

General Order 22.4 - Conditions of Work

PURPOSE: Provide an exposure control plan and guidelines for employees that may be exposed to bloodborne pathogens. This general order serves as the Sedgwick County Sheriff's Office's exposure control plan and is written to augment the Sedgwick County exposure control plan overseen by the office of risk management.

DATE OF APPROVAL: 8/28/08 DATE OF ISSUE: 10/16/08 EFFECTIVE DATE: 10/16/08 REVIEW DATE: Annual AMENDS: 22.4.2 THIS ORDER CANCELS: 22.4 Approved 12/01/99 ISSUED BY : Sheriff Jeffrey Easter REVIEWED BY: Standard Review Committee

7. Eutos

INDEX AS:

22.4.1 Bloodborne Pathogens
22.4.2 Exposure Determination
22.4.3 Evaluating/Responding to an Exposure Incident
22.4.4 Work Practice Controls
22.4.5 Disposal Of Biohazardous Material
22.4.6 Personal Protective Equipment
22.4.7 Decontamination Procedures
22.4.8 Vaccination
22.4.9 Post-Exposure Evaluation and Follow-up
22.4.10 Training
22.4.12 Signs, Labels and Warnings

DEFINITIONS:

A. Biohazard: Bloodborne pathogens, or any object that is contaminated with blood or bodily fluids.

- B. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- C. Decontaminated: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens off a surface or item to the point where it is no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- D. Engineering Controls: Sharps (see G below) disposal containers, biohazard bags, etc., that isolate or remove bloodborne pathogen hazards from the workplace.
- E. Exposure Control Plan: A written set of policies designed to eliminate or minimize employees' exposure to bloodborne pathogens by identifying which employees are at risk and establishing work practice and engineering controls.
- F. Occupational Exposure: Reasonably anticipated contact with skin, eye, or mucous membrane, or contact caused by puncture or injection with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- G. Sharps: Any object that can penetrate the skin.

22.4.1 BLOODBORNE PATHOGENS

- A. Bloodborne pathogens are pathogenic microorganisms that are present in human blood that can cause disease and death in humans. Examples include, but are not limited to: Hepatitis A, B and C variants, and Human Immunodeficiency Virus (H.I.V.) which causes AIDS.
 - 1. While wet samples of blood are the primary danger, dried samples should not be considered "safe", and they should be recognized as having potential for ingestion as airborne particulate matter.
 - 2. Wet (or "fresh") blood may also become airborne in infectious quantities and yet be invisible to the naked eye.
 - 3. Bloodborne pathogens are not restricted to blood alone but may be found in other bodily fluids.
- B. Universal precautions shall be used by all employees. The concept of universal precautions states that all human blood and bodily fluids will be treated as if known to be infectious with bloodborne pathogens.

22.4.2 EXPOSURE DETERMINATION

- A. Employees filling any of the following job classifications are deemed to be at risk of contracting bloodborne pathogens due to occupational exposure:
 - 1. Sheriff
 - 2. Undersheriff
 - 3. Sheriff major
 - 4. Sheriff captain

- 5. Sheriff lieutenant
- 6. Detention lieutenant
- 7. Senior administrative officer
- 8. Forensic investigator
- 9. Property and evidence sergeant
- 10. Sheriff sergeant
- 11. Range sergeant
- 12. Work release officer
- 13. Detective
- 14. Detention sergeant
- 15. Deputy sheriff
- 16. Detention corporal
- 17. Assistant work release deputy
- 18. Inmate coordinator
- 19. Detention deputy
- 20. Range assistant
- 21. Civil process servers
- 22. Ward clerk
- 23. (R) Property and Evidence Technicians
- B. Personnel filling all other job classifications within the Sedgwick County Sheriff's Department may at times be exposed to bloodborne pathogens on a case-by-case basis due to their proximity to activities listed in part C below, or when an individual not classified above might be called upon to perform a "pat down" search.
- C. Occupational exposure occurs to those individuals performing tasks or procedures that involve:
 - 1. Searches;
 - 2. Evidence handling;
 - 3. Processing suspects;
 - 4. Processing crime scenes;
 - 5. Making arrests;
 - 6. Conducting interviews;
 - 7. Performing lock-up operations;

- 8. Performing C.P.R. or first aid;
- 9. Hand to hand combat; and
- 10. Detention facility activities.

