



Fitchburg State University Police Department

Subject: OCCUPATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS	
Reference: IACLEA: N/A MPAC: N/A	
Effective Date: March 9, 2021	Review Date:
By Order of: Michael J. Cloutier, Chief of Police	

General Order

17.2.4

PURPOSE:

It is the purpose of this directive to provide Fitchburg State University Police Department (FSUPD) police officers with guidelines to minimize occupational exposure to blood borne pathogens such as Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

POLICY:

It is the responsibility of the FSUPD to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by communicable diseases that can be contracted through exposure to infected blood and several types of bodily secretions. Therefore, it is the policy of the FSUPD to continuously provide employees with information and education on the prevention of these diseases, provide up-to-date safety equipment and procedures that will minimize their risks of exposure and to institute post-exposure reporting, evaluation and treatment for all members exposed to communicable diseases.

DEFINITIONS

- A. **BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) :**
Blood, semen and vaginal fluids or other secretions that might contain fluids such as saliva, vaginal secretions, vomit, urine, feces, blood, or other bodily secretions

- B. **COMMUNICABLE DISEASE:** Those infectious illnesses that are transmitted through contact with the body fluids of an infected individual.
- C. **OCCUPATIONAL EXPOSURE:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the officer's duties.
- D. **PARENTERAL:** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- E. **PERSONAL - PROTECTIVE EQUIPMENT:** Specialized clothing or equipment worn by officers for protection against the hazards of infection. This does not include standard issue uniforms and work clothes without special protective qualities.
- F. **STANDARD PRECAUTIONS:** Procedures promulgated by the Centers for Disease Control (CDC) and required by the federal regulations of the Occupational Safety and Health Administration (OSHA), standard 29 CFR 1910.1030 that emphasizes precautions based on the assumption that all blood and bodily fluids are potentially infectious of communicable diseases.

PROCEDURES

A. GENERAL DISEASE PREVENTION GUIDELINES

The FSUPD subscribes to the principles and practices for prevention of disease exposure as detailed in the "standard precautions" prescribed by the CDC and the federal regulations of OSHA, standard 29 CFR1910.1030. Where otherwise not detailed in this directive, officers shall be guided by these practices and procedures.

B. WORKPLACE CONTROLS AND PERSONAL PROTECTIVE EQUIPMENT

1. In order to minimize potential exposure, officers should assume that all persons are potential carriers of communicable diseases.
2. When appropriate protective equipment is available, no officer shall refuse to arrest or otherwise physically handle any person who may carry HIV, HBV TB or other communicable diseases.
3. Officers shall use protective gear under all appropriate circumstances unless the officer can demonstrate that in a specific instance, its use would have prevented the effective delivery of health care or public safety services

or would have imposed an increased hazard to his/her safety or the safety of another co-worker.

- a. All such instances shall be reported by the officer and shall be investigated and appropriately documented to determine if changes could be instituted to prevent similar occurrences in the future.
4. Disposable gloves that comply as a Class I Medical Device shall be worn when handling any persons, clothing or equipment with bodily fluids on them.
 5. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
 6. Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever an officer performs CPR or mouth-to-mouth resuscitation.
 7. All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care and should be considered contaminated items.
 - a. Leather gloves or their protective equivalent should be worn when searching persons or places or dealing in environments, such as accident scenes, where sharp objects and bodily fluids may reasonably be encountered. Leather "cut-resistant" gloves that are lined with Spectra or Kevlar material are recommended. It is further recommended that officers wear disposable gloves OVER leather "cut-resistant" gloves when conducting searches.
 - b. Searches of automobiles or other places should be conducted using a flashlight, mirror or other devices where appropriate. Subsequent to a cautious frisk of outer garments, arrestees should be required to empty their pockets or purses and to remove all sharp objects from their person.
 - c. Needles shall not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated by hand.
 - d. Needles shall be placed in a departmentally provided, puncture-resistant, leak-proof "Sharps" container.

8. Officers shall not smoke, eat, drink or apply makeup around bodily fluid spills. Officers should avoid any hand-to-mouth, hand-to-nose or hand-to-eye contact.
9. Any evidence contaminated with bodily fluids shall be completely dried, bagged or containerized and clearly labeled "Biohazard" to identify potential or known communicable disease contamination.

