Exposure Control Plan and Hazard Communications Standards

I. General Statement of Policy

The Memphis Police Department is committed to providing a safe and healthful work environment for the entire department. The exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Safety and Health Administration (OSHA) standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens." 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:
  a) Universal precautions
  b) Engineering and work practice controls
  c) Personal protective equipment
  d) Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

II. PROGRAM ADMINISTRATION

The Health and Safety Office is responsible for implementation of the ECP. The Health and Safety Office 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.

Each workstation 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. Each workstation will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Health and Safety Office 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 Health and Safety Office will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and National Institute for Occupational Safety Health (NIOSH) representatives.

Contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728 for any concerns.

III. COMMUNICABLE DISEASES

A. Acquired Immunodeficiency Syndrome (AIDS)/HIV Infection

AIDS is a severe, life-threatening, clinical condition. This syndrome represents the late clinical stage of infection with human immunodeficiency virus (HIV) that most often results in progressive damage to the immune and other organ systems, including the central nervous system.

1. **Symptoms**:

Persistent fever	Night sweats
Chronic fatigue	Significant weight loss
Diarrhea	Thrush (fungal infections of the mouth and throat)
Swollen lymph nodes	

2. **Mode of transmission**. Routes of transmission of HIV are through sexual exposure, sharing of HIV-contaminated needles and syringes, and transfusion of infected blood or its components. The virus has on occasion been found in saliva, tears, urine and bronchial secretions. Transmission after contact with these secretions **has not** been reported.

3. **Incubation period**. The time from infection to the development of detectable antibodies is generally one to three months. The time from HIV infection to diagnosis of AIDS has been observed from periods of less than one year to ten years or longer.

4. **Preventive measures**. Care should be taken in handling, using, and disposing of needles and syringes. Utilize standard precautions to avoid contact with blood or fluids that are visibly bloody. Any suspect's blood on workers' skin should be cleaned with soap and water or germicidal solution without delay. Disinfect contaminated equipment using a bleach solution (1:10 dilution).

5. **Relative risk to providers**.
   Low: Risk among health care workers in general is very low.

B. Hepatitis A (HAV)

Hepatitis is an inflammation of the liver, with accompanying liver cell damage or death. Hepatitis is most often caused by a viral infection, but alcohol consumption, drugs, chemicals, or poisons may also be a cause of chemical hepatitis. Hepatitis A was formerly known as "infectious hepatitis" and is a specific form of hepatitis.

1. **Symptoms**:

Mild fever	Diarrhea (light colored)
Headache	Dark urine
Fatigue	Jaundice
Loss of appetite	Muscle and joint aches
Nausea	Abdominal discomfort
Vomiting	

Symptoms are the same for all types of hepatitis.

2. **Mode of transmission**. Person-to-person by the fecal-oral route. The infectious agent is found in feces, contaminated water; food contaminated by infected food handlers, and contaminated uncooked food products. Contact with contaminated water may also cause infection, e.g. water rescue efforts.
3. **Incubation period**. Fifteen (15) to fifty (50) days, depending on dose. Average incubation period is twenty-eight (28) days.
4. **Preventive measures**. Utilize standard precautions. Any suspect's blood or body fluids on worker's skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.

   A vaccination is available for Hepatitis A (two-step vaccination). Contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728.
5. **Relative risk to providers**:
   None: If immune

C. Hepatitis B (HBV)

Hepatitis B is also referred to as "serum hepatitis." It is caused by the hepatitis B virus which attacks and replicates in liver cells. HBV is a bloodborne and body fluid-borne disease that is highly concentrated in the blood and serous fluids.

1. **Symptoms**:

Mild fever	Diarrhea
Headache	Dark urine
Fatigue	Jaundice
Loss of appetite	Muscle and joint aches
Nausea	Abdominal discomfort
Vomiting	

   Symptoms are the same for all types of hepatitis.
2. **Mode of transmission**. HBV transmissions occur through skin or mucous membranes, infected blood or body fluids, sexual contact, or through contaminated needles.
3. **Incubation period**. Forty-five (45) to one hundred sixty (160) days. Average incubation period = 120 days.
4. **Preventive measures**. Utilize standard precautions. Use caution while handling contaminated needles. Any suspect's blood or body fluids on worker's skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.
   * Receive Recombinant Hepatitis B vaccine (3-step vaccination). Receive booster if antibody falls below protective level. This vaccination series (**and booster when required**) is offered by MPD at no cost to personnel.
5. **Relative risk to providers**. None: If immunity provided with Hepatitis B Vaccine.

