

# Medina Police Department

Subject: <b>Significant Exposure to Fluid Borne Pathogens</b>		Policy Number: <b>2270</b>	<b>Blood Borne Pathogens 2270</b>
Reference: <b>OSHA Regulations</b>		Pages: <b>8</b>	
Personnel: <b>Sworn and Non-Sworn Personnel</b>			
Issue Date: <b>01-01-2004</b>	Revised Date: <b>11-16-2020</b>	Review Date: <b>As Needed</b>	

## **2270.1 – PURPOSE**

This Exposure Control Plan sets forth policies, procedures, and required protective equipment necessary to protect officers from health hazards associated with exposure to Bloodborne pathogens or other infectious agents in the workplace.

## **2270.2 – POLICY**

Police personnel are engaged in delivery of medical care in the pre-hospital setting. Job duties are often performed in uncontrolled environments which, due to lack of time and other factors, do not allow for application of complex decision-making processes to the emergency at hand. It is the policy of the Medina Police Department to provide the training, equipment, and procedures necessary to minimize the risk of an employee exposure to infectious agents, without compromising the care and safety of the victim (patients).

The following procedures should be observed by employees in making decisions concerning the use of personal protective equipment and resuscitation equipment and when implementing decontamination and disposal procedures. Employees should observe universal precautions, whereby all human blood and certain human body fluids are treated as if known to be infectious.

Annual training will be required by the department on the Bloodborne Pathogen procedures. This training is provided by PATROL on-line training.

## **2270.3 – DEFINITIONS**

**BLOOD** - Human blood, human blood components, and products made from human blood.

**BLOODBORNE PATHOGENS** - Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (1113V) and al-so immunodeficiency virus (HIV).

**CONTAMINATED** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**CONTAMINATED SHARP OBJECT** - 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.

DECONTAMINATION - The use of physical or chemical means to remove, inactivate, or destroy Bloodborne pathogens on a surface or item to the point where they no longer are 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, or non-intact skin contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

HBV (HEPATITIS B VIRUS) - A viral- infection that affects the liver.

HIV (HUMAN IMMUNODEFICIENCY VIRUS) - The specific AIDS retrovirus which has been identified as destroying the body's immune system.

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

PERSONAL PROTECTIVE EQUIPMENT - Specialized clothing or equipment worn by an employee for protection against a hazard.

POTENTIALLY INFECTIOUS MATERIALS - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial (joints) fluid, peritoneal (abdominal) fluid, amniotic (pregnancy) 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.

UNIVERSAL PRECAUTIONS - An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.

#### **2270.4 – PROCEDURE**

When the possibility of exposure to blood or other potentially infectious materials exists, universal precautions shall be followed:

- A. Gloves shall be worn when handling persons, clothing, or other material contaminated by blood or other potentially infectious material. Gloves may be used if disposable latex gloves are inappropriate for the situation.
- B. Face shields or goggles and masks shall be worn when there is foreseeable potential for spraying of blood or other potentially infectious materials into the eyes or the mucous membranes of the nose or mouth.
- C. To minimize the need for emergency mouth to mouth resuscitation, appropriate masks and oxygen equipment should be readily available and used. Pocket masks with one-way valves are available for mouth-to-mouth ventilation.

- D. All sharp objects should be assumed to be contaminated and handled with extreme caution. Dispose of them in the proper receptacles provided by the ambulance service. Needles should never be recapped, bent, broken, or otherwise tampered with by department personnel.

The proper personal protective gear for specific procedures is outlined in 2270.5 "Personal Protective Equipment Required for EMS Procedures". When it is likely that employees will have to perform one of the tasks or activities listed, the recommended protective equipment for that task or activity shall be worn.

### **2270.5 - PERSONAL PROTECTIVE EQUIPMENT**

- A. DISPOSABLE LATEX GLOVES AND GLOVE POUCHES - Disposable latex gloves should be worn when providing medical treatment if there is a possibility of contact with blood or other potentially infectious materials. Disposable latex gloves should be worn only once and then discarded. If the gloves have been contaminated, they should be discarded in the appropriate waste containers in the ambulance, at the hospital, or in the plastic bags provided. The gloves should be pulled off inside out to prevent any contaminated fluid from contacting the skin. Employees should avoid all contact with the mouth, nose, and eyes, and should wash their hands as soon as possible after removing the disposable latex gloves.
- B. FACE SHIELD OR GOGGLES AND MASK - Eye, nose, and mouth protection should be worn when there is a reasonable foreseeable potential for an exposure to this area.
- C. POCKET MASKS WITH ONE-WAY VALVES AND OXYGEN TANKS - This equipment should be used in lieu of mouth-to-mouth resuscitation.
- D. DISPOSABLE PAPER TOWELS AND CLEANING SUPPLIES - This equipment should be used by employees to wash their hands immediately after an exposure. This wash should be followed by a thorough soap and water wash as soon as possible.
- E. DISPOSABLE PLASTIC BAGS - Disposable plastic bags are provided for disposal of gloves and other equipment.