C. DISINFECTION

1. Any unprotected skin surfaces that come into contact with bodily fluids shall be thoroughly washed as soon as possible with soap and lukewarm running water for at least 20 - 60 seconds before thoroughly rinsing and drying. (per "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers" published by the U.S. Department of Health and Human Services, Public Health Service).
 - a. An antimicrobial solution may be used where soap and water are unavailable but only as a temporary resort until hand washing facilities are available
 - b. Disposable gloves should be removed carefully and hands and forearms should then be washed.
 - c. Skin surfaces shall be washed and mucous membranes flushed as soon as feasible following the removal of any personal protective equipment.
 - d. Hand lotion should be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
 - e. All open cuts and abrasions shall be covered with waterproof bandages before reporting to duty.
2. Disinfection procedures shall be initiated whenever bodily fluids are spilled or an individual with bodily fluids on his/her person is transported in a FSUPD vehicle.
 - a. The transporting officer shall notify his/her supervisor and the vehicle shall be taken out of service for disinfection as soon as possible.
 - b. The officer may disinfect the vehicle as follows:

- i. Any excess bodily fluids should first be wiped up with disposable absorbent materials. The materials should first be soaked in disinfectant; or
 - ii. Contact Capital Planning and Maintenance to disinfect the cruiser.
3. Non-disposable equipment and areas upon which bodily fluids have been spilled shall also be disinfected as outlined above in Subsection 2. b.

D. HOUSEKEEPING

1. 1.All equipment and environmental and work surfaces must be cleaned(using a freshly prepared solution of one (1) part bleach to ten (10) parts water; or a fungicidal/micro bactericidal disinfectant) and decontaminated after contact with blood and other potentially infectious materials as provided in this directive.
 - a. The Department of Environmental Health & Safety (EHS) shall be contacted regarding the procedures for cleanup of any potentially infectious or hazardous material spills that occur on University property or within University buildings.
2. Broken and potentially contaminated glassware, needles or other sharp instruments shall not be retrieved by hand but by other mechanical means (i.e. dust pan and brush) and shall be placed in a "sharps" infectious waste container for disposal.
3. Officers shall remove clothing that has been contaminated with bodily fluids as soon as possible. Any contacted skin area shall be thoroughly cleansed in the prescribed fashion.
4. Contaminated laundry shall be bagged in a red "Biohazard" bag or containerized at the location where it is removed but shall not be sorted, rinsed or cleaned at that location.
 - a. The bagged contaminated laundry shall be sealed and clearly labeled "Biohazard."
5. All such disposals shall conform to established federal, state and local regulations.

E. CUSTODY AND TRANSPORTATION OF PRISONERS

1. Officers should not put their fingers in or near any person's mouth unless necessary to do a finger sweep (used ONLY to clear an obstructed airway), and then only while wearing protective equipment.
2. Individuals with bodily fluids on their persons may be required to wear a suitable protective covering if he/she is bleeding or otherwise emitting bodily fluids.
3. Officers should transport persons in a vehicle equipped with a solid shield or partition, if available, to prevent the spread of airborne communicable diseases.
4. Officers have an obligation to notify relevant support personnel during a transfer of custody when the suspect has bodily fluids present on his/her person, or have stated that he/she has a communicable disease.
5. Take precautions to prevent injuries caused by needles, syringes, and other sharp objects. Pay special attention to hands whenever handling needles, syringes, and other sharp objects.
6. Whenever handling uncooperative individuals, attempt to keep the individual's back to you, minimizing the opportunity to be bitten. Make every effort to obtain additional assistance whenever handling an uncooperative individual.
7. Transport prisoners with visible body fluids on their person in separate vehicles from other arrestees and maintained in separate holding areas.
8. Officers shall include on the Incident Report when a person taken into custody has bodily fluids on his/her person or has stated that he/she has a communicable disease. Officers will **not** transmit over the radio specific information relating to the specific communicable disease(s) a person may be inflicted with.