D. Hepatitis C (HCV)

Hepatitis C was formerly known as "parenterally transmitted non-A/non-B hepatitis." Intravenous drug users and individuals receiving blood transfusions or hemodialysis have an increased risk of acquiring hepatitis C. Individuals who get tattoos and/or body piercing(s) also have an increased risk of acquiring hepatitis C.

1. **Symptoms**:

Mild fever	Diarrhea
Headache	Dark urine
Fatigue	Jaundice
Loss of appetite	Muscle and joint aches
Nausea	Abdominal discomfort
Vomiting	

Symptoms are the same for all types of hepatitis.

2. **Mode of transmission**. Contact with the blood or body fluids of an infected individual.
3. **Incubation period**. Fifteen (15) to sixty-four (64) days.
4. **Preventive measures**. Utilize standard precautions. Use caution while handling contaminated needles. Any suspect's blood or body fluids on worker's skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.
5. **Relative risk to providers**. None: Provided there is no contact with infected blood (i.e. percutaneous exposure incident).

E. Lice

Lice are small, wingless insects that feed on blood. There are three species: (1) head, (2) body, and (3) crab or pubic louse. All lice have flattened bodies and measure up to one-eighth inch (1/8") across.

1. **Symptoms**:

Scratching
Dermatitis
Impetigo

2. **Mode of transmission**: Close contact. Head-to-head or body.
3. **Incubation period**: Twenty-four (24) to forty-eight (48) hours.
4. **Preventive measures**. Employee's hands should be washed thoroughly with an antimicrobial liquid soap. Hair should be shampooed using Kwell Shampoo or as directed by your Primary Care Physician, or the Department's Medical Director. Avoid contact. The Infection Control Officer (ICO) may provide further guidance/direction.

F. Meningitis (Meningococcal)

Meningitis is an inflammation of the membranes lining the central nervous system. This inflammation can be from either infectious or noninfectious causes. Infectious agents include bacteria, viruses, and fungi. Noninfectious agents include chemicals or a "sympathetic" reaction to other diseases. Meningitis occurs most often in children, but may also be present in adults.

1. **Symptoms**:

Fever	Irritability
Headache (children over 2 years)	Tachycardia
Lethargy	Tachypenia
Nausea	Hypotension
Vomiting	Stiff neck (children over 2 years)

2. **Mode of transmission**. Meningitis is transmitted through direct contact with infected respiratory secretions. Other transmission can occur from contact with cerebrospinal fluid as a result of trauma, sputum from suctioning, unprotected mouth-to-mouth resuscitation, or coughing.
3. **Incubation period**. Two (2) to four (4) days.
4. **Preventive measures**. Utilize standard precautions, including:
   - Minimize the number of personnel in close proximity to the infected individual.
   - Have all personnel within close proximity immediately don department-issued N-95 mask.
   - Place non-rebreather mask on the individual.
   - Any suspect's body fluids on personnel's skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.
   - Receive post-exposure prophylaxis dose of Ciprofloxacin if *Neisseria meningitis* form of meningitis is documented. Contact the departments Infection Control Officer on all known or suspected exposures.
5. **Relative risk to providers**. Low: (One in several thousand) for *Neisseria meningitis*, but prophylaxis is warranted due to the nature of infection if transmission occurs.

G. Scabies

Scabies is a highly contagious skin disease caused by mites that burrow underneath the skin, especially in skin folds.

1. **Symptoms**: Scratching, resulting in the formation of scabs and sores.
2. **Mode of transmission**. Scabies are transmitted through sexual contact and indirect contact by shared towels, bedding, and clothing.
3. **Incubation period**. Twenty-four (24) to forty-eight (48) hours.
4. **Preventive measures**. Utilize standard precautions. Personnel's skin should be cleaned without delay using soap and water or germicidal solution. Change clothing if necessary. The Infection Control Officer may require additional preventive measures as appropriate.
5. **Relative risk to providers**: Likely, if direct contact with infected person.

H. Tuberculosis (TB)

Tuberculosis (TB) is an airborne disease that commonly attacks the respiratory system (Refer TB Exposure Control Plan).

1. **Symptoms**:

Fever with night sweats	Swollen lymph nodes
Unexplained weight loss	Coughing blood
Weakness	A cough that might be productive or non-productive

2. **Mode of transmission**. Tuberculosis is transmitted by inhaling aerosolized droplets from an infected person who is coughing or sneezing. The TB organism is sensitive to light and air and therefore dies quickly when exposed to either. Thus, this disease is rarely spread by indirect contact.

