

THURMONT POLICE DEPARTMENT

GENERAL ORDER	<i>Date Issued:</i> August 27, 2007	<i>Effective Date:</i> August 27, 2007	<i>Order No:</i> Chapter 21.1
<i>Authority: Chief of Police</i> <p style="text-align: center;"><i>Gregory L. Eylar</i></p>		<i>Manual Page No:</i>	
<i>Subject: EXPOSURE CONTROL PLAN</i>		<i>Replaces Page No:</i>	
<i>Accreditation Standard:</i> Chapter 22	<i>Distribution:</i> ALL	<i>Amends:</i>	<i>Number of Pages:</i> 9
<i>Related Documents:</i>		<i>Rescinds:</i>	

This Directive is for internal use only, and other than as contraindicated here this Directive does not create or enlarge this Department's, governmental entity's, any of this Department's officers, and/or any other entities' civil, criminal, and/or other accountability in any way. This Directive is not to be construed as the creation of a standard of safety or care in any sense, with respect to any complaint, demand for settlement, or any other form of grievance, litigation, and/or other action. Deviations from this Directive, if substantiated, can only form the basis for intra-Departmental administrative action(s) (including discipline and/or termination).

I. PURPOSE:

To furnish procedures for reducing the possibilities of contracting communicable diseases from persons in custody and others with whom police employees have contact.

II. POLICY:

It shall be the policy of the Thurmont Police Department to safeguard the health and safety of all personnel by presenting accurate information regarding health or safety hazards that members may encounter in the performance of their duty, and to develop and enact operational procedures that will provide them the greatest degree of safety. All personnel of the Thurmont Police Department are considered "at risk" personnel and will adhere to all policies and procedures pertaining to infectious diseases.

III. DEFINITIONS:

BLOOD BORNE PATHOGENS: pathogenic microorganisms that are present in human blood and can cause disease in humans.

CONTAMINATION: the presence, or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

OCCUPATONAL EXPOSURE: reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing the skin, e.g., needle pricks) contact with blood or other potentially

infectious materials that may result from the performance of an employee's duties.

V. PROCEDURE:

A. TRAINING

1. Initial training is given to all members by health care professionals and/or appropriate training staff. The training will consist, at a minimum, of the applicable statutes; the manner in which blood borne pathogens are transmitted; the Department's exposure control plan; an explanation of the Hepatitis B vaccine; and the protective equipment available to employees.
2. Updated information regarding blood borne pathogens will be distributed to all personnel via Roll Call, In-Service training, or email.
3. The Training Supervisor will coordinate the training of all departmental personnel relative to exposure to blood borne pathogens and the exposure control plan. Training records will include the following:
 - a. The date of all training sessions and the contents/summary of the material given.
 - b. The names and qualifications of the individuals conducting the training; and,
 - c. The identification of all persons attending the training session.

B. VACCINATION FOR HEPATITIS "B":

1. All department personnel will have the Hepatitis "B" Vaccine and booster doses available to them at no cost. The vaccine will be administered by a licensed health care professional after exposure awareness training. Because exposure awareness training will deal with methods to avoid contamination and safeguards to be taken when dealing with potentially infectious situations, attendance at this training is MANDATORY. However, personnel may decline to receive the Hepatitis "B" Vaccine. Individuals may choose to accept the vaccination at a later date. Some individuals may have a pre-existing condition that prohibits the administration of the vaccine.
2. Individuals who choose not to receive the vaccination for whatever reason will submit a memo, via the chain of command, to the Chief of Police that will state the following:

"By copy of this memorandum, I hereby decline to receive the Hepatitis 'B'

vaccine provided by the Town of Thurmont after having attended the communicable disease training session, and after reviewing Chapter 21, relating to the Exposure Control Plan. I understand that I am considered an ‘at risk’ employee, and this vaccine is being made available to me at no cost. I also understand that should I reconsider and desire to accept vaccination against Hepatitis ‘B’ at a later date, this vaccine will be provided to me at no charge.”

C. UNIVERSAL PRECAUTIONS

1. The Universal Precaution Approach requires that all human blood and body fluids be treated as if they are known to be infected by HIV, HBV, or other blood borne pathogens. All personnel will practice the Universal Precaution Approach when coming in contact with potentially hazardous fluids or in situations where contact is likely to occur.

