

CITY OF TURLOCK  
Police Department  
BLOODBORNE PATHOGENS CONTROL PLAN



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## STATEMENT OF PURPOSE

The City of Turlock strives to provide a safe and healthful workplace for employees. The purpose of this plan is to prevent or minimize employees' occupational exposure to blood and Other Potentially Infectious Materials (OPIM), by establishing, implementing and maintaining an effective exposure control plan as required by the bloodborne pathogens regulation in the *California Code of Regulations, Title 8, Section 5193* and *OSHA 1910.1030*

A copy of this plan is kept in Human Resources, and is available for review by any employee at any time. This plan can also be found on the City of Turlock intranet.

The plan will be reviewed and updated no less than annually and whenever:

- New tasks are implemented, or;
- Tasks are changed, or;
- New employee positions with potential exposure are added, or;
- An exposure incident indicates the need for a revision in the plan.

## PROGRAM ADMINISTRATION

- The Professional Standards Sergeant is (are) responsible for implementation of the Exposure Control Plan. The Professional Standards Sergeant will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: 664-7318.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The Sergeant with oversight of Safety and Personal Equipment will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Sergeant with oversight of Safety and Personal Equipment will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location: Field Operations.
- The Office of the Chief of Police will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: 664-7302.

- Personnel identified by the Professional Standards Sergeant will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: 664-7318.
- Personnel identified by the Professional Standards Sergeant are required to be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. One way, but not the only way, knowledge can be demonstrated is the fact that the personnel identified by the Professional Standards Sergeant received specialized training. In addition to demonstrating expertise in the area of the occupational hazard of bloodborne pathogens, the trainer must be familiar with the manner in which the elements in the training program relate to the particular workplace.

## OCCUPATIONAL EXPOSURE DETERMINATION

City of Turlock employees have occupational exposure to bloodborne pathogens. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM (including various contaminated body fluids, unfixed human tissues or organs other than skin, and other materials known or reasonably likely to be infected with human immunodeficiency virus [HIV] or hepatitis B virus [HBV] or hepatitis C virus [HCV]) that may result from the performance of an employee's duties. Reasonably anticipated contact includes the potential for contact as well as actual contact with blood or OPIM and consists of, among others, contact with blood or OPIM and incidents of needle sticks. Exposure determinations are made based on job description and without regard for the use of Personal Protective Equipment (PPE).

Level A Employees: The following job classifications have been identified as those in which *all* employees have occupational exposure to blood or other potentially infectious materials:

<b>Job Title</b>	<b>Tasks in Which Exposure Might Occur</b>	<b>Engineering/Work Place Controls</b>
Police Sergeant	First Aide, CPR, Patient Care, Arrests, Cleaning Equipment	Department-wide training & updates re: exposure cautions, Turlock Police Department Policy #1016, CPR Mask & rubber gloves available, sharps containers available.
Police Corporal	First Aide, CPR, Patient Care, Arrests, Cleaning Equipment	Same as above
Police Detective	First Aide, CPR, Patient Care, Arrests, Cleaning Equipment	Same as above
Police Officer I/II	First Aide, CPR, Patient Care, Arrests, Cleaning Equipment	Same as above
Police Officer Reserve	First Aide, CPR, Patient Care, Arrests, Cleaning Equipment	Same as above

Level B Employees: The following job classifications have been identified as those in which *some* employees have occupational exposure to blood or other potentially infectious materials:

<b>Job Title</b>	<b>Tasks in Which Exposure Might Occur</b>	<b>Engineering/Work Place Controls</b>
Police Chief	Community Meetings/Events, First Aide/CPR, Cleaning Equipment	Department-wide training & updates re: exposure cautions, Turlock Police Department Policy #1016, CPR Mask & rubber gloves available, sharps containers available.
Police Captain	Community Meetings/Events, First Aide/CPR, Cleaning Equipment	Same as above
Police Lieutenant	Community Meetings/Events, First Aide/CPR, Cleaning Equipment	Same as above
Community Services Officer I/II	Community Meetings/Events, First Aide/CPR, Crime Scene Maintenance, Property/Evidence Processing, Cleaning Equipment	Same as above
Property and Evidence Specialist I/II	Community Meetings/Events, First Aide/CPR, Crime Scene Maintenance, Property/Evidence Processing, Cleaning Equipment	Same as above

Level C Employees: Employees in any other job classification not included in A or B above will be covered under this program only after an occupational exposure has occurred.

## METHODS OF COMPLIANCE

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.

### ***Engineering and Work Practice Controls***

The following work practices are designed to eliminate or minimize employee exposure. All engineering and work practices will be examined thoroughly and modified, if indicated, when an exposure incident occurs. The specific engineering controls and work practice controls used are listed below:

1. Needles and Sharps (A sharp includes, but is not limited to needles, needle devices, scalpels, lancets and broken glass.)
  - a. Disposable needles and sharps shall not be bent, recapped, sheared, broken or removed from devices.
  - b. Disposable needles and sharps are placed in closable, puncture resistant containers, which are leak proof on the sides and bottom as soon as possible and labeled with the "Biohazard" symbol or the color red.
  - c. All handling of needles and sharps shall be done in compliance with the engineered sharps prevention system. This includes but is not limited to the use of tongs, tweezers, pliers or other instruments that have been approved as part of the engineered sharps protection system.
  - d. Containers for contaminated sharps will be:
    - i. Made accessible to those employees who are most likely to encounter contaminated materials.
    - ii. Rigid, puncture resistant, leak proof on the sides and bottom.
    - iii. Maintained in a secure location throughout use transport.

- iv. Replaced when they are 3/4's full.
  - v. Closed immediately prior to removal or replacement.
2. Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of exposure.
- a. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops or bench tops where blood or other potentially infectious materials are present.
  - b. All procedures involving blood or other potentially infectious materials will be performed in a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.
  - c. Mouth pipetting/ suctioning of blood or other potentially infectious material is prohibited.
3. Equipment which may become contaminated with blood or other potentially infectious material is examined prior to servicing and is decontaminated, if feasible. If not feasible, a readily observable "Biohazard" label indicating which portions are contaminated shall be affixed to the equipment. This information must be conveyed to all potentially affected employees, service representative and/or the manufacturer, as appropriate.

### ***Personal Protective Equipment***

1. Appropriate protective equipment, which does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is in use, includes but is not limited to:
- a. Single use or utility gloves
    - i. Single use gloves are replaced as soon as practical when contaminated and as soon as feasible when torn or punctured.
    - ii. Single use gloves are not washed or decontaminated for reuse.

- iii. Utility gloves are replaced when there are signs of deterioration or compromise.
  - iv. For employees allergic to powdered gloves, one of the following gloves are provided:
    - a) Hypoallergenic gloves
    - b) Glove liners
    - c) Alternate glove type
  - b. Gowns or coats
  - c. Face shields, masks, or eye protection
    - i. Goggles or glasses with solid side shields or chin length face shields are worn whenever splashes, spray, spatter, or droplets may be generated.
  - d. Resuscitation bags or other ventilation devices
2. Personal protective gear, in appropriate sizes, which is designed to prevent the passage of potentially infectious materials is provided, at no cost, to all employees covered under this policy and shall be worn whenever in the presence of blood or an OPIM.
  3. If an employee, temporarily and briefly, declines to use personal protective equipment because, in their professional judgment, it would have prevented the delivery of health care or would have posed an increased hazard to the worker or a co-worker, the City of Turlock will investigate and document the circumstances in order to determine whether changes in procedures should be instituted to prevent such occurrences in the future.
  4. Personal protective equipment is:
    - a. Removed as soon as feasible following penetration by blood or other potentially infectious material;
    - b. Placed in a designated area or container for storage, washing, decontamination or disposal;
    - c. Removed before leaving the work area.
  5. Hand washing facilities are readily available in all buildings operated by the City of Turlock.
  6. Hand washing will be done as soon as feasible after removal of gloves.



7. Following contact with blood or other potentially infectious materials:
  - a. Hand washing is done as soon as feasible;
  - b. Skin in contact with infectious materials is washed as thoroughly as possible;
  - c. Mucous membranes in contact with infectious materials will be flushed with water.

**Refer to Policy Manual § 1016 for information regarding:**

### ***Housekeeping***

1. Small spills of blood and other bodily fluids requiring Universal Precautions shall first be removed with absorbent material. The area will then be cleaned and disinfected with an anti-bacterial, veridical, tuberculodial, fungicidal cleaning agent meeting the cleaning guidelines outlined on the agent's directions.
2. Large spills of blood shall be flooded with a liquid germicide before cleaning and then disinfected with fresh germicidal chemical after the spill has been removed with absorbent material.
3. Chemical germicides that are EPA approved for use as "hospital disinfectants" and are tuberculodial at recommended dilutions can be used for disinfection for the above type spills.
4. Soap, hot water and drying are all that is required for most equipment. Electrical equipment may require special procedures that are described in the manufacturer's instructions.
5. All bins, pails, cans and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, shall be inspected and decontaminated immediately or as soon as feasible on visible contamination.
6. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or other such instruments, outlined in the Engineered Sharps Injury Prevention Guidelines.
7. If outside contamination of a regulated waste container occurs, it shall be placed in a second container. The second container shall be:

- a. Closable;
  - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - c. Labeled and color coded;
  - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
8. All equipment that has the potential to be exposed to blood or an OPIM shall be regularly cleaned with the appropriate cleaning agent, as dictated by department guidelines.
  9. Disposal of all regulated waste shall be in accordance with applicable regulations.

### ***Laundry***

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
  - a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
  - b. Contaminated laundry shall be placed and transported in bags or containers labeled and color coded in compliance with Universal Precautions and designed to prevent leakage or soak-through.
2. Employees who have any contact with contaminated laundry will wear protective gloves and other appropriate protective equipment.

## **COMPLIANCE MONITORING**

1. The Professional Standards Sergeant will be responsible for ensuring that all personnel are following prescribed infection control practices and procedures.
2. Each employee shall comply with prescribed infection control practices and procedures and occupational safety and health standards and all rules, regulations, and orders issued.

## HBV VACCINATION AND POST-EXPOSURE EVALUATION

**General:** The City of Turlock shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- e. The City of Turlock shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- f. The City of Turlock shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

### ***Hepatitis B Vaccination***

- a. Hepatitis B vaccination shall be made available after the employee has received the training required in the "Information and Training" section of this document, and within 10 working days of initial assignment to all employees who have occupational exposure, unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- b. Participation in a pre-screening program is not a pre-requisite for receiving HBV vaccination.
- c. HBV vaccination will be made available to an employee who initially declined vaccination and who is covered by the OSHA standard at the time of the request.
- d. Any employee covered by the OSHA standard who declined HBV vaccination is required to sign the Hepatitis B vaccine Declination statement.
- e. Routine booster doses of HBV vaccine will be available, at no cost to the employee, if such booster doses are recommended by the U.S. Public Health Service.
- f. A copy of the OSHA regulations of Occupational Exposure to Bloodborne Pathogens has been provided to the health care provider responsible for the HBV vaccination program.

## ***Post-exposure Evaluation and Follow-up***

Should an exposure incident occur, contact the Office of the Chief of Police at the following number 664-7302.

An immediately available confidential medical evaluation and follow-up will be conducted by Work Wellness. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless the City of Turlock can establish that identification is unfeasible or prohibited by state or local law;
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the City of Turlock shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated;
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- f. The exposed employee's blood shall be collected as soon as feasible and tested for HBV and HIV serological status after consent is obtained;
- g. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
- h. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

- i. Counseling; and
- j. Evaluation of reported illnesses.

### ***Administration of Post-exposure Evaluation and Follow-up***

- a. The Office of the Chief Police ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
- b. The Office of the Chief Police ensures that the health care professional evaluating an employee after an exposure incident receives the following:
  - i. a description of the employee's job duties relevant to the exposure incident
  - ii. route(s) of exposure
  - iii. circumstances of exposure
  - iv. if possible, results of the source individual's blood test
  - v. relevant employee medical records, including vaccination status
- c. The Office of the Chief Police provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

### ***Procedures for Evaluating the Circumstances Surrounding an Exposure Incident***

- a. The Office of the Chief Police will review the circumstances of all exposure incidents to determine:
  - i. engineering controls in use at the time
  - ii. work practices followed
  - iii. a description of the device being used (including type and brand)
  - iv. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
  - v. location of the incident
  - vi. procedure being performed when the incident occurred
  - vii. employee's training
- b. The Office of the Chief Police will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

- c. If revisions to this ECP are necessary the Professional Standards Sergeant will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## COMMUNICATION OF HAZARDS TO EMPLOYEES

### ***Labels***

- a. Labels
  - i. Warning labels shall be affixed to containers of regulated waste
  - ii. Labels required by this section shall include the following legend:



- iii. Or in the case of regulated waste the legend:
    - 1. BIOHAZARDOUS WASTE or SHARPS WASTE as described in Health and Safety Code Sections 118275 through 118320.
- b. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- c. Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- d. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled.
- e. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.
- f. Regulated waste that has been decontaminated need not be labeled or color-coded.

## INFORMATION AND TRAINING

### ***The training program on occupational exposure to bloodborne pathogens is:***

- a. Provided to all employees with occupational exposure, during work hours and at no cost to the employee;
- b. Provided at the time of initial assignment to tasks where occupational exposure may occur;
- c. Follow-up training is provided at least annually within one year of previous training;
- d. Is modified when new tasks or procedures are instituted and additional training provided to cover the modifications;
- e. Is appropriate in content and vocabulary to the literacy and language of the employee;
- f. The training program contains:
  - i. An accessible copy of the text of the OSHA standard on occupational exposure to bloodborne pathogens and an explanation of its content;
  - ii. A general explanation of the epidemiology and symptoms of bloodborne pathogens;
  - iii. An explanation of the modes or transmission of bloodborne pathogens;
  - iv. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
  - v. An explanation of the appropriate method for recognizing tasks or activities that may involve exposure to blood and / or OPIM (other potentially infectious materials);
  - vi. An explanation of the use and limitations of methods that will prevent or reduce exposure; i.e., engineering controls, work practices, and personal protective equipment;
  - vii. Information on types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - viii. An explanation of the basis for selection of personal protective equipment;
  - ix. Information on the hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
  - x. Information on the appropriate action to take and persons to contact in an emergency involving Blood and / or OPIMs;
  - xi. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be

made available and the procedure for recording the incident on the Sharps Injury Log;

- xii. Information on the post-exposure evaluation and follow-up that will be provided;
- xiii. An explanation of the signs and labels and color coding; and
- xiv. An opportunity for interactive questions and answers.

## Recordkeeping

### ***Medical Records***

- a. The City of Turlock shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. This record shall include:
  - i. The name and social security number of the employee;
  - ii. A copy of all results of examinations, medical testing, and follow-up procedures;
  - iii. The City of Turlock's copy of the healthcare professional's written opinion;
  - iv. A copy of the information provided to the healthcare professional;
  - v. The City of Turlock shall maintain the records required for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.
- b. The City of Turlock shall ensure that employee medical records required are:
  - i. Kept confidential; and
  - ii. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

### ***Training Records***

- a. Training records shall be maintained for 3 years from the date the training occurred and must include the following information:
  - i. The dates of the training sessions;
  - ii. The contents or a summary of the training sessions;
  - iii. The names and qualifications of persons conducting the training; and
  - iv. The names and job titles of all persons attending the training sessions.

### ***Availability***

- a. Employee training records required by this section shall be provided upon request for examination and copying to employees, employee representatives, the OSHA Department Director, and OSHA Assistant/ Secretary.



- b. Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, anyone having written consent of the subject employee, OSHA in accordance with 29 CFR 1910.1020.

***Sharps Injury Log***

- a. The City of Turlock shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
  - i. The type and brand of device involved in the incident;
  - ii. The department or work area where the exposure incident occurred; and
  - iii. An explanation of how the incident occurred.
  
- b. The sharps injury log shall be maintained for the period required by 29 CFR 1904.

**Attachment A**  
**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**  
**HEPATITIS B VACCINATION DECLINATION STATEMENT**

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 (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B Vaccine, at no charge to myself. However, I decline the 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.

I further have been informed that, 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 myself.

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

Employee Name (Please Print) \_\_\_\_\_

I have already had this vaccination series and will provide documentation to verify the date and who vaccinated me for hepatitis B.

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

Employee Name (Please Print) \_\_\_\_\_

**Attachment B**  
**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**  
**HEPATITIS B VACCINE ACCEPTANCE STATEMENT**

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I accept and would like to be scheduled to take the vaccine.

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

Employee Name (Please Print) \_\_\_\_\_

**Attachment C**  
**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**  
**POST-EXPOSURE REPORT TO HEALTHCARE PROVIDER**

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

Date of Exposure Incident \_\_\_\_\_

Time of Exposure Incident \_\_\_\_\_

1. Referred for Post-exposure evaluation and follow-up:

Name of Healthcare Provider \_\_\_\_\_

Date and time of Evaluation \_\_\_\_\_

2. Employee previously vaccinated against HBV infection:

Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_

3. Description of employee's duties during the exposure incident:

\_\_\_\_\_

—

\_\_\_\_\_

—

4. The route of exposure was:

a. Needle stick with suspected contaminated needle to \_\_\_\_\_

b. Piercing of skins with contaminated sharp to \_\_\_\_\_

c. Splashing/spraying of blood or other potentially infectious material

to \_\_\_\_\_

d. Other (describe) \_\_\_\_\_

5. Describe the circumstances under which the exposure occurred:

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6. The source individual is known \_\_\_\_\_ unknown \_\_\_\_\_

a. If known, is known to be infected with HBV \_\_\_\_\_ HIV \_\_\_\_\_

b. In accordance with state and local laws, consent is required for blood testing.

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, consent obtained (document) Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, specimen obtained and tested. Yes \_\_\_\_\_ No \_\_\_\_\_

3. If yes, results are \_\_\_\_\_

4. If no, specimen available and tested. Yes \_\_\_\_\_ No \_\_\_\_\_

5. If yes to #4, results are \_\_\_\_\_

7. Pertinent employee medical records given to provider. Yes \_\_\_\_\_ No \_\_\_\_\_

## Policy Manual 1016

### 1016.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for department personnel to assist in minimizing the risk of contracting and/or spreading communicable diseases and to minimize the incidence of illness and injury. The policy will offer direction in achieving the following goals:

- (a) To manage the risks associated with blood borne pathogens (BBP), aerosol transmissible diseases, and other potentially infectious substances.
- (b) To assist department personnel in making decisions concerning the selection, use, maintenance, limitations, storage, and disposal of personal protective equipment (PPE).
- (c) To protect the privacy rights of all department personnel who may be exposed to or contract a communicable disease during the course of their duties.
- (d) To provide appropriate treatment and counseling should an employee be exposed to a communicable disease.

### 1016.2 PROCEDURES FOR CONTACT WITH BLOOD OR BODY FLUIDS

All department personnel who may be involved in providing emergency medical care, or who come in contact with another person's blood or body fluids (e.g., during an altercation or while attending to any injured person), shall follow these procedures and guidelines. For purposes of this policy, contact with blood or body fluids is synonymous with "blood borne pathogen exposure" as defined in Health & Safety Code § 121060.1.

#### 1016.2.1 EXPOSURE CONTROL OFFICER

The Professional Standards Sergeant is designated as the Department's Exposure Control Officer (ECO). The Exposure Control Officer shall be responsible for the following:

- (a) The overall management of the BBP Exposure Control Plan (ECP).
- (b) Establishing written procedures and a training program related to aerosol transmissible diseases, as required by 8 CCR § 5199.
- (c) The ECO will work with management to develop and administer any additional related policies and practices necessary to support the effective implementation of this plan and remain current on all legal requirements concerning BBP and other communicable diseases.
- (d) The ECO will act as a liaison during OSHA inspections and shall conduct program audits to maintain an up to date exposure control plan.
- (e) The ECO will maintain an up to date list of police personnel requiring training,

# Turlock Police Department

## Policy Manual

### Communicable Diseases

### Attachment D

develop and implement a training program, maintain class rosters and quizzes, and periodically review the training program.

(f) The ECO will review and update the Exposure Control Plan annually (on or before January 1st of each year).

Department supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper exposure control procedures are followed.

#### **1016.2.2 UNIVERSAL PRECAUTIONS**

All human blood and body fluids such as saliva, urine, semen, and vaginal secretions are to be treated as if they are known to be infectious. Where it is not possible to distinguish between body fluid types, all body fluids are to be assumed potentially infectious.

#### **1016.2.3 PERSONAL PROTECTIVE EQUIPMENT**

Personal protective equipment is the last line of defense against communicable disease. Therefore, the following equipment is provided for all personnel to assist in the protection against such exposures:

- Not less than two pair disposable latex gloves. (Keeping a box in the car recommended.)

- Rescue mask with a oneway valve

- Alcohol (or similar substance) to flush skin at emergency site. (Keeping several alcohol hand wipes or sanitizer in the car recommend)

The protective equipment is to be kept in each police vehicle; inspected at the start of each shift and replaced immediately upon returning to the station if used or damaged during the shift, or as otherwise needed.

#### **1016.2.4 IMMUNIZATIONS**

All department personnel who, in the line of duty, may be exposed to or have contact with a communicable disease shall be offered appropriate treatment immunization.

#### **1016.2.5 WORK PRACTICES**

All personnel shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or body fluid is anticipated.

Disposable gloves shall be worn on all medical emergency responses. Disposable gloves shall be worn before making physical contact with any patient and/or when handling items (e.g., evidence, transportation vehicle) soiled with blood or other body fluids. Should one's disposable gloves become contaminated with blood or other body fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books, and personal items in general) while wearing the disposable gloves in a potentially contaminated environment.

All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying, or otherwise generating droplets of those materials. Eating, drinking, smoking, applying lip balm, and handling contact lenses shall be prohibited in areas where a potential for an exposure exists.

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#### **1016.3 DISPOSAL AND DECONTAMINATION**

The following procedures will apply to the disposal and decontamination after responding to an event that involved contact with a person's blood or body fluids.

##### **1016.3.1 USE OF WASTE CONTAINERS**

Officers shall dispose of biohazard with the onscene fire response vehicle, or at the attending clinic/hospital with their approval, or in an appropriately marked biohazard waste container at the station immediately upon arrival.

##### **1016.3.2 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES**

Personnel shall wash their hands immediately (onscene if possible), or as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used to wash one's hands, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant, as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained. Contaminated nonintact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin, and mucous membrane washing that takes place in the station shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms, or other locations not designated as the cleaning or decontamination area.

##### **1016.3.3 SHARPS AND ITEMS THAT CUT OR PUNCTURE**

All personnel shall avoid using or holding sharps (needles) unless needed to do so while assisting a paramedic, or collecting them for evidence. Unless required for evidentiary reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a onehanded method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors, and knives) shall be treated cautiously to avoid cutting, stabbing, or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs, or a broom and a dustpan to cleanup debris. If the material must be hand held, protective gloves must be worn.

##### **1016.3.4 DISPOSABLE PROTECTIVE EQUIPMENT**

Contaminated disposable supplies (gloves, dressings, CPR mask) shall be transported with the patient or suspect in the ambulance or police vehicle. The waste material shall then be disposed of in a biohazard waste container at the hospital or police station. Disposable



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gloves are to be worn while placing the waste into the waste biohazard container, placing the gloves in with the waste when through.

#### **1016.3.5 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT**

After using any reusable personal protective equipment, it shall be washed or disinfected and stored appropriately. If the personal protective equipment is nonreusable

(e.g., disposable gloves), it shall be discarded in a biohazard waste container as described in Policy Manual § 1016.3.4.

Any personal protective equipment that becomes punctured, torn, or loses its integrity, shall be removed as soon as feasible. The employee shall wash up and replace the personal protective equipment if the job has not been terminated. If this situation resulted in a contaminated nonintact skin event, Policy Manual § 1016.3.2 shall be implemented.

Contaminated reusable personal protective equipment that must be transported prior to cleaning it shall be placed into a biohazard waste bag and transported in the ambulance, paramedic truck or police vehicle. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container, and then included in with the waste.

#### **1016.3.6 DECONTAMINATION OF NONDISPOSABLE EQUIPMENT**

Contaminated nondisposable equipment (e.g., flashlight, gun, baton, clothing, portable radio) shall be decontaminated as soon as possible. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.

Grossly contaminated nondisposable equipment items shall be transported to a hospital, fire station, or police station for proper cleaning and disinfecting. Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent and hot water, laundered and allowed to dry. Nonporous surfaces (e.g., plastic or metal) shall be brushed and scrubbed with detergent and hot water, sprayed with a bleach solution, rinsed, and allowed to dry. Delicate equipment (e.g., radios) should be brushed and scrubbed very carefully using a minimal amount of a type of germicide that is approved by Environmental Protection Agency (EPA).

While cleaning equipment, pay close attention to handles, controls, portable radios, and corners (tight spots). Equipment cleaning shall not be done in the kitchen, bathrooms, or other areas not designated as the cleaning/decontamination area.

Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach (one quarter cup of bleach per one gallon of water) while wearing disposable gloves and goggles. Large particles of contaminants such as, vomit, feces, blood clots, etc. should first be removed (using a disposable towel or other means to prevent direct contact) and properly disposed of.

#### **1016.3.7 DECONTAMINATION OF CLOTHING**

Contaminated clothing such as uniforms and undergarments shall be removed as soon as

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feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as possible. Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded.

#### **1016.3.8 DECONTAMINATION OF VEHICLES**

Contaminated vehicles and components such as the seats, radios, and doors shall be washed with soap and warm water and disinfected with an approved germicide as soon as feasible.

#### **1016.3.9 DECONTAMINATION OF STATION AND CLEANING AREA**

The ECO shall designate a location at the station that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for the employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking cigarettes, food and drink are prohibited in this designated area at all times.

#### **1016.4 POSTEXPOSURE REPORTING AND FOLLOWUP REQUIREMENTS**

In actual or suspected exposure incidents, proper documentation and followup action must occur to limit potential liabilities and to ensure the best protection and care for the employee(s).

##### **1016.4.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE**

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee's immediate supervisor. Additionally, employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

##### **1016.4.2 SUPERVISOR REPORTING REQUIREMENTS**

The supervisor on duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

- (a) Name and social security number of the employee(s) exposed.
- (b) Date and time of incident.
- (c) Location of incident.
- (d) What potentially infectious materials were involved.
- (e) Source of material or person.
- (f) Current location of material or person.
- (g) Work being done during exposure.
- (h) How the incident occurred or was caused.
- (i) PPE in use at the time of the incident.
- (j) Actions taken postevent  
(e.g., cleanup, notifications).

The supervisor shall advise the employee of the laws and regulations concerning disclosure

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of the identity and infectious status of a source, and Policy § 1016.5, which addresses source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought (Policy § 1016.5).

#### **1016.4.3 MEDICAL CONSULTATION, EVALUATION, AND TREATMENT**

Any employee who was exposed or suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care provider as soon as possible. Employees and Supervisors shall following the reporting guidelines outlined in Policy Manual § 1042. The doctor or qualified health care provider should be provided with the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The health care professional will provide the ECO and/or the City's Risk Manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a postexposure treatment is indicated for the employee.
- If the employee received a postexposure treatment.
- Confirmation that the employee received the evaluation results.
- Confirmation that the employee was informed of any medical condition resulting from the exposure incident and whether further treatment or evaluation will be required.
- Whether communicable disease testing from the source is warranted, and if so, which diseases should the testing include.

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

#### **1016.4.4 COUNSELING**

The Department shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

#### **1016.4.5 CONFIDENTIALITY OF REPORTS**

Most of the information involved in this process must remain confidential.

All medical records stemming from an exposure incident will be maintained in accordance with Policy Manual § 1026.

#### **1016.5 SOURCE TESTING**

Testing for communicable diseases of a person who was the source of an exposure should be sought when it is desired by the exposed employee or when it is otherwise appropriate. There are four methods to obtain such testing. It is the responsibility of the ECO to ensure the proper testing and reporting occur. These methods are:

(a) Obtaining voluntary consent from any person who may be the source of an exposure covering testing for any communicable disease.

(b) Filing a report with the County Health Officer when an employee is exposed to the bodily fluids of an arrestee. The County Health Officer may pursue testing for HIV or

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hepatitis B or C (Penal Code § 7510 et seq.).

(c) Seeking consent for testing or applying for a court order for HIV, hepatitis B and hepatitis C testing (Health and Safety Code § 121060 et seq.).

(d) Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under the statutory schemes for testing. This covers testing for any communicable disease as deemed appropriate by a health care professional and documented in the request for the court order.

#### **1016.5.1 EXPOSURE FROM A NONARRESTEE**

Upon notification of an employee's exposure to a person who was not arrested, the ECO should attempt to determine if the person who was the source of the exposure will voluntarily

consent to testing. If consent is indicated, the following steps should be taken:

(a) A licensed health care provider should notify the person to be tested of the exposure and make a good faith effort to obtain voluntary informed consent from the person or

his/her authorized legal representative to perform a test for HIV, hepatitis B, hepatitis C and other communicable diseases the health care provider deems appropriate.

(b) The voluntary informed consent obtained by the health care provider must be in writing and include consent for three specimens of blood for testing. The ECO should document the consent as a supplement to the Exposure Control Report.

(c) The results of the tests should be made available to the source and the exposed employee.

If consent is not obtained, the ECO should promptly consult with City Attorney and consider requesting that a court order be sought for appropriate testing.

#### **1016.5.2 EXPOSURE FROM AN ARRESTEE**

Upon notification of an exposure to an employee by a person who was arrested, the ECO should take the following steps:

(a) Comply with the statutory scheme of Health and Safety Code § 121060. This includes seeking consent from the person who was the source of the exposure and seeking a court order if consent is not given.

(b) Take reasonable steps to immediately contact the County Health Officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the County Health Officer will order testing (Penal Code § 7510).

(c) In all cases, comply with the reporting and testing scheme of Penal Code § 7510 et seq. This includes completing a State Department of Health Services Form CDPH 8479 and submitting it to the County Health Officer with a copy of the Exposure Control

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Report by the end of the employee's shift. If submission by the end of the shift is not practicable, it must occur as soon as possible but no later than two days after the incident. The exposed employee's name should not appear on this form.

(d) Remain in contact with the County Health Officer to determine whether testing of the arrestee will occur and whether the testing satisfies the medical needs of the employee.

(e) The results of the tests should be made available to the donor and the exposed employee.

Since there is potential for overlap between the two statutory schemes, the ECO is responsible for coordinating the testing with the County Health Officer to prevent unnecessary or duplicate testing.

In the rare event that the exposed employee is not covered by either statutory scheme, the ECO should seek consent or a court order in the same manner as for a nonarrestee.