

2.408 BLOODBORNE PATHOGENS, EXPOSURE & CONTROL

- A. The agency follows standards set forth in the Occupational Safety and Health Administration regulation 29 CFR Part 1910.1030, pertaining to Occupational Exposure to Bloodborne pathogens.
- B. The responsibility of maintaining a safe work place is shared by the employer and employee.
 - 1. The agency will provide training and materials to enable employees to remain safe.
 - 2. Employees will be conscientious and exercise good judgment by taking necessary steps to use equipment and training provided by the agency.

2.408.02 Definitions

- A. **Body Fluids:** Fluids that have been recognized by the Centers for Disease Control and Prevention (CDCP) as directly linked to the transmission of HIV, HBV, or to which universal precautions apply. These fluids are blood and blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and saliva. Saliva is included because it is often difficult, if not impossible, to determine if blood is present in the saliva at time of exposure.
- B. **Contact:** Contact without regard to use of any personal protective equipment (PPE) between an employee's skin or mucous membranes and another person's blood, bodily fluids, or tissues.
- C. **Exposure:** A specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other body fluids that results from performance of an employee's duties.
- D. **Other Potentially Infectious Materials:** They are semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- E. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- F. **Source:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
- G. **Universal Precautions:** Treating all blood and body fluids as if they are contaminated.

2.408.04 Exposure Determination

- A. Blood, blood products, and other potentially infectious materials (as defined in the OSHA regulation for Bloodborne Pathogens; 29 CFR Part 1910.1030) will be considered infectious at all times.
- B. Universal precautions will be observed by all agency employees.
 - 1. Sworn employees must exercise universal precautions because they have opportunities to respond to, or have contact with, emergency medical incidents in which they treat or transport the ill or injured. Additionally, sworn employees may have contact with body fluids or parts at crime scenes, during arrest situations, or evidence and property retrieval.
 - 2. Non-sworn personnel must exercise universal precautions because they may have cause to respond to crime scenes and han-

dle evidence that may be contaminated with blood or body fluids.

2.408.06 Engineering Controls

- A. The agency provides equipment and supplies that protect employees from bloodborne pathogen hazards. The EMS Coordinator is responsible for ensuring PPE and first aid kits are stocked and supplied with necessary equipment and supplies.
- B. Sharps containers will be in all agency first aid kits, the Logistics Unit, and CIU. The containers are marked with biohazard symbols and have lids to prevent the spilling of sharps.
- C. Disposable, powderless latex or vinyl gloves will be made available to all applicable employees. Heavy duty rubber gloves will be available for clean-up purposes.
- D. Disposable resuscitation masks with one-way valves will be in all first aid kits.
- E. Disposable face and eye protection will be in all first aid kits.
- F. Anti-microbial, waterless hand cleaner will be in all PPE kits.
- G. Disposable gowns and shoe covers will be in all PPE kits.
- H. Biohazard bags and ties will be maintained in all first aid kits, Investigations Unit, and Logistics Unit.
 - 1. These bags will be used for the disposal of infectious waste and containment of evidence contaminated with body fluids or blood.
 - 2. Additional bags will be used should the primary container leak or become contaminated on the outside.
 - 3. If contaminated evidence is removed from the biohazard bags and placed in other containers for storage or transport to another agency for analysis, the containers will be marked with biohazard symbols.
- I. Disinfection kits will be made available to all employees for cleaning of agency issued equipment, excepting uniforms, clothing, firearms, and transport vehicle interiors.
- J. Waste containers will be placed in areas designated by the Department of Environmental Safety (DES).
 - 1. Waste containers will be marked with biohazard symbols and designed so as not to spill their contents.
 - 2. DES will be contacted as needed to dispose of waste containers.

2.408.08 Personal Protection Equipment (PPE)

- A. PPE kits contain:
 - 1. Eye and face protection;
 - 2. Heavy duty gloves;
 - 3. Resuscitation mask;
 - 4. Moist towelettes;
 - 5. Hand towels;
 - 6. Sharps container;
 - 7. Biohazard bags and ties;
 - 8. Latex/Vinyl gloves;
 - 9. Biohazard stickers; and
 - 10. Liquid impervious gown and shoe covers for use when dealing with large amounts of blood or body fluids.
- B. PPE kits will be in:
 - 1. Designated agency vehicles;
 - 2. Communications;
 - 3. The Logistics Unit; and
 - 4. The Investigations Unit.
- C. PPE kits will be inspected regularly consistent with **2.120.15 Vehicle Inspections** and **1.456 Staff & Line Inspections**.