3. **Incubation period**. Two (2) to twelve (12) weeks. The organism can be reactivated after a period of several years.

4. **Preventive measures**. Utilize standard precautions, including respiratory protection. (NIOSH approved fit-tested N-95 respirator) Place non-rebreather mask on yourself first, then on the infectious person. Worker's skin should be cleaned with soap and water or waterless antimicrobial solution without delay. Decontaminate any equipment if necessary.
   * PPD tuberculosis skin testing (TST)/ or T-spot blood test following contact with suspects or employees who have confirmed active/communicable TB. Personnel participation is strongly recommended. Refer to TB Exposure Control Plan regarding "Follow-up for Exposure to Tuberculosis (TB)" for MPD personnel.

5. **Relative risk to providers**:
   * Low, depending on level of direct contact with infected person, length of exposure and ventilation present.

I. Coronavirus, Pneumonia, SARS, and Influenza (Flu), are diseases and infections that carry similar symptoms.

1. **Symptoms**:

Common Symptoms		**Coronavirus**	**Pneumonia**	**SARS**	**Influenza**
Chest Pains		X	X	X	X
Fever/Chills		X	X	X	X
Cough/Sneezing		X	X	X	X
Shortness of Breath		X	X	X	X
Sore Throat		X	X	X	X
Muscle/Body Aches/Fatigue		X	X	X	X
Headaches		X	X	X	X

2. Preventive Measures:

- Washing hands often with soap and water for at least 20 seconds especially after you have been in a public place or after blowing your nose, coughing, or sneezing. Cover your mouth and nose if you have to cough or sneeze.
- If soap is not available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Put distance between yourself and other people (AT LEAST 6 FEET)
- Clean and disinfect frequently.
- Stay home if you are sick.

3. Mode of Transmission

- (**Coronavirus**) Have recently traveled from an area with widespread or ongoing community spread of COVID-19.
- Inhaling aerosolized droplets from an infected person who is coughing or sneezing.
- Close contact with a person known to have the infection and/or disease
- Touching or shaking hands

4. Incubation period.

- **Up to 14 days. The organism can be reactivated after a period of several years.**

5. Relative risk to providers:

* High, depending on level of direct contact with infected person, length of exposure and ventilation present.

IV. INFECTION CONTROL OFFICER DUTIES

The designated Infection Control Officer shall:

- Be available 24/7 to respond to personnel exposures.
- Is responsible for collection of facts regarding the circumstances of the potential exposure incident.
- Evaluate the situation to determine whether or not an exposure incident occurred.
- Determine Immunization status of exposed personnel.
- Advise of risk associated with said exposure when it is determined an exposure incident has occurred.
- Collect source suspect demographics; communicate with receiving hospital to make source suspect testing request; advise hospital on testing needed; receive results of rapid test and communicate back with exposed personnel the source suspect disease status.
- Advise exposed personnel of follow-up process and counsel on blood donations, sexual activity, pregnancy, breastfeeding, and professional activities specific to each disease exposure type.
- Advise and offer assistance with finding further medical and mental counseling.
- The Infection Control Officer shall contact the receiving facility's charge nurse, source suspect attending nurse, on-duty house supervisor, or attending physician to ensure request for rapid testing has occurred and to receive rapid test results. If the situation dictates a problem communicating with source suspect staff, contact the facility's infection control practitioner if during normal business hours to request rapid and standard test results.
- The Infection Control Officer shall immediately notify the exposed personnel of all test results as they are received by the Police Division's designated Infection Control Officer.
- Exposure follow-up shall include, blood testing, results notification, counseling, immunization updates, signs & symptoms review, documentation as required by current CDC guidelines, and OSHA standards related to occupational exposure follow-up.

V. EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

- *All commissioned police officers at the precincts, bureaus, and specialized facilities*
- *All commissioned police officers at the Crime Scene Office*
- *All assigned equipment officers*

VI. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions

All employees will utilize universal precautions, which is justified on the premise that every suspect, mental consumer, victim, or person carries the potential for disease transmission. For this reason, Memphis Division of Police Services personnel should maintain a mindset in which disease hazards are always present and disease prevention is an on-going challenge.

B. Exposure Control Plan

Employees covered by the bloodborne pathogens standard 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 in the Policy and Procedure Manual.

The Health and Safety Office 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.

C. Engineering Controls and Work Practices

The need for changes in work practices will be identified through review of OSHA records, employee evaluations, and the safety committee. New procedures and new products will be evaluated regularly by discussing new products and success or failure of the employees using the products at the safety committee meetings. Both front-line workers and management officials are on the safety committee. The Health and Safety Office is responsible for ensuring that these recommendations are implemented.

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- non-glass capillary tubes (Syringe Keeper 7/8x8 (05000))
- Sharps disposal containers are inspected and maintained or replaced by the equipment officer at each workstation every week or whenever necessary to prevent overfilling.

The following procedures are to be used at all times by all employees who may have contact with the blood and other potentially infectious materials of other individuals in the course of their employment:

1. Open wounds must be covered at all times while at work. If the wound is too large to cover, then the employee must remain at home. Employees must also cover areas where skin is "chapped" or where there is a rash. Bandages must be changed if they become wet or soiled. Employees must pay special attention to the hands and make sure small openings such as paper cuts, torn cuticles, and hangnails are adequately protected.
2. All body fluids and contaminated instruments will be handled as if they are infectious. The "Universal Blood and Body Fluid Precautions" (hereafter known as universal precautions), as identified by the Centers for Disease Control (CDC), will be used in all situations where it is possible that an employee may come in contact with the blood or other potentially infectious materials of another individual. The universal precautions are as follows:
    a) Take care to prevent injuries when handling needles, knives, and other sharp instruments or devices, when cleaning used instruments, and when disposing of used needles. Do not recap used needles by hand and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, knives, and other sharp items in puncture-resistant containers for disposal.
    b) Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other potentially infectious materials to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.

1) In the following situations, gloves will be worn at all times:
   - When handling specimens of blood or body fluids.
   - When coming into contact with blood or body fluids of another individual.
   - When there are open wounds or where skin is severely chapped.
   - When wiping blood or body fluid spills from work areas.
   - When handling clothing, instruments, or other items which may have been contaminated by blood or other potentially infectious materials.
2) Gloves will be discarded after contact with each person, and hands must be washed thoroughly with soap and water before putting on the next pair of gloves.
3) Gowns, eye wear, and masks will be worn when performing any procedure where blood or other potentially infectious materials are likely to soil clothing, skin, or splash in the face.

c) If skin does come in contact with blood or other potentially infectious materials, the area must be washed thoroughly with soap and water as soon as possible.
d) Avoid touching eyes or mouth with hands or gloves that have been contaminated by blood or other potentially infectious materials.
e) Soiled work clothing should be changed and laundered.
f) Take special care to avoid being bitten by an uncooperative person. If a bite occurs, the area must be washed thoroughly with soap and water as soon as possible for 30 seconds. Fill out an OJI report and seek medical treatment as soon as possible according to OJI.
g) Work areas which have been contaminated with blood or other potentially infectious materials must be cleaned with a 1:10 solution of household bleach and water (1 part bleach and 10 parts water).
h) All Personal Protective Equipment used by the officer (gloves, gown, and mask) for a bloodborne pathogen exposure must be bagged in a hazardous material bag when the officer removes this equipment from his/her person. Once used, the equipment must be bagged whether or not the equipment has visible signs of contamination. The eyewear must be removed and cleaned by the officer using a 10% bleach solution. Once the Personal Protective Equipment has been bagged in a hazardous material bag, the bag will be taken to the precinct and placed in a Hazardous Material container. This Hazardous Material container will be maintained by a duly licensed company.
i) The 10% bleach solution should be mixed when the officer needs to clean personal items such as: badge, nameplate, nightstick, handcuffs, and leather gear. Once mixed, the bleach solution must be dated, timed, and discarded within 24 hours of mixing. The equipment officer will be responsible for keeping this mixture up to date.
   * A pre-mixed bactericidal and sporicidal solution may be made available to the employee, and in such an event, the pre-mixed solution should be used instead of a 10% bleach solution.

D. Personal Protective Equipment (PPE)

Officers receive training and initial Personal Protective Equipment (PPE) items from the

training academy in a HazMat kit. Items used during an officer's tour of duty will be replaced at no cost. Any items lost or used for personal reasons will be replaced at a cost.

The officer will be responsible for maintaining the full complement of Personal Protective Equipment initially assigned to them from the Training Academy. Once the officer has bagged and disposed of his/her used Personal Protective Equipment, the Inventory Control Clerk will replace the used items following the Replacement Procedure below.

- When the contents are used during a duty related incident, with the exception of rubber gloves, an "Equipment Replacement Form" will be completed and submitted to the officer's Shift Supervisor.
- If the request is approved through the work station chain of command, it will be forwarded to the appropriate Deputy Chief for consideration.
- If approved by the Deputy Chief, the form will be returned to the work station commanding officer, who will have the Inventory Control Clerk obtain the replacement items from Central Supply.
- A copy of the approved Equipment Replacement Form will be left at Central Supply.
- The original Equipment Replacement Form will be filed in the officer's precinct file.

The exception to this policy is the syringe keeper. When the officer tags the syringe keeper in the Property and Evidence Room, a new syringe keeper will be issued to the officer at no cost by the Property Room Attendant.

If the Equipment Replacement Form is denied, the procedure for lost equipment outlined below will be followed with the exception of the memo submission.

- In the event the entire HazMat Kit or any part of the kit is lost, the officer will submit a memo to his supervisor detailing the items lost and manner in which the items were lost.
- The supervisor will forward the memo to the work station commander for review and signature.
- A copy of the signed memo will be returned to the officer who will pay for the items lost at Police Finance 170 N. Main, 11th floor, room 1126.
- The officer will take the signed memo and receipt to Central Supply to have the items replaced. The original signed memo will be placed in the officer's station file.
- The denied Equipment Replacement Form will be taken to Finance and Central Supply to document the items needing replacement.

The Duty Stations will at all times maintain an adequate stock of protective gloves and masks for replacement purposes. The replacement costs of the Personal Protective Equipment in the HazMat Kit are as follows:

• 1 Utility Dry Box	$10.99
• 1 Cordova Defender Coverall	$2.97
• 1 Crews Goggle Indirect Vent AF	$2.80
• 1 pr. Shoe Covers	$0.32
• 1 Hair Net	$0.03
• (3) 3M Dust Particulate/Mask (8210)	$0.63
• 1 Micro CPR Shield	$4.75

• 6 packs Paws Antimicrobial Wipes	$0.54
• 1 Pr. Cordova Nitrile Gloves	$0.14
• 1 4oz bottle of Antiseptic Hand Gel	$2.90
• 1 Bio Hazard Bag (large)	$0.33
• I Syringe Keeper 7/8 x8	$1.17
TOTAL	$27.57

Costs may vary, but be comparable to the above listing.

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 red hazard bags.
- 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.

The procedure for handling used PPE is as follows:

All Personal Protective Equipment used by the officer (gloves, gown, mask), must be bagged in a hazardous material bag when the officer removes this equipment from his/her person. Once used, the equipment must be bagged whether or not the equipment has visible signs of contamination. The eyewear must be removed and cleaned by the officer using a 10% bleach solution. Once the Personal Protective Equipment has been bagged in a hazardous material bag, the bag will be taken to the precinct and placed in a Hazardous Material container. This Hazardous Material container will be maintained by a duly licensed company.

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.

The equipment officer or other designated officer will handle and dispose of the sharps disposal containers.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-

coded. Sharps disposal containers are available at the equipment office at the workstation. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

F. Cleaning Work Attire Contaminated with Blood or Body Fluids

The Memphis Police Department accepts the responsibility to its officers to fulfill the requirements set forth by the Department of Labor, Federal Register 29 CFR Part 1910.1030, requiring the cleaning of the officer's work clothes when contaminated with blood or body fluids. With this in mind, when the officers work clothes become contaminated with blood or body fluids from an individual encountered in the officer's daily activities, the officer will have the work clothes cleaned by the Memphis Police Department.

Procedure for Cleaning Contaminated Work Clothes

1. When an officer's work clothes are contaminated with blood or body fluids during the course of their daily activities, the officer will immediately notify their supervisor. An Incident Report and an appropriate memo will be submitted to their shift Commander, with a copy of the memo sent to the Health and Safety Officer.
2. The officer will then report to their work station and will immediately remove the contaminated garments, and the contaminated garments will be bagged in a Hazardous Material Bag. Personal items such as badge, nameplate, and nightstick will be cleaned by using a 10% bleach solution as outlined in the P&P for HIV/HBV.
3. The Hazardous Material Bag will be properly identified by affixing a tag to the outside of the bag indicating the officer's name, work station and IBM number.
4. The officer will put on a fresh set of garments, to be kept at the officer's work station and maintained by the officer.
5. The officer's supervisor will have the contaminated garments taken to Kraus Model Cleaners located at 1023 Linden. The contaminated garments will be cleaned by Kraus Model Cleaners. All contaminated garments will be taken to and retrieved from Kraus Model Cleaners between the hours of 0800-1600. All contaminated garments from the A, C, and D shifts will be held in the supervisor's office for the B shift.
6. Once the contaminated garments have been cleaned, the garments will be picked up by the precinct equipment officer and returned to the officer's work station. It will be the officer's responsibility to inspect the garments to insure the proper garments were returned.