The above equipment and supplies should be kept by the employee, in the squad cars, in easily accessible locations. Equipment should be kept in clean, serviceable condition. Enough supplies (including disinfectant) should be carried so that multiple back to back calls can be handled without having to return to the office for restocking.

### **2270.6 - CLEANING AND DECONTAMINATION**

Employees who come in contact with blood or other potentially infectious material, whether wearing gloves or not, should wash their hands (and/or other areas of contact) with soap and water as soon as possible.

Uniform clothing and other clothing that becomes contaminated with blood or other potentially infectious material should be removed as soon as possible. Heavily contaminated clothing should be put in a disposable plastic bag for decontamination. Normal washing, using regular detergents in a washing machine, will decontaminate clothing. Normal dry cleaning will decontaminate uniform items that must

be drycleaned . As an added precaution, heavily soiled clothing items should be washed separately from other wash items.

Equipment items that are contaminated with blood or other potentially infectious material should be washed with soap and water, followed by decontamination with a solution of one (1) part bleach to nine (9) parts water or other suitable disinfectant. Disposable contaminated items should be placed in a disposable bag clearly marked for contaminated items.

Property contaminated with blood or other potentially infectious material should be handled with gloves at all times.

### **2270.8 - POST EXPOSURE EVALUATION AND FOLLOW-UP**

Any time an employee has direct contact with blood or other potentially infectious material constituting an exposure incident, the employee shall be examined by a physician within twenty-four (24) hours of the incident. As soon as practical following the incident, the employee should take the following steps:

- A. Cleanse the area thoroughly as soon as possible. Wash with warm water and soap for at least thirty seconds, then rinse with plenty of warm water. If water is not readily available, an alcohol wipe or other cleaning supplies should be used for the initial cleansing of the area. Washing with warm water and soap should be done as soon as possible.
- B. If the exposure includes extensive contamination of clothes, put on disposable gloves, remove soiled items, and wash areas with soap and water. Remove gloves carefully and inside out. Wash hands thoroughly with warm soapy water for at least thirty seconds (30).
- C. Cover any open wounds with a clean bandage.
- D. Fill out an exposure incident form and, if an injury was involved, the "First Report of Injury" report.
- E. Submit the forms to the Chief of Police, Sergeant or Administrative Assistant immediately for processing.
- F. After notifying the Chief of Police or supervisor if appropriate, the employee shall report to the hospital emergency room or the medical clinic with a copy of the exposure incident form.

The employee will be evaluated by a physician whom will do appropriate blood tests (if consent if given), answer questions, and instruct the employee on any additional follow-up that may be needed.

If an employee goes directly to the emergency room from the scene, the exposure incident report should be completed after returning to the police department. The form should include the name of the emergency room physician that did the examination. To insure proper and consistent follow-up, a copy of the exposure incident form should be forwarded to the employee's own physician.

If the determination is made that the exposure was significant and may be a possible means of transmission, the employee will be evaluated clinically and serologically for evidence of infection as

soon as possible after the exposure. Following the initial test at the time of the exposure, seronegative workers should be re-tested at six weeks, twelve weeks, and six months after the exposure to determine whether transmission has occurred. Follow-up testing will be conducted by the employee's own physician, at no expense to the employee. The identity of the individual whom has an infectious and reportable disease will be confidential. Every effort will be made by all persons involved to protect the individual's right to confidentiality.

#### **2270.9 - HEPATITIS B VACCINATION FORM**

- A. The hepatitis B vaccination series is available to all employees at no expense. The vaccination is optional. The attached form shall be used to offer employees the vaccination, or to document declination by the employee:

CITY OF MEDINA

HEPATITIS B CONSENT / REFUSAL FORM

I have read the attached statement about hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the vaccination. I accept those risks. I understand that if I consent to the vaccination, I must have three (3) doses of vaccine to confer immunity. I realize that 100% immunity is not guaranteed. I understand that it is my responsibility to receive the doses according to the schedule. I further understand that the vaccine has been offered to me at no cost. For myself and my heirs, successors and assigns, I hereby knowingly and willingly release the Medina Police Department and the City of Medina from any and all liability for any claim I may have, now or in the future, as a result of my decision to accept or refuse this vaccination.

**\_\_\_ I request that the vaccination be given to me at this time. I do not have an allergy to yeast.**

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 infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge 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. 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 vaccination series at no charge to me.

**\_\_\_ I decline the opportunity to be vaccinated at this time.**

**\_\_\_ I have already received hepatitis B vaccination. The date of my last injection was \_\_\_\_\_.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Date of Report: \_\_\_\_\_

### Emergency Medical Services (EMS) Personnel COMMUNICABLE DISEASE EXPOSURE REPORT FORM

(EMS Employee - If you wish to be evaluated, complete entire form - See back sheet for Directions)

As an employee of an emergency medical services agency, you are asked to provide the information sought in this form to a health care facility in order to allow the facility to rapidly treat your exposure to blood and to track the source patient. The data that you supply on this sheet will go to the source patient, the Emergency Department Infection control staff, the hospital Infection Control Practitioner, the EMS Medical Director, and your EMS Chief. In addition, we are requesting that you provide a blood sample so that you can be tested for hepatitis B and for the presence of antibodies for the human immunodeficiency virus (HIV), the virus that causes AIDS. Testing your blood may facilitate any counseling and treatment you may need as a result of the blood exposure. By signing this consent you are authorizing permission to test your blood for the presence of HIV antibodies and hepatitis B. The results of the blood test are considered private (nonpublic) and will be released only to you and to a designated agent of the EMS agency which employs you, and, if your test results are positive, to the Minnesota Department of Health.

You are not required to provide the blood sample or the information. Your failure to comply with our request will not affect your employment. However, unless you report your occupational exposure to blood or body fluids, and provide this information and a blood sample, the health care facility will not be able to determine if this exposure may have transmitted HIV or hepatitis B.

By signing here, you are authorizing permission to test your blood for the presence of HIV antibodies.  
Date \_\_\_\_\_ Name (exposed EMS worker) \_\_\_\_\_

By signing below, you are authorizing permission to test your blood for hepatitis B.  
Date \_\_\_\_\_ Name (exposed EMS worker) \_\_\_\_\_

If you request it, your employer must pay for the cost of counseling, testing, and costs associated with the testing of both you and the patient to whom you were exposed (source patient).

1. Date of Incident _____ Time of Incident _____ Vehicle # _____ Run# _____ Location _____	2. Employee's Agency Name _____ Agency Phone( ) _____ Age _____ Address _____ (Town) (State) (Zip)
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3. Name of EMS Medical Director for Employee _____ Medical Director's Address _____ Medical Director's Phone ( ) _____ (Town) (State) (Zip)
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4. First Evaluation Site: Facility Name: _____ Address: _____ (Town) (State) (Zip) Telephone: ( ) _____	5. Follow-up Appointment Site: Facility Name: _____ Address: _____ (Town) (State) (Zip) Telephone: ( ) _____
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6. Circumstances of Contamination (Check Appropriate Boxes)

<input type="checkbox"/> a. wearing gloves? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> g. laceration with a sharp object (not needle)
<input type="checkbox"/> b. drawing blood	<input type="checkbox"/> h. mouth-to-mouth resuscitation using an airway? No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="checkbox"/> c. IV insertion	If Yes, What type? _____
<input type="checkbox"/> d. needlestick injury	<input type="checkbox"/> i. a human bite that caused a break in the skin
<input type="checkbox"/> e. recapping a needle	<input type="checkbox"/> j. splash from actively bleeding patient
<input type="checkbox"/> f. puncture with a sharp object (not needle)	<input type="checkbox"/> k. labor and delivery
	<input type="checkbox"/> l. other _____

7. Fluid Contamination (Check Appropriate Box) <input type="checkbox"/> a. blood <input type="checkbox"/> b. saliva <input type="checkbox"/> c. emesis <input type="checkbox"/> d. amniotic fluid <input type="checkbox"/> e. other? _____	8. Exposed Part of Employee's Body (Check Appropriate Box) <input type="checkbox"/> a. skin <input type="checkbox"/> b. mouth/nose <input type="checkbox"/> c. eyes <input type="checkbox"/> d. a wound that was less than 24 hours old <input type="checkbox"/> e. a wound that was more than 24 hours old <input type="checkbox"/> f. other? _____
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9. Patient Source Data

a. Name: \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

b. Name of facility receiving patient: \_\_\_\_\_

White - Emergency Department Blue - Hosp. Infection Control Practitioner  
Pink - Employee's EMS Med. Director Yellow - EMS Chief Green - EMS Exposed Employee 10/90