

COLCHESTER POLICE DEPARTMENT

		SUBJECT: EXPOSURE CONTROL PLAN	
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POLICY: The Colchester Police Department is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens".

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I. EXPOSURE CONTROL PLAN DOCUMENT:

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Record keeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

II. PROGRAM ADMINISTRATION

- The Operations Lieutenant is responsible for implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The Operations Lieutenant will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- The Town of Colchester Human Resource Manager will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The Support Lieutenant will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

III. EMPLOYEE EXPOSURE DETERMINATION

All sworn enforcement personnel and seasonal community service officers are subject to tasks that may involve occupational exposure to bloodborne pathogens and are subject to this policy.

Records and Communications personnel do not routinely have tasks that involve exposure to bloodborne pathogens and are subject to applicable aspects of this policy.

IV. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions:

All employees will utilize universal precautions. Universal precautions is an approach to infection control to treat all human blood and certain human bodily fluids as if they were known to be infectious for HIV, HBV, or other bloodborne pathogens.

B. Exposure Control Plan:

Employees covered by the bloodborne pathogens standard shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by accessing the electronic documents file. The Operations Lieutenant is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised

employee positions with occupational exposure. Documentation of the annual review will be maintained with the Operations Lieutenant.

C. Engineering Controls and Work Practices:

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Sharps disposal containers are inspected and maintained or replaced by the shift supervisor whenever necessary to prevent overfilling. This department identifies the need for changes in engineering controls and work practices through safety committee meetings and annual review of this policy and VLCT recommended best practices.

D. Personal Protective Equipment (PPE):

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Support Lieutenant or his/her designee.

The types of PPE available to employees are as follows:

Latex free examination gloves, CPR Mask, PPE kit including gown, face mask, eye protection.

PPE is issued to each sworn officer. Additional PPE may be obtained through the Operations Lieutenant. Appropriate selection and use of PPE is reviewed in annual training.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the biohazard waste bin located in the sally port.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

E. Housekeeping:

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps disposal containers will be located in each marked police vehicle and secured so they will not tip over during normal operation of the vehicle. Additionally, sharps disposal containers will be located in the police squad room, evidence processing area, and prisoner holding area. When full or approaching full, the tabs on the closable lids will be inserted in the corresponding receptacle on the lid thus sealing the container. The sealed container will then be placed in the biohazard waste bin located in the sally port.

The procedure for handling other regulated waste is to place the item in a red biohazard bag and place it in the biohazard waste bin located in the sally port or if too large, in the secure drying area off of the sally port. Notification to the Operations Lieutenant shall be made for large contaminated waste or if the biohazard waste bin is approaching full limits. Colchester Police contracts for removal of biohazardous waste by a licensed removal firm.

The headquarters of Colchester Police Department including work areas is to be cleaned by a vendor at least three times a week. Areas that need cleaning attention outside of this schedule should be brought to the attention of the Support Lieutenant who will ensure the area is cleaned.

F. Laundry:

Any contaminated uniform or other clothing articles will be laundered by the department's uniform cleaner.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color coded containers before transport. Use red biohazard bags for this purpose.
- Wear gloves and eye protection when handling contaminated laundry.

G. Vehicles:

Any department owned vehicle that becomes contaminated with potential bloodborne pathogens will be cleaned with appropriate solutions. Any employee involved in the cleaning shall utilize PPE as outlined above. If the vehicle cannot for any reason be cleaned, it shall be placed out of service and appropriately labeled as a biohazard.

H. Labels:

The following labeling methods are used in this facility:

Any contaminated or potentially contaminated item to be held or brought into this department as evidence or otherwise handled by this department shall be appropriately red-bagged and/or labeled with a red biohazard label on the

exterior most portion of the container. Employees are to notify the Operations Lieutenant if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

The exposure control officer for the Colchester Police Department is the Operations Lieutenant and all inquiries regarding the Exposure Control Plan shall be directed to her/him.

V. HEPATITIS B VACCINATION

The Town of Colchester Human Resource Manager will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Town of Colchester Human Resources. (See Appendix A)

Vaccination will be provided by the Town of Colchester occupational health care provider or other qualified health professional. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Should an exposure incident occur, contact the shift supervisor. An immediately available confidential medical evaluation and follow-up will be conducted by the Town of Colchester occupational health provider or, if after-hours, at the Emergency Department of the University of Vermont Medical Center.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that

the source individual's test results were conveyed to the employee's health care provider.

- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

B. Administration of post-exposure evaluation and follow-up:

The Town of Colchester Human Resource Manager ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The Human Resource manager will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Town of Colchester Human Resource Manager provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

C. Procedures for evaluating the circumstances surrounding an exposure incident:

The Operations Lieutenant and the Human Resource Manager will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (in the field, at HQ, at the E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

The Town of Colchester Human Resource Manager will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the Operations Lieutenant will ensure that appropriate changes are made.

VII. EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training provided by the Support Lieutenant or her/his designee. Training is through an on-line program requiring testing that is provided through the Vermont Criminal Justice Training Council.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- 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
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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 employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials are available from the Support Lieutenant.

VIII. RECORD KEEPING

A. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years with the Support Lieutenant.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are to be provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Support Lieutenant.

B. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Town of Colchester Human Resource Manager is responsible for maintenance of the required medical records. These confidential records are maintained by Human Resource Manager for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Town of Colchester Human Resource Manager.

C. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Operations Lieutenant and the Town of Colchester Human Resource Manager.

D. Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

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Appendix A

Colchester Police Department
Hepatitis B Vaccine Declination (mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee name (printed)

Signature of employee

Date: _____