

## CAMBRIDGE POLICE DEPARTMENT

**Title:** ***INFECTIOUS MATERIALS  
AND DISEASE CONTROL***

**Procedure: 5.800**

**Date Issued:**

**Revised:**

### **PURPOSE:**

To provide information and protection to all members of the Police Department.

To reduce the risk of infectious materials and disease.

### **POLICY:**

It shall be the policy of the Police Department to comply with regulations of the Department of Labor relating to occupational exposure to blood or other potentially infectious materials, and to inform Department members of appropriate precautions to be taken in circumstances where members may be exposed to infectious materials.

### **PROCEDURE:**

#### ***EXPOSURE CONTROL PLAN***

1. The following members of the Police Department can be reasonably anticipated to be exposed to blood or other infectious materials:

All sworn police personnel.

2. Other members who may be exposed to blood or other infectious materials:

Police Communication Officers  
Secretarial Staff  
Custodian/Janitor

### ***PRECAUTIONS***

1. Universal precautions shall be taken by all members of the Department to prevent contact with blood or other potentially infectious materials.

2. Department members shall treat all blood and other potentially infectious materials as defined in the Department of Labor regulations as potentially infectious, and follow all precautionary measures outlined in this document at all times.

3. Whenever any member's skin comes in contact with blood or other potentially infectious materials, the member shall immediately, or as soon as possible, wash their hands and any other skin with soap and warm water, or flush mucous membranes with water following the contact.

4. Whenever a member of the Department while at the police facility, is exposed to any blood or potentially infectious materials, the member, as soon as possible, shall be required to wash their hands in running warm water with a non abrasive soap, and then dry their hands with a clean cloth, paper towel.

5. Members exposed to blood or other potentially infectious materials, who are in the field and not in the police facility, shall use antiseptic hand cleaners or towelettes, when hand washing facilities are not available.

When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and warm running water as soon as possible.

6. Members wearing protective gloves or other personal equipment, as soon as possible after removal of same, shall wash their hands immediately or as soon as possible, using soap and warm water.

7. Liquid soap containing mineral oil or petrolatum products should not be used with rubber gloves because this causes the rubber glove to deteriorate.

spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably expected.

**PERSONAL PROTECTIVE EQUIPMENT**

1. The Department shall provide personal protective equipment to Department members. This equipment shall not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or mucous membranes under normal conditions when the personal protective equipment is worn.

Surgical caps or hoods and shoe covers shall be worn in instances where gross contamination can reasonably be expected. (Example: autopsy)

2. Personal protective equipment shall be available at the following locations:

All marked and unmarked police vehicles.

All workstations of members who may be exposed to blood or other potentially infectious materials.

5. Supervisory members shall ensure that subordinates use appropriate personal protective equipment as required in this document.

3. Personal protective equipment shall consist of the following:

- Disposable single use gloves.
- Face shield
- Gowns.
- Biohazard waste bag
- CPR pocket mask.
- Antimicrobial towelettes.

6. In those cases where a member temporarily and briefly declined to use personal protective equipment, when, under rare and extraordinary circumstances, it was the member's professional judgment that in the specific instance the use of such protective equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the member or another member, the circumstances shall be investigated and documented by the member's immediate supervisor to determine whether changes can be instituted to prevent such occurrences in the future.

4. Personal protective equipment shall be worn by Department members as follows:

Disposable gloves shall be worn whenever a member can be reasonably expected to have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, and, whenever a member handles or touches contaminated items or surfaces.

7. Personal protective equipment provided by the Department shall be of a disposable type, and not laundered or re-used.

8. Personal protective equipment shall be removed by Department members prior to leaving the location of the incident where protective equipment use was required.

9. All personal protective equipment once used, shall be disposed of by the member who used the equipment as follows:

The personal protective items shall be placed in the biohazard labeled bag provided with each personal protective kit.

Face shields, masks and gowns shall be worn by Department members whenever splashes,

The member shall place the biohazard labeled bag in the biohazard marked disposal

receptacle placed in the mug room of the police department.

Biohazard labels shall conform to the requirements of the Department of Labor and be either fluorescent orange or orange-red in color.

The Department shall dispose of all biohazard labeled materials according to current legal requirements and regulations governing them.

**HOUSEKEEPING - (GENERAL)**

1. Members of the Department shall ensure that all worksite areas where they are assigned be maintained in clean and sanitary conditions.
2. All working surfaces shall be cleaned and decontaminated with an appropriate disinfectant as soon as possible after coming into contact with blood or other potentially infectious materials.
3. Areas of potential contamination should be routinely inspected and sanitized. A schedule of this activity will be kept.
4. Surfaces, (i.e., the inside of police vehicles), where blood or other potentially infectious materials are overtly contaminated, or after any spill of blood or other potentially infectious materials has occurred shall, whenever possible, be cleaned and decontaminated immediately after the spill or overt contamination incident.
5. Surfaces which may have been contaminated since the last cleaning shall be cleaned and disinfected at the end of the member's shift, if the surface may have been contaminated since the last cleaning.
6. If an area that is contaminated cannot be sanitized, it will be cordoned off and marked as a contaminated area until it has been cleaned.
7. Receptacles used for disposing of blood or other potentially infectious materials shall be inspected for contamination on a daily basis, and cleaned and decontaminated immediately or as soon as

possible once visibly contaminated. These containers, along with bearing the required biohazard labels shall:

Be closable.

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If the containers themselves are contaminated on the outside, they shall be placed in a second container. The second container shall be:

Closable.

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

8. Contaminated needles and sharps shall be disposed of without shearing or breaking. Do not attempt to recap any needle. These items shall be disposed in puncture resistant, biohazard labeled containers, having leak proof sides and bottoms.

9. Disposal of all regulated waste shall be in accordance with applicable standards.

10. Disinfection procedures shall be effected when a department vehicle requires maintenance after blood or other bodily fluid discharges.

11. A Supervisor shall be notified and the vehicle taken or towed to the police department as soon as possible.

12. Officers will effect disinfection procedures (where appropriate)

13. Affected vehicles shall be immediately designated by the posting of an “Infectious Disease Contamination” sign upon arrival at the police department and while awaiting disinfection.
14. Protective disposable gloves will be worn during all phases of disinfection.
15. Any excess of blood or bodily fluids should first be wiped up with a disposable absorbent Chux or other approved absorbent materials. Afterwards, the absorbent materials should be immediately placed in a biohazard container.
16. A broad –spectrum activity virucidal-germicidal solution shall be prepared precisely according to the prescribed standards.
17. The affected area shall be cleansed with the virucidal-germicidal solution and allowed to air dry for ten minutes.
18. All disposable contaminated cleaning items shall be placed in plastic bags and placed in a biohazard container.
19. all police vehicles will routinely be cleaned in the interior with the approved virucidal-germicidal solution.
20. If a detention cell is contaminated an “Isolated Area-Do Not Enter” sign shall be immediately posted on the cell.
21. The Supervisor will be responsible for ensuring that the cell will be properly disinfected or sealed off.
22. Recommended disinfection procedures to be followed are the same as for vehicle disinfection.
23. When conducting a search, the employee should proceed as if a syringe were present.
24. Any syringe discovered during the course of duty shall be properly handled and packaged.
25. the employee shall handle the syringe as carefully as possible while securing the syringe in a disposable syringe container.
26. The employee shall place one (1) syringe in each disposable syringe container.
27. The employee shall place the secured disposable syringe safety container with the completed Evidence/Property tags attached in the evidence locker.
28. When moving biohazard containers of contaminated syringes from the area of use, the container shall be closed immediately prior to the removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
29. The biohazard container shall be placed in a secondary biohazard container if leakage is possible.
30. When disposing recovered syringes the Evidence Control Officer shall transport the potentially infectious material to the Dorchester County Health Department for removal and disposal of the biohazard container.
31. It will be the officer’s responsibility to obtain a signed written receipt from the Health Department for receiving the biohazard container and the officer shall maintain the receipt

**LAUNDRY**

1. Contaminated laundry shall include, but not necessarily be limited to the following:  
 Member uniforms and clothing items worn on duty, including undergarments, socks, shoes and outerwear, whether supplied by the Department or personally owned,

which have been exposed to blood or other potentially infectious material while a member was performing his/her official duties.

All non-disposable blankets, bedding materials, prisoner clothing supplied by the Department, and non-disposable cloths, used in the jail facility, regardless of whether the aforementioned items were exposed to blood or other potentially infectious material or not.

2. Contaminated laundry shall be contained in the location where used, and handled as little as possible, with a minimum of agitation, and bagged or contained at the location where it was used, and not sorted or rinsed in the location of use.

3. Containers and bags used for storing contaminated laundry shall be constructed of materials which prevent soaking through or leakage of fluids to the exterior.

4. Any member handling contaminated laundry shall wear disposable protective gloves. When circumstances indicate the possibility of splashing or spillage of blood or other potentially infectious materials on or from laundry, whether contained or not, the appropriate additional personal protective equipment shall be worn by any member when handling it.

In the case of a member's uniforms or clothing items being exposed to blood or other potentially infectious materials, the member shall change clothes at the police facility as soon as possible after the exposure and bag the uniform items with a biohazard label.

In no case shall a member launder any clothing items, including uniform items at their home, a commercial laundromat or cleaners, or at the police facility, which have been exposed to blood or other potentially infectious materials.

All contaminated laundry shall be cleaned and decontaminated by the

Department at Department expense, at a Department approved cleaners.

**TRAINING**

1. All members of the Police Department performing duties likely to involve occupational exposure to blood or other potentially infectious materials shall receive training pertaining to infectious materials and disease control within one (1) year of the previous training.

2. The training shall be provided by the Department and shall consist of the following:

A copy of the Maryland Occupational Safety and Health Bloodborne Pathogens Worksheet shall be provided to each member before or during training.

A copy of the Cambridge Police Department Bloodborne Pathogens Exposure Control Plan.

A general explanation of the epidemiology and symptoms of bloodborne diseases.

An explanation of the modes of transmission of bloodborne pathogens.

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

An explanation of the basis for selection of personal protective equipment.

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

Information on the post-exposure evaluation and follow-up that the Department is required to provide for the employee following an exposure incident.

An explanation of the biohazard signs and color coding methods used to mark blood or other potentially infectious materials.

An opportunity for interactive questions and answers with the person conducting the training session.

3. Training shall be conducted by a person knowledgeable in the subject matter covered as it relates to the duties of those members who could be occupationally exposed to blood or other potentially infectious materials.

4. Department members shall be trained on a yearly basis.

5. Additional training shall be provided to Department members when changes such as modification of tasks or procedures or the institution of new tasks or procedures affects the member's occupational exposure. The training may be limited solely to addressing the new exposures created.

**RECORD KEEPING**

1. The Training Officer shall establish and maintain an accurate record for each member with occupational exposure to include the following:

The name and social security number of the each member.

A copy of all hepatitis B vaccination records of members, including the dates of vaccinations and any medical records relative to the member's ability to receive hepatitis B vaccinations.

Healthcare professional written opinions on whether a member has received hepatitis B vaccinations or any medical records relative to a member's ability to receive vaccinations.

Declination forms from members who do not wish to be vaccinated.

A copy of the information provided to the healthcare professional as specified in Post Exposure Evaluation And Follow-Up.

A copy of post-exposure information supplied to the Department by the healthcare professional as specified in Post Exposure Evaluation And Follow-Up.

2. All medical records as specified in this document shall be kept confidential, and are not disclosed or reported without the member's express written consent to any person within or outside of the Department except as required by this document or as may be required by law.

**TRAINING RECORDS**

1. The following information shall be maintained by the Training Officer on the required training outlined in this procedure:

The dates of the training sessions.

Contents or a summary of the sessions.

The names and job titles of all persons attending the sessions.

The names and qualifications of the person(s) conducting the training.

The Department shall ensure all documentation of training shall be made available upon request to the following for examination and /or copying: MOSH Inspector, NIOSH Inspector, Affected employee, affected employee's representative.

The aforementioned records shall be maintained at least three years after the training was attended/provided.

**VACCINATIONS**

1. Hepatitis B vaccinations shall be made available to all Department members, free of charge, after the member receives the initial training as specified in training section of this procedure.

2. Members may receive the vaccinations, or decline them.

3. Any member who declines to be vaccinated shall do so in writing in the manner prescribed by Department of Labor. The member who declines the vaccination will complete a Cambridge Police Department Hepatitis B Vaccine Declination. The completed Hepatitis B Vaccine Declination shall be maintained in the employee's personnel file.

4. If a member initially declines the hepatitis B vaccination but at a later date decides to accept the vaccination, the Department shall make available hepatitis B vaccination at that time.

5. If a booster dose of hepatitis B vaccine is recommended at a later date, the Department shall make the vaccination opportunity available to all members requiring booster doses.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

1. If a member of the Department has an exposure incident, the Department shall make immediately available to the member a confidential medical evaluation and follow-up to include at least the following elements:

Documentation of the route(s) of exposure, and the circumstances

under which the exposure incident occurred.

Identification and documentation of the source individual, unless the Department can establish that identification is unfeasible or prohibited by state or local law.

2. The source individual's blood shall be tested when feasible and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, the Department 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.

3. 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.

4. Results of the source individual's testing shall be made available to the exposed Department member, and the member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

5. Collection of blood from Department members who may have been exposed to HBV or HIV shall be according to all state and federal regulations pertaining to them.

6. Post-exposure prophylaxis, counseling and an evaluation of reported illnesses may also be recommended by the treating healthcare professional for any Department member.

7. The Department shall ensure that the treating healthcare professional is given a copy of the Department of Labor standard on bloodborne pathogens, of this document, in all cases where the healthcare professional is evaluating a member after an exposure incident. In addition, the healthcare professional shall receive the following:

A description of the exposed member's duties as they relate to the exposure incident.

Documentation of the route(s) of exposure and circumstances under which exposure occurred.

Results of the source individual's blood testing, if available.

All medical records relevant to the appropriate treatment of the member, including vaccination status, which the Department is responsible for maintaining.

8. The Department shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation.

9. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for a member, and if the member has received such vaccination. This section only applies in those cases where a member, by himself/herself was vaccinated for hepatitis B before the implementation of this procedure, or in the event any member at any time elects to be vaccinated other than as provided by the Department.

10. In the case of a post-exposure incident, the following information shall be provided by the healthcare professional to the Department:

That the employee has been informed of the results of the evaluation; and

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

11. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

12. Members who have an exposure incident shall immediately notify their supervisor. The member shall immediately seek treatment at a Department approved healthcare facility.

13. Any member involved in an exposure incident shall fully document, in memorandum form, an incident evaluation that explains the routes of exposure, circumstances surrounding the exposure and the description of the protective gear used. The memorandum shall be forwarded to the member's immediate supervisor who shall review it and forward the memorandum to a Staff Officer for review and evaluation.

14. The member's medical records shall be maintained for the duration of employment, plus 30 years. The records shall be kept confidential. The medical records regarding the exposure incident shall be provided to the following upon request for examination and copying: affected member; anyone having written consent of the affected member.