

# FREDERICK POLICE DEPARTMENT GENERAL ORDER

**Section 19:** Employee Well-Being  
**Topic:** EXPOSURE CONTROL PLAN  
**Approved:** 12/04/19  
**Review:** Annually in December by Support Services Division Commander  
**Supersedes:** G.O. 1905 dated 11/25/19

**Order Number:** 1905  
**Issued by:** Chief of Police

## 1 PURPOSE:

To furnish procedures for reducing the possibilities of contracting communicable diseases from persons in custody and others with whom police employees have contact.

## 2 CROSS-REF:

Form [HR-009](#) FPD Provider Exposure Intake Form

## 3 DISCUSSION:

In response to the growing concern of occupational exposure to disease producing organisms carried by human blood or other human body fluids, Title 29, Section 1910 of the Federal Rules and Regulations, and Title 9, Subtitle 12 of the Maryland Occupational Safety and Health Act were enacted to deal with "blood borne pathogens." These diseases could be contracted by exposure to blood or other body fluids during the performance of one's duty. Both pieces of legislation specifically cite the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Among the many requirements set forth in the law, the legislation calls for all employers to develop a written "exposure control plan;" to review and update the plan on an annual basis, to provide an employee education program to explain the hazards of contact with contaminated blood or other body fluids, to provide personal protective equipment to "at risk" employees in an effort to limit hazardous contact, and to provide inoculation against HBV to any "at risk" employee desiring vaccination.

## 4 POLICY:

It is the policy of the Frederick Police Department to safeguard the health and safety of all personnel by presenting accurate information regarding health or safety hazards that members may encounter in the performance of their duty; and to develop and enact operational procedures that will provide them the greatest degree of safety. All personnel of the Frederick Police Department are considered "at risk" personnel and will adhere to all policies and procedures pertaining to infectious diseases.

**Note** - For purposes of this order, "all personnel" will include Uniformed Auxiliary Members.

## 5 DEFINITIONS:

**BLOOD BORNE PATHOGENS:** are infectious microorganisms in human blood that can cause disease in humans. These **pathogens** include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to **bloodborne pathogens**.

**CONTAMINATION:** The presence, or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**OCCUPATIONAL EXPOSURE:** Reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing the skin, e.g., needle pricks) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

#### **.10 TRAINING:**

1. Initial training is given to all members by health care professionals and/or appropriate training staff. The training will consist, at a minimum, of the applicable statutes; the manner in which blood borne pathogens are transmitted, the Department's exposure control plan, an explanation of the Hepatitis B vaccine, and the protective equipment available to employees.
2. Updated information regarding blood borne pathogens will be distributed to all personnel via roll call or In-Service training on an **annual** basis.
3. The Supervisor, Training Unit, will coordinate the training of all departmental personnel and Auxiliary members relative to exposure to blood borne pathogens and the exposure control plan. Training records will be retained for at least three years and will include:
  - A. The date of all training sessions and the contents/summary of the material given;
  - B. The contents of the material given;
  - C. The names and qualifications of the individuals conducting the training; and,
  - D. Identification of all persons attending the training session.

#### **.15 VACCINATION FOR HEPATITIS "B":**

1. All departmental personnel and Auxiliary members will have the Hepatitis "B" vaccine and booster doses available to them at no cost. The vaccine will be administered by a licensed health care professional after exposure awareness training. Because exposure awareness training will deal with methods to avoid contamination and safeguards to be taken when dealing with potentially infectious situations, attendance at this training is **mandatory**; however, personnel may decline to receive the Hepatitis "B" vaccine. Individuals may choose to accept the vaccination at a later date. Some individuals may also have a pre-existing condition that prohibits the administration of the vaccine.
2. Individuals who choose not to receive the vaccination for whatever reason will submit a memo, via chain of command, to the Chief of Police that will state the following:

"By copy of this memorandum, I hereby decline to receive the Hepatitis "B" vaccine provided by the City of Frederick after having attended the communicable disease training session offered by the Frederick Police Department and after reviewing General Order #1905. I understand that I am considered an "at risk" employee, and this vaccine is being made available to me at no cost, as required by Title 29-1910.1030. I also understand that should I reconsider and desire to accept vaccination against Hepatitis "B" at a later date, this vaccine will be provided to me at no charge."

#### **.20 UNIVERSAL PRECAUTIONS:**

The "Universal Precaution Approach" **requires that all human blood and body fluids be treated as if they are known to be infected by HIV, HBV, or other blood borne pathogens.** All personnel will practice the "Universal Precaution Approach" when coming in contact with potentially hazardous fluids or in situations where contact is likely to occur.

#### **.25 PERSONAL PROTECTIVE EQUIPMENT:**

1. Personal protective equipment designed to protect personnel from blood borne pathogens will be distributed to all "at risk" personnel. This equipment will normally consist of "high risk"

latex gloves with glove pouch. Other specially designed equipment such as eye shields, gowns, etc. will be furnished to members as conditions warrant.

