



Wichita Police Department Policy Manual

Approved by:

Policy 209-Blood Borne Pathogens

Page 1 of 4

Maintained by: Training Bureau

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209.01 The purpose of this policy is to provide appropriate guidelines and procedures for members of the department to follow when they are exposed to, or potentially exposed to, an infectious or contagious disease during the course of their duties. It is also designed to encourage the routine use of precautionary measures in order to prevent or reduce the likelihood of such exposure incidents from occurring.

209.02 DEFINITIONS

Blood- human blood, human blood components, and products made from human blood.

Blood Borne Pathogens- pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated- the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface

Decontamination- the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Blood Spattered Clothing – clothing or equipment that has been contaminated with a small amount of blood drops.

Blood Saturated Clothing – clothing or equipment that has been contaminated with blood and is wet through and through or thoroughly wet.

Incident Exposure-a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Occupational Exposure- reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

HEPATITIS B VIRUS

209.03 Hepatitis B is a type of viral hepatitis acquired from exposure to human blood and body fluids that result in liver inflammation. While the use of universal precautions helps in protection from Hepatitis B, the Hepatitis B vaccine is an additional measure offered to all department members in Category I status as identified by the OSHA and the City of Wichita Safety Manual. Category I includes all Police Officers regardless of rank, Airport Safety Officers, BAT Van Service Officers and Crime Scene Investigators.

All employees in Category I will be offered the Hepatitis B vaccine, free of charge, within 10 working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series and antibody testing has revealed that the employee is immune or if the vaccine is not recommended for medical reasons (e.g., allergic to yeasts). Workers should be tested 1-2 months after the vaccine series is complete to make sure that vaccination has provided immunity to HBV infection. According to the Center for Disease Control, if the vaccine is given within the proper dosage, the vaccination will be intact for the "duration of the employee's career." -Post vaccination to determine the level of effectiveness is warranted in some employees, specifically those who experience a needle-stick exposure. All employees offered the Hepatitis B vaccine will complete the Consent Form (form Attachment B in the City Safety Manual) for Hepatitis B Vaccination. Once completed, the Consent Form will be placed in the employee's permanent record.

For those desiring the Hepatitis B vaccine, an Employee Immunization Record will be maintained as part of the employee's permanent record. An employee may initially decline the Hepatitis B vaccine, but at a later date may decide to have the vaccination. If this occurs, the employee must complete a new Consent Form. A Declination Form (form Attachment C in the City Safety Manual) will be completed by the employee at the time that they formally decline the vaccinations. This form will become part of the employee's permanent record.

The Hepatitis B vaccine must be performed by or under the supervision of a licensed physician, or under the supervision of another licensed health care professional.

If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, the booster dose(s) will be made available free of charge to the employee.

For further information, review the City of Wichita Safety Manual on the City Portal at <http://portal/finance/RiskManagement/Safety%20Manual/Forms/AllItems.aspx>

UNIVERSAL PRECAUTIONS

- 209.04 To minimize the potential for exposure to an infectious disease, members of the Department will adhere to the following preventative measures:
- A. Department members shall verify the contents of the First Responder Kit assigned to their patrol vehicle prior to the start of their shift. If a Responder Kit is NOT inside a vehicle, a supervisor shall be contacted for a replacement kit.
 - B. Cover all open wounds or sores while at work, and change the bandage/dressing if it becomes wet or soiled. An open wound/fresh sore can give a virus a means of entry if the wound/sore is exposed to infected blood and/or body-fluids.
 - C. Be aware that certain prescribed medications [e.g., asthma medicine] suppress your immune system and make you more susceptible to infectious diseases. Consult your physician about any such possible effects of prescription drugs you are taking.
 - D. Do not eat, drink or smoke at the scene of incidents at which blood or other body-fluids are present, and keep hands away from your mouth and eyes at such locations.
 - E. Use caution when dealing with all persons. If possible, use defensive and verbal-control skills to minimize physical involvement with any person. If physical contact with any person occurs, even though no apparent blood or body-fluid contact occurs, thoroughly wash your hands with soap and water afterwards.
 - F. Use caution when conducting searches of vehicles, suspects, arrestees, homes, etc. Do not blindly place your hands in an area which might contain sharp objects that could puncture your skin.
 - G. Try to avoid direct contact with blood and/or other body-fluids of another person. However, if contact occurs, immediately and thoroughly wash any area of unprotected skin which comes into contact with such a fluid, using the towelettes found in a "First Responder Kit," if one is readily available; otherwise, use soap and water.
 - H. Utilize the protective equipment contained in a "First Responder Kit" if you are forewarned of any possibility of contact with another person's blood or body-fluid, and circumstances permit you to don the protective equipment.
 1. Use a protective airway when administering CPR.
 2. Wear protective gloves and the disposable smock whenever you are administering first-aid.
 3. Wear the safety glasses whenever the chance of blood and/or body-fluid spatter is present.

