

**POLICY
1005**

**EFFECTIVE
DATE
5-25-15**

Eugene Police Department



Exposure Control Policy

1005.1 PURPOSE AND SCOPE

The purpose of the Exposure Control Plan is to meet the OSHA Bloodborne Pathogen (BBP) Standard, codified as *29 CF 1910.1030* and the OSHA Respiratory Protection Standard, codified as *29 CF 1910.34*. These standards were developed to reduce occupational exposure of employees to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), the Human Immunodeficiency Virus (HIV), other Bloodborne Pathogens (BBP), Tuberculosis (TB), and other airborne pathogens (ABP). It is also to protect the public from the exposure, spread and transmission of BBP, ABP, and other communicable diseases.

1005.2 POLICY

All members of the Eugene Police Department are expected to take universal precautions to avoid occupational exposures to BBP, ABP, and other communicable diseases. Personnel will accomplish this by complying with the standards and guidelines set forth in this policy.

1005.2.1 DEFINITIONS

Universal Precautions – The department's approach to infection control. According to the Universal Precautions Concept, all human bodily fluids are treated as if they are known to be infectious with BBP or other communicable diseases.

Occupational Exposure - An occupational exposure is defined as any of the following: puncture wound or laceration from a needle, human bite causing a break in the skin, blood, saliva or other fluid exposed to mucous membrane (eyes, mouth, nose), blood or body fluids exposed to non-intact skin (< 24 hours old). Exposure to a patient infected with a virus or bacteria that is spread by droplet or inhalation.

1005.3 INCIDENTS WITH EXPOSURE POTENTIAL

Police officers, supervisors, detectives, community service officers, forensic and evidence technicians are involved in many types of incidents which have the potential for occupational exposure to occur. These incidents include, but are not limited to:

- a. Arrests, patdowns and searches of persons
- b. Uses of force and defensive tactics
- c. Calls for service
- d. Contacts with ill, injured or severely intoxicated persons

- e. Building searches
- f. Traffic crashes
- g. Scene containment and evidence collection and disposal

1005.3.1 DISEASE TRANSMISSION AND THEIR MEANS

Diseases routinely transmitted by contact or body fluid exposure	Diseases routinely transmitted through aerosolized airborne means	Diseases routinely transmitted through aerosolized droplet means
Anthrax, cutaneous (Bacillus anthracis)	Measles (Rubeola virus)	Diphtheria (Corynebacterium diphtheriae)
Hepatitis B (HBV)	Tuberculosis (Mycobacterium tuberculosis)	Novel Influenza
Hepatitis C (HVC)	Varicella disease (Varicella zoster virus – chicken pox)	Meningococcal disease (Neisseria meningitides)
Human Immunodeficiency virus (HIV)		Mumps
Rabies		Pertussis (Bordetella pertussis)
Vaccina		Rubella
Viral hemorrhagic fevers (Ebola, Crimea-Congo, and others)		Severe Acute Respiratory Syndrome (SARS)
		Enteroviruses

1005.4 UNIVERSAL PRECAUTION STANDARDS

Universal precautions are based on the principle that all blood, body fluid secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain infectious organisms. Universal precautions are intended to be applied when making any contact where close personal contact is anticipated or when entering knowingly into contact with a person, item or environment where BBP, ABP or other communicable diseases are likely to be contained. These practices include: hand hygiene and use of PPE (gloves, mask, eye protection or face shield, depending on the anticipated exposure) and safe needle handling.

COMPONENT	RECOMMENDATION
Hand hygiene	After any contact, or suspected contact with body fluids, contaminated items; after removing gloves, and before eating, using the restroom, or touching equipment.
USE OF PERSONAL PROTECTIVE EQUIPEMENT (PPE)	
Gloves	When touching blood, body fluids, secretions, contaminated items, mucus membranes, non-intact skin, and any contact with unknown skin or surfaces.
Mask & eye protection	During incidents likely to generate splashes or sprays of

	blood or body fluids
Sharps containers	Do not recap, bend or hand-manipulate needles; take sharps container to needle, not needle to sharps container.
Spit Hoods	If known or suspected, a custody transported in an EPD vehicle may be fitted with a spit hood or mask if they exhibit symptoms of chronic cough.