F. SUPPLIES

1. FSUPD management is responsible for continuously maintaining an adequate supply of personal protective equipment in a convenient location for all affected personnel under their supervision. This includes, but is not limited to, ensuring that:
 - a. Personal protective equipment in appropriate sizes, quantities and locations are available;
 - b. Hypoallergenic gloves and other materials are available for those who are allergic to materials normally provided, and cleaning, laundering and

disposal, as well as repair or replacement of these and other items is provided; and

- c. First aid supplies and disinfecting materials are readily available at all times.
2. All FSUPD marked vehicles shall be continuously stocked with the following communicable disease control supplies:
 - a. Personal protective equipment in appropriate size and quantity for affected personnel to include, disposable gloves, puncture-resistant containers for needles and other sharp objects, barrier resuscitation equipment and leak-proof plastic "Biohazard" bags.
 3. Officers using supplies stored in their assigned vehicles are responsible for ensuring that they are replaced as soon as possible.
 4. Patrol officers should keep at least two pairs of disposable gloves on their person while on duty.
 5. Patrol officers have quick access to a CPR Mask within reach or in their duty bag while on duty.
 6. Shift Supervisors are responsible for continuously maintaining an adequate supply of disease control supplies for members of their shift/unit.

G. VACCINATION, EXPOSURE, EVALUATION AND TREATMENT

1. The cost of immunization of public safety personnel against Hepatitis B shall be borne by the University up to a maximum of Two Hundred and Fifty Dollars (\$ 250.00) per individual. The CEO or his/her designee shall make arrangements for such immunizations upon the written request of the individual. Such request shall include a stipulation that the University shall not be held responsible for adverse medical effects resulting from the immunization.
2. Any officer who has unprotected physical contact with blood or other bodily fluids of another person while in the line of duty shall be considered to have been potentially exposed to blood borne pathogens
3. In cases of exposure, a supervisor shall complete an Administrative Documentation Report in IMC and contact the Department's D.I.C.O. (Designated Infection Control Officer) of the incident. The supervisor shall also take appropriate steps to document the means and circumstances under which the exposure

occurred on the Unprotected Exposure Form and provide a treatment referral to the occupational health provider for the involved officer(s). The occupational health provider will notify city or state agencies of the incident, if appropriate.

- a. The above reports shall be completed and submitted prior to the end of the reporting supervisor's tour of duty.
4. Immediately after exposure, the officer shall be transported to for tests of evidence of infection and treatment of any injuries at the nearest medical facility, and notify the D. I. C. O.
 - a. Unless disclosure to an appropriate University official is authorized by the officer or by state law or federal law, the officer's medical evaluation, test results and any follow-up procedures shall remain confidential.
 5. Any person responsible for potentially exposing a member of the FSUPD to a communicable disease shall be encouraged to undergo testing to determine if the person has a communicable disease.
 - a. The person shall be provided with a copy of the test results and requested to consent to release a copy of the test results to the exposed FSUPD officer. The officer shall be informed of applicable laws and regulations concerning the disclosure of the identity of infectious status of the source individual.
 - b. Criminal charges may be sought against any person who intentionally exposes a FSUPD officer to a communicable disease.
 6. Officers who test positive for HIV and HBV may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public or other members of the FSUPD.
 7. All members of the FSUPD shall treat employees who have contracted a communicable disease fairly, courteously and with dignity.

H. RECORD KEEPING

1. Human Resource shall maintain an accurate record for each employee evaluated at Fitchburg State University Occupational Health, with occupational exposure that includes the following:
 - a. Information on vaccination status;
 - b. The health care professional's written opinion; and

- c. Any other relevant information provided by the health care professional.
2. All medical records shall be retained by occupational health provider in accordance to University record retention schedule, to include
 - a. The results of all examinations, tests and follow-up procedures.

I. TRAINING

1. The FSUPD shall ensure that all department members whose duties potentially expose them to communicable diseases are provided with a complete course of instruction on prevention of blood borne diseases prior to initial assignment or within ten (10) days thereafter.
2. All affected employees shall receive refresher training through the EH&S. This training will be scheduled by the department's First Responder Training Officer. Training records will be retained by EH&S.
3. The department's designated First Responder Instructor shall ensure that complete records are maintained on member training to include information on the dates and content of training sessions, names and qualifications of persons conducting the training and the names and job titles of all employees attending the training sessions. These records shall be maintained for a minimum of three (3) years from the training date.