PROCEDURES FOR HANDLING A POSSIBLE BLOOD-TO-BLOOD OR BLOOD-TO-BODY-FLUID CONTACT:

- 209.05 If you receive a cut, puncture wound, human bite-wound, or any other injury which results in a possible blood-to-blood or body-fluid-to-blood exposure, immediately:
- A. Prompt the wound to bleed by applying pressure and "milking" it;
 - B. Wash the area thoroughly, using towelettes(s) found in a "First Responder Kit", if readily available; otherwise, use soap and water;
 - C. Seek immediate medical attention.
 - D. Notify a supervisor immediately.

DOCUMENTATION PROCEDURES FOR A HIGH-RISK EXPOSURE:

- 209.06 Any department member who believes they have been exposed to an infectious disease during the course of their duties shall immediately contact a supervisor. If a bona-fide exposure has occurred, the supervisor will ensure that the member is clinically and serologically evaluated for evidence of infection. The supervisor will ensure that the appropriate documentation is completed. This includes workers compensation documentation, the Employer's Report of Accident form and all applicable police case (s). All forms and follow-up forms will be submitted to Fiscal Affairs and Risk Management. An evaluation of any incident that exposed or potentially exposed an employee to infection with bloodborne pathogens will be undertaken by the Safety Office and a description of the corrective action taken to prevent recurrence of similar exposures will be recorded and maintained in the affected department(s). For further information, regarding "Post Exposure", review the City of Wichita Safety Manual on the City Portal at <http://portal/finance/RiskManagement/Safety%20Manual/Forms/AllItems.aspx>.
- A. Examinations, treatment and follow-up care, will occur as directed by the attending physician and the follow-up workers compensation physician.

- B. Any female member of the Department who is pregnant may also notify her personal physician of any direct, line-of-duty contact with blood and/or body-fluids. An infectious disease can cause severe problems during a pregnancy.

VEHICLE DECONTAMINATION PROCEDURES:

- 209.07 Disinfect any area(s) of a police vehicle which have come in contact with blood or other body-fluids as soon as possible, using a 1:10 solution of household bleach and water obtainable at any substation. Wear protective gloves when doing so.

DECONTAMINATION OF UNIFORM/CLOTHING ITEMS:

- 209.08 Any member of the Department whose uniform or clothing comes in contact with blood and/or other body-fluids of another person shall disinfect the contaminated uniform or clothing, as soon as possible, in the following manner:
- A. If the member's uniform or clothing has been lightly spattered with blood and/or body-fluids of another person: use a soap and water solution to remove as much of the blood and/or body-fluid as possible. The uniform or clothing item(s) may be taken home by the officer for further cleaning.
- B. If the member's uniform or clothing has been saturated heavily with blood and/or body-fluids of another person: they will immediately remove the contaminated apparel and contact a supervisor. The supervisor will ensure the apparel is placed in a large bio-hazard bag and securely sealed. Under no circumstances will a member of the department take home any heavily saturated item of clothing/uniform for cleaning; it is a violation of federal regulations to do so.

DISPOSAL OF CONTAMINATED DISPOSABLE PROTECTIVE EQUIPMENT AND/OR MATERIALS:

- 209.09 Members of the Department who utilize disposable protective equipment from their "First Responder Kit," or any other disposable material(s), shall dispose of these items by placing them into a bio-hazard bag. The bio-hazard bag must be placed into a marked bio-disposable container; at the Property and Evidence Facility; or if an EMS unit responds to an incident the Department member is working, the bio-hazard bag may be given to an EMS crew member. Do not dispose of bio-hazard bags into ordinary trash cans.