22.4.3 EVALUATING/RESPONDING TO AN EXPOSURE INCIDENT

- A. An exposure incident occurs whenever there is specific eye, mouth, other mucous membrane, non-intact skin contact, or injection/puncture by an object, causing contact with blood or other potentially infectious materials as a result of the employees' duties.
 - 1. Non-intact skin includes skin with dermatitis, hang nails, cracks, cuts, abrasions, fissures, or significant chafing.
- B. An employee who believes he/she has had an exposure incident shall follow these procedures at the time the incident occurs, as soon as circumstances allow:
 - 1. Follow decontamination procedures outlined in section 22.4.7;
 - 2. Follow the appropriate work practice controls, specifically section 22.4.4 (5 & 6);
 - 3. Contact his/her immediate supervisor; and
 - 4. Obtain from the potential source of infection the name, address, phone, physician's name, and infectious disease status.
- C. A supervisor shall take the following actions as soon as practical, immediately after the exposure incident occurs:
 - 1. Encourage the employee to report to the appropriate health care service for testing.
 - 2. Complete the appropriate forms as follows:
 - a. <u>On-the-job injury report</u> (PS-219);
 - b. <u>Bloodborne Pathogen Exposure Incident Initial Report</u> Form 15;
 - c. <u>Bloodborne Pathogen Exposure Incident Medical Evaluation (Victim)</u> -Form 17; and
 - d. <u>Bloodborne Pathogen Exposure Incident Medical Evaluation (Source)</u> -Form 18.
 - 3. Request that the source of the potential infection also be tested at the designated health care facility.
 - a. The source should be told that collection of blood specimens for Hepatitis B and H.I.V. infectivity testing will be performed at the expense of Sedgwick County. In addition, all testing will be done under the strictest observance of confidentiality. The results of such testing will be given to the victim, the health care professional, and any government agencies that are required by law to receive the information.

1. Forward the completed forms (under part 2 above) to the appropriate infection control officer. (See <u>section 22.4.11</u>.)

22.4.4 WORK PRACTICE CONTROLS

- A. In keeping with departmental policy of using universal precautions, personnel will utilize the following work practice controls to reduce the likelihood of exposure:
 - 1. Use caution in searching clothing and containers. Containers should not be rummaged through, but should be emptied for examination by dumping the contents onto a flat surface.
 - 2. Personnel should not blindly place their hands into a suspect's pockets, but depending on the circumstances, require the suspect or prisoner to empty his/her own pockets.
 - 3. Unless the situation or exigent circumstances preclude the use of personal protective equipment, then such equipment (e.g., gloves, etc.), shall be worn if biohazards are possibly present. (See <u>section 22.4.6</u>.)
 - a. In situations where gross contamination can be reasonably anticipated (e.g., during an autopsy or the processing of a bloody crime scene), additional protective equipment such as shoe coverings, hoods, eye/mouth masks, etc. should be worn.
 - b. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. (This includes any object or device used to minimize potential exposure, such as forceps, tweezers, tongue depressors, etc.)
 - 4. Biohazards that are turned in to property and evidence shall have a biohazard label (93D098) affixed, and packaged in a manner which shall prevent leakage.
 - 5. Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately (or as soon as feasible) following contact of such body areas with blood or other potentially infectious materials. If soap and water are not accessible, then employees shall use the provided personal cleaning agents.
 - 6. Employees shall wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.
 - 7. All needles and other sharp objects shall be handled in a cautious manner. If evidence, these items shall be packaged in such a manner as to prevent accidental puncture and marked as specified in part 4 above.
 - Sharp objects requiring disposal shall be placed in approved puncture resistant containers and disposed of in an approved manner.

- 8. Eating, drinking, smoking, applying lip balm or cosmetics, and handling contact lenses are prohibited in areas where there is a reasonable likelihood of exposure to bloodborne pathogens.
- 9. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present or kept.
- 10. All specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - Specimens that leave the custody of the department (such as for testing at outside agencies), shall also have an O.S.H.A. approved label displayed indicating it is a potential biohazard.
- B. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

22.4.5 DISPOSAL OF BIOHAZARDOUS MATERIAL

- A. Biohazardous material and/or personal protective equipment of a disposable nature (such as gloves, masks, etc.), shall be disposed of in an O.S.H.A. approved manner.
- B. Appropriate receptacles are located at the patrol squad room, forensic lab, Judicial Division, and Detention Division.
 - 1. O.S.H.A. approved biohazard bags are also found in departmental vehicles and may be used to hold contaminated material temporarily until such time as a receptacle is available. The biohazard bag is not to be reused, but replaced.
 - a. These bags will be closed and sealed so as to prevent the contents from spilling or leaking.
- C. A forensic detective shall collect the biohazardous waste from the patrol squad room, forensic lab and Judicial Division. The biohazardous waste containers shall be checked at least daily and any contents removed.
 - 1. The forensic detective shall then contact the director of programs and medical services of the detention facility to make arrangements for disposal of the biohazardous waste in an approved O.S.H.A. manner.

22.4.6 PERSONAL PROTECTIVE EQUIPMENT

- A. All vehicles will be equipped with the following personal protective equipment:
 - 1. Disposable gloves;
 - 2. Face and eye masks;
 - 3. Disposable biohazard bags;
 - 4. Antiseptic hand cleaner;

- 5. Antiseptic hand wipes; and
- 6. A C.P.R. mouthpiece.
- B. Equipment as specified above shall also be readily accessible to all employees subject to occupational exposure (section 22.4.2 C) in their normal work area.
- C. The following additional protective equipment shall be kept available for use when a contaminated incident scene is entered, or when a high-risk individual or known diseased person is involved:
 - 1. Body suit;
 - 2. Booties;
 - 3. Hood; and
 - 4. An approved disinfectant.
- D. Generally, clothing worn by employees during their normal work assignment is not considered to be personal protective equipment. Personal protective equipment for purposes of this general order is that equipment listed in sections A and C above and is intended to prevent blood or other potentially infectious materials passing through or reaching the employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions.
 - 1. All personal protective equipment and engineering controls will meet or exceed O.S.H.A. standards.