J. COMPLIANCE

Violations of this directive, or portions thereof, may result in disciplinary action.

K. OFFICERS ASSIGNED TO OTHER AGENCIES

Officers of this department assigned to or assisting other law enforcement agencies will be guided by this directive.

APPLICATION

This directive constitutes departmental policy, and is not intended to enlarge the employer's or employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims insofar as the employer's or employee's legal duty as imposed by law. Violations of policy will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

ATTACHMENT:

- Massachusetts Department of Public Health Unprotected Exposure Form


REFERENCE:

- Fitchburg State University Exposure Control Plan 22121, April 2018

Approval:



Chief of Police



Date

**Massachusetts Department of Public Health
Unprotected Exposure Form**

An Unprotected Exposure Form should be completed for any prehospital emergency care worker (e. g. an EMT, firefighter, police officer, or corrections officer) who believes he/she may have had an unprotected exposure to a patient's blood or *other contaminated* body fluid(s) in the course of attending, assisting or transporting a person to a health care facility as part of his/her professional duties. It is the responsibility of each care provider to complete and file a form with the receiving facility.

If you believe you may have had an unprotected exposure, *you should seek immediate medical evaluation for possible prophylactic immunization and/or treatment, as indicated*. You must provide the information on this form to the facility, which received the patient *from whom you received the exposure*. Ambulance *personnel* or other emergency care providers having an unprotected exposure must complete a form on arrival and leave it at the health care facility with the patient. Other individuals shall file their own forms with the receiving facility within 24 hours of the unprotected exposure.

The health care facility will review the information, which you provide and will determine if you have sustained an unprotected exposure as defined in DPH regulations. If the patient to whom you were exposed is diagnosed as having a bloodborne infectious disease dangerous to the public health, and if you sustained an unprotected exposure which, in the opinion of the health care facility, is capable of transmitting such a disease, the facility shall provide oral notification within forty-eight (48) hours of the diagnosis and written notification within seventy-two (72) hours of the diagnosis. This notice shall be given to the designated infection control officer for your agency who *must* be listed on the unprotected exposure form. Upon notification, the designated infection control officer shall notify you. The notice shall include the appropriate precautions and actions which you should take, the identity of the disease to which you were exposed, necessary precautions to prevent the transmission of the disease to others, and instructions to contact a physician for medical follow-up. **NOTE: The health care facility's determination that you have had an unprotected exposure does NOT necessarily indicate that you have contracted an infectious disease.** The report from the health care facility to the designated infection control officer to you is confidential and is governed by M.G. L. c.111, §111C and DPH regulations 105 CMR 170.000, 171.000 and 172.000.

N.B. – Due to the time it may take to diagnose a patient with an infectious disease, or the possibility that a patient may never be diagnosed, and the time it may take to notify you of the exposure, the Department recommends that anyone who believes they have suffered an unprotected exposure, such as a needlestick with a bloody needle, should see a physician immediately. Certain prophylactic regimens should be started within hours of an unprotected exposure.

INSTRUCTIONS:

PLEASE PRINT CLEARLY

- ⊆ Complete all information on the form.
- ⊆ In the **shaded areas**, check all boxes that apply:
 - | the exposure route to you of a patient's blood or bodily fluid(s).
 - | the type of the patient's bodily fluid(s) to which you were exposed.
 - | **body substance isolation** precautions you used (even if they were breached).
 - | post incident cleaning you performed.
 - | if you checked any "Other" box(es), explain in the space(s) *provided*.
- ⊆ In the blank **narrative** sections explain fully the exposure and any treatment you have obtained. Use additional blank sheets, if necessary, and staple *them* to the form. The more accurately you explain the circumstances, the easier it will be for the facility personnel to evaluate your exposure.
- ⊆ EMT's must also leave a copy of the ambulance trip record at the receiving facility.
- ⊆ Each EMT and other prehospital emergency medical health care *providers who have* sustained an unprotected exposure must file his/her own form. The form(s) shall be submitted to the receiving health care facility upon patient arrival or within 24 hours.
- ⊆ Transportation or treatment of the patient(s) must not be delayed in order to complete the form(s).
- ⊆ ***Make a copy for your own records and/or for your designated infection control officer, in accordance with your employer's policies and procedures.***

DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH!