



**BURLINGTON POLICE DEPARTMENT
DEPARTMENT DIRECTIVE
DD12 Bloodborne Pathogens**

PURPOSE: This directive is to establish guidelines and procedures to be followed when an employee comes into contact or believes he/she has come into contact with **BLOOD or OTHER POTENTIALLY INFECTIOUS MATERIAL (OPIM)**.

CONTENTS: I. Definitions
II. Guidelines
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I. DEFINITIONS

BLOOD: Human blood.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

HUMAN BODY FLUIDS: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any bodily fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between two fluids. And, any **unfixed tissue or organ** (other than intact skin) from a human (living or dead); or blood, organs, or other tissues from experimental animals infected with HIV or HBV.

HBV: Hepatitis B virus.

HCV: Hepatitis C virus

HIV: Human immunodeficiency virus.

AIDS: Acquired Immune Deficiency Syndrome, a result of HIV infection.

PARENTERAL: piercing mucous membranes or the skin barrier through such events as a needle stick, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes not intended to function as protection against a hazard are not considered to be **PPE**.

SOURCE INDIVIDUAL: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

UNIVERSAL PRECAUTIONS: 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.

HEPATITIS B SERIES: three shot vaccination series developed for protection against Hepatitis B.

OSHA: Occupational Safety and Health Administration.

II. GUIDELINES

- A. Impermeable gloves must be worn whenever occupational exposure is reasonably anticipated, (i.e. exposure to blood or OPIM is imminent); when arresting a violent, potentially violent, or bleeding person, when moving dead bodies, handling drug paraphernalia, handling items soaked with blood or OPIM.

There may be **rare and extraordinary circumstances** where an officer does not have time to utilize **PERSONAL PROTECTIVE EQUIPMENT (PPE)**, (i.e. life and death situations).

- B. Face, mouth, eyes, clothes, and shoes must be protected if there is exposure to spraying or splattering of blood.
- C. When possible, artificial resuscitation will be accomplished by means of airways with one-way valves using hand operated resuscitation bags or other mechanical devices and not by direct mouth to mouth contact.
- D. Hands and any exposed part of the body must be washed with warm water and soap as quickly and thoroughly as possible and as quickly as feasible after contamination with blood or OPIM.

In situations when water and soap are not readily available, officers should wash with the commercial disinfectant or antiseptic wipes in the cruiser until they can wash with soap and water. Wounds can be cleaned with isopropyl (rubbing) alcohol, betadine, or other commercially available disinfectant. Hands must always be washed after the removal of protective gloves.

- E. If a uniform, or other clothing, is soiled with blood or OPIM, it should be changed as soon as possible and laundered or dry cleaned after the blood or OPIM has dried and before being worn again. The clothing must be placed in a separate bag and marked with a bio-hazard label before sending it to the cleaners or bringing it home for laundering. At all times, the officer should handle the contaminated clothing wearing gloves.
- F. If an officer has an open wound, rash, or other break in his/her skin, it should be covered with an impermeable bandage while on duty. The bandage or dressing should be changed if it becomes wet or soiled.
- G. Extreme care should be taken to avoid puncture by soiled needles, knives, razors, or other sharp instruments. **Never blindly place hands in areas where there may be sharp objects that could puncture the skin. This would include caution with placing a hand into clothing or under a vehicle seat during searches.** If it can be done safely, an alternative technique can be used. Have the suspect turn out his own pockets and open other clothing. Needles and sharp pointed evidence (such as drug paraphernalia and knives) should be packaged in puncture/leak proof containers. **To prevent needle stick injuries, do not try to recap or otherwise manipulate a needle or syringe by hand. The outside of the package should be marked with a bio-hazard symbol and information identifying the contents.**
- H. Vehicles and other equipment contaminated by blood or OPIM should be promptly and thoroughly cleaned with a Tuberculocidal disinfectant solution or some other disinfectant. This cleaning shall be done prior to the vehicle being used to transport again. Officers must wear appropriate **PPE** when cleaning vehicles and equipment.

Soiled disposable protective gear or cleaning rags should be discarded in plastic bags specifically marked with the **BIO-HAZARD** symbol. Gloves should be removed last and turned inside out as they are taken off.

Evidence contaminated with blood or OPIM should be handled with gloves, stored in plastic bags (red, if possible), and labeled with a distinctive tag clearly marked with a **BIO-HAZARD** symbol.

Note: Storage of bloody or otherwise damp evidence in plastic bags for an extended period of time will destroy its evidentiary value. Rapid transport to lab or placement in a controlled drying area may be necessary.

Plastic bags containing possibly contaminated items are to be sealed with evidence tape. **They should not be stapled.**

- I. All dead bodies, where blood or OPIM is present, shall be transported in a plastic body bag that is marked with the Bio-Hazard symbol.
- J. The standard Hepatitis B series is three shots. It is required that the entire series be given. Following the series, a titer will be drawn to verify the employee is protected. The titer will be taken at least four months, but preferably closer to six months, after the final shot. If the titer results show the vaccination has not "taken", up to three booster shots can be administered. Between each booster, a titer shall be drawn to establish if the previous booster has "taken." If the titer is positive, the remaining booster(s) will not be administered. If after the third booster, the employee is still not protected, no further boosters will be given, and the employee will then be considered not protected and at risk. Current data suggests that the vaccination is good for at least six years following the third and final shot.
- K. Employees considered "at risk for exposure" in the Burlington Police Department's Exposure Control Plan are responsible for maintaining an adequate supply of PPE in their duty bag or cruiser. Below is a list of the PPE supplies available in the USB and ASB supply closets:
 1. disposable gloves,
 2. eye protection (non-disposable),
 3. surgical mask (disposable),
 4. plastic gown (disposable),
 5. bio hazard bags (disposable),
 6. disinfectant hand wipes, and
 7. spill kit.
- L. There is a "Pocket Mask" assigned to each police cruiser. It is the employee's responsibility to check the mask at the beginning of the shift. If the mask is not usable, it will be taken out of service, and a spare will be put in its place.

III. AUTOPSY

- A. If it is necessary for an employee to attend an autopsy, he/she shall take all necessary precautions not to come in contact with any blood or OPIM and should review the matter with the Office of Chief Medical Examiner prior to the autopsy.

The following **PPE** must be worn by employees attending an autopsy:

1. gloves, mask, water-resistant apron and shoe covers.
 2. face shield or equivalent, if handling tissue or if in close proximity to cutting, sawing, or other procedures that generate airborne particles.
 3. protective eye covering.
- B. Extreme care should be taken to avoid contamination of open wounds, rashes, or mucous membranes during the performance of the autopsy.
- C. All disposable items, i.e., gloves, masks, cap, shoe covering, etc., are placed in a plastic bag with a Bio-Hazard label and left with the doctor performing the autopsy.

IV. EXPOSURE

- A. An exposure incident is a situation whereby a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials occurs as a result of the employee's duties.
- B. If an employee has been exposed to blood or other potentially infectious materials, the following procedures should be followed:

1. Wash the area thoroughly with soap and water.
2. Notify your OIC. The OIC shall make available to the exposed employee a first report of injury form.

The source individual, if known, whose blood or body fluid caused the exposure will be asked to submit to a blood test. If the source individual agrees to a blood test, a "release of medical information" form will be obtained with the addition that the results of the blood test will be released to the exposed employee. Even if the source individual's test results are negative, it is recommended that the exposed employee follow the testing schedule.

Upon refusal by an arrestee or other individual to submit to a blood test, the OIC shall ensure the City Attorney is contacted;

Note: The results of the blood test from both the source individual and the exposed officer are confidential and do not have to be provided to the Department.

- C. An employee that is involved in an exposure incident will be afforded the opportunity to be tested as soon as possible to establish a baseline. **If that first test is negative, the officer should be retested following the schedule prescribed below:**

6 weeks after exposure incident

12 weeks after exposure incident

6 months after exposure incident

The testing will include **HIV, HBV, HCV, and titers for HBV and HCV**. The results of these tests are also confidential.

NOTE: The test results will only be given to the employee in person.

The baseline will determine where the employee is in the vaccination series. Following an exposure, blood will only be drawn for a baseline if the employee, or the City, knows that this employee is unprotected due either to where they are in the series, or if a titer has shown the series has not "taken."

Contact Concentra Urgent Care (or the City's current walk in care provider) for the HIV baseline test which can be drawn within 24 hours of an exposure.

If exposure occurs prior to the third Hepatitis B shot being given or following a booster (4th shot), but a titer has not yet been drawn to determine protection, a Hepatitis-B Immune Globulin shot should be received within 24 hours of exposure.

Exposure of an employee who has had the full series but is considered at risk following a negative titer, must receive a Hepatitis-B Immune Globulin shot within 24 hours of an exposure. If an officer has not had the Hepatitis-B series, an immune serum globulin (gamma globulin) should be received within 24 hours.

The City's preference is that employees have this treatment provided to them by Concentra Urgent Care due to their record keeping capabilities.

The Hepatitis-B series should begin within seven (7) days of the exposure.

If the source is unknown or unfamiliar and considered to be high risk, assume the source has Hepatitis-B.

If an employee has been proven to be protected through titer testing: NO ACTION IS NECESSARY. EMPLOYEE IS PROTECTED.

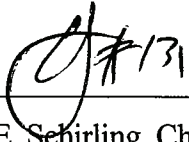
- D. The incident should be well documented. Complete a detailed written report concerning any suspected exposure to blood or OPIM and attach it to a completed "first report of injury." The original with all attachments must be forwarded directly to the Deputy Chief. A copy is to be forwarded through the chain of command to the Chief.
- E. Since it takes at least six to twelve weeks for the HIV antibodies to appear, the employee during the six month testing period should refrain from activities that would further spread the disease (e.g., abstain from, or use condoms during sex, and do not donate blood).
- F. An employee that has been involved in an exposure incident shall be afforded the opportunity to receive counseling from a health counselor as to the risk involved, the meaning of the test results, and other health considerations. Counseling will be provided through Employee Assistance Program.

V. WAIVER

The Occupational Safety and Health Administration (OSHA) guidelines for "Occupational Exposure to Bloodborne Pathogens" requirements for a Hepatitis B vaccination program dictate that the agency make the Hepatitis B vaccine and vaccination series available to all employees who have a potential for occupational exposure.

The guidelines mandate that any employee who declines vaccination must sign a statement verifying that vaccination was offered.

Reviewed and adopted by the Burlington Police Commission on January 22, 2013.

A handwritten signature in black ink, appearing to read "MS 1/31", written over a horizontal line.

Michael E. Schirling, Chief of Police

01 FEBRUARY 2013

Effective Date

ADDENDUM TO DD12

HEPATITIS B VACCINE - MANDATORY WAIVER (OSHA) 29 CFR-PART 1910.1030

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 Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Radio Number: _____

Date: _____

Print name here