22.4.7 DECONTAMINATION PROCEDURES

- A. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - 1. An O.S.H.A. approved decontamination method shall be used.
- B. Protective coverings used to cover equipment, etc., shall be removed and replaced as soon as feasible when they become overtly contaminated with blood or other potentially infectious materials.
- C. Sharps shall be stored, processed, and/or disposed of in a manner that is consistent with O.S.H.A. guidelines.
- D. If the outer layer of clothing becomes contaminated, the clothing will be treated in the same manner as biohazardous waste but gathered separately.
 - 1. Contaminated clothing (outer layer only), will be cleaned at Sedgwick County expense in a manner approved by O.S.H.A., the method being determined by the office of risk management.

22.4.8 VACCINATION

A. Vaccinations as specified by O.S.H.A. regulations shall be made available to all employees of the department as well as reserves subject to exposure of bloodborne pathogens.

22.4.9 POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. Following a report of an exposure incident, a confidential medical evaluation and followup will be made available to affected personnel.
- B. Post-exposure treatment will include (as medically recommended):
 - 1. Measures designed to preserve health and prevent the spread of the disease (prophylaxis); and
 - 2. Counseling for the employee that may include, but not be limited to, specifics of what he/she has been exposed to, how risky the exposure was, options of treatment and/or testing available, and potential lifestyle changes that may be required.

22.4.10 TRAINING

- A. Training that meets or exceeds established O.S.H.A. guidelines in regards to bloodborne pathogens shall be given to all personnel.
- B. All personnel and reserves that are subject to occupational exposure (see <u>section 22.4.2</u>), shall receive said training:
 - 1. At the time of initial hire;
 - 2. Annually; and
 - 3. Whenever tasks or procedures change that affect occupational exposure.
- C. Training will be coordinated through the office of risk management and the Wichita/Sedgwick County Law Enforcement Training Center.

22.4.11 INFECTION CONTROL OFFICER

- A. The Sedgwick County exposure control plan (E.C.P.) is the responsibility of the office of risk management.
 - 1. The E.C.P. requires each department within Sedgwick County to have an infection control officer (I.C.O.) who maintains responsibility for compliance to the E.C.P. within that department.
- B. First-line supervisors shall have I.C.O. responsibilities of:
 - 1. Scheduling employees for training sessions annually.
 - 2. Evaluating each exposure incident (section 22.4.3) and submitting changes to the E.C.P. that are necessitated after an exposure incident.
 - 3. Monitoring and ensuring employee compliance to all aspects of the E.C.P.
 - 4. Coordinating cleaning and decontaminating work places and coordinating handling of contaminated waste.
 - 5. Identifying, training in proper use of, and monitoring of work practice controls.

- C. Each division commander shall designate one (1) individual from his/her division to oversee and ensure compliance with these I.C.O. responsibilities:
 - 0. Providing the office of risk management with all appropriate employee forms to be kept in the employees' files.
 - 1. Identifying engineering controls needed within the division.
 - 2. Scheduling regular examination, maintenance, and replacement of engineering controls.
 - 3. Documenting of new and/or modified tasks and procedures that have occupational exposure and providing this information to the office of risk management.
 - 4. Documenting new jobs created or revised such that occupational exposure may occur and providing this information to the office of risk management.
 - 5. Identifying, procuring, and restocking adequate supplies, and training in proper use of personal protective equipment required by the division.
 - 6. Implementing and maintaining a biohazard labeling program.
 - 7. Ensuring completion of all required procedures and forms following an exposure incident, and submitting of appropriate forms to risk management.
 - 8. Ensuring educational materials are at the appropriate education level, literacy, and language for individual employees.

22.4.12 SIGNS, LABELS AND WARNINGS

- A. Warning labels of an approved O.S.H.A. format shall be affixed to refrigerators, freezers, disposal receptacles, etc., where blood or other potentially infectious material may be located. Warning labels shall also be displayed at the entry point of any room that contains biohazards.
- B. Labeling of property and evidence that poses a potential biohazard shall be done in accordance with the work practice controls established in <u>section 22.4.4</u>.
- C. A biohazard sticker (93D098) shall be attached to all property that is released to the public that is a potential biohazard.
- D. A biohazard sticker (93D098) shall be affixed in an easily visible location to vehicles that are impounded if:
 - 1. Deputies have a reasonable belief based upon observed circumstances that a potential biohazard is present in or on the vehicle.
- E. When detectives or deputies conclude an incident scene investigation where biohazards are present, the entry to the incident scene shall be marked with a biohazard sticker (93D098) if the incident scene is in an enclosed area, such as a room, building, trailer, etc.