2.408.10 Use of PPE

- A. PPE will be used at all times excepting when such use could compromise public safety or the delivery of emergency medical care. In those cases, the circumstances will be documented by the employee

and investigated by on-duty supervisory personnel in order to determine if changes should be made to prevent future occurrences.

- B. Gloves will be worn by employees whenever hand contact with blood or other potentially infectious materials is anticipated.
- C. Disposable gloves will be replaced as soon as possible if they are contaminated, torn, punctured, or otherwise lose their ability to function as a barrier to exposure.
- D. Disposable gloves will not be reused.
- E. Utility (rubber) gloves used for cleaning may be reused if they are disinfected and do not lose their ability to function as a barrier to exposure.
- F. Eye and face protection will be used whenever splashes or spray of blood or body fluids are reasonably anticipated.
- G. Resuscitation masks with one way valves will be used when performing mouth to mouth breathing.
- H. Employees will wear gowns and shoe covers when gross amounts of blood or body fluids are present at crime or incident scenes.
- I. Employees will remove and place all contaminated PPE inside biohazard bags prior to clearing calls. Bags will be placed in designated containers for disposal.

2.408.12 Work Practice Controls

- A. Mouth to mouth resuscitation, without resuscitation masks, will be performed as a last resort in the management of non-breathing patients.
- B. Latex, vinyl, or rubber gloves will be worn when the likelihood of exposure to contamination is likely.
- C. Employees are urged, and may be required, to cover all open wounds with "band-aids" prior to reporting for duty.
- D. Employees will wash their hands as soon as possible after contacts, even if gloves were worn. Towelettes in first aid kits will be used until the employee can get to hand washing areas.
- E. Mucus membranes should be flushed with water immediately or as soon as possible after exposures.
- F. Uniforms or clothing that become contaminated will be removed and the area underneath cleaned thoroughly.
- G. Whenever possible, gloves should be changed between patients and removed before handling other equipment, i.e., radios, notepads, interiors of police vehicles, etc.
- H. Recapping, bending or breaking of needles is prohibited. Needles will be placed in approved sharps containers using a one handed technique.
- I. Employees will use caution so as to minimize splashing, spraying and splattering of blood or other potentially infectious materials.
- J. Employees will not use mouth suctioning of blood when dealing with snake or animal bites.
- K. Eating, drinking, smoking, or the application of cosmetics and handling of contact lenses is prohibited in areas where potentially infectious wastes are present. Food will not be stored in refrigerators with blood or other infectious materials.
- L. Prisoners with body fluids on their persons will be transported in separate vehicles from other prisoners.
 - 1. During processing, prisoners with body fluids on their persons will be maintained and secured in order to preclude exposing other prisoners.
 - 2. Processing will be accomplished by officers wearing appropriate PPE.
- M. Prisoners with known communicable diseases, who do not present immediate risks of contaminating others, will not be isolated from other prisoners.
- N. If prisoner custody is relinquished to other agencies, arresting officers will notify receiving agencies that prisoners have communicable diseases. These notifications will be given only on a need to know basis.
- O. Strip or body cavity searches will be conducted in accordance with

2.602.10 Strip Searches & 2.602.15 Body Cavity Searches. Latex or vinyl gloves will be worn during these searches.

- P. Equipment that is contaminated must be placed out of service and decontaminated prior to reuse, servicing or shipping, i.e., PBT, duty weapon, uniform, vehicle.
- Q. If it is not feasible to clean contaminated equipment prior to shipping, or items are of evidentiary value, information regarding the contamination must be conveyed to representatives of other law enforcement agencies. Evidence containers will be marked with biohazard symbols.
- R. Employees are prohibited from reaching into sharps containers as this increases the likelihood of accidental needle sticks.

