

DEKALB POLICE DEPARTMENT

Subject: **Bloodborne Pathogens Exposure Control**

Policy #: **406.4**

Effective Since: 8-21-03

Originally Issued As: General Order #40 of 4-17-98

Revision Effective: 1-1-19

FTO Training Task: # 13

Reference Material: OSHA Standard 1910.1030

ILEAP Standards Covered: PER.09.01

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PURPOSE: It is the purpose of this policy to outline procedures for protection from Infectious Materials, Bloodborne Pathogens, and Communicable Diseases.

POLICY: It shall be the policy of the DeKalb Police Department to comply with regulations of the Federal Occupational Safety and Health Act relating to occupational exposure to blood or other potentially infectious materials and to inform Department members of appropriate precautionary measures to be taken in circumstances where members may be exposed to infectious materials. Material in this policy is taken directly from OSHA Standard 1910.1030.

DEFINITIONS: All definitions are found in section 29 CFR 1910.1030(b) of the Occupational Safety and Health Act entitled Bloodborne Pathogens, which can be found online. Below is a partial list of the definitions listed in the OSHA guideline.

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

Bloodborne Pathogens means 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 means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne 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.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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

Other Potentially Infectious Materials means (1) 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; (2) Any unfixated tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means 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.

Source Individual means 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.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

PROCEDURES:

I. Exposure Determination : All sworn police personnel of the DeKalb Police Department can reasonably anticipate to be exposed to blood or other infectious materials. Sworn police personnel often have personal contact with accident victims, battery victims, fight victims, suicidal or injured persons that may pose an exposure risk due to injuries or wounds. Sworn personnel also may have contact with hostile or combative individuals that may attempt to physically resist, batter, fight, or spit upon the officer, also causing an exposure risk.

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II. Methods of Limiting Exposure

A. General

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.
2. Under circumstances in which differentiation between body fluid types is difficult or impossible, **all body fluids shall be considered potentially infectious materials.**

B. Engineering and Work Practice Controls

1. The department will use engineering and work practice controls to eliminate or minimize employee exposure. The Support Commander is primarily responsible for the coordination of a communicable disease program. [ILEAP PER.09.01(a)]
2. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
3. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
4. The department will provide handwashing facilities which are readily accessible to employees. Employees may use bathroom sinks and showers, booking area sinks and showers, locker room and showers, and common area sinks to accomplish handwashing.
5. When provision of handwashing facilities is not feasible, the department will provide and the employee shall use either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
6. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
7. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
8. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
9. Contaminated needles and other contaminated sharps shall not be bent, recapped, or improperly disposed of.
10. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
11. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
12. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
13. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
14. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
15. The container for storage, transport, or shipping shall be labeled or color-coded according to this standard and closed prior to being stored, transported, or shipped.
16. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling,

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processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

17. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

18. Equipment or vehicle surfaces which have been contaminated with blood or other potentially infectious materials shall be decontaminated as necessary as soon as possible.

19. Decontamination of affected surfaces shall be conducted by an employee as soon as possible, wearing the appropriate personal protective equipment, with a germicide cleaner, antibacterial cleaner, or bleach cleaner or 1:100 bleach to water solution, unless the employee can demonstrate that decontamination of such equipment or portions of such equipment is not feasible due to a large amount of contamination.

20. A readily observable label shall be attached to the equipment or vehicle stating which portions remain contaminated. The equipment or vehicle shall remain out of service until such time that decontamination can take place.

21. For cleanup of significantly contaminated surfaces, the department has designated the following vendor: Aftermath, Inc., 877-690-8242

22. The employer shall ensure that contamination information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

[ILEAP PER.09.01(b)]

III. Personal Protective Equipment (PPE)

A. Provision of PPE by the Department . The department will provide, at no cost to the employee, appropriate personal protective equipment as needed such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

B. PPE Use. The employee shall use appropriate personal protective equipment unless the employee shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

C. PPE Accessibility . The department will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

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D. Cleaning, Laundering, and Disposal . The department will clean, launder, and/or dispose of personal protective equipment at no cost to the employee.

E. Repair and Replacement . The department will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

1. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
2. All personal protective equipment shall be removed prior to leaving the work area.
3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

F. Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
3. Utility gloves (gloves worn over latex gloves) may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

G. Masks, Eye Protection, and Face Shields . Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated, such as while collecting contaminated items or evidence.

H. Gowns, Aprons, and Other Protective Body Clothing . Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated, such as while observing medical procedures or autopsies.

[ILEAP PER.09.01(c)]

IV. Housekeeping

A. The department will ensure that the worksite is maintained in a clean and sanitary condition. The department will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

B. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials, following the procedures listed in the Engineering and Work Controls section.

C. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant

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after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

D. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

E. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

F. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

V. Regulated Waste

A. Contaminated Sharps Discarding and Containment

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable; puncture resistant; leakproof on sides and bottom; and labeled or color-coded in accordance with this standard. Sharps disposal containers are located in the detective laboratory.

2. When moving containers of contaminated sharps from the area of use, the containers shall be:
closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; placed in a secondary container if leakage is possible. The second container shall be: closable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded according to this standard.

3. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

B. Other Regulated Waste Containment

1. Regulated waste shall be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with this standard; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

2. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with this standard; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

3. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States. **Disposal of all regulated waste shall be performed by authorized department personnel, designated by the Chief of Police, via a licensed disposal facility.**

[ILEAP 09.01(e)]

VI. Laundry of Contaminated Clothing

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- A. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- B. Contaminated laundry shall be bagged or containerized and shall not be sorted or rinsed with other laundry or items.
- C. Contaminated laundry shall be placed, transported, and kept in bags or containers labeled or color-coded in accordance with this standard.
- D. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- E. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
- F. Employees may launder their own contaminated uniforms or clothing, following the guidelines in this standard, or may elect to have the contaminated uniforms or clothing laundered off-site at department expense.
- G. When the department or employee ships contaminated laundry off-site to a laundering facility, the laundry must be placed in bags or containers which are labeled or color-coded in accordance with this standard.

VII. Hepatitis B Vaccination

- A. Hepatitis B vaccination shall be made available after the employee has received this policy and training, within ten working days of initial assignment to patrol duties unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. **The County Health Department shall be the department's approved vendor** for vaccinating Department members, unless otherwise provided.
- B. The department will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- C. If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the department will make available hepatitis B vaccination at that time.
- D. The department will assure that employees who decline to accept hepatitis B vaccination offered by the employer sign a declination statement.
- E. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.

VIII. Exposure Evaluation . Employees who have an exposure incident shall immediately notify their supervisor who shall perform the following steps:

- A. As soon as the exposure is reported, the employee is to report for treatment at Kishwaukee Hospital Emergency room.
- B. The employee will be treated under Workmen's Compensation so they will need the Authorization To Treat form.
- C. The employee will fill out an Authorization for Release of Information form made to allow release of information to the DeKalb Police Department. The employee will also need to complete the Consent to Diagnostic Procedure for AIDS and the Kishwaukee Community Hospital Testing Registration forms.
- D. The treating physician will see the patient and order testing for HBV, HCV and HIV to cover the department's Bloodborne Pathogen policy. The treating physician will counsel the officer accordingly in compliance with the OSHA requirements. The Bloodborne Pathogen Physician Protocol Checklist will be started by the treating physician.
- E. If the source individual is known, ask the health care provider to test them for HBV, HCV,

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and HIV.

F. The Kishwaukee Hospital Occupational Wellness Department will be informed of the exposure within 24 hours, if the employee is initially treated at KCH.

G. ALL NECESSARY FORMS TO BE COMPLETED ARE CONTAINED IN THE CITY'S "WORKMAN'S COMP EXPOSURE ONLY" REPORT PACKAGE.

[ILEAP PER.09.01(f)]

IX. Post-Exposure Follow-up. Following a report of an exposure incident, the department will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- A. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- B. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
 1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity.
 2. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
 3. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 4. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 5. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- C. Collection and testing of blood for HBV and HIV serological status;
 1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- D. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- E. Counseling; and
- F. Evaluation of reported illnesses.
- G. Information provided to the healthcare professional:
 1. The department will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of the OSHA regulation.
 2. The department will ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - a. a copy of the OSHA regulation;
 - b. a description of the exposed employee's duties as they relate to the exposure incident;
 - c. documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d. results of the source individual's blood testing, if available; and
 - e. all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

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H. Healthcare professional's written opinion. The department will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

1. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. That the employee has been informed of the results of the evaluation; and
 - b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

I. Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with applicable regulations.

[ILEAP PER.09.01(d)]

X. Communication of Hazards to Employees

A. Labels

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.
2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
3. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
4. Red bags or red containers may be substituted for labels.
5. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.
6. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
7. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
8. Regulated waste that has been decontaminated need not be labeled or color-coded.

B. Information and Training

1. The department will train each employee with occupational exposure in accordance with the OSHA requirements. Training will be provided at no cost to the employee and during working hours. The department has a training program and ensures employee participation in the program.
2. Training shall be provided as follows: at the time of initial assignment to patrol duty; and annually thereafter.
3. Initial training will consist of Field Training Officer instruction to this policy; reading OSHA standard 1910.1030; and completing an online interactive Bloodborne Pathogens training.

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4. Annual training will consist of any new information or updates.
5. The department will also provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
[ILEAP PER.09.01(g)]

XI. Recordkeeping

A. Medical Records

1. The department will establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.
2. This record shall include: the name and social security number of the employee; a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination; a copy of all results of examinations, medical testing, and follow-up procedures; the employer's copy of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional.
3. Confidentiality. The department will ensure that employee medical records are: kept confidential; and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. [ILEAP PER.09.01(h)]
4. The department will maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

B. Training Records

1. Training records shall include the following information: the dates of the training sessions; the contents or a summary of the training sessions; the names and qualifications of persons conducting the training; and the names of all persons attending the training sessions.
2. Training records shall be maintained for three years from the date on which the training occurred.
3. The department will comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

Policy originally issued 8-21-03; this revision becomes effective on 1-1-19 by authority of the Chief of Police.

NOTE: This policy and procedure summarizes the department's position on this specific matter. This policy is for general direction and guidance primarily designed for use by the department's members. This policy is for internal use only and does not create or enlarge an officer's liability in any way. This policy shall not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this policy, if proven, can only form the basis of an internal departmental complaint and then only in a non-judicial administrative setting.