2. Personnel are responsible for having disposable gloves on or near their person while on duty. (Exceptions: members who are assigned to administrative positions and are substantially removed from public exposure.)
3. The Manager, Fiscal Affairs Unit (FAU), will insure that:
  - A. Personal protective equipment is distributed to personnel, that the distribution is documented, and that an adequate supply of personal protective equipment is "in stock" and available for distribution as needed;
  - B. All trash receptacles, "sharps" containers, biohazard labels and bags, cleaning supplies, etc. used for the decontamination and/or storage of biohazard wastes are stocked, clearly marked for use, and disposed of properly; and,
  - C. A copy of the "Exposure Control Plan" is prominently displayed in the prisoner processing area and the crime lab. The Manager, FAU, will also attach to the plan a copy of 29 CFR - Part 1910 of the Federal Rules and Regulations.

### **.30 GENERAL GUIDELINES:**

1. Infectious substances are transmitted via blood and body fluids such as urine, feces, vomitus, saliva, tears, mucus, semen, vaginal secretions, etc. Generally, the human skin is a protective barrier against exposure to infectious substances; however, if the skin has open sores, cuts, or abrasions, this protective barrier becomes a route for transmitting infection. Airborne respiratory secretions from a person's cough or sneeze also increase the risk of exposure to certain diseases. Contact with a patient's blood or body fluids contaminated with blood poses the greatest risk of transmitting certain diseases, such as Hepatitis B and C Virus and AIDS/HIV.
2. To prevent the transmission of infectious diseases, **ALL PERSONNEL WILL:**
  - A. Practice the Universal Precaution Approach and wear gloves and/or other protective equipment whenever dealing with potentially infectious materials or when there is a probability that contact will occur;
  - B. Wash their hands with soap and water, or flush eyes if appropriate, immediately after removing the gloves or other protective equipment and after contact with any potentially hazardous material. Personnel will **not** eat or drink prior to washing their hands. The Department has supplied antiseptic hand cleanser in each vehicle for use when hand-washing facilities are not readily accessible. If utilizing the hand cleanser, employees will wash their hands with soap and running water as soon as feasible afterwards;
  - C. Place all protective equipment in the appropriate "biohazard" disposal bag prior to exiting any work area and/or room in which blood or body fluids were present;
  - D. Not eat, drink, smoke, apply cosmetics or lip balm, touch eyes, nose, etc., or handle contact lenses in areas where there is a reasonable likelihood of occupational exposure to infectious material;
  - E. Will place any *non-evidentiary* needles, "sharps," i.e. any object that can penetrate

the skin such as glass, scalpels, etc. into a "sharps container" as soon as possible after seizure for disposal. Items placed in "sharps containers" will not be bent or recapped;

- F. Will store all evidentiary needles, syringes, etc. in accordance with existing procedures;
- G. Will place any specimen of blood or other potentially infectious material in a container specially marked with the "biohazard" logo;
- H. Will dispose of all used personal protection equipment, including all used gloves, whether contaminated by blood or not, in a clearly labeled "biohazard receptacle;"
- I. Will decontaminate any issued departmental equipment, such as handcuffs or leg irons, as soon as possible after exposure to blood or body fluids with a solution of one part bleach to ten parts of water prior to reuse;
- J. Will cover any open cuts or breaks in the skin with a Band-Aid or other bandage that repels liquids. If the protective covering gets wet it should be removed and replaced; and,
- K. Will notify their supervisor to make arrangements for the proper cleaning of any large area, such as a cellblock, as soon as possible after the exposure occurs.

#### **.35 WARNING LABELS:**

1. Warning labels will be placed on all containers, storage bags, refrigerator/freezers containing blood, or other potentially infectious material and on all other containers used to store, transport or ship those items. Labels will be the standard "biohazard" type and will be prominently displayed on the container.
2. The individual responsible for processing the evidence and/or property will insure that the items are properly packaged and labeled in accordance with Title 29. A supply of biohazard labels will be available in the processing room, workroom, and crime lab. The manager, FAU, will be responsible for ensuring an adequate supply of labels is available.
3. Any area that contains contaminated evidence or property for processing will be clearly marked and restricted from access.

#### **.40 HOUSEKEEPING AND DECONTAMINATION OF DEPARTMENT AND/OR PERSONAL PROPERTY:**

1. Surfaces coming in contact with potentially infectious materials will be thoroughly cleaned and decontaminated as soon as possible after contact has occurred. A bleach solution of 10 parts of water to 1 part of chlorine bleach will be used to wash contaminated areas. Surfaces and areas that are ordinarily used to process evidence/arrestees, will be routinely cleaned with the bleach solution at least one time per week, even if no known exposure incident has occurred. The Manager, Fiscal Affairs Unit, will insure that a routine cleaning schedule is established and maintained by custodial personnel.
2. In order to insure that contaminated areas can be cleaned during **exigent circumstances**, personnel have access to cleaning equipment (bleach, pails, mops, rags, etc.) in the storage cabinet in the holding cell area. The cabinet will be clearly marked as containing biohazard-cleaning supplies.
3. In the event that a spill or leakage is so extensive as to require *major* cleaning and

decontamination, the Manager, FAU, will be contacted as soon as possible for appropriate response and action. If an area that is contaminated cannot be cleaned, the on-duty supervisor will quarantine the area until decontamination can take place.

