



## MISSOULA POLICE DEPARTMENT POLICY MANUAL

<b>Subject:</b> <b>BLOODBORNE PATHOGENS</b>		
<b>Effective Date:</b> <b>4/25/2018</b>	<b>Original Date:</b> <b>06/05/2002</b>	<b>Next Review:</b> <b>4/25/2021</b>
<b>Chapter</b> <b>14</b>	<b>Policy #</b> <b>14.12</b>	<b>Distribution:</b>
<b>References:</b>		

### I. Purpose

The purpose of this policy is to provide officers with guidelines for preventing the contraction of the HIV virus, Hepatitis B Virus, Hepatitis C Virus and other blood borne pathogens.

### II. Policy

It is the responsibility of this law enforcement agency to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by viruses that can be contracted through exposure to blood borne pathogens. Therefore, it is the policy of this agency to provide employees with information and education on prevention of these diseases, provide up-to-date safety equipment and procedures that will minimize their risks of exposure and to institute post-exposure reporting, evaluation and offer treatment for all members exposed to these diseases.

### III. Definitions

**Potentially Infectious Body Fluids:** Any body fluid such as saliva, sputum, semen, vaginal secretions, amniotic fluid, feces, wound drainage, cerebral spinal fluid, human blood, blood products or blood components.

**Exposure Control Plan:** A written plan developed by this agency and available to all employees that details the steps taken to eliminate or minimize exposure and evaluate the circumstances surrounding exposure incidents.

**Human Exposure:** defined as:

- a. Any person to person contact in which a co-mingling of respiratory secretion (*saliva and sputum*) of the patient and the emergency services provider may have taken place;
- b. Transmittal of blood or bloody body fluids of the patient onto the mucous membranes of the emergency services provider (*mouth, nose, eyes*) and/or into breaks in the skin of the emergency services provider;
- c. Transmittal of other body fluids (*semen, vaginal secretions, amniotic fluid, feces, wound drainage, or cerebral spinal fluid*) onto the mucous membranes of the emergency services provider;

- d. Any non-barrier protected contact of the emergency services provider with the mucous membranes or non-intact skin of the patient.

**Personal Protective Equipment:** Specialized clothing or equipment worn by members for protection against the hazards of the job. This does not include standard issue uniforms and work clothes without special protective qualities.

**Universal Precautions:** Procedures as defined by the CDC, (Center for Disease Control), are a set of precautions designed to prevent transmission of human immunodeficiency virus, (HIV), Hepatitis B virus, (HBV), Hepatitis C virus and other blood borne pathogens.

## **IV. Procedures**

### **A. General Disease Prevention Guidelines**

1. This agency's exposure control plan shall provide the overall strategy for limiting exposure to HIV, HBV and HCV; and responding to exposure incidents.
2. This agency subscribes to the principles and practices for prevention of HIV, HBV and HCV as detailed in the "universal precautions" prescribed by the CDC and the federal regulations of the Occupational Safety and Health Administration. Where otherwise not detailed in this policy, employees shall be guided by these practices and procedures

### **B. Workplace Controls and Personal Protective Equipment**

1. In order to minimize potential exposure, officers should assume that all persons are potential carriers of HIV, HBV and HCV.
2. When appropriate Personal Protective Equipment is available, no member shall refuse to arrest or otherwise physically handle any person who may carry the HIV, HBV or HCV virus.
3. Members shall use protective equipment under all appropriate circumstances unless the member can demonstrate that in a specific instance, its use would have prevented the effective delivery of health care or public safety services or would have imposed an increased hazard to his safety or the safety of another co-worker.

All such instances shall be reported by the member and shall be investigated and appropriately documented to determine if changes could be instituted to prevent similar occurrences in the future.

4. Disposable gloves should be worn when handling any persons, clothing or items with bodily fluids on them.
5. Masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length face shields should be worn whenever splashes, spray, spatter or droplets of potentially infections

materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

6. Gowns, aprons, lab coats, clinic jackets or other outer garments should be worn as determined by the degree of exposure anticipated.
7. Authorized barrier/resuscitation devices that does not permit blood or other potentially infectious materials to pass through, will be used whenever an officer performs CPR or mouth-to-mouth resuscitation.
8. All used sharps instruments such as knives, scalpels and needles shall be handled with extraordinary care and should be considered contaminated items.
  - a. Leather gloves or other protective equivalent shall be worn when searching persons or places or dealing in environments such as accident scenes, where sharp objects and bodily fluids may reasonably be encountered.
  - b. Needles will not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated by hand.
  - c. Needles shall be placed in departmentally provided, puncture resistant, leak proof containers that are marked as bio-hazardous when being collected for evidence, disposal or transportation purposes.
9. Officers shall not smoke, eat, drink, handle contact lenses or apply makeup around bodily fluid spills, or areas where there is reasonable likelihood of occupational exposure.
10. Any evidence contaminated with bodily fluids shall be completely dried, double bagged and marked to identify potential or known communicable disease contamination.
  - a. All biohazard evidence must be air dried before being placed in evidence.
  - b. Place evidence to be dried on the table or drying rack in the down stairs processing room. (Always have the drying table covered with paper, supplied in the processing room on a roller next to the drying table)
  - c. Lay the evidence in single layers for quick drying time
  - d. When leaving the processing room, flip the sign on the outside door of the processing room to read 'Bio Hazard evidence drying.'
  - e. When all biohazard evidence is dried completely, wrap the evidence in white paper, provided on the wall by the drying table.
  - f. Place the evidence in paper evidence bags and tag them with evidence tags, (filling out the evidence tags completely). Do not use staples to seal the evidence bag. You can use packaging tape to seal the bag and then place evidence tape over the packaging tape.
  - g. Place orange biohazard sticker on the outside of package.
  - h. Fill out the property report sheet completely

- i. Place the evidence in the upstairs property vault in an evidence locker and write the locker number on the top of the property report, (white copy), and then place it in the evidence wire basket on the shelf above the lockers.
- j. Turn the other two property report forms into the shift commander for review.

### **C. Custody and Transportation of Prisoners**

1. Officers should not put their fingers in or near any person's mouth.
2. Individuals with bodily fluids on their persons shall be transported in separate vehicles from other persons. The individual may be required to wear a suitable protective covering if he is bleeding or otherwise emitting bodily fluids.
3. Officers have an obligation to notify relevant support personnel during a transfer of custody when the suspect has bodily fluids present on his persons, or has stated that he has a communicable disease.
4. Officers shall document on the appropriate arrest or incident form when a suspect taken into custody has bodily fluids on his person, or has stated that he has HIV, HBV or HVC.

### **D. Housekeeping**

1. Supervisors and their employees are responsible for the maintenance of a clean and sanitary workplace and shall conduct periodic inspections to ensure that these conditions are maintained on a routine schedule
2. All equipment and environmental and work surfaces must be cleaned and decontaminated after contact with blood and other potentially infectious substances as provided in this policy.
3. Any protective coverings used in laboratory, evidence custody or enforcement operations for covering surfaces or equipment shall be removed or replaced as soon as possible following actual or possible contamination.
4. Re-useable bins, pails and similar receptacles used to hold actual or potentially contaminated items shall be labeled as bio-hazardous, decontaminated as soon as possible following contamination as well as inspected and decontaminated on a regularly scheduled basis.
  - a. Bio hazard waste will be packaged in the following manner:
    - i. Needles will be packed in Sharps containers
    - ii. Items contaminated with blood will be dried and packaged in wrapping paper and secured in a paper sack.
    - iii. Liquids will be placed in an air tight, leak proof container and placed in a plastic bag.

iv. **ALL BIO HAZARD ITEMS WILL BE IDENTIFIED WITH BIO HAZARD STICKERS.**

- b. Bio hazard waste will be picked up and destroyed by Sure-Way Systems of Deer Lodge, Montana per Missoula Police Department contract.
- 5. Only designated employees shall discard actual or potentially contaminated waste materials. All such disposal shall conform to established federal, state and local regulations.

**E. Disinfection**

- 1. Any unprotected skin surfaces that come into contact with bodily fluids shall be thoroughly washed as soon as possible with hot running water and soap for at least 15 seconds before rinsing and drying.
  - a. Alcohol or antiseptic towelettes may be used where soap and water are unavailable.
  - b. Disposable gloves should be rinsed before removal and hands and forearms should then be washed.
  - c. Skin surfaces shall be washed and mucous membranes flushed as soon as feasible following the removal of any personal protective equipment.
  - d. All open cuts and abrasions should be covered with waterproof bandages before reporting to duty.
- 2. Disinfection procedures shall be initiated whenever there are bodily fluids present or an individual with bodily fluids on his person is transported in a departmental vehicle.
  - a. A supervisor shall be notified and the vehicle removed from service until the contaminated area can be disinfected.
  - b. All police vehicles should be cleaned in the interior with disinfectant during all routine cleanings.
  - c. An approved disinfectant provided by the department will be used. The contaminated item will be cleansed with two applications of the disinfectant.