2.408.14 Decontamination & Housekeeping

- A. Facilities Management (FM) is responsible for conducting decontamination efforts in agency facilities and vehicles.
- B. All used PPE and contaminated non-evidence items will be placed in biohazard bags to be disposed of. Employees may leave used PPE in biohazard bags either at health care facilities or inside ambulances.
- C. All evidence which may be contaminated will be submitted in biohazard bags or sharps containers to the Logistics Unit. These items will be placed inside lockers marked with biohazard symbols.
- D. Employees whose clothing is contaminated will remove the clothing as soon as possible and wash the skin area below contaminated sites.
 - 1. Clothing will be placed in biohazard bags and turned over to the Logistics Unit who will either, in accordance with OSHA regulations, dispose of the contaminated uniform or have it cleaned and reissued.
 - 2. For employees required to wear personal clothing, their personal clothing will either be cleaned and returned or disposed of and replaced by the agency.
 - 3. Personnel who are wearing personal clothing at their option will clean or dispose of the clothing at their own expense.
- E. Employees will ensure that any issued, contaminated equipment is cleaned as soon as possible using disinfection kits.
 - 1. Rubber cleaning gloves are available and must be used for the cleaning.
 - 2. Eye and face protection will be used when splashing is likely.
 - 3. Equipment will be cleaned twice and thoroughly dried prior to reuse.
 - 4. Interiors of transport vehicles will be cleaned as soon as possible.
 - 5. Contaminated vehicles will be placed out of service at Police Headquarters. Logistics will be notified to coordinate decontamination activities.
- F. All contaminated firearms will be unloaded, placed in biohazard bags, and turned over to the Logistics Unit.
 - 1. Magazines and ammunition contained in contaminated weapons will similarly be submitted to Logistics.
 - 2. The Logistics Unit will issue temporary replacement weapons, magazines, and ammunition.
- G. A disinfection kit, composed of a bucket, approved detergent germicidal disinfectant, rubber gloves, and paper towels, will be maintained with supplies of other, expendable EMS supplies. Gloves will be cleaned and the water bucket emptied after use. All used paper towels will be disposed of in biohazard containers.
- H. Employees observing any measurable quantity of spilled blood or other body fluids within agency facilities will immediately isolate the affected area with signs or barrier tape and contact Work Control for clean-up. FM will be notified for large cleanups of blood or body fluids. Minor spills may be cleaned by employees using the disinfection kit.
- I. The arrest processing area will be routinely cleaned in accordance with a schedule developed in cooperation with FM.
- J. Broken glassware which may be contaminated will not be picked up

directly with the hands. It will be picked up using mechanical means such as dust pans, brushes, tongs, or forceps.

- K. Secondary biohazard bags will be used if the primary bag becomes contaminated or leaks. The second bag will be placed and secured over the first bag.
- L. Needles needed as evidence will be packaged into sharps containers for processing. The Logistics Unit will assure that all needle containers transported to the MSP lab will be marked with biohazard symbols.
- M. The prisoner processing area will be inspected weekly for cleanliness in accordance with the decentralized line inspection program.

2.408.16 Hepatitis B Vaccination

- A. The Hepatitis B vaccination series will be offered, free of charge, to all officers and at-risk civilian employees of the agency.
- B. Employees, after being thoroughly educated regarding HBV, may refuse vaccination upon signing waivers.
- C. If at any time after refusing the HBV vaccination series, employees change their mind, the series may be requested through the EMS Coordinator.
- D. Employees starting the HBV series are strongly encouraged to complete the series in order to receive the protections afforded by the series.

2.408.18 Information and Training

- A. All sworn personnel and at-risk civilian personnel will participate in bloodborne pathogen training and annual retraining thereafter.
- B. The Training Unit will develop training which will include, but is not limited to:
 - 1. Explanation/applicability of OSHA / MOSH standards;
 - 2. Epidemiology and symptoms of bloodborne diseases;
 - 3. Methods of disease transmission;
 - 4. Explanation of the exposure control plan policy;
 - 5. How to recognize tasks that may involve exposure to bloodborne pathogens;
 - 6. Methods of preventing exposures;
 - 7. Limitations of prevention measures;
 - 8. Engineering controls to minimize exposures;
 - 9. Usage of PPE;
 - 10. Hepatitis B vaccination series;
 - 11. Exposures procedures and required decontamination;
 - 12. Post exposure procedures;
 - 13. Records to be maintained by the agency;
 - 14. Signs and color codings used to identify potentially infectious items; and
 - 15. A question and answer period.
- C. The exposure control plan will be reviewed annually and updated whenever necessary to reflect new or modified tasks or procedures.

2.408.20 Management of Exposure Incidents

- A. Employees will report all injuries, exposures, suspected exposures, or contacts to supervisory personnel.
 - 1. The events and means will be documented in agency reports and Workers' Compensation forms.
 - 2. Supervisory personnel will:
 - a. Complete all required documents and reports in a timely manner;
 - b. Notify the DES who will conduct an investigation of the incident; and
 - c. Send a CIS.
- B. Exposed employees will, as soon as possible, report to the University Health Center for treatment of any exposure related injuries.
 - 1. Current exposure related protocols recommend prophylaxis treatments be initiated less than two hours after exposures occur.

