a member comes into direct contact with a person or articles from a person, infested with lice or scabies.

a. Members shall inform their supervisor as soon as they discover they have been exposed, and shall not mingle with other members to avoid spreading the infestation.

b. Any person found to be infested with lice or scabies shall be separated from other persons to reduce the chance for exposure. Detention officers shall be informed if a prisoner is infested.

c. All employee clothing shall be placed in a sealed plastic bag and washed by the employee in hot, soapy water and dried on the hot cycle of the dryer.

d. The supervisor will send another employee to a drug store to purchase two bottles of shampoo containing the chemicals Permethrin or Pyrethrum Extract (examples would be "RID" or "NIX" shampoo). Should the exposed member wish to participate, they should use one bottle to shower (at home) with immediately in hot water after the exposure and the other bottle to wash with 8 - 10 days after the exposure.

e. It is very important to shampoo 8 - 10 days later to kill any lice whose eggs may have survived the first treatment.

f. In all of the described exposure incidents, members shall fill out appropriate Industrial Forms, documenting what they were exposed to, and the decontamination steps taken.

g. If a prisoner is infected, their clothing shall be placed in a sealed plastic bag and washed in hot, soapy water and dried on the hot cycle of the dryer.

h. Any employee handling this clothing will take universal precautions.

i. Employees should be aware that if they have been infected with lice or scabies, their personal place of residency and those who live there have probably also been infected. It is suggested that the entire household be cleaned using universal precautions, and bed sheets and blankets washed in hot soapy water.

L. Narcotics and Dangerous Drugs Exposures

1. Whenever officers come in direct contact with narcotic drugs without proper protection, the Decontamination and Disinfection (Section H) guidelines will be followed. When they have exposure while inadvertently handling narcotic drugs with bare hands they need to follow universal precautions.

M. AIDS/HIV Significant Exposure Notification

1. The Industrial Commission of Arizona requires the following procedure in accordance with A.R.S. § 23-1043.02, whenever a significant (Level I) exposure occurs:

a. Employee must report in writing to his employer within 10 calendar days, the details of the possible HIV exposure.

b. Employee must have blood drawn within 10 calendar days after exposure.

c. Employee must have blood tested for HIV by antibody testing within 10 days after exposure and test results must show no presence of HIV.

d. Employee must be tested or diagnosed as HIV positive within eighteen (18) months after exposure.

e. Employees must file a Workers' Compensation Claim within one (1) year of diagnosis or positive blood test if the employee wishes to receive benefits under the Workers' Compensation System.

2. The Safety Officer will follow-up with the infected employee to insure that testing occurs in accordance with A.R.S. § 23-1043.02. In addition, testing will be done on the third and ninth month after baseline testing.

N. HIV Post Exposure Prevention Program

1. The key to swift, efficient management of blood or body-fluid exposure is an accurate evaluation of the risk that a deadly pathogen has been transmitted.

2. Samaritan Occupational Health Services has designed a program based on recommendations from the Center for Disease Control (CDC) to provide treatment for employees who have been exposed to hazardous HIV body fluids.

3. If you have been exposed to HIV positive blood or body fluids, you must act quickly! Within 15 minutes of exposure call 602-747-8364. The operator will contact Samaritan Occupational Health immediately. Treatment within 2 hours could prevent HIV infection.

a. Based on the discussion of the exposure between the employee and the licensed clinician, a determination will be made as to which drug therapy is appropriate or necessary.

b. If it is determined that the appropriate treatment is drug therapy, they will contact the closest Walgreen's 24-hour pharmacy to provide the employee with the prescriptions within the recommended timeframe. No payment is required when picking up the medication

c. Therapy needs to begin within two hours of the exposure. The employee will respond to the appropriate Walgreens pharmacy. The pharmacist will have the first dose waiting with a glass of water so that therapy is initiated immediately.

d. Continued follow-up care will be required. Frequency of the follow-up care is dependent on the therapy prescribed.

e. The supervisor will be responsible to notify their appropriate lieutenant that this service was utilized so billing can be tracked.

f. Payment for all services of this treatment will be through Samaritan Occupational Health Services.

4. Each member of the Peoria Police Department identified within the "At-Risk Classification" shall be provided with a business card from Samaritan Occupational Health Service containing the appropriate telephone number to call. Samaritan Occupational Health Service will provide these cards to the Department.

5. Supervisory personnel should acknowledge that the medications used within the HIV Post Exposure Prevention Program may cause severe flu-like symptoms for the duration of the treatment and the employee may be unable to report to work.

O. Blood Testing: In HIV exposure situations where the employee experiences a Level I exposure, consideration should be given to testing the blood of the individual suspected of being the HIV carrier.

1. The employee's supervisor and the Bureau Lieutenant will be notified immediately if blood testing is required.

a. If the suspected HIV carrier does not consent to a blood test, a search warrant or court order may be obtained.

b. The City Attorney's Office should be contacted if questions arise concerning the requirements in obtaining a search warrant/court order for this purpose.

2. Upon approval of the Bureau Lieutenant, the closest City approved medical provider will be contacted for assistance. The medical provider should be contacted in advance in order to ensure the availability of the proper personnel to perform this service.

3. A copy of the blood test results will be forwarded to Police Administration for inclusion in the employee's Department medical file.

4. Complete all applicable paperwork: Workman's' Comp, Employee Report of Accident, Supervisor Report of Accident, and Bloodborne pathogens.

P. Employee Confidentiality

1. An Employee's Infectious Exposure form will remain confidential and not be released to anyone without the express written consent of the exposed employee.

2. If an employee's infectious disease exposure places other employee's at risk, appropriate steps will be taken to remove the risk without disclosing the employee's confidential medical records.

Q. Supervisors Responsibilities: When an employee becomes aware that he/she has been exposed to a communicable disease exposure while on duty, he/she will immediately notify their supervisor. The supervisor will be responsible for the following:

1. Ensuring that the guidelines in the appropriate Action category are followed.

2. Contacting the Infectious Disease Control Department of a local hospital, an emergency room physician, or Concentra for additional advice, and follow the action(s) recommended by medical authorities.

3. Ensuring that any contaminated disposal items (such as gloves, masks, and gowns) are taken to the appropriate facility for disposal.

4. Completing the appropriate Industrial Injury Forms. A copy of the Industrial Injury forms will be maintained in the employee's permanent personnel file.

5. Notifying any Department employee who may have been exposed to the disease. If those personnel are off duty, an attempt will be made to contact them at home.

6. Notifying any other agency (e.g. MCSO, Fire Department, etc.) that had contact with the infected person. That agency will be responsible for notification of individual employees.

7. Having all equipment that was used and any clothing that was worn by members exposed during any questionable incident inspected and decontaminated as directed in this policy.

R. Communicable Disease Quick Reference Chart. See the following chart:

Communicable Disease Quick Reference Chart

DISEASE	INCUBATION	HOW CONTRACTED	SIGNS AND SYMPTOMS
Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS)	May be up to ten years	Blood-to-blood exposure; sexual contact Shared needles	May not be detected by pre-hospital responders. Be alert in any case where open sores are present.
Hepatitis, Viral (Type A)	15 - 50 days; average 28 - 30 days	Person-to-person spread by fecal-oral route. Ingestion of contaminated food or water.	Onset is usually abrupt, with fever, malaise, loss of appetite, nausea, and abdominal discomfort, followed within a few days by jaundice. ****See Note Below**
Hepatitis B	45 - 160 days; average 60 - 90 days	Percutaneous or mucous membrane inoculation of blood or blood products from an infected person; sexual contact	Onset is usually gradual, with loss of appetite, vague abdominal discomfort, nausea, and vomiting often progressing to jaundice. *****See Note Below**
Hepatitis Non A, Non B	14 - 180 days; average 42 - 56 days	Blood transfusion	Onset usually gradual, with loss of appetite, vague abdominal discomfort, nausea, and vomiting
Herpes Simplex Virus, Type 1		Direct contact with mucous membranes, skin lesions	Cold sores, ulcers in mouth, most infections are reactivation of latent virus

Meningitis, Aseptic	2 - 21 days, depending on etiological agent	Varies with the specific infections agent	Sudden onset of fever with headaches, stiff neck
Meningitis, Influenza	Within 2 - 4 days	Droplet infection and discharges from nose and throat	Onset usually sudden with fever, vomiting, lethargy, and meningeal irritation consisting of bulging fontanel in infants or stiff neck and back in slightly older children ******See Note Below**
Meningitis, Meningococcal	2 - 10 days, average 3 - 4 days	Person-to-person by droplet spread and discharges from nose and throat during infectious period.	Sudden onset of fever, headache, nausea, vomiting, stiff neck
Pediculosis (Lice)	7 - 14 days	Direct contact with infested person; contact with infested articles or objects	Infestation of the scalp or hairy parts of the body including eyebrows, clothing with adult lice, larvae, or eggs
Syphilis	10 - 90 day; usually 21 for appearance of chancre (lesions)	Direct contact with infected lesions. Sexual transmission	Primary (1st stage); presence of a painless lesion in the area of contact. Secondary (2nd stage); varies from rash on palm of hands and/or soles of feet and/or generalized rash
Tuberculosis, Pulmonary	From infection to primary phase: 4 - 6 weeks. May be many years before secondary disease.	Inhalation of aerosol respiratory secretions of an infected person.	Cough, fatigue, fever, weight loss, hoarseness, chest pain, and blood in sputum may occur but are often absent until the disease is advanced

** Immune serum globulin may be recommended by a physician based on the extent of the exposure
*** Physician may recommend Hepatitis B vaccine based on the extent of the exposure
**** This disease is unusual in persons over the age of 5 years

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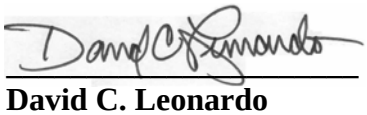
APPROVED: 

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