G. Cleaning Police Vehicle when Contaminated with Blood or Body Fluids

With the increase of communicable disease infected patients come an increase in their respective contact with the Memphis Police Department, and their subsequent transportation in official police vehicles.

Whenever a Police Vehicle is contaminated by blood or body fluids, the following procedures will be followed:

1. The officer or employee will contact their immediate supervisor and an appropriate memo will be submitted to the equipment officer at the respective precinct or bureau.

2. The police vehicle will be immediately removed from service.
3. The police vehicle will be taken to the precinct hazardous material area designated by the precinct Colonel, or for vehicles housed at the CJC, to the City Lot at 391 St. Jude Place.
4. Personnel designated at each work site will clean the affected area of the police vehicle with a freshly mixed solution of bleach mixed with water that gives a 10% solution. The police vehicle will be allowed to air dry and the police vehicle will then be returned to service.
   a. Cleaning personnel will wear Personal Protective Equipment to clean the police vehicle.
   b. The car will be cleaned with the 10% bleach solution and will then be rinsed with fresh water.
   c. The car will be allowed to air dry before returning to service.
5. If there are no personnel to clean the police vehicle at the time of the incident, the police vehicle will be removed from service until that time when the police vehicle can be cleaned. The vehicle will be marked with a Hazardous Material sticker with the location of the infectious material to be cleaned noted on the sticker.

H. Labels

The following labeling methods are used in this department:
Globally Harmonized System (GHS) of Classification and Labeling of Chemicals

Work station commanders/supervisors are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Health and Safety Office if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

VII. HEPATITIS B VACCINATION PROCEDURE

A. Hepatitis B Vaccination

The Health and Safety Office 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 of graduation from the training academy and within 10 days of receiving their 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 Health and Safety Office. Vaccination will be provided by Shelby County Health Department, LifeSigns, Concentra, and OccuMed.

Following the medical evaluation, the employee will provide Health and Safety Office with medical documentation.

B. Hepatitis B Declination (Mandatory) Form

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.
*Signed: (Employee Name)*_____ *Date:*_____
*Print Name:*_____ *IBM#*_____ *Phone#*_____

Please review the attached list of employees who have not turned in their Hepatitis B Acceptance/Declination Form. Supervisors should address those under your area of responsibility and request that anyone on the list complete the form. If the employee accepts the department's offer to provide the vaccination, he/she should go to one of the medical facilities listed to obtain it. If they refuse this offer, they should sign the declination form. Supervisors should collect all signed acceptance/declination forms and forward them to Health & Safety.

VIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

An ***occupational exposure*** incident is a specific eye, mouth, other mucous membrane, non-intact skin, or injected contact with blood or other potentially infectious material that results from the performance of one's occupational duties.

Examples include:

- Contaminated *needle stick* injury
- A puncture or penetrating injury from objects covered with or containing blood or OPIM's sustained while performing duties.
- Blood splash to eyes, nose, mouth
- Blood in fresh, open cuts

A. Post Exposure Reporting Procedures

- The primary contact following an ***occupation exposure incident*** is the Department's Infection Control Officer. The Infection Control Officer shall be immediately notified on all ***exposure incidents.*** Ultimately, it is the responsibility of the exposed personnel to report exposure occurrences.
- All occupational exposure incidents shall be ***immediately*** reported to the exposed personnel's immediate supervisor. The exposed employee should complete the *Employee Exposure Report* located under the Administrative Forms link. If the person is not able to complete the form, the supervisor may complete the form and note this on the form. The form should be faxed to the Infection Control Officer at the Health and Safety Office, fax 901-636-3733.

- Personnel sustaining an exposure incident from a suspect who subsequently declines transportation to a medical facility shall advise their respective lieutenant before returning to service.
- If transported, the hospital receiving the source suspect shall be notified of the exposure at transfer of care.
- Following notification of the exposure incident to source suspect's nurse, and notification to Infection Control Officer, personnel are strongly encouraged to submit to a confidential medical evaluation. Between the hours of 8 a.m. and 6 p.m., Monday thru Friday personnel can receive post exposure medical evaluation and treatment through Concentra and Occumed. Personnel sustaining occupational exposure incidents on the weekend or after 6 p.m. and before 8 a.m. may use any hospital emergency room. The MED is the preferred hospital for exposed employees to use after hours.

B. Confidentiality

- Confidentiality of the exposed personnel and the source suspect shall be maintained.
- ***Source suspect's disease status is to be communicated between the hospital, the infection control officer, and the exposed personnel*** – **ONLY**!
- The immediate supervisor of the exposed personnel shall not solicit any specific information regarding the exposure other than information necessary to communicate to the infection control officer.
- Exposed personnel shall not share information about the exposure with coworkers who were not involved in the incident.

C. Data Required

The following information shall be communicated to the infection control officer at the time of exposure:

- Source suspect name, age, DOB, and receiving hospital
- Any known disease history obtained from suspect History & Physical
- Type and nature of the exposure
- Actions taken following the exposure
- Name of source suspect nurse or attending physician

The following documentation is required on all occupational exposure incidents:

- Completed *Employee Exposure Report*
- *On-The-Job Injury Report*
- *Injury on Duty Attending Physician Report (IOD Report)*
- *Choice of Medical Provider Form* or *Notification of Emergency Treatment Form* (only if receiving medical treatment in area (approved) hospital emergency room)

It is the exposed personnel's responsibility to ensure all forms are completed.

IX. POST INCIDENT TESTING OF SUSPECTS AND EMPLOYEE WOUND CARE

A. HBV:

If the source suspect is positive for HBV, they will have a HBV titer test

1) If titer is positive no further testing will be necessary

2) If titer is negative, further medical evaluation/treatment is necessary to receive HBIG and HBV vaccine.

B. HCV:
If the source suspect is positive for HCV:
1) An HCV screen and liver function (ALT) will be done on exposed personnel.
2) Four to six weeks post exposure an HCV-RNA will be done.
3) Personnel may be referred to Concentra Health Services or an Infectious Disease physician for follow-up, continued treatment, toxicity testing, and blood testing.

C. Tuberculosis:
The Infection Control Officer must confirm source suspect has active tuberculosis and is contagious at the time of exposure. Confirmation shall be obtained through the TB management at:
1) branch of the Memphis Shelby County Health Department or
2) receiving hospital's Infection Control Nurse.
3) Once TB is confirmed a follow-up that includes skin testing/ reading and education will be conducted by the Police Division's Infection Control Officer.
   - Positive or questionable results will be referred to the Health Department.
   - Further testing, treatment and follow-up will be conducted through the Health Department.

D. *The Ryan White HIV/AIDS Treatment Extension Act of 2009, Part G* requires that a receiving facility notify the Department's Designated Officer of Infection Control where emergency response employees have been exposed to an infectious disease or an emerging disease threat; respond as soon as practical, but no later than 48 hours when request have been submitted by Designated Officer to the receiving hospital.

Should an exposure incident occur, please contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728. An immediately available confidential medical evaluation and follow-up will be conducted by the designated medical doctors or nurse practitioners and LaQuita Rallings at the Health and Safety Office at (901) 636-3728.

E. Following an exposed employee's 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, TB Activity, 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 documented to have HIV, HCV, TB Active, and/or HBV positive by SCHD, then 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).

- Upon employee giving consent for testing, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, TB, 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.

X. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Health and Safety Office 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. They will also ensure that the health care professional evaluating the employee 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

XI. PROCEDURES FOR EVALUATING AN EXPOSURE INCIDENT

A. The Health and Safety Office 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 (O.R., E.R., suspect room, etc.)
- procedure being performed when the incident occurred
- employee's training

The Health and Safety Office will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. If revisions to this ECP are necessary Health and Safety Office will ensure that appropriate changes are made.

B. Follow-Up for Exposure to Tuberculosis

PROCEDURE	ACTION/NOTES
If an unprotected exposure occurs to a patient with confirmed active/communicable TB, a Mantoux skin test (PPD) should be administered as soon as possible.	Persons who have tested positive in the past should not be tested again. TST are performed at 2 weeks and 12 weeks from exposure date.
If this skin test is negative, the employee should be retested in 12 weeks.	
If the employee tests positive (>5mm reaction) or shows symptoms of TB, a chest x-ray should be taken.	Personnel with previous positive tests who are exposed to an infectious patient DO NOT require a skin test or an x-ray

	unless they show signs or symptoms of TB; however, a symptom screen should be performed.
Personnel testing positive following an exposure should be evaluated for preventive therapy in accordance with the current published guidelines.	Medical Director is notified; employee is referred to OSHA for follow-up. One chest x-ray should be performed with annual screening for symptoms.
Healthy personnel who are receiving preventive treatment for TB should be allowed to continue normal work activities.	Personnel, who are LTBI positive, do not have active TB and are not contagious to others. These personnel shall be allowed to work.
Personnel who have been diagnosed with active TB who have received treatment and who have three negative serial sputum cultures are no longer considered contagious. The decision to return to work will be in accordance with the department's contagious disease policy and when medically cleared by a physician.	

