

	The University of Kansas Police Department 1501 Crestline Drive Suite 120 Lawrence, KS 66045-1501	Department Policy No. 209	
		Communicable Diseases Exposure Control Plan	
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Approved by: Chief Nelson L. Mosley		Distribution: All Personnel	Review Schedule: Annual

I. PURPOSE

The purpose of this policy is to provide guidance to assist in minimizing the risk of department members contracting and spreading communicable diseases as well as provide appropriate steps if an exposure should occur.

II. POLICY

The Communicable Diseases Exposure Control Plan will apply to all commissioned police officers and non-commissioned security officers with this department in that their duties may reasonably cause the officers to come into contact with a human disease that is transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. This policy provides general guidelines to assist in minimizing the risk of officers contracting and/or spreading communicable diseases.

III. DEFINITIONS

- A. Blood: Human blood, human blood components, and products made from human blood.
- B. Blood borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
- C. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Contaminated Laundry: Laundry which has been soiled with blood or their potentially infectious materials on an item or surface.
- E. Contaminated Sharps: 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.
- F. Decontamination: The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens and other infectious materials 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.
- G. Engineering Controls: Controls that isolate or remove the blood borne pathogen and other infectious material hazards from the workplace.
- H. Exposure Incident: A specific eye, mouth, or other mucous membrane, not-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of duties.

- I. Handwashing Facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- J. Licensed Healthcare Professional: A person whose legally permitted scope of practice allows them to independently perform Hepatitis B vaccination, post-exposure evaluation and follow-up.
- K. Other Potentially Infectious Materials:
 1. The following human body fluids: semen, vagina secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody 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 unfixed tissue or organ (other than intact skin) from a human (living or dead).
 3. HIV containing cell or tissue culture, organ cultures, and HIV or HBV containing medium or solutions; and blood organs or other tissues from experimental animals infected with HIV or HBV.
 4. Airborne transmissible disease.
- L. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- M. Personal Protective Equipment (PPE): Specialized clothing or equipment worn for protection against a hazard. General work clothes such as a uniform, pants, and shirts, not intended to function as protection against a hazard are not considered to be personal protective equipment.
- N. Regulated Waste: Liquids or semi-liquids or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state in 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.
- O. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure. Examples include, but are not limited to, trauma victims and human remains.
- P. Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- Q. Universal Precautions: An approach to infection control in which all-human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens and other infectious materials including airborne viruses.
- R. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

IV. PROCEDURES

- A. Management of Possible Occupational Exposure Incidents
 1. Exposure incidents which may occur during the officer's normal work schedule may include:

- a. Assisting at accident or fire scenes where trauma (open wounds) is frequent or with medical emergencies where there are illnesses.
 - b. Handling discarded emergency medical items such as needles, sharps, bandages, and gauze.
 - c. Working crime scenes; effecting searches; processing suspects; or intervening in disturbance, fight, and assault situations.
 - d. Handling and processing evidence.
 - e. Performing Cardiopulmonary Resuscitation.
2. Universal Precautions will be utilized in all situations where there is a potential for contact with blood or other potentially infectious materials.
 3. All emergency equipment used at a medical emergency will be disposable. Once an item is used, it will be properly packaged and disposed of to avoid further exposure.
 4. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize spattering, generating droplets, splashing, and spraying.
 5. Shearing, bending or breaking needles is prohibited. If possible, needles will not be removed or recapped. If recapping or removing a needle is necessary, a mechanical device or one-handed technique will be used.
 6. Specimens of blood or other potentially infectious materials shall be placed in leak proof containers.
 7. Bags or receptacles containing contaminated articles or disposable items which are contaminated with body fluids must be labeled or color-coded.
 8. There will be no eating, smoking, drinking, applying cosmetics or lip balm, or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
 9. No food or drink will be stored in refrigerators or other locations where blood or other potentially infectious materials are kept.
 10. Immediately, or as soon as feasible, following contact with blood or other potentially infectious material or after removing PPE, the officer will wash their hands and any other exposed skin area with soap and water and flush mucous membranes with water. If hand washing facilities are not available, the officer will use antiseptic hand cleaner, clean cloth/paper towels or antiseptic towelettes and will wash with soap and running water as soon as feasible.
 11. During searches and evidence handling, officers are to use caution in searching clothing and searching purses or similar containers.
 - a. Use of specialized gloves is required. To avoid tearing gloves, evidence tape will be used instead of staples to seal evidence.
 - b. When the contents of a container cannot be determined easily, the container will be emptied by turning it upside down over a flat surface.
 12. Officers will use PPE when dealing with situations of occupational exposure and in accordance with the level of exposure encountered.
 - a. Items provided for the officers include face masks, CPR masks, gloves, eye protection, antiseptic hand cleaner, and gowns.
 - b. All items will be disposable and will be removed and packaged for disposal before leaving the contaminated work area.

- c. An officer may briefly and temporarily decline wearing PPE under rare and extraordinary circumstances such as, if in the officer's professional judgment, wearing PPE would prevent delivery of critical health care or public safety services or would pose a greater hazard to the workers.
 - (i) If an officer declines the use of PPE, the officer will, prior to going off duty, write a complete report to the Chief of Police detailing and justifying the actions taken.
13. Officers will have an extra change of duty clothes available to change into the event of contamination.
- a. As soon as feasible after an officer's clothes are contaminated, the officer will remove the contaminated clothing and place it in appropriate containers.
 - (i) Protective gloves and other appropriate PPE will be used when handling contaminated laundry.
 - (ii) Contaminated laundry will be handled as little as possible with a minimum of agitation.
 - (iii) Upon removal, the clothing will be placed in appropriate bags or containers and properly labeled.
 - (a) Contaminated laundry which is wet will be placed in leak proof bags or containers.
 - (b) Contaminated clothing will not be rinsed before being placed in bags or containers.
- B. Maintenance of Work Areas
- 1. Any equipment or work areas that could reasonably be expected to become contaminated shall be cleaned and inspected routinely.
 - 2. Any work surface that has been contaminated will be decontaminated with disinfectant.
 - a. Decontamination will be accomplished within the affected work area.
 - b. When housekeeping is contacted to assist in the cleanup of a contaminated area, their personnel will be advised of the situation and told what type of assistance is needed.
 - 3. Broken glass which may be contaminated will be picked up by "mechanical" means such as tongs or a brush and dust pan, but never handled with bare or gloved hands.
- C. Labeling Receptacles Containing Blood, Other Potentially Infectious Materials, or Contaminated Items:
- 1. Containers used to store, transport, or ship blood or other potentially infectious materials must be properly labeled.
 - a. Labels will be fluorescent orange or orange-red biohazard warning labels.
 - b. Labels must have the biohazard symbol and "Biohazard" on them.
 - c. Labels will be securely attached to the container so as to prevent loss or unintentional removal of the label.
- D. Exposure Incident Follow-up Procedures
- 1. Immediately, or as soon as possible, after the situation has been resolved, the officer will report the exposure incident to their supervisor who will initiate the department notification process.

2. The supervisor will follow all KU Human Resources procedures in regards to the Workers' Compensation policy.

E. Training

1. The Communicable Diseases Exposure Control training program shall include:
 - a. An accessible copy and explanation of the regulatory text.
 - b. A general explanation of epidemiology and symptoms of blood borne, airborne, and other diseases.
 - c. An explanation of the modes of transmission of infectious diseases.
 - d. An explanation of the written exposure control plan and how to obtain a copy.
 - e. An explanation of how to recognize events that may involve exposure to blood and other potentially infectious materials.
 - f. An explanation of the basis for selecting PPE including information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of PPE.
 - g. An explanation of the use of limitations of safe work practices, engineering controls, and PPE.
 - h. Information on Hepatitis B vaccination such as safety, benefits, and availability.
 - i. An explanation of the procedures to follow if an exposure occurs, including methods of reporting and the medical follow-up that will be made available.
 - j. Information on the post-exposure evaluation and follow-up required in the event of an exposure and information on emergencies that relate to blood or other potentially infectious materials, follow-up procedures, and medical counseling.
 - k. An explanation of information on warning signs, labels, and color-coding.
2. Blood borne pathogens training will be given to all commissioned officers and non-commissioned security officers:
 - a. As part of the new officer training program.
 - b. At least once a year for review and updating information.
 - c. As tasks are modified or new tasks are required that affect the chances of occupational exposure over and above the annual training.

F. Hepatitis B Vaccinations

1. The Hepatitis B vaccination series will be available to all commissioned officers at no charge to the officers.
2. The vaccine and vaccination series will be offered to an officer after the initial training and within 10 working days of the initial assignment except to officers who:
 - a. Have previously received the vaccination series.
 - b. Are found to be immune.
 - c. Have medical reasons which prevent them from being vaccinated.
3. Officers will not be required to participate in an anti-body pre-screening program to receive the Hepatitis B vaccination series.
4. If an officer declines the vaccination, the officer will sign a declination form.

- a. If the officer later chooses to have the vaccination while still employed by this department as an officer, the series will be provided at no cost to the officer.

G. Recordkeeping

1. Medical records for each officer will be confidential and maintained by the department's personnel related staff person for the duration of employment plus 30 years.
 - a. The records will include:
 - (i) The employee's name and social security number.
 - (ii) The employee's Hepatitis B vaccination status to include date of all Hepatitis B vaccinations and records related to ability to receive the vaccinations.
 - (iii) Results of exams, medical testing, and post-exposure evaluations and follow-up procedures.
 - (iv) The employer's copy of the health care professional's written opinion.
 - (v) A copy of information provided to the health care professional.
 - b. Medical records will be made available to:
 - (i) The officer or a person with the officer's written consent.
 - (ii) The officer's successive employer, upon request.
2. Communicable Diseases Exposure Control training records will be maintained for three years by the department's Training Coordinator.
 - a. Training records will include names and titles of attendees, dates, content or summary of materials, and name(s) and qualification of instructor(s).
 - b. Upon request, training records will be made available to:
 - (i) The officer or a person with the officer's written consent.
 - (ii) The officer's successive employer, upon request.