

Tom Bean Police Department

Administrative Directive

Number: 103.063	Effective Date: 01/01/2021
Subject: Exposure Control Plan	Revision Date: N/A
Affected Personnel: All personnel	Amends/Supersedes:
Reference: N/A	

I. Policy

The Tom Bean Police Department recognizes the importance of protecting employees that may come into contact with blood or other potentially infectious materials (OPIM). In coherence with statutes put in place by the State of Texas, and the United States Federal Government, this Exposure Control Plan is in place to provide education to affected personnel and to help reduce the risk of contamination through contact with the aforementioned blood and OPIM.

II. Definitions

- A. Bacteria - tiny, single-celled organisms that get nutrients from their environments.
- B. Blood –bodily fluid that circulates in the heart, arteries, capillaries, and veins of a human being or animal carrying nourishment and oxygen to and bringing away waste products from all parts of the body.
- C. Contagion - a disease-producing agent (such as a virus).
- D. Disease - a condition of a living human being or animal or of one of its parts that impairs normal functioning and is typically manifested by distinguishing signs and symptoms.
- E. Fungi - multicelled, plant-like organisms
- F. Germs - microscopic bacteria, viruses, fungi, and protozoa that can cause disease.
- G. Infection - the state produced by the establishment of one or more pathogenic agents (such as a bacteria, protozoans, or viruses) in or on the body of a suitable host.
- H. Infectious - transmitting or capable of transmitting infection: containing pathogenic agents which may be transmitted.
- I. Other potentially infectious materials (OPIM) – Bodily fluids and secretions other than blood that have the potential to transmit an infectious disease or pathogens such as saliva, semen, fecal matter, vaginal secretions, spinal and brain fluid, amniotic fluid, etc.
- J. Pathogen - a specific causative agent (such as a bacterium or virus) of disease.

- K. Personal Protective Equipment (PPE) - Equipment that is worn to minimize exposure to hazards that cause serious workplace injuries and illnesses.
- L. Protozoa – single celled organisms, like bacteria only larger, and contain a nucleus and other cell structures.
- M. Virus – A microscopic parasite, generally much smaller than bacteria that lacks the capacity to thrive and reproduce outside of a host body and have the potential to be the cause of contagion.

III. Applicability

This policy shall be applicable to any employee of the department who is at risk of physical contact with potentially infectious materials at any time during the performance of their respective duties.

- A. Sworn Police Officers (full / part-time / reserve);
- B. Civilians employed by the department (full / part-time / volunteer)

IV. Administration of plan

- A. The Chief of Police shall appoint a primary and secondary Designated Infection Control Officer (DICO).
- B. The primary Designated Infection Control Officer shall be responsible for all of the following:
 - 1. Implementation of this plan, and annual review of same.
 - 2. Ensuring that all appropriate PPE is made available in the appropriate size.
 - 3. Ensuring that the appropriate documentation is completed accurately and is properly maintained.
 - 4. Ensuring that Infection Control Training is administered annually to all affected personnel.
 - 5. Be regularly available in the case of an exposure.
 - 6. Remain up to date on trends and changes to infection control practices.
- C. The secondary Designated Infection Control Officer shall be responsible for all of the following:

1. Evaluation of the plan's administration and implementation.
2. Performance (as needed) of any / all the responsibilities of the primary DICO.
3. Ensuring compliance with this plan.

V. Education / Training Guidelines

- A. One of the most important aspects of infection control and prevention of the spread of disease is training. All employees noted under section three of this directive shall receive training in concepts of infection control. The training records shall be maintained in the employees personnel file located in the Office of the Chief of Police.
- B. The following concepts / topics should be covered during the required training regimen:
 1. Instruction regarding this directive;
 2. Texas Administrative Code Chapter 96: Bloodborne Pathogen control;
 3. A general overview of epidemiology and symptoms of bloodborne diseases;
 4. Instruction regarding how infections are spread / transmitted, or transferred;
 5. Instruction regarding specific precautionary measures that can reduce the chance of spreading disease;
 6. An overview of the different types of personal protective equipment (PPE) and when the deployment of PPE is required;
 7. An overview of different types and benefits of available vaccines;
 8. Exposure defined;
 9. Instruction regarding exposure, and post exposure procedures; and,
 10. An overview of biohazard labels and waste disposal procedures
- C. Concepts of infection control training shall be administered to each affected employee during orientation or as soon as reasonably possible after appointment.
- D. Employees shall receive concepts of infection control training annually after their initial appointment.

VI. Universal Precautions

- A. All employees must utilize universal precautions when dealing with any type of bodily fluid, or other potentially infectious material.
- B. Blood and / or bodily fluids should be always be considered as infectious.
- C. Any time the potential exists for an employee to be exposed to blood or other potentially infectious materials, latex or nitrile gloves (at a minimum) should be worn.

VII. Workspaces

- A. Any workspace, or area inside of a city owned vehicle that has come in contact with blood, or other potentially infectious materials should be thoroughly cleaned and sanitized immediately thereafter.
- B. Workspaces should be cleaned routinely, and shall be cleaned immediately after any surface comes into contact with blood or OPIM. The surfaces must be cleaned in an orderly fashion using antiseptic / disinfectant materials.
- C. Food, or drink is prohibited in any area (evidence processing, restrooms, etc.) where there exists a higher probability of contact with blood or OPIM.
- D. All employees should maintain an additional clean uniform on hand to transfer into in the event that the uniform they are wearing while on duty becomes contaminated.

VIII. Hand Washing / Decontamination

- A. Hand washing facilities are available to all designated job classifications inside City Hall.
- B. Disinfectants such as wipes, sprays, and / or hand sanitizer shall be made available for personnel in the field in case the City Hall facilities cannot be immediately accessed.
- C. Employees must engage in decontamination as soon as feasible anytime that blood, or OPIM comes into contact with employees' skin.
- D. Employees must wash their hands as soon as possible after the removal of gloves.
- E. Handwashing must be completed before returning to duty after using the bathroom, and before and after preparing or handling of any food items.

IX. Personal Protective Equipment (PPE)

- A. PPE is provided by the department at no cost to all employees affected by this policy.
- B. PPE is available and stocked in police units, and available in supply areas.
- C. PPE provided and approved for use by employees includes:
 - 1. Gloves (nitrile or latex);
 - 2. Eye protection (goggles, glasses, or face shields);
 - 3. Surgical type gowns;
 - 4. Shoe covers;
 - 5. Tyvek suits (rated for protection from blood or OPIM);
 - 6. Face masks (surgical type); and
 - 7. N95 respirators.
- D. PPE deployed in the field should be removed as soon as feasible once it becomes contaminated.
- E. Used PPE may be disposed of into a trash can unless “bulk” (100ml or more) amounts of bodily fluids are present as regulated waste in the State of Texas.
- F. When bulk amounts of bodily fluids are present, used PPE should be placed into an appropriately labeled biohazard bag.
- G. Garments such as duty uniforms that are saturated in blood or OPIM must be removed as soon as possible.

X. Engineering Controls

- A. Engineering controls and work practices should be utilized where practical / possible to minimize exposure occurrences within the organization.

- B. A list of the engineering controls at the disposal / discretion of the Tom Bean Police Department are listed as follows:
1. Professional distancing (interoffice and in the field).
 2. Enhanced enforcement protocols
 3. Restricted access to the police facility.
 4. Enhanced meal break restrictions.
 5. Remote disposal of calls for police service (misdemeanor crimes, etc.) whenever feasible / possible.
- C. The Tom Bean Police Department will continue to improve and develop engineering controls as new safety concepts come available. Frequent discussion on improvements for these practices between line employees and administrators are encouraged throughout the organization.

XI. Housekeeping

- A. Texas Regulations on Medical Waste defines 100 ml or more of containerized or aggregate volume of blood or bodily fluids as "Medical Waste". All medical waste must be placed into containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. Smaller amounts of blood or bodily fluids may be placed into these containers as well if the provider believes that the contents may be highly contaminated.
- B. Contaminated sharps should be discarded as soon as possible, but preferably immediately in containers that are puncture resistant, closable, labeled/color coded, and leak-proof on the sides or the bottoms. Sharps containers should be maintained in all response units, and inside of the police facility. The containers should be kept within reaching distance from areas that procedures utilizing sharps are normally preformed.
- C. Trashcans/bins that are to be reused are to be cleaned and decontaminated as soon as feasible after visible contamination.

XII. Laundry

- A. Laundry facilities / services are not provided by the department.
- B. The CDC recommends the following process to prevent the spread of disease while handling / processing contaminated laundry items:

1. Handle contaminated laundry as little as possible, with minimal agitation.
2. Place contaminated laundry into leak-proof, labeled or color-coded containers prior to transport. Red bags with biohazard labels are also acceptable so long as the bags are properly sealed to prevent leakage once the contaminated laundry has been placed inside.
3. Utilize gloves when contact with contaminated laundry must be made.

XIII. Vaccinations

- A. Vaccinations are not supplied / provided by the department.
- B. All employees identified in section three of this plan may be at risk for occupational exposures. For this reason, employees are encouraged / recommended to obtain occupationally appropriate vaccinations such as the Hepatitis B vaccine.
- C. There are several different types of vaccines available. Each type is designed to empower the immune system to become resistant to certain kinds of germs and the serious diseases they cause. Among these types are:
 1. Live-attenuated vaccines - use a weakened (or attenuated) form of the germ that causes a disease.
 2. Inactivated vaccines - use the killed version of the germ that causes a disease.
 3. Subunit, recombinant, polysaccharide, and conjugate vaccines - use specific pieces of the germ — like its protein, sugar, or capsid (a casing around the germ).
 4. Toxoid vaccines - use a toxin (harmful product) made by the germ that causes a disease.

XIV. Post Exposure Evaluation

- A. Should an exposure occur, the affected employee should contact the primary DICO.
- B. The primary DICO will help to ensure that the initial cleaning of the affected area has been conducted.

- C. An immediate evaluation of the circumstances will be conducted by the primary DICO. The primary DICO shall be responsible for the following:
1. Reviewing the circumstances leading up to the exposure;
 2. documenting the routes of exposure;
 3. identifying and documenting the source individual, unless otherwise infeasible or prohibited by state law;
 4. obtaining consent and / or warrant for testing the blood of the individual for HIV/HBV/HCV infectivity, unless the DICO has established that source testing is infeasible, or the source individual is already known to be HIV, HCV and/or HBV positive;
 5. (when testing of the source individual has been conducted) ensuring that the test results are made available to the exposed employee and that the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual;
 6. obtaining consent from, and delivering the exposed employee to a licensed phlebotomist or medical doctor as soon as feasible after the exposure incident, so that the employee's blood can be tested for HBV and HIV serological status;
 7. Should the exposed employee refuse consent for HIV serological testing during the collection of source blood for baseline testing, the DICO shall ensure preservation of the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, testing should proceed as soon as feasible;
 8. ensuring that the exposed employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service;
 9. ensuring that the exposed employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident; and,
 10. ensuring that the exposed employee is informed about what potential illnesses can develop and has been advised to seek early medical evaluation and subsequent treatment.

XV. Administrative Exposure Requirements

- A. A written opinion should be obtained from a healthcare professional who evaluates employees of this department after an exposure incident.
- B. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional should be provided with:
 - 1. A copy of this exposure control plan;
 - 2. A description of the exposed employee's duties as they relate to the exposure incident;
 - 3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
 - 4. Results of the source individual's blood tests (if available); and,
 - 5. Any records relevant to the appropriate treatment of the employee.
- C. Healthcare professionals should be instructed to limit their written opinions to:
 - 1. The evaluation following an exposure incident;
 - 2. Whether the employee has been informed of the results of the evaluation;
 - 3. Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report).

XVI. Exposure Documentation

- A. The primary DICO will review the circumstances of all exposure incidents to determine:
 - 1. Engineering controls active at the time
 - 2. Work practices followed / adhered to
 - 3. PPE deployed at the time of the exposure incident

(gloves, eye shields, etc.)

4. Location of the incident
 5. Employee's relevant training
- B. All sharps injuries must be maintained in a sharps injury log. The information included in this log shall include:
1. Date / time of the Injury,
 2. The location where the injury occurred
 3. A detailed summary of how the incident occurred
- C. A Contaminated Sharps Injury Form (Pub No EF59-10666) from the Texas Department of State Health Services shall be completed and submitted to the appropriate authority.
- D. The sharps injury log should be reviewed annually as part of the continued evaluation of this plan. This log should be maintained for at least five years following the end of the calendar year that is covered. If a copy is requested by anyone, it must have any personal identifying information redacted prior to release.

XVII. Record Keeping / Management

- A. Training records shall be completed for each employee upon completion of training. These documents will be maintained for at least three years by Tom Bean Police Department. The training records include:
1. training session dates
 2. course outline / lesson plan of the training sessions
 3. the name, TCOLE PID number and credentials of the instructor
 4. the names, TCOLE PID numbers, and job titles of all trainees in attendance
- B. Employee training records can be provided upon request to the employee or the employee's authorized representative within 15 working days of said request. Such requests should be addressed to the Chief of Police.
- C. Medical records shall be maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical

Records."

- D. The primary DICO is responsible for preparation of the required medical records. These confidential records shall be kept stored in a locked filing cabinet in the Office of the Chief of Police for at least 30 years beyond separation / discharge from employment.
- E. Employee medical records shall be provided upon request of the employee or to anyone having written consent within 15 working days.

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