XII. EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by the Training Academy. All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA blood borne 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 and some alert videos are available at Health and Safety Office.

XIII. RECORDKEEPING

A. Training Records

Training records are completed for each employee upon completion of training. Training records for commissioned officers will be maintained at the Training Academy. Training records for civilians will be maintained at their work stations. 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 provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Training Academy.

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 Health and Safety Office is responsible for maintenance of the required medical records. These confidential records are kept in the Health and Safety Office 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 Health and Safety Office.

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 Health and Safety Office.

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.

XIV. HAZMAT CHEMICAL EXPOSURE POLICY

A. Department Policy

To ensure that information about the dangers of all hazardous chemicals used by The Memphis Police Department is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in the department where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this department will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the Policy Procedure Manual for review by any interested employee.

LaQuita Rallings at the Health and Safety Office at (901) 636-3728 is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

B. Container Labeling

The designated employee at each workstation will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

The designated employee at each workstation in each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, contact the Health and Safety Office at (901) 636-3728.

The department uses the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

The Health and Safety Office will review the department labeling procedures annually and will update labels as required.

C. Safety Data Sheets (SDS's)

The Health and Safety Office is responsible for teaching all command staff for the SDS program. They will ensure that procedures are developed to obtain the necessary SDS's. Each commander or supervisor is responsible for review of incoming SDS for new or significant health and safety information. The procedure below will be followed when an SDS is not received at the time of initial shipment:

The designated person at each workstation will retrieve the SDS from the products website. Copies of SDS's for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in the SDS binder at each workstation and made available to all employees. SDS's will be readily available to all employees during each work shift. If an SDS is not available, contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728.

SDS's will be readily available to employees in each work area. When revised SDS's are received, the designated workstation employee will replace the old SDS's.

D. Employee Training and Information

The Health and Safety Office is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and SDS's to obtain hazard information
- Location of the SDS file and written Hazard Communication program

Prior to introducing a new chemical hazard into any section of the department, each employee affected will be given information and training as outlined above for the new chemical hazard. The person ordering the new chemical will print out a safety data sheet for the chemical and place it in the SDS Manual in alphabetical order. Effected personnel will be advised of the new chemical hazard.

E. Hazardous Non-routine Tasks

Periodically, employees are required to perform non-routine tasks that are hazardous. Prior to starting work on such projects, each affected employee will be given information by the designated workstation employee about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

F. Informing Other Employers/Contractors

It is the responsibility of the designated workstation employee to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of the designated workstation employee to obtain information about hazardous chemicals used by other employers to which employees of this company may be exposed (i.e. Contracted cleaning service that may use materials purchased by the department).

Other employers and contractors will be provided with SDS's for hazardous chemicals generated by the department's operations by viewing the SDS binder. The other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by the department.

Also, other employers will be informed of the hazard labels used by the company. If symbolic

or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

G. List of Hazardous Chemicals

A list of all known hazardous chemicals used by our employees is attached to each of the employee workstations and bureaus. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the SDS's, located in the workstation SDS binder.

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures shall be followed:

1. The designated workstation officer will routinely check for updated SDS's on products at the workstation.
2. The hazardous chemical inventory is compiled and maintained by the designated workstation employee.

H. Program Availability

A copy of this program will be made available, upon request, to employees and their representatives.

XV. Acronyms

AIDS - Acquired Immunodeficiency Syndrome

CDC - Center for Disease Control

ECP - Exposure Control Plan

HAV - Hepatitis A Virus

HBV - Hepatitis B Virus

HCV- Hepatitis C Virus

Hep A - Hepatitis A

Hep B - Hepatitis B

Hep C - Hepatitis C

HIV - Human Immunodeficiency Virus

IOD Form - Injury on Duty Attending Physician Form

NIOSH - National Institute for Occupational Safety and Health

OPIM - Other Potentially Infectious Materials

OSHA - Occupational Safety and Health Administration

PPE - Personal Protective Equipment

SDS - Safety Data Sheets

TB - Tuberculosis; Two Types; Active TB (contagious) and Latent TB (non-contagious)

Universal Precautions - Universal Blood and Body Fluid Precautions-all body fluids and contaminated instruments will be handled as if they are infectious.