REPLACEMENT OF FIRST RESPONDER KIT ITEMS:

- 209.10 A Department member shall, immediately following utilization of any protective equipment from a "First Responder Kit":
- A. For replacement of gloves, towelettes, or bio-hazard bags: Contact a supervisor.
- B. For replacement of disposable smocks and/or CPR airways: A supervisor may contact the Training Bureau for a replacement during normal business hours; if outside of normal business hours, notify a supervisor and note on your Officer's Daily Activity Report (ODAR) that a replacement smock and/or a CPR airway is needed. Supervisors shall ensure that a replacement is obtained as soon as possible.
- C. Safety glasses: Place contaminated glasses into a bio-hazard bag and seal it shut. Transport the bag to any Patrol Station; obtain a 1:10 solution of bleach and water to de-contaminate the glasses over a sink. Wear protective gloves when doing so. Rinse glasses thoroughly, dry them, and replace in the "First Responder Kit".

HANDLING/STORAGE OF BLOOD AND/OR BODY-FLUID CONTAMINATED PROPERTY/EVIDENCE ITEMS:

- 209.11 Department members shall adhere to the following regimen when handling, processing and storing any item(s) which has (have) potentially been contaminated with an infectious disease:
- A. Any item submitted to the Property and Evidence Section which has blood and/or body-fluids on it shall be treated as if it is contaminated with an infectious disease.
1. Members shall wear protective gloves when handling any contaminated, or possibly contaminated item, and/or all property/evidence sacks which contain such items. These gloves shall then be placed into a marked bio-hazard receptacle after their use.
 2. Members shall clearly label the sack containing any contaminated, or possible contaminated item, as "POTENTIALLY INFECTIOUS" and shall place the sack into the specially-marked evidence locker at Property and Evidence.
 3. Any Department member who handles contaminated, or possibly contaminated items, shall thoroughly wash his/her hands with soap and water after completing submission procedures for the item.
- B. The supervisor of the Property and Evidence Section shall ensure that the contents of the bio-hazard receptacle for contaminated waste materials are incinerated.

SPIT SHIELDS

- 209.12 R A. The Spit Shields will be used only when there is a "reasonable suspicion" that the subject will use biological fluids (spit) to attempt to injure or contaminate the officer or others.
- B. The Spit Shield is a light weight, sheer, protective mesh material. When placed over a subject's head and face, neither vision nor breathing is impaired; however, saliva will not penetrate the material.

- C. Officers will contact a field supervisor whenever a Spit Shield is to be used or has been used to advise the supervisor of the circumstances surrounding the incident. The Spit Shield will be applied in the following approved manner.
 - a. When possible, two officers shall apply the Spit Shield to the person;
 - b. One officer shall maintain constant observation, while the other officer applies the Spit Shield.
 - c. A person's mouth and/or nose shall not be obstructed, nor shall the shield be tightened in any manner to secure around the person's neck.
 - d. If signs of a medical condition develop, an officer shall seek immediate medical attention and remove Spit Shield.
- D. In the event the subject was exposed to aerosol weapons, the officer will follow proper decontamination procedures (Reg. 4.111 B), prior to applying the Spit Shield, if possible.
- E. If the subject's actions prevent the officer from properly decontaminating the subject due to an attempt to spit on the officer, the officer will apply the Spit Shield and then transport the subject in a manner to offer fresh air on the subject's face and the aerosol weapon's exposed areas.
- F. Spit Shields are not reusable and must be discarded after use.
- G. Use of the Spit Shield, reasonable suspicion justifying application, and details of the application and effectiveness must be articulated in the officer's KSOR, KSAR and / or supplemental report.

EDUCATION AND TRAINING

- 209.13 In Accordance with the City of Wichita Safety Manual and OSHA Standard CFR 29 1910.1030, initial training will be provided to those positions where a potential occupational exposure may take place, and annually thereafter. Annual training for all employees will be provided within one year of their previous training.

RECORD KEEPING

- 209.14 Record(s) of an occupational exposure by an employee will be maintained by the City of Wichita for each employee with an occupational exposure. The record shall include:

- A. The name and social security number of the employee;
- B. The dates of all Hepatitis B vaccinations and any medical records relative to the employee's status and/or ability to receive the vaccination;
- C. A copy of the health care professional's written opinion provided to the City; and,
- D. A copy of all information provided to the health care professional.

An employee's written consent must be obtained prior to the disclosure of any medical records to any person within or outside the workplace; except as required by law. The City will ensure the confidentiality of the employee's medical records.

Records related to an occupational exposure will be maintained by the City for the duration of an employee's employment with the City, plus an additional 30 years after termination.

The examination and copying of employee medical records will be provided to an employee upon request. Any other person(s) must have written consent by an employee or others as required by law.