**F. Supplies**

- 1. Supervisors are responsible for continuously maintaining an adequate supply of disease control supplies in a convenient location for all affected personnel in their unit. This includes, but is not limited to, ensuring that:
  - a. Personal protective equipment in appropriate sizes, quantities and locations are available.
  - b. First aid supplies and disinfecting materials are readily available at all times.

2. All department vehicles shall be continuously stocked with the following supplies.
  - a. Personal protective equipment in appropriate size and quantity for affected personnel to include face and eye protective devices, coveralls, disposable gloves and booties, puncture resistant and leak proof containers for needles and other sharp objects, barrier resuscitation equipment and leak proof plastic bags.
  - b. Liquid germicidal cleaner
  - c. Disposable towelettes (70% isopropyl alcohol)
  - d. Appropriate identification labels and tape for Bio Hazard Material for disposal.
3. Officers using supplies from their vehicles are responsible for ensuring that they are replaced as soon as possible.
4. Officers are encouraged to keep disposable gloves in their possession at all times while on duty.

#### **G. Vaccination, Exposure, Evaluation and Treatment**

1. During employee orientation, the Missoula Police Department will offer the new employee the opportunity to receive the Hepatitis B vaccine at no cost to the employee. All declining employees will sign the Hepatitis B Declination form indicating their acceptance or declining the vaccine and these records will be maintained in the training/orientation files.
2. All members of this agency who have been determined to be at risk for occupational exposure, through the definitions of their job descriptions, shall be provided with the opportunity to be immunized with the HBV vaccination series at no cost within 10 working days. The vaccination will be provided if desired only after the member has received required departmental training and has not previously received the vaccination series.
3. Any person who has unprotected physical contact with blood or other potentially infective material as outlined in Section III Human exposure, shall be considered to have been potentially exposed to HIV, HBV or HCV.
4. In cases of exposure, a supervisor will be contacted and complete appropriate incident forms and shall take appropriate steps to document the means and circumstances under which the exposure occurred.
  - a. Workers Compensation form
  - b. Report of Exposure form
  - c. Written incident report
5. Within two hours after exposure and after completing an initial disinfection, the officer shall proceed to a health care facility for medical evaluation.

- a. The medical visit may include an evaluation of the officer's risk for exposure to HIV, HBV or HCV and a draw of the officer's blood for baseline testing.
  - b. This agency shall ensure continued testing of the member for potential of infection and provide psychological counseling as determined necessary by the health care provider.
  - c. Unless disclosure to an appropriate departmental official is authorized by the officer or by state law, the officer's medical evaluation, test results and any follow-up procedures shall remain confidential.
6. Any person responsible for potentially exposing a member of this agency to a Blood Borne Pathogen shall be encouraged to undergo testing to determine if the person has HIV, HBV or HCV at no charge to the person.
  - a. The person shall be provided with a copy of the test results and a copy shall be provided to the exposed agency member.
  - b. Criminal charges may be sought against any person who intentionally exposes a member of this agency to a communicable disease.
7. Notification of results: The department's designated officer will be notified in writing of the following:
  - a. Whether or not the patient was infected with one of the infectious diseases in ARM 16.30.801.
  - b. Whether or not a determination has been made.
  - c. The name of the disease and the date of transport if the patient was infected.
8. If in fact the subject was diagnosed as having an infectious disease the officer will be advised of appropriate medical precautions and treatment.
9. Officers who test positive for HIV, HBV, HCV may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public or other members of this agency.

## **H. Record Keeping**

1. The Missoula Police Department will record the Hepatitis B immunization and titer status of the employee. This record will be maintained by the training officer.
2. All medical records maintained by this department shall be considered confidential and stored in accordance with 29 CFR, Part 1910.20, "Access to Employee Exposure and Medical Records."
3. If an exposure occurs, the department may receive a written opinion from the Health Care Professional regarding:
  - a. When the employee is sent to obtain the Hepatitis B vaccine.

- b. Whenever the employee is sent to a health care professional following an exposure incident.
4. A health care professional shall be instructed to limit their opinion to:
  - a. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine;
  - b. That the employee has been informed of the results of the evaluation and
  - c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.
5. The employer is not to reference any personal medical information.

## **I. Training**

1. This agency's training officer shall ensure that all members of this agency with potential of occupational exposure are provided with a complete course of instruction on prevention of blood borne diseases before their initial assignment.
2. All identified affected employees shall receive annual refresher training and additional training whenever job tasks or procedures are modified in a manner that may alter their risk of exposure.
3. All trainees shall have access to applicable federal and state regulations pertaining to the regulation of blood borne pathogens.
4. The training officer shall ensure that complete records are maintained on member training to include information on the dates and content of training sessions, names and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions.