



# COLUMBIA POLICE DEPARTMENT

*“Policing Excellence through Community Partnerships”*

<b>Directive Type:</b> General Order	<b>Effective Date:</b> 06-18-2016	<b>General Order Number:</b> 08.00
<b>Subject:</b> <i>Bloodborne Pathogens</i>		
<b>Amends/Supersedes:</b> Section 08, Bloodborne Pathogens 2008	<b>Chief of Police:</b> <i>W.A. Hall</i>	
<b>Distribution:</b> All Personnel	<b>Review Date:</b> July 1	<b># of Pages:</b> 16

## 1.0 INTRODUCTION

This directive shall serve as the Columbia Police Department’s Exposure Control Plan pursuant to the Occupational Safety Health Administration’s (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030. The purpose of this plan is to establish engineering and work practice controls designed to eliminate or minimize occupational exposure to blood and other potentially infectious materials and shall specify the appropriate use of personal protective equipment.

The Department’s Exposure Control Plan shall be reviewed annually by the City’s Risk Manager and revised as necessary.

All employees shall be issued a copy of and expected to comply with this directive. Failure to comply with established procedures may result in disciplinary action.

## 2.0 DEFINITIONS

**Blood** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices,

such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles).

### **3.0 HEPATITIS B VACCINATION**

Upon completion of new employee orientation training, all employees shall be offered hepatitis B vaccine at no cost. Vaccines will be controlled and administered on work time under the supervision of the City Of Columbia EHC staff.. Booster shots are not recommended by the United States Public Health Services at this time; therefore, booster shots will be administered only if recommended and ordered by a physician. The vaccine may be accepted at that time or at any time thereafter. All employees must document their decision to receive or decline the vaccine.

#### 4.0 EMPLOYEES INFECTED WITH HIV AND/OR HEPATITIS B

Employees infected with HIV and/or Hepatitis B should be examined regularly by a physician and must be free of symptoms of infection while working. The employee's physician may recommend any changes or limitation that may be indicated in employment duties and the job responsibilities.

Employees with positive serologic test for HIV and/or Hepatitis B must wear gloves for all contact involving exposure to blood or any tissue other than intact skin.

- If lesions or another weeping membrane condition is present, the employee must refrain from any type of individual contact.

#### 5.0 OCCUPATIONAL EXPOSURE AND JOB CLASSIFICATION

Employees must be aware that a wide range of incidents and/or situations pose potential hazards and may increase an employee's risk of occupational exposure to bloodborne pathogens. These include, but are not limited to: traffic collisions; field interviews; arrests; searches of persons, property, and vehicles; hand-to-hand combat; penetrating injuries such as: bites, cuts, puncture wounds, and/or needle sticks; interrogations; collecting/handling evidence; administering Datamaster tests; domestic disputes; prisoner transportation; etc.

Employees having job responsibilities and tasks where it is reasonably anticipated that skin, eye, mucus membrane, or parenteral contact with blood or other potentially infectious material may result during the performance of their duties are determined to have Occupational Exposure to bloodborne pathogens.

##### 5.1 Job Classifications

SWORN - All sworn positions are considered to have occupational exposure to bloodborne pathogens.

NON-SWORN - Some non-sworn positions are considered to have occupational exposure to bloodborne pathogens.

Non-sworn employees performing any of the following tasks and/or procedures shall be considered to have an occupational exposure to bloodborne pathogens:

- Performing first-aid
- Responding to a crime scene
- Interviewing victims
- Handling evidence

#### 6.0 MANDATORY USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

All bodily fluids should be considered as potentially infectious materials. Employees shall utilize Universal Precautions (Attachment #1) to prevent contact with blood or other potentially infectious materials (OPIM).

All employees are required to use Personal Protective Equipment when contact with blood or body fluids are anticipated.

The Department shall provide appropriately sized personal protective equipment at no cost to the employee.

##### 6.1 PPE Availability

Marked police vehicles shall contain a Trunk Box containing the following Biohazard PPE:

Sharps Containers	Protective Coveralls	Eye protection
Biohazard Bags	Shoe Coverings/Booties	Face Masks
Diapers	Ventilation devices (CPR protector)	Latex gloves

Disposable Blankets

Vionex Towelettes

On-Guard Skin Protectant

Personal protective equipment inventory levels shall be checked regularly and depleted items are to be requisitioned from the Equipment/Supply Unit.

## 6.2 Specific PPE Use

**Gloves** - non-sterile disposable single use gloves shall be utilized when:

- Assisting someone who is bleeding.
- Cleaning up spilled blood.
- Pat downs when suspect/inmate has blood on skin and/or clothes.
- Crime scene, when there is searching or processing to be done to include handling or moving corpses.
- Under certain circumstances, latent fingerprints can be transferred through thin rubber gloves, therefore, if fingerprint evidence is important cotton gloves should be placed either over or under the disposable gloves.

**Protective Eye wear** - such as goggles or glasses with side shields, or chin-length face shields shall be worn whenever an employee has contact with splashes, sprays, spatters or droplets of B/BF. Eyewash solution should be immediately available to the employee.

**Face Masks** - (disposable surgical type) should be used when an employee wears goggles instead of a full-face shield.

*The above list of PPE items are the most commonly used items in law enforcement. However, an individual incident may necessitate the need for additional personal protective equipment. Exception to the use of PPE: The Standard makes one exception for the use of PPE. When the City of Columbia can show that an employee temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific situation the use of PPE would have either prevented the delivery of health care or would have posed an increased risk of safety to the employee or a coworker, PPE is not required. However, if an employee declines to use PPE, the City of Columbia must investigate the circumstances and determine if changes can be made which will prevent similar future occurrences.*

*Several points must be made about this exception. First the decision not to use PPE in a given situation rests with the employee, not the City of Columbia. This is because the only situations to which the exemption applies are defined, limited, essentially life-threatening circumstances which require immediate on-the-spot decisions. If there is time for the employee to consult the City of Columbia regarding use of PPE, there is time to use it. Examples of situations which OSHA envisions the exemptions are the sudden unexpected hemorrhaging of a previously stable patient, the need to resuscitate a non-breathing rescue victim, and the simultaneous discovery that the rescuer's resuscitation equipment has been lost or damaged.*

*The exemption is to be limited in extent and time. Employees should use feasible Universal Precautions to reduce risk. As soon as the situation changes, the employee should implement use of full precautions. The decision not use PPE should be made only on a case-by-case basis, and employees exercising this exemption should be aware that they will have to justify not using the PPE. Employees should be further aware that their belief that PPE may be alarming to an individual, that an individual may be a "low risk" for infection, or that the use of certain PPE may interfere with the employee's job are not legitimate reasons for declining to use PPE.*

## 7.0 WORK PRACTICE CONTROLS

Based on the totality of the circumstances, employees will wear appropriate PPE when the possibility for exposure to blood or other potentially infectious materials exists or can be foreseen.

Extreme caution must be used in dealing with individuals known to be combative, individuals demonstrating combative behavior, or when exposure to blood or other potentially infectious material (OPIM) is likely.

In order to reduce occupational exposure risks employees shall:

- Cover and bandage all cuts, wounds, and abrasions prior to performing work-related duties.
- Wear disposable gloves to avoid contact with blood or OPIM.
- Wear disposable gloves when handling evidence contaminated with blood or OPIM.
- Consider all biologic specimens as contaminated and handle with caution.
- Use a bag valve mask, portable pocket mask, or medical oxygen if it is necessary to perform rescue breathing.
- Dispose of bio-hazard material according to approved waste treatment regulations.

#### 7.1 General Precautions

Employees shall adhere to the following precautions:

- DO NOT eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses at incident scenes, while handling evidence, or in work areas where there is a reasonable likelihood of occupational exposure.
- Use caution when performing a search of a person. Officers may use discretion in determining if a suspect should be allowed to remove items from his/her own pockets, to avoid potential needle stick injuries.
- Use a flashlight, even during daylight hours, to search hidden or shaded areas. (i.e. under car seats)
- If searching a purse, carefully empty contents directly from purse, by turning it upside down over a table or flat surface.
- Utilize photographs or place biologically contaminated evidence in sealed plastic containers for courtroom presentations, if possible.
- Replace the Datamaster mouthpieces after each use.
- DO NOT pipette biological material by mouth.

#### 7.2 Crime Scenes Precautions

Employees collecting evidence at a crime scene shall adhere to the following precautions:

- Employees shall wear a minimum of disposable single use gloves, goggles, and a face mask anytime blood or OPIM are known to be present at a crime scene.
- Universal Precautions shall be utilized with all dead bodies and body parts.
- All evidence bags and storage containers containing blood or OPIM must be clearly marked as

contaminated or biohazard materials.

- Evidence bags containing contaminated items should be secured with tape. DO NOT USE STAPLES
- Body fluids collected as evidence should initially be secured in glass, metal, or plastic containers.
- Evidentiary items contaminated with blood or OPIM that are damp should be placed in plastic at the scene and transport quickly to the lab or drying chamber.
- Under certain circumstances, latent fingerprints can be transferred through thin rubber gloves, therefore, if fingerprint evidence is important, cotton gloves may be placed either over or under the disposable single use gloves.
- After processing a crime scene, employees shall remove and dispose of contaminated personal protective equipment prior to leaving the incident location.
- Contaminated items used to process the crime scene shall be decontaminated or disposed prior to leaving the incident location.
- Employees shall wash their hands thoroughly with soap and water after processing a crime scene.

## **8.0 HAND WASHING**

Working sinks will be available in any area where evidence will be handled, equipment decontaminated or where the possible contact with blood and body fluids may occur.

The following equipment must be made available at work areas:

- Workable sink
- Hot water
- Soap dispenser with soap
- Disposable paper towels or hot air hand dryers

Hand washing with soap and hot water is the single most important means of preventing the spread of infection. Hands should be washed for a minimum of 20 seconds continuously in hot soapy water. Hands must be washed:

- When hands are obviously dirty
- After removing gloves
- After using the toilet
- After handling any contaminated items from blood or bodily fluids
- Before eating

In the event that soap and water are not immediately accessible, all employees should have available in their (PPE) personal protective equipment kit antiseptic/disinfectant towelettes or wipes. These wipes should be used immediately on the areas exposed to blood and body fluids. As soon as hand washing facilities become available, the above hand washing procedure should be followed.

## **9.0 BIOHAZARD WASTE CONTAINERS**

The Department will provide approved bio-hazard waste receptacles that include:

- Approved Biohazard Label

- Containers easily accessible to the employee
- Approved sharps container that is leak proof and puncture proof
- Approved non-sharp containers (plastic bags for gloves, wipes, contaminated uniforms, etc.)
- Approved containers must be closable

#### **10.0 HANDLING OF NEEDLES, SYRINGES AND SHARP OBJECTS:**

The term "sharps" includes IV needles, drug needles, blood lances, broken blood tubes, contaminated metal from accident scenes, knives at a crime scene, paraphernalia found on the body or in the clothing of victims, or any other "sharp" instruments, parts, edges, etc.

**Treat all used needles, syringes, and sharp objects as if they are contaminated and use EXTREME CARE** to prevent sticking yourself and/or others.

- Needles are not to be recapped bent or broken, and are not to be removed from ANY syringe or otherwise be manipulated by hand.
- Carefully place all used needles, syringes and sharps into a Sharps container, needle end first. To avoid injury, do not force needles and/or syringes and/or other objects into the container.
- Do not throw use needles, syringes or sharps into any trashcan at any location. Dispose of such objects in containers designed only for that purpose.
- Do not leave needles, syringes or sharps at any site.
- Wash hands with soap and water as soon as possible following the handling of needles, syringes and/or sharps.
- Treat and report all injuries from needles and/or sharps according to the department's post exposure follow-up procedures.

The City of Columbia shall dispose of bio-hazardous waste through an approved licensed facility.

#### **11.0 DISPOSAL OF CONTAMINATED SHARPS**

The City of Columbia will provide approved bio-hazard containers for disposal of contaminated needles and other contaminated sharp objects.

- Bio-hazard containers will be available at Department work site facilities.
- Marked police vehicles shall be equipped with a bio-hazard container.

Approved Bio-hazard Containers shall be closeable, puncture resistant, leak proof, and have appropriate biohazard labeling.

Bio-hazard Containers should be easily accessible, maintained in an upright position at all times, and disposed of when full.

When Moving Bio-hazard Containers, they should be closed immediately prior to removal and placed in a secondary container if leakage is possible.

Reusable containers shall not be opened, emptied or cleaned manually or in any other manner that would expose employees to the risk of puncturing intact skin.

## 12.0 CLEANING AND DECONTAMINATION

Equipment and/or work area coming into contact with blood or other potentially infectious materials must be decontaminated as soon as possible or immediately following the completion of the work assignment.

A disinfectant solution of 1:10 household bleach to water or a commercially produced disinfectant shall be used for the decontamination process.

- Appropriate PPE will be worn while cleaning and decontaminating equipment and/or work areas.
- PPE shall be removed prior to leaving the decontamination area.
- PPE and disposable items utilized during the decontamination process are to be disposed of in a bio-hazard container.
- Non-disposable items utilized during the decontamination process shall be cleaned and decontaminated immediately.
- Employees shall wash their hands in hot, soapy water after having completed the decontamination process.

### 12.1 Spills

Spray the contaminated area with the prepared bleach solution and allow the solution to sit for 20 minutes before wiping up or follow the label directions on the commercially produced disinfectant.

### 12.2 Contaminated Uniforms

Should blood or other potentially infectious materials contaminate an employee's clothing, appropriate clothing shall be made available for the employee to change into as soon as possible.

Gloves should be worn by the employee when removing the contaminated clothing and the contaminated clothing:

- Should be handled as little as possible and only by employees who are wearing appropriate PPE.
- Must be containerized at the location of use; and placed in appropriately labeled, leak proof bags or containers.
- Must not be washed or rinsed at the site of use.

The Department will be responsible for the decontamination of clothing contaminated during the course of an employee's duties.

### 12.3 Contaminated Vehicles

Department vehicles contaminated with blood or other potentially infectious materials, including vomit and feces, shall be thoroughly cleaned with soapy water, wiped down with a disinfectant solution, and allowed to air dry. Police Department vehicles can be cleaned at the City's Vehicle Decontamination site or at any Columbia-Richland Fire Department station.

### 12.4 Non-Disposable Law Enforcement Equipment

Non-disposable law enforcement equipment such as: leather gear, firearms, handcuffs, expandable batons, crime scene equipment (such as cameras, mirrors, tape measures, etc.) will be sprayed with a disinfectant solution or cleaned with disinfectant wipes according to manufacturers' recommendations.

### 12.5 City of Columbia Property

Crime scenes located on City of Columbia property, that involve blood or OPIM, shall be reported to City's



Safety Administrator. The scene is to remain secured and shall be posted with biohazard warnings until decontamination procedures have been completed.

### **13.0 EXPOSURE TO BLOOD AND OPIM**

When employees come into contact with another person's blood or other potentially infectious materials during the performance of their duties, it is necessary to identify the nature of that contact, in order to determine the required follow-up procedures.

If in doubt as to the nature of exposure, employees shall contact their immediate supervisor to determine the appropriate course of action.

**EXPOSURE:** When normal "intact" skin (having no cuts, open wounds, sores, and/or abrasions) comes into contact with another person's blood or other potentially infectious materials. Exposure Follow Up Procedures: Employees shall clean the contaminated skin using Vionex Towelettes immediately and wash the area with soap and water as soon as possible.

**EXPOSURE INCIDENT:** When an employee's eye, mouth, mucous membranes, non-intact skin, or parenteral come into contact with another person's blood or other potentially infectious materials OR the employee receives a cut or wound from an object that may be contaminated by another person's blood or OPIM.

Examples of Exposure Incident scenarios:

- The splashing of blood or OPIM from another person into an employee's eyes, nose, or mouth.
- The splashing of blood or OPIM from another person onto an employee's "non-intact" skin that has a cut, open wound, sore, scratches, etc.
- Receiving a cut or wound from a sharp object (stuck by a needle, cut by a knife, etc.) that has been contaminated with another person's blood or OPIM

### **14.0 EXPOSURE INCIDENT FOLLOW- UP PROCEDURES AND RESPONSIBILITIES**

#### **14.1 Employee Responsibilities**

An employee who experiences an Exposure Incident shall:

1. Clean the contaminated skin using Vionex Towelettes immediately and wash the area with soap and water if possible.
2. Notify his/her immediate supervisor or the on duty Watch Commander immediately and notify them of his/her intent to go to Palmetto Richland Memorial Hospital.
3. Go to Palmetto Richland Memorial Hospital Emergency Room for a Post Exposure Incident follow-up examination\*. The emergency room will provide the employee with the necessary medical exam, counseling, blood test, etc. and will receive post exposure prophylaxis if indicated by the doctor.
4. Complete a City of Columbia Exposure Incident Reporting Form prior to the end of his/her tour of duty.
5. Contact the Occupational Health Nurse at the Employee Health Clinic, as soon as possible.

\* Post Exposure Incident follow-up examination, lab work, counseling, and post exposure prophylaxis, if

necessary, will be provided at no cost to the employee.

#### 14.2 Supervisor Responsibilities

The supervisor of an employee experiencing an Exposure Incident shall:

1. Ensure the employee completes a City of Columbia Exposure Incident Reporting Form prior to end of their tour of duty.
2. Complete a City of Columbia Hurt on Duty (HOD) Form detailing the circumstances in which the employee's Exposure Incident occurred.
3. Disseminate the Exposure Incident Reporting and Hurt on Duty forms as indicated below:
  - Send the original copy of both forms to the Police Department Human Resources Unit\* within 24 hours of the Exposure Incident.
  - Send one (1) copy of both forms to the Chief of Police via the Chain of Command.
  - Send one (1) copy of both forms to the City's Safety Administrator, Risk Management Division
  - Send one (1) copy of the Exposure Incident Form to the City's Employee Health Clinic.
  - Place one (1) copy of both forms into the employee's performance folder.
  - Provide the employee with one (1) copy of both forms.

\*Police Department Human Resources Unit will be responsible for insuring that all Exposure Incidents are reported to the City's current Worker's Compensation Claims Third Party Administrator.

#### 15.0 POST EXPOSURE INCIDENT SOURCE TESTING

If the source of the blood or other potentially infectious materials that the employee was exposed to is known, that individual shall be informed of exposure incident and is required by law to be evaluated to determine risk/infectivity and submit to testing. The source individual will be evaluated based upon their past/present medical history and available lab data. The source individual will be tested for the evidence of Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) infection. The "Request for Mandatory Testing Pursuant to S.C. Code Ann. § 44-29-230" form (attachment # 3) shall be completed and presented to the emergency room staff in all instances when source individual is to be tested.

Test results of the source individual will be provided to the employee by the emergency room physician/staff. Test results are maintained by the health care provider (hospital) and at the Employee Health Clinic in the employee's confidential medical file. **No medical information shall be contained in the employee's personnel or performance file.**

##### 15.1 Hepatitis B

If the source is unknown, high risk, or known to be positive to Hepatitis B, the following course of treatment is recommended:

- Hepatitis B. Immune Globulin should be given within 7 days.
- Hepatitis vaccine will be offered if the employee has not been previously vaccinated.

##### 15.2 HIV

If the source is positive for the HIV antibody, is at risk of being infecting with HIV, and/or refuses to submit to the test, the following will be done:

1. The employee is counseled regarding the risk of infection, and will be asked to consent to baseline and/or follow up testing. Documentation of employee's refusal is required.
2. If the test is negative, the employee shall submit to retesting at 6 weeks, 12 weeks, and 6 months after exposure.
3. If illness occurs within 12 weeks, and 6 months after exposure, and is accompanied by fever, rash, or lymphadenopathy; it should be reported for further medical evaluation.
4. During the test period, and follow up, the employee shall follow precautions for prevention of transmission of communicable diseases.

### 15.3 Employee Medical Records

The City of Columbia's Senior Occupational Health Nurse shall control and manage medical records for each employee. These records shall be kept separate from the employee's permanent personnel record and maintained for 30 years past the employee's last day of employment. The medical record shall include: the employee's full name and social security number, a copy of the employee's hepatitis B vaccination status, results of all examinations, medical examinations and follow-ups, the health care professional's written opinion of the vaccination of effectiveness and reports of exposure to HBV/HIV or other communicable diseases.

Current and former employees may obtain a copy of their medical record by submitting a written and signed request to the City of Columbia's Senior Occupational Health Nurse.

All records shall be maintained in the strictest of confidentiality and may be released only upon written authorization of the employee or by order of a court having proper jurisdiction. A report of the release, including the date of release, who authorized the release, and to whom the information was released to shall be placed in the employee's medical file.

Records of all HBV training shall be maintained in the employee's permanent training record for a minimum of 3 years.

## 16.0 EMPLOYEE BIOHAZARD TRAINING

Biohazard Training will address OSHA requirements and shall be coordinated by Police Department's Training function.

### 16.1 Schedule and method of compliance

Employees having job responsibilities and tasks where it is reasonably anticipated that skin, eye, mucus membrane, or parenteral contact with blood or other potentially infectious material may result during the performance of their duties and designated by this directive to have Occupational Exposure to bloodborne pathogens will receive training at no cost during regular working hours. The training for new personnel will be conducted within 10 days of initial assignment to tasks where occupational exposure may occur.

Annual In-Service training will be conducted for all employees. Additional training will be provided as necessary when changes occur that may affect the employee's occupational exposure or in procedures.

Training materials and discussions will be tailored to the educational and language backgrounds of the employees. Training may be conducted in individual sessions or in groups. Each employee receiving training will be asked to sign the ECP Training Documentation Form. If the employee refuses to sign the form after training, the Police Department Instructor and the employee's supervisor will document that the employee

attended the training.

Training records shall include: dates of the training sessions; contents of the sessions; the names, and job titles of attendees. The Police Department's Training function shall maintain these records for 3 years after the date of the training session. These records will be available for employee review.

Training shall be conducted by a Police Department certified training Instructor. All instructors shall be qualified and knowledgeable in the appropriate areas and capable of answering all questions on their respective topics. Adequate time will be allowed for questions, which will be encouraged.

Training topics will include:

- A general explanation of the epidemiology and symptoms of blood borne diseases and how these diseases are transmitted.
- Information on hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated, and the fact that it is free to the employee.
- A thorough discussion on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- Accident reporting and medical follow-up to exposure by employee and the City of Columbia.
- Labeling system for infectious waste.
- A thorough explanation of the exposure potential to potentially infectious materials by job task.
- Universal Precautions.
- Proper techniques for using PPE including: selecting the proper equipment for the circumstances, proper removal and decontamination, and disposal criteria.
- An explanation of the contents of this directive, where it is located, and how the employee can obtain access to the standard itself.
- The City of Columbia's efforts to minimize employee exposure including PPE, engineering controls, and work practices.
- An explanation of the contents of this directive as it specifically relates to law enforcement procedures and functions.

## UNIVERSAL PRECAUTIONS

1. Take extraordinary care to avoid accidental injury from sharp instruments, e.g., needles, capillary tubes, lancets, and other sharps or items such as slides which if broken could cause cuts, scratches or puncture wounds. Also, to prevent contact of non-intact skin, for example, torn cuticles, abrasions and chapped areas as well as mucous membrane (eyes and mouth) with blood or other body fluids.
2. Wash hands well after every subject contact, and immediately if contaminated with blood/body fluids. Rinse mouth/eyes with tap water or eye wash solution immediately, if splashed with blood or body fluids.
3. Wear gloves, preferably latex, which fit well whenever performing any task in which soiling with blood is anticipated. Vinyl gloves that are not sized may be used when cleaning up or handling body fluids. Latex provides maximum sensitivity and flexibility. Also, gloves must be worn when cleaning or handling items or equipment contaminated with blood or other body fluids. Latex gloves, however, catch fire easily and burn vigorously, as opposed to melting. Do not use them around an open flame.
4. Wear mask, goggles or face shields and/or gowns/aprons as well as gloves for procedures with potential for inadvertent spatter of possibly infective blood or fluids (e.g., crime scene processing, handling any contaminated objects, etc.).
5. Label, package and transport all blood and other body fluid specimens according to departmental directive.
6. Handle and dispose of sharps properly. Sharps contaminated with blood or body fluids to which universal precautions apply must be placed in a special puncture resistant, rigid container at or as close to use site as practical. Needles must not be recapped, bent, broken, or otherwise manipulated by hands. Do not clip off syringe needles.
7. Dispose of sharps containers properly. Filled sharps containers must be incinerated or disinfected and then sent to a landfill, or disposed of through another agency approved method. Containers should be labeled to show that they have been chemically disinfected or autoclaved prior to being sent to the sanitary landfill.
8. Report all parenteral or mucous membrane exposures to blood or other body fluids to which universal precautions apply. This includes prolonged contact with blood when the employee's skin is chapped, abraded or otherwise irritated (non-intact).
9. Participate in the HBV vaccine program offered to all employees who are occupationally exposed to blood and/or body fluids.
10. Be knowledgeable about and utilize the available personal protective equipment recommended to minimize contact with blood and body fluids.

Attachment #2

## City of Columbia Police Department Exposure Incident Reporting Form

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Employee's Description of the Exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Potentially Infectious Materials Involved

Type: \_\_\_\_\_ Source Individual: \_\_\_\_\_

How Incident was caused (accident, equipment malfunction, etc.): \_\_\_\_\_

\_\_\_\_\_

Personal Protective Equipment being used: \_\_\_\_\_

\_\_\_\_\_

Actions Taken (decontamination, clean-up, reporting, etc.): \_\_\_\_\_

\_\_\_\_\_

Was the exposure avoidable? \_\_\_\_\_

If not, recommendations for avoiding repetition: \_\_\_\_\_

\_\_\_\_\_

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FORM DISTRIBUTION:

- Send the original copy of this form and the original Hurt on Duty (HOD) form to the Police Department Human Resources Unit within 24 hours of the Exposure Incident.
- A copy of this form and a copy off the Hurt on Duty (HOD) form shall be provided to:  
Chief of Police via the Chain of Command  
The City's Safety Administrator  
The employee
- Send one (1) copy of the Exposure Incident Form to the City's Employee Health Clinic.
- Place one (1) copy of both forms into the employee's performance folder.

**REQUEST FOR MANDATORY TESTING PURSUANT TO  
S.C. CODE ANN. § 44-29-230**

**TO: Dr.** \_\_\_\_\_  
(Print Physician's Name)

**RE:** Columbia Police Department employee \_\_\_\_\_  
(Print Employee Name)

**Date of Incident:** \_\_\_\_\_  
(If known)

I, the undersigned physician, epidemiologist, or infection control practitioner, have determined that the emergency response employee named above was involved in an incident resulting in his or her possible exposure to bloodborne diseases while working with a person or person's blood or body fluids. Based on a reasonable medical judgment, I have cause to believe that the incident may pose a significant risk to the emergency response employee.

Pursuant to S.C. Code Ann. § 44-29-230, provided herewith, I hereby require that the person named below be tested for Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus infection.

Name of person to be tested: \_\_\_\_\_  
(Print name of source individual)

Identifying Information of Source Individual to be tested (if available).

Address: \_\_\_\_\_  
(Street) (City/town) (State) (Zip Code)

DOB: \_\_\_\_\_ Driver's license number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

SSN: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, Epidemiologist, or  
Infection Control Practitioner

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Witness Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Please note: This is a two-sided form. The statute authorizing the testing appears on the reverse side.*

**S.C. Code of Laws § 44-29-230.** Testing required when health care worker exposed to bloodborne disease.

- (A) While working with a person or a person's blood or body fluids, if a health care worker or emergency response employee is involved in an incident resulting in possible exposure to bloodborne diseases, and a health care professional based on reasonable medical judgment has cause to believe that the incident may pose a significant risk to the health care worker or emergency response employee, the health care professional may require the person, the health care worker, or the emergency response employee to be tested without his consent.
- (B) The test results must be given to the health care professional who shall report the results and assure the provision of post-test counseling to the health care worker or emergency response employee, and the person who is tested. The test results also shall be reported to the Department of Health and Environmental Control in a manner prescribed by law.
- (C) No physician, hospital, or other health care provider may be held liable for conducting the test or the reporting of test results under this section.
- (D) For purposes of this section:
- (1) "Person" means a patient at a health care facility or physician's office, an inmate at a state or local correctional facility, an individual under arrest, or an individual in the custody of or being treated by a health care worker or an emergency response employee.
  - (2) "Emergency response employee" means firefighters, law enforcement officers, paramedics, emergency medical technicians, medical residents, medical trainees, trainees of an emergency response employee as defined herein, and other persons, including employees of legally organized and recognized volunteer organizations without regard to whether these employees receive compensation, who in the course of their professional duties respond to emergencies.
  - (3) "Bloodborne diseases" means Hepatitis B or Human Immunodeficiency Virus infection, including Acquired Immunodeficiency Syndrome.
  - (4) "Significant risk" means a finding of facts relating to a human exposure to an etiologic agent for a particular disease, based on reasonable medical judgments given the state of medical knowledge, about the:
    - (a) nature of the risk;
    - (b) duration of the risk;
    - (c) severity of the risk;
    - (d) probabilities the disease will be transmitted and will cause varying degrees of harm.
  - (5) "Health care professional" means a physician, an epidemiologist, or infection control practitioner.
  - (6) "Health care worker" means a person licensed as a health care provider under Title 40, a person registered under the laws of this State to provide health care services, an employee of a health care facility as defined in Section 44-7-130(10), or an employee in a physician's office.
- (E) The cost of any test conducted under this section must be paid by the:
- (1) person being tested;
  - (2) State in the case of indigents; or
  - (3) public or private entity employing the health care worker or emergency response employee if the cost is not paid pursuant to subitems (1) and (2) above.

HISTORY: 1988 Act No. 490, § 2, eff May 2, 1988; 1944 Act No. 468, § 7, eff July 14, 1944.

Effect of Amendment -

The 1994 amendment rewrote the existing section and designated it subsection (A) and added subsection (B) – (E).

***Please note: This is a two-sided form. The request for mandatory testing appears on the front side.***