4. The decontamination of the interior of a departmental vehicle will be handled in the same manner as the procedure for the cleaning of contaminated rooms.
5. During the performance of a member's duties, blood or body fluids may come in contact with a member's clothing or equipment, such as handcuffs or leg irons. Clothing items are to be stored in a "biohazard" bag, labeled as such, and given to the Manager, FAU, for disposal and replenishment. Departmental equipment, such as handcuffs, will be cleaned by individual officers using a decontamination bleach solution consisting of 10 parts of water to 1 part of chlorine bleach.

#### **.45 POST EXPOSURE MEDICAL TREATMENT:**

1. **Eye or mouth exposures:** If eyes are splattered with blood or other potentially infectious material (OPIM), immediately flush with water or saline eyewash for five minutes. If blood or OPIM is splashed on the face or in the mouth, rinse with water for five minutes.
2. **Needle stick or puncture wound exposures:** If a sharps injury is sustained from an item potentially contaminated with a blood borne pathogen, or if a bite or scratch from an animal potentially infected with human bloodborne pathogens, wash the wound thoroughly with soap and water for five minutes. Do not squeeze the wound to induce bleeding, and do not use caustic agents such as bleach to clean the injury. Cover the injury with a Band-Aid or sterile dressing.
3. After possible exposure the source individual, along with the officer, will be transported to Frederick Health Hospital for further testing.
4. The exposed member will also be afforded a confidential medical evaluation and continuing medical follow-up to include counseling, if required.
5. Supervisors will ensure that an "Illness and Injury Report" is completed and submitted via e-mail to the Support Services Division Commander, the impacted employee's commander and the City of Frederick Risk, Safety and Compliance office. The report will not contain any diagnoses or findings relative to any blood test.
6. The FPD Provider Exposure Information Intake Form will be completed by the supervisor and a copy will be submitted to the Support Services Division Commander, the impacted employee's commander and the City of Frederick Risk, Safety and Compliance office.
7. If the source individual is transported to another facility, like shock trauma the supervisor will contact the facility's "infection control Practitioner" to inform them of the exposure.

#### **.50 "SOURCE" INDIVIDUALS:**

1. Maryland Code: CRIMINAL PROCEDURE  
11-110 HIV testing of charged person  
Universal Citation: MD Criminal Procedures Code 11-110 (2013)  
11-110  
In addition to testing allowed under 11-112 of this subtitle, the court may order a person charged with a prohibited exposure to give a blood sample to be tested for the presence of HIV if:
  - (1) The person is charged with a prohibited exposure within 1 year after the prohibited

- exposure occurred;
- (2) A victim or victim's representative requests the testing in writing to the State's Attorney Office in the county where the prohibited exposure occurred; and
  - (3) The court finds probable cause to believe that a prohibited exposure occurred.
2. If the exposure involves any arrestee or other "source" individual, the supervisor will immediately request that the individual voluntarily submit to a blood test to determine if they are infected. If the involved individual agrees, they will be immediately transported to Frederick Health Hospital (FHH) for testing. The results of the blood test will be made available to the member experiencing the exposure. Additionally, information concerning disclosures of the identity and infectious status of the "source" individual will be furnished to the exposed member.
  3. If the "source" individual refuses to submit to a voluntary blood test, the supervisor will document the refusal and will attempt to contact the State's Attorney's Office for immediate legal guidance. The supervisor will submit an administrative report to the Commander, SSD, detailing the incident, identifying the "source" individual and documenting the refusal. The impacted employee's supervisor will consult with the State's Attorney's Office regarding additional legal action.
  4. There are no laws in the State of Maryland governing mandatory testing of non-offenders, e.g., the mandatory testing of a victim involved in a motor vehicle accident that results in an exposure to the officer.

#### **.55 ADMINISTRATIVE RECORDS:**

1. Title 29 requires that the Department maintain specific individual records for each member identified as having "occupational exposure" to blood borne pathogens. This is completed when the impacted employee's supervisor forwards the medical information to the City of Frederick Risk, Safety and Compliance Office.
2. These records are confidential and will not be disclosed to anyone without the individual's expressed written consent, except as required by law. All records will be maintained by the City of Frederick for the duration of employment plus 30 years.

#### **60. ANALYSIS OF EXPOSURES:**

The Support Services Division Commander, will be responsible for evaluating the circumstances of each exposure incurred by member of the Department to determine if a correction and/or training should be made to alleviate the same type of exposure in the future.