- 2. Health Center personnel will provide initial treatment and evaluation of the exposure which will include recommendations as to further treatment.
- 3. Employees will report to nearby hospitals for exposure related treatment when the Health Center is closed.
- C. Employees should thoroughly flush exposed mucosal areas, e.g., eyes and mouth, with water as soon as possible following exposure.
- D. Wounds must be allowed to bleed freely at first, then cleaned thoroughly before applying bandages and dressing.
- E. If possible, attempt to identify the source of potential infection.
 - 1. Health Article 18-213 mandates that receiving hospitals notify law enforcement personnel if a patient they had contact with is subsequently diagnosed with a contagious disease or virus.
 - 2. If officers are exposed in the field and source individuals are transported to hospitals by fire department personnel, officers will ensure that their names and ID numbers are included on the fire department run sheets.
 - 3. If source individuals are transported by officers to hospitals, officers will have their names and ID numbers placed on emergency room paperwork.
 - 4. Healthcare personnel will seek to get voluntary consent from individuals to be tested.
 - 5. Receiving hospitals will make notification to the Office of the Chief within 48 hours of confirmation of the patients' diagnoses. The Office of the Chief will forward the results of tests to the affected officers and University Health Center.
 - 6. As soon as possible, affected employees should contact the Occupational Health Unit of the University Health Center to schedule follow-up evaluations.
 - 7. If employees wish to see private physicians regarding the exposure, the Occupational Health unit will provide:
 - a. Bloodborne Pathogens Standard (29 CFR Part 1910-1030/Federal Regulation);
 - b. Descriptions of exposed employees' duties relating to the exposure incident;
 - c. Documentation of the roots of exposure and circumstances under which exposures occurred;
 - d. Results of source individuals' blood testing; and
 - e. Medical records relevant to treatment of employees, including vaccination status.
 - 8. Copies of test results conducted by the employees' physicians will be submitted to the Occupational Health Unit for inclusion in employees' medical records.
 - 9. The Occupational Health Unit will render a written opinion on the exposure incident to the employee within 15 days of the evaluation.

2.408.22 Record Keeping

- A. The Training and Personnel Unit will maintain records verifying initial training and annual retraining for a period of at least three years.
- B. The Occupational Health Unit of the University Health Center will retain records relating to employees' contacts or exposures, vaccinations, evaluations, and treatments at least 30 years following employees' separation from the employ of the agency.

2.408.30 HIV Testing of Charged Individuals

- A. Consistent with CP 11-112, victims of listed offenses have the right to request that charged individuals be tested for HIV.
- B. Upon written requests of victims to the OSA, the court will order individuals convicted of committing listed offenses or being granted probation before judgment consistent with CP 6-220, to furnish blood samples to be tested for the presence of HIV and any other identified causative agent of AIDS.
 - 1. Victims will be referred by officers to the OSA Victim / Witness Assistance Unit to facilitate testing.

2. Testing is to be conducted in accordance with COMAR 10.52.10, HIV Testing of Persons Accused and/or Convicted of Certain Crimes.
- C. If individuals are charged within one year after offenses have occurred, upon written requests to the OSA, the court may order, upon findings of probable cause to believe that exposure occurred, individuals charged with listed offenses to furnish blood samples to be tested for the presence of HIV.
- D. Exposures between victims and persons charged must be:
 1. Percutaneous;
 2. Mucocutaneous contact with blood or bloody bodily fluids of offenders having splashed into the eyes, mouths, or noses of victims;
 3. Blood or bloody body fluids of offenders having contacted already existing open wounds, sores, or chapped or non-intact skin of victims for at least five minutes; or
 4. Intact skin contact with large amounts of blood or bodily fluids for at least 60 minutes.
- E. Body fluids are fluids containing visible: blood, semen, vaginal secretions, cerebral spinal fluid, or synovial or amniotic fluids. Body fluids do not include saliva, stool, nasal secretions, sputum, tears, urine, or vomitus.
- F. Victims are those directly victimized by offenses and includes:
 1. Parents of minor victims;
 2. Legal guardians of victims; and
 3. Persons authorized to give substituted consent for victims.