



# POLICY & PROCEDURES

## HOLMEN POLICE DEPARTMENT

SUBJECT: **BLOODBORNE PATHOGENS**

NUMBER: 6.2

SCOPE: ALL DEPARTMENT PERSONEL

ISSUED: 03/01/2012

DISTRIBUTION: POLICY & PROCEDURE MANUAL

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### **PURPOSE AND POLICY**

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This order establishes procedures to eliminate/minimize exposure to blood or certain other body fluids, outline a course of action if a member is exposed.

### **DEFINITIONS**

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- A. **Blood:** human blood components.
- B. **Bloodborne pathogens:** micro-organisms present in human blood which can cause human disease including but not limited to hepatitis (HBV) and human immunodeficiency virus (HIV).
- C. **Significant exposure:** when exposed to body fluids under universal precautions and such fluids enter a cut/open wound or break in the skin where there is significant breakdown in epidermal barrier, enter the airway/mucous membrane.
- D. **Other Potentially Infectious Material (PIMs):** body fluids: cerebrospinal/synovial/pleural/pericardial/peritoneal/amniotic fluid, semen, vomit, urine, vaginal excretions, saliva in dental procedures/bodily fluid contaminated with blood; any unfixed tissue; HIV/HBV containing cell/tissue cultures, and culture medium/other solutions and blood, organs/other tissues from experimental animals infected with HIV/HBV.

### **EXPOSURE DETERMINATION.**

- A. Made without regard to protective equipment use; sworn members may expect to incur exposures.

### **UNIVERSAL PRECAUTIONS.**

- A. Medical history/exams can't identify all persons infected with bloodborne pathogens; all persons are assumed to be infected; treat all body fluids as hazardous.

### **COMPLIANCE METHODS.**

- A. Universal Precautions: observed to prevent contact with blood/PIMs, consider infectious.
- B. Hand Washing: hands/skin surfaces are to be washed with germicide soap immediately/thoroughly if contaminated with blood or PIMs. Hands should be washed after glove removal. If at the scene, wash with warm water/soap, rewash with germicide at the station. Officers will ensure that everyone washes potentially contaminated areas immediately, ensure that if exposure is to skin mucous membranes, that those areas are washed/flushed with water as soon as possible.
- C. Needles: contaminated sharps are not bent, recapped, removed or purposely broken, except if OIC deems removal is in the public interest or its evidence and ambulance personnel are not available to remove the items; members may use the one hand method or recap using such method, double bagged marked biohazard and placed in plastic biohazard containers located in the squads for disposal/evidence.
- D. Human Bites: medical attention started ASAP; bites breaking the skin are treated as a significant exposure.

- E. Workplace Restrictions: in areas where there is a likelihood of exposure to blood/PIMs, employees are NOT to eat, drink, apply cosmetics/lip balm, smoke or handle contact lenses. Food/drink are not kept where blood/PIMs are present; no blood/PIMs are placed in/near food areas (including NOT washing hands in such areas). Minimize splashing, etc.
- F. Personal Protective Equipment (PPE): The Department provides protective equipment (latex gloves) at NO cost to members.
- G. Use of PPEs: latex gloves are used on calls involving bodily fluids, where warranted personnel may double glove. If CPR is given, bag mask/pocket masks are used. After mask/glove use, place in biohazard bags and disposed of; contaminated clothes are placed in a biohazard bag and taken to approved cleaners. All officers shall wear appropriate PPEs. If the member perceives that PPE use may impede care or pose an increased hazard to themselves, s/he may decline supplies however, such incidents are reviewed to determine compliance and if changes can be made to prevent future occurrences.
- H. Cleaning/Disposal: *WEAR LATEX GLOVES DURING THESE PROCEDURES* PPEs are cleaned at NO cost to members or are disposed of; clothes penetrated by blood are removed ASAP and placed in designated containers for documentation/disposal. Solid objects: wash with bleach solution or other approved cleaning solution, rinse and air dry.
  - 1. Towels/blankets/uniforms: place in laundry bags supplied by cleaners and/or into biohazard bags and drop off at approved cleaners, mark personal items.
  - 2. Gloves: disposable gloves are disposed of; gloves for re-use are only decontaminated if they're in good shape.
  - 3. General Decontamination: OIC ensures that equipment contaminated with blood/PIMs is examined/decontaminated unless decontamination is not feasible. Contaminated PPEs are placed in biohazard bags/decontaminated ASAP. Wash in UKG II/rinse/soak in 1/4 cup bleach to a gallon of water for 10mins/rinse/air dry.
  - 4. Housekeeping: wash area is the bathroom near Property. The area is cleaned with UKG II and decontaminated after any spill of blood/PIMs.
- I. Disposal of Regulated Waste.
  - 1. Needles/sharps: discard ASAP in disposable/puncture resistant/leak proof/labeled/color coded containers located where sharps are used; maintained upright, replaced so as not to overfill, and sealed before removal. Place in a second container if leakage is possible; such containers are closed/labeled. Reusable containers will NOT be used in a manner, which may risk injury.
  - 2. Other Waste: placed as above, labeled/color coded and closed prior to removal.
- J. HBV Vaccine: Sworn members may receive such vaccine at no cost.

#### **IDENTIFICATION AND TRAINING.**

- A. Labels/signs: biohazard labels are affixed to containers of regulated waste to store blood/PIMs. The biohazard symbol is used; red containers may be substituted for labels.
- B. Training: *provided at initial assignment and*; tailored to education level of employee covering:
  - a. General Order.
  - b. Epidemiology/symptoms.
  - c. Modes of transmission.
  - d. Tasks involving exposure.
  - e. Use/limits reduce exposure
  - f. Types, use, location, removal/handling/decontamination/selection/disposal of PPE
  - g. Actions to take, who to
  - h. HBV Vaccine contact when involved.
  - i. Procedures about exposure 10. Signs/labels/coding systems.

The trainer must be knowledgeable in the topic and changes.

#### **POST EXPOSURE EVALUATION AND FOLLOW UP.**

- A. Exposures are reported by the employee with a copy to the Chief and Lieutenant; after an exposure, the exposed member receives confidential medical evaluation/follow-up:

1. Documentation of the route of exposure and how occurred. Identification of the source person.
  2. Source's blood is tested after consent, if needed, to determine if infected. If consent is not obtained, the hospital will document it. When consent is not required the blood is tested/documented.
  3. If known to be infected, testing of such is not needed.
  4. Results of testing are given to the employee; s/he is informed of the laws relating to data disclosure.
- B. Collection/testing of blood complies with the following:
1. Exposed member's blood is collected with consent.
  2. Member is offered the option of having their blood collected for testing; sample is preserved for up to 90 days to give the member time to decide on testing.
- C. Post exposure follow-up is performed by the hospital where the source was taken.
- D. **WHAT TO DO in a significant exposure occurrence:**
1. Notify supervisor.
  2. Supervisor directs the exposed member to go to the hospital; fill out significant exposure form/ injury form, consult with physician.
  3. The doctor explains options/procedures; it is up to the employee as to what action to take.
- E. ALL evaluation, procedures, vaccinations and post exposure prophylaxis are provided at NO cost to members. Treatment records are available to the Department and are kept for 30 years AFTER the member's last duty day.

#### **RECORD KEEPING.**

- A. Maintenance. Department is responsible for maintaining records; such records are CONFIDENTIAL with:
1. Name; social security number.
  2. HBV vaccine status.
  3. Exam results; testing and follow-up procedures.
  4. Data given to healthcare e.g.: duty description, route of exposure and the circumstances of the exposure.
- B. Training Records. Training is responsible for maintaining:
1. Training dates, material outlines, names/qualifications of trainers.
  2. Training provided at entry level AND annually:
    - a. Guidelines for Prevention of HIV/HBV.
    - b. Curriculum Guide.
- C. Availability. Member records are available to the member, Assistant Secretary of Labor for the Occupational Safety and Health Administration, and the Director of the National Institute for Occupational Safety and Health upon request.
- D. Training is responsible for updating the program as needed.

Chief of Police  
Shane Collins