

2.406 BLOODBORNE PATHOGENS, EXPOSURE & CONTROL

- A. The agency follows standards of OSHA regulation **29 CFR Part 1910.1030**, pertaining to Occupational Exposure to Bloodborne pathogens and the university's Bloodborne Pathogens Exposure Control Plan as established by Environmental Health and Safety (EHS).
- B. The commander responsible for the human resources function serves as the liaison to the Baltimore County Fire Department, Baltimore County Health Department, the Health Center, and EHS for the purposes of blood borne pathogen exposure and control.

2.406.02 Exposure Determination

- A. These classifications of employees have been identified by EHS as positions with potential for occupational exposure and are automatically enrolled in the TU Exposure Control Plan:
 - 1. Sergeant;
 - 2. Corporal;
 - 3. Private First Class; and
 - 4. Police Aide.
- B. Other employees as appropriate will come under the coverage of the TU Exposure Control Plan if they actually, or it is reasonably anticipated that they have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material resulting from the performance of their job duties such as searching detainees, performing CPR, fingerprinting detainees and citizens, etc.

2.406.04 Exposure Controls

- A. The agency provides equipment and supplies that protect employees from bloodborne pathogen hazards.
 - 1. The agency maintains first aid / Personal Protective Equipment (PPE) kits in all agency vehicles. PPE supplies contained in those kits are single use and disposable and include, but are not limited to:
 - a. Sharps containers;
 - b. Hypoallergenic gloves;
 - c. Resuscitation masks with one-way valves;
 - d. Face and eye protection;
 - e. Gowns and shoe covers;

- f. Respirators as authorized by the EHS testing program;
 - g. Biohazard bags and ties;
 - h. Antimicrobial towelettes; and
 - i. Liquid germicidal cleaner.
 - 2. Officers are issued individual PPE kits that contain:
 - a. Hypoallergenic gloves;
 - b. Resuscitation masks with one-way valves;
 - c. Eye protection;
 - d. Gowns and shoe covers;
 - e. Respirators as authorized by the EHS testing program
 - f. Biohazard bags and ties; and
 - g. Antimicrobial towelettes.
- B. It is strongly recommended that officers carry their individually issued PPE kits with them when they are assigned to agency vehicles even though general PPE kits are maintained in all agency vehicles.
 - 1. All officers will have their PPE kits at headquarters or otherwise readily available if officers are not carrying their kits in cruisers, etc.
 - 2. Authority to mandate officers have immediate access to their individual PPE kits rests with unit, event, incident commanders and/or the Chief.
- C. Officers will:
 - 1. Carry either their personally issued PPE kits or vehicle PPE kits to the scenes of incidents when is reasonably anticipated that potential exposures may occur; and
 - 2. Restock their individual and assigned vehicle PPE kits from on-hand reserve supplies as necessary.
- D. Supervisors will:
 - 1. Ensure employees inspect vehicles' first aid / PPE kits consistent with **2.116 Vehicle Inspections** and restock supplies from on-hand reserve supplies as necessary; and
 - 2. Conduct and document monthly operational readiness inspections of their officers' PPE kits.
- E. The Logistics Officer will ensure adequate on-hand stocks of expendable first aid / PPE supplies are available.

2.406.06 Work Practice Controls

- A. Consistent with **29 CFR 1910.1030(d)(3)**, employees will use PPE when dealing with bloodborne pathogen related incidents except when, under rare and extraordinary circumstances, it was employees' professional judgment that in specific instances, its use would have prevented the delivery of health care or public safety services or would have posed increased hazards to the safety of employees or others. In those cases, the circumstances will be documented by the employee and investigated by on-duty supervisory personnel in order to determine if changes should be made to prevent future occurrences.
- B. Employees will wear gloves whenever hand contact with blood or other potentially infectious materials is anticipated.
1. Disposable gloves will be replaced as soon as possible if they are contaminated, torn, punctured, or otherwise lose their ability to function as a barrier to exposure.
 2. Whenever possible, gloves should be changed between patients and removed before handling other equipment, such as radios, notepads, interiors of police vehicles, etc.
 3. Disposable gloves will not be reused.
 4. Utility gloves used for cleaning may be reused if they are disinfected and do not lose their ability to function as a barrier to exposure.
- C. Eye and face protection will be used whenever splashes or spray of blood or body fluids are reasonably anticipated.
- D. Employees will wear gowns and shoe covers when large amounts of blood or body fluids are present at crime or incident scenes.
- E. Resuscitation masks with one-way valves (barrier devices) will be used when performing mouth-to-mouth breathing.
- F. Employees are urged, and may be required, to cover all open wounds with "band-aids" prior to reporting for duty.
- G. Employees will wash their hands and / or exposed skin with soap and water as soon as possible after contacts, even if gloves were worn. Hands and exposed skin should be washed with soap for at least 20 seconds before rinsing or by following manufacturers' recommendations. Wash water temperature is not critical. Antimicrobial skin wipe towelettes and / or germicidal cleaner, as contained in first aid / PPE kits, may first be used until employees can get to washing areas.
- H. Employees should use care when conducting searches, particularly of suspects or vehicles, and should not blindly place their hands in areas where there may be sharp objects that could puncture the skin.
- I. Mucus membranes should be flushed with water immediately or as soon as possible after exposures.
- J. Wounds must be allowed to bleed freely at first, and then cleaned thoroughly before applying bandages and dressing.
- K. Uniforms or clothing that become contaminated will be removed and the area underneath cleaned thoroughly.
- L. Recapping, bending or breaking of needles is prohibited. Contaminated needles and other contaminated sharps should be picked up using mechanical means such as tongs or forceps and placed in approved sharps containers.
- M. Employees will use caution to minimize splashing, spraying and splattering of blood or other potentially infectious materials.
- N. Employees will not use mouth suctioning of blood when dealing with snake or animal bites.
- O. Eating, drinking, smoking, applying cosmetics or lip balms, and handling of contact lenses is prohibited in areas where potentially infectious materials are present. Biohazard labels will be affixed to refrigerators and freezers containing blood or other potentially infected materials. Food/beverages will not be stored in refrigerators with blood or other infectious materials.
- P. Detainees with body fluids on their persons or clothing will be transported in separate vehicles from other detainees.
1. During processing, detainees with body fluids on their persons or clothing will be maintained and secured separately in order to preclude exposing other detainees.
 2. Processing officers will wear appropriate PPE.

- Q. Detainees with known communicable diseases, who do not present immediate risks of contaminating others, will not be isolated from other detainees.
- R. When detainee custody is relinquished to other agencies, arresting officers will notify receiving agencies if detainees have communicable diseases. These notifications will be given only on a need to know basis.
- S. Employees are prohibited from reaching into sharps containers as this increases the likelihood of accidental needle sticks.
- T. Broken glassware that may be contaminated will not be picked up directly with the hands, but picked up using mechanical means such as dustpans, brushes, tongs, or forceps and placed in approved sharps containers.

2.406.08 Decontamination & Housekeeping

- A. The university's contract custodial company is responsible for ensuring agency facilities and vehicles are decontaminated. Contaminated:
 - 1. Vehicles will be placed out of service at Headquarters; and
 - 2. Facilities will be cordoned off or secured.
- B. Evidentiary biohazard materials will be collected and preserved consistent with **2.500 Property & Evidence**, marked as biohazards, and placed inside evidence receptacles marked with biohazard symbols.
- C. All used PPE and contaminated non-evidence items will be placed in biohazard bags to be disposed of.
 - 1. Additional bags will be used if primary containers leak or become contaminated on the outside.
 - 2. During business hours, bags can be taken to the Health Center.
 - 3. During non-business hours, bags can be placed in the SALLY PORT for subsequent pick-up by EHS. Employees who put contaminated materials in the SALLY PORT will ensure the Logistics Officer and EHS is notified on a timely basis so the materials can be picked up.
 - 4. Ambulance staff may grant permission to take bags of contaminated materials to destination health care facilities.
- D. The Logistics Officer will ensure disinfection kits containing EPA approved disinfectants are maintained with other expendable EMS supplies for cleaning agency issued equipment, except for uniforms, clothing, firearms, and vehicle interiors.
- E. Employees whose clothing is contaminated will remove the clothing as soon as possible and wash the skin area below contaminated sites.
 - 1. Employees should attempt to remove gross amounts of contaminating substances as practical from themselves and their clothing in the field by using paper towels, tissues, etc. Used paper towels, tissues, etc. will be appropriately bagged for disposal.
 - 2. Clothing will be placed in biohazard bags and submitted to Logistics for cleaning or disposal as appropriate.
 - 3. Employees' contaminated personal clothing being worn as approved duty attire will either be cleaned or replaced at the agency's discretion and cost.
 - 4. The agency maintains various-sized sets of coveralls in the SALLY PORT. These coveralls are for the use of employees who need to change out of contaminated clothing, but do not have replacement clothing or uniform items immediately available. Employees will ensure that coveralls are promptly cleaned and returned to Logistics for restocking after their use.
 - 5. Contaminated clothing should be washed separately from non-contaminated items. Contaminated clothing can be washed or laundered the same way as other clothing. Wash water temperature does not matter. Either hot or cold water can be used with regular laundry detergent. Bleach may be added, but is not needed. Normal wash cycles should be used. Clothing should be kept in plastic bags and handled as little as possible before washing. Soaking clothing in cold water before washing may minimize staining. Employees will wear disposable gloves while handling clothing before it is cleaned.

- F. Contaminated agency firearms that are not needed as evidence will be made safe, placed in biohazard bags along with magazines and ammunition, and submitted to the Logistics Officer who will:
 - 1. Issue temporary replacement weapons, magazines, and ammunition as necessary; and
 - 2. Ensure the firearms are appropriately decontaminated and then cleaned using agency-approved firearm cleaning products.
- G. Employees observing any measurable quantity of spilled blood or other body fluids within agency facilities will immediately isolate the affected area with signs or barrier tape and contact the university's contract custodial company for clean-up. Minor spills may be cleaned by agency employees using the disinfection kit.
- H. The processing area will be:
 - 1. Routinely cleaned consistent with a schedule developed in cooperation with Facilities Management; and
 - 2. Inspected weekly for cleanliness in accordance with the line inspection program.

2.406.10 Hepatitis B Vaccination

- A. The Hepatitis B Vaccination (HBV) series is offered free of charge through a source designated by the university, to all officers and at-risk civilian employees of the agency who complete necessary bloodborne pathogen training. Employees choosing to receive vaccinations outside the university's approved source will be reimbursed up to the amount that would have otherwise been the cost to the university.
- B. Employees, after receiving required training, may refuse vaccination by signing declination forms, providing verified titer tests, or verified completion of series with dates.
- C. If at any time after refusing the HBV series, employees change their mind, the series may be requested through the commander responsible for the human resources function.
- D. Employees starting the HBV series are strongly encouraged to complete the series in order to receive the protections afforded by the series.

2.406.12 Information and Training

- A. EHS is responsible for:
 - 1. Developing, conducting, and maintaining records of such training related to the university's bloodborne pathogen exposure program;
 - 2. Maintaining HBV vaccination records; and
 - 3. Maintaining records pertaining to post-exposure investigations.
- B. All employees in the TU Exposure Control Program will participate in bloodborne pathogen training and appropriate retraining thereafter. Initial training must be completed within 10 days after starting work with the agency.

2.406.14 Managing Exposure Incidents

- A. The agency uses methods and processes designed to provide confidential medical evaluations and follow-ups for employees with exposures or suspected exposures to blood borne pathogens.
- B. Employees will promptly report all injuries, exposures, suspected exposures, or contacts such as skin, mucous membrane or parenteral contact with human blood or other potentially-infectious material to supervisory personnel.
 - 1. The events and means of exposures will be documented in agency reports, Workers' Compensation First Report of Injury, Employee's Report of Exposure, Supervisor's Investigation of an Exposure, and for an exposure resulting from a contaminated sharp, the Sharps Injury Log.
 - 2. Supervisors will conduct and document investigations in order to determine:
 - a. Facts and circumstances leading or contributing to exposure incidents;
 - b. If changes are needed in work practices or protective equipment; and
 - c. If additional training is needed.
- C. Exposed employees will report as soon as safe and prudent to St. Josephs' Hospital for baseline testing and treatment of exposures.
 - 1. Medical personnel are to provide initial treatment and evaluation of the exposure that will include recommendations as to further treatment.

2. Medical testing, pre- and post-test counseling, and monitoring are provided through TU sources at no cost to exposed employees.
 3. Testing and medical monitoring of exposed employees will be done in such a way as to protect the confidentiality of the exposed employees' identities and lab test results. Positive results will not be reported to university authorities except on a need-to-know basis.
- D. If possible, attempt to identify the source of potential infection.
1. **Health General (HG) § 18-213** mandates that receiving hospitals notify law enforcement personnel if a patient they had contact with is subsequently diagnosed with a contagious disease or virus.
 2. If officers are exposed in the field and source individuals are transported to hospitals by fire department personnel, officers will ensure that their names and ID numbers are included on the fire department run sheets.
 3. Officers will ensure their names and ID numbers are placed on emergency room paperwork if source individuals are transported by officers to hospitals.
 4. Healthcare personnel will attempt to obtain written, voluntary consent from individuals to be tested.
 5. Source individuals who have not already been transported to health care facilities, but subsequently agree to be tested voluntarily, will be transported to a local emergency room for testing. Costs are to be billed to the agency.
 6. Receiving hospitals will make notification to the Chief within 48 hours of confirmation of the patients' diagnoses. The Chief will forward the results of tests to the affected officers and University Health Center.
7. When employees are exposed during non-criminal matters not covered under **HG § 18-213** or **CP § 11-107** *et. seq.* and source individuals do not initially agree to be tested:
 - a. Exposed employees will report to healthcare facilities consistent with **C.** for treatment and quick, baseline testing of their blood;
 - b. Exposed employees or their supervisors will provide health care providers risk factor information on source individuals; and
 - c. Supervisors and/or commanders will attempt to convince source individuals to undergo voluntary testing. If source individuals still refuse to be tested, a commander will be notified in order to confer with university counsel for possible legal remedies.
- 2.406.16 HIV Testing of Charged Individuals**
(55.1.1)
- A. Consistent with **CP § 11-107** through **§ 10-117**, victims that may have been exposed to HIV during crimes or delinquent acts have the right to request that charged individuals be tested for HIV.
 - B. If individuals are charged within one year after offenses have occurred, upon written requests to the Office of the State's Attorney (OSA), the court may order, upon findings of probable cause to believe that exposure occurred, individuals charged with listed offenses to furnish blood samples to be tested for the presence of HIV.
 - C. Upon written requests to the OSA by victims of criminal or delinquent acts involving possible exposure to HIV, the court will order individuals convicted of criminal or delinquent acts or being granted probation before judgment to furnish blood samples to be tested for the presence of HIV and any other identified causative agent of AIDS.

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