D. PERSONAL PROTECTIVE EQUIPMENT

1. Personal Protective Equipment designed to protect personnel from blood borne pathogens will be distributed to all “at risk” personnel. This equipment will normally consist of latex gloves with glove pouch and a CPR mask with case. Other specially designed equipment such as eye shields, gowns, etc., will be furnished to members as conditions warrant.
2. Personnel are responsible for having disposable gloves on or near their person while on duty. (Exceptions: members who are assigned to administrative positions and are substantially removed from public exposure.)
3. The Chief of Police or designee will insure that:
 - a. personal protective equipment is distributed to personnel, that the distribution is documented, and that an adequate supply of personal protective equipment is in stock and available for distribution as needed;
 - b. all trash receptacles, “sharps” containers, biohazard labels and bags, cleaning supplies, etc. used for the documentation and/or storage of biohazard wastes are stocked, clearly marked for use, and disposed of properly; and
 - c. a copy of the “Exposure Control Plan” is prominently displayed in the prisoner processing area.

E. GENERAL GUIDELINES

Infectious substances are transmitted via blood and body fluids such as urine, feces,

vomitus, saliva, tears, mucus, semen, vaginal secretions, etc. Generally, the human skin is a protective barrier against exposure to infectious substances; however, if the skin has open sores, cuts, or abrasions, this protective barrier becomes a route for transmitting infection. Airborne respiratory secretions from a person's cough or sneeze also increase the risk of exposure to certain diseases. Contact with a patient's blood or body fluids contaminated with blood poses the greatest risk of transmitting certain diseases, such as Hepatitis B and C Virus and AIDS/HIV.

To prevent the transmission of infectious diseases, **ALL PERSONNEL WILL:**

1. Practice the Universal Precaution Approach and wear gloves and/or other protective equipment whenever dealing with potentially infectious materials or when there is a probability that contact will occur;
2. Wash their hands with soap and water, or flush eyes if appropriate, immediately after removing the gloves or other protective equipment and after contact with any potentially hazardous material. Personnel will **not** eat or drink prior to washing their hands. The Department has supplied antiseptic hand cleanser in each vehicle for use when hand washing facilities are not readily accessible. If utilizing the hand cleanser, employees will wash their hands with soap and running water as soon as feasible afterwards;
3. Place all protective equipment in the appropriate "biohazard" disposal bag prior to exiting any work area and/or room in which blood or body fluids were present;
4. Not eat, drink, smoke, apply cosmetics or lip balm, touch eyes, nose, etc., or handle contact lenses in areas where there is a reasonable likelihood of occupational exposure to infectious material;
5. Will place any *non-evidentiary* needles, "sharps," i.e., any object that can penetrate the skin such as: glass, scalpels, etc. into a "sharps container" as soon as possible after seizure for disposal. Items placed in "sharps containers" will not be bent or recapped;
6. Will store all evidentiary needles, syringes, etc. in accordance with existing procedures;
7. Will place any specimen of blood or other potentially infectious material in a container specially marked with the "biohazard" logo;
8. Will dispose of all used personal protection equipment including all used gloves, whether contaminated by blood or not, in a clearly labeled: "biohazard receptacle;"

9. Will decontaminate any issued departmental equipment such as handcuffs or leg irons as soon as possible after exposure to blood or body fluids with a solution of one part bleach to ten parts of water prior to reuse;
10. Will cover any open cuts or breaks in the skin with a Band-Aid or other bandage that repels liquids. If the protective covering gets wet, it should be removed and replaced; and,
11. Will notify their supervisor to make arrangements for the proper cleaning of any large area such as a cellblock as soon as possible after the exposure occurs.

F. WARNING LABELS

1. Warning labels will be placed on all containers, storage bags, refrigerators/freezers containing blood, or other potentially infectious material and on all other containers used to store, transport or ship those items. Labels will be the standard "biohazard" type and will be prominently displayed on the container.
2. The individual responsible for processing the evidence and/or property will insure that the items are properly packaged and labeled. A supply of biohazard labels will be available in the processing room, workroom.
3. Any area that contains contaminated evidence or property for processing will be clearly marked and restricted from access.

G. HOUSEKEEPING AND DECONTAMINATION OF DEPARTMENT AND/OR PERSONAL PROPERTY

1. Surfaces coming in contact with potentially infectious materials will be thoroughly cleaned and decontaminated as soon as possible after contact has occurred. A bleach solution of 10 parts of water to 1 part of chlorine bleach will be used to wash contaminated areas. Surfaces and areas that are ordinarily used to process evidence/arrestees, will be routinely cleaned with the bleach solution at least one time per week, even if no known exposure incident has occurred.
2. In order to insure that contaminated areas can be cleaned during **exigent circumstances**, personnel have access to cleaning equipment (bleach, pails, mops, rags, etc.) in the storage cabinet in the holding cell area. The cabinet will be clearly marked as containing biohazard-cleaning supplies.
3. In the event that a spill or leakage is so extensive as to require *major* cleaning and decontamination, the supervisor will be contacted as soon as possible for

appropriate response and action. If the incident occurs during non-business hours, the building custodian will be contacted to respond to decontaminate the area. If an area that is contaminated cannot be cleaned, the on-duty supervisor will quarantine the area until decontamination can take place.

4. The decontamination of the interior of a departmental vehicle will be handled in the same manner as the procedure for the cleaning of contaminated rooms.
5. During the performance of a member's duties, blood or body fluids may come in contact with a member's clothing or equipment, such as handcuffs or leg irons. Clothing items are to be stored in a "biohazard" bag, labeled as such, and given to the Deputy Chief of Police or designee, for disposal and replenishment. Departmental equipment, such as handcuffs, will be cleaned by individual officers using a decontamination bleach solution consisting of 10 parts of water to 1 part of chlorine bleach.

H. POST EXPOSURE MEDICAL TREATMENT

1. After possible exposure and upon consent of the exposed member, emergency medical treatment and blood testing will commence at Corporate Occupational Health Solutions (CorpOHS) or if closed, at Frederick Memorial Hospital (FHM).
2. The exposed member will also be afforded a confidential medical evaluation and continuing medical follow-up to include counseling, if required.
3. Supervisors will ensure that an "Illness and Injury Report" is completed and submitted to the Chief of Police and Chief Financial Officer. The report will not contain any diagnosis or findings relative to any blood test.

I. "SOURCE" INDIVIDUALS

1. Article 27, Sec. 855 of the Annotated Code of Maryland governs the "HIV testing of offenders" which basically states that a law enforcement officer acting in the performance of their official duties at the time of the exposure may make a written request to the office of the State's Attorney to have the source individual who has been *convicted of committing the offense or being granted probation before judgment under §641* to furnish a blood sample to be tested for the presence of HIV and any other unidentified causative agent of the Acquired Immune Deficiency Syndrome.
2. If the exposure involves any arrestee or other "source" individual, the supervisor will immediately request that the individual voluntarily submit to a blood test to determine if they are infected. If the involved individual agrees, they will be

immediately transported to Frederick Memorial Hospital (FMH) for testing. The results of the blood test will be made available to the member experiencing the exposure. Additionally, information concerning disclosures of the identity and infectious status of the “source” individual will be furnished to the exposed member.

3. If the “source” individual refuses to submit to a voluntary blood test, the supervisor will document the refusal and will attempt to contact the State’s Attorney’s Office for immediate legal guidance. The supervisor will submit an administrative report to the Chief of Police, via the chain of command, detailing the incident, identifying the “source” individual and documenting the refusal. The Chief of Police will consult with the State’s Attorney’s Office regarding additional legal action.
4. There are no laws in the State of Maryland governing mandatory testing of non-offenders, e.g., the mandatory testing of a victim involved in a motor vehicle accident that results in an exposure to the officer.

J. ADMINISTRATIVE RECORDS

The Department will maintain individual records for each member identified as having “occupational exposure” to blood borne pathogens. The Chief of Police or designee will establish and maintain an accurate record in the medical file for each employee with an occupational exposure. The record will contain the following information:

1. The individual’s name and social security number;
2. A copy of the individual’s Hepatitis B vaccination status; including the dates of all vaccinations and any medical record pertaining to the individual’s ability to receive the vaccination;
3. A copy of all medical examinations/tests/follow-up procedures necessitated by exposure to blood borne pathogens;
4. Doctor’s report after examining an individual experiencing an occupational exposure; and,
5. A copy of any information provided to the health care professional including, but not limited to, the following:
 - a. a description of the individual’s duties;

- b. documentation of how the exposure occurred; and
- c. results of the “source” individual’s blood testing, if available.

These records are confidential and will not be disclosed to anyone without the individual’s expressed written consent. Except as required by law. All records will be maintained by the Department for the duration of employment plus 30 years.

K. ANALYSIS OF EXPOSURES

The Chief of Police or designee will be responsible for evaluating the circumstances of each exposure incurred by members of the Department to determine if a correction and/or training should be made to alleviate the same type of exposure in the future.

ATTACHMENTS :

DOCUMENT DATES :

Amended Date:

Review Date:

Review Date:

Review Date:

Rescinds:

Order Written By: Chief Gregory L. Eyer

Order Edited and Approved By: Chief Gregory L. Eyer

Accreditation Standards Included in this Order

CHAPTER 22.0