1005.4.1 HAND HYGENE

Hand washing is the single most important means of preventing disease. Wash your hands or apply antiseptic hand cleaners frequently throughout your shift. Always wash your hands as soon as gloves are removed, prior to and immediately after using the restroom, before eating or applying cosmetics, lip balm or sun block.

1005.4.2 SHARPS DISPOSAL

Sharps containers are provided in the trunk storage area of every EPD vehicle. Sharps containers should be disposed of when they are three-quarters full. Use the following guidelines when disposing of needles:

- a. All sharps should be considered infectious and handled with **extraordinary care**.
- b. Uncapped needles should not be bent, recapped or disposed of in anything except puncture-proof safety container.
- c. Place needles into the sharps container by inserting the needle first.
- d. Always bring the sharps container closer to the location of the needle, don't walk with the needle to the sharps container.

1005.5 EXPOSURE RESPONSE

If any member of the Eugene Police Department is exposed to a needle stick, sharps injury, or exposure to the blood or other bodily fluids of another person through the mucus membranes or through an open wound, do the following as soon as possible:

- a. Wash needle sticks or exposed wounds with soap and water.
- b. Flush splashes or exposures to the nose, mouth and skin with water.
- c. Irrigate exposures to the eyes with water, saline or other sterile solution.
- d. Notify a supervisor as soon as practicable.
- e. Fill out and submit through the chain of command an exposure report (located in the Sergeant office.)

The city has two exposure control officers, currently EMS Chief JoAnna Kamppi and City Health and Fitness Director Steve Auferoth. EPD employees who receive an exposure and fill out an exposure form should route the form through their chain of command and on to Steve Auferoth or his designee.

1005.5.1 SUPERVISOR RESPONSIBILITIES

A supervisor will immediately assume control of a scene when an EPD employee is exposed to bodily fluids as described above. The supervisor will ensure the following tasks are completed:

- a. Identify the source (the person believed to have exposed the employee), contact and interview them regarding the exposure.
 - Attempt to determine if the source has any knowledge or suspicion of a BBP or communicable disease he or she may have been exposed to.
 - Attempt to gain consent from the source to provide a blood sample for source testing to determine if any post-exposure prophylaxis or medical treatment is necessary.
- b. If the source consents to a blood draw for testing, request dispatch notify Med Express and request the paramedic meet you at either the Lane County Jail or the Eugene Police Department holding facility area to conduct the blood draw.
- c. Provide the blood draw kit, available in the Watch Commander cabinet at Police Headquarters to the Med Express paramedic. Ensure the accompanying paperwork is complete before the Med Express paramedic departs with the sample.
- d. If the employee is tested or provided prophylactic care or treatment by a Doctor, Physician's Assistant, or Nurse Practitioner, ensure the appropriate worker's compensation forms are completed. Notify Risk Services of an exposure to an employee so Risk Services can track the submission notification and advocate for the employee. If there will likely be a delay of over 24 hours before Risk Services will be made aware of the exposure due to non-typical business hours or holiday, request dispatch use the after-hours contact list.

1005.5.2 SOURCES WHO DO NOT GRANT CONSENT

If a source does not grant consent to conduct a blood draw for testing for BBP, *ORS 433.085* provides that law enforcement officers who come into contact with the bodily fluids of another person may seek to have the source person tested for HIV and Hepatitis B and C by petitioning the circuit court for an order compelling the testing.

The petition submitted to the court must set forth the facts and circumstances of the contact between the officer and the source person, and articulate the belief of why the exposure was substantial and testing is appropriate. For an example of a petition to the